Pre-Hospital Emergency Care Council

Governance Validation Framework

Site Assessment Report

National Ambulance Service

March 2019

“The Pre-Hospital Emergency Care Council protects the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care.”

Pre-Hospital Emergency Care Council

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Executive Summary

The Pre-Hospital Emergency Care Council (PHECC) is the statutory agency responsible for setting standards in Ireland for the provision of pre-hospital emergency care. PHECC's primary role is to protect the public by independently specifying, reviewing, maintaining, and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care.

The Governance Validation Framework (GVF) has been developed by Council as an evidence-based methodology designed to improve quality and safety in pre-hospital emergency care services. Setting and implementing standards and monitoring of compliance are important levers for driving service improvements. The framework combines a system of self-assessment, on-site review and validation of evidence presented, and staff and management engagement in addition to quality improvement planning and support during the licensing cycle. Documentation submitted by the National Ambulance Service prior to the assessment and any evidence provided on assessment day(s) is reviewed and considered by the assessment team for assessment purposes.

GVF concentrates on a series of Standards related to specific themes and identifies the supporting components that service providers should have in place to ensure the formation of a quantifiable quality improvement plan. The framework incorporates 6 Themes and encompasses 43 Standards, that service providers must comply with, and provide evidence on, to the external assessment team. Council published the GVF in July 2017.

The Licensed CPG Provider that is the subject of this report is the National Ambulance Service, a statutory provider of pre-hospital emergency care services throughout Ireland. The on-site GVF assessment visits for this report were conducted during March 2019 by an assessment team drawn from a panel of subject matter experts selected and trained by PHECC to conduct the on-site assessments.

It is important to note that the provision of pre-hospital emergency care is constantly evolving, and quality improvement within service providers is a continuous process. Therefore, this report documents the external assessment team's observations related to the time when the assessment was undertaken, and the material supplied by the Provider for the assessment. Documentation and/or evidence submitted by the Provider post assessment cannot be considered by the assessment team to amend assessment outcome(s). The report is intended to support the ongoing quality improvement process within the National Ambulance Service.

The framework combines six Themes which are — Person Centred Care and Support, Effective Care and Support, Safe Care and Support, Leadership Governance and Management, Workforce and Use of Information. The specific findings and comments of the assessment team are outlined for each of the six Themes, and the individual Standards, under the three headings of Assessment Panel Findings, Areas of Best Practice and Areas for Improvement.

The National Ambulance Service's Governance Validation Framework assessment report concludes with a Report Summary, which includes a tabular format that provides an overview to the National Ambulance Service Governance Validation Framework assessment status. This section outlines any required action from a licensing perspective and all Providers will be required to update their quality improvement plan based on the content of the report.

Overview of Licensed CPG Provider

The National Ambulance Service (NAS) is the statutory pre-hospital emergency and intermediate care provider for the state. In the Dublin area, ambulance services are provided by NAS and Dublin Fire Brigade (DFB). AeroMedical services are provided by the Irish Air Corps and the Irish Coast Guard by agreement with each organisation.

The NAS services are delivered by more than 1,700 staff who operate from over 100 locations throughout Ireland. The services utilise emergency ambulances (264+), intermediate care vehicles (47+), rapid response vehicles (115+) and specialised support vehicles (64+) to achieve their goal of the provision of delivering high-quality patient-centred services to all.

The NAS are licensed by the Pre-Hospital Emergency Care Council (PHECC) to deliver pre-hospital emergency care service at the clinical level of Emergency Medical Technician (EMT), Paramedic and Advanced Paramedic. Intermediate care service, which focuses on inter-facility transfer of patients, is staffed by a crew of EMTs. Pre-hospital emergency care services are staffed by Paramedic and Advanced Paramedic staff. The National Emergency Operations Centre (NEOC) is staffed by Emergency Call Takers, Emergency Dispatchers, Control Supervisors and Control Managers. The NAS College delivers the required training to all staff thorough its Education and Competency Assurance Officers, both within the college and across the service.

The NAS is also supported by 233 Community First Responder schemes, responding to particular types of medical emergencies (i.e. cardiac arrest, respiratory arrest, chest pain, choking and stroke) where it is essential for the patient to receive immediate life-saving care whilst an emergency response vehicle is en route to the patient.

Information used to create this overview was supplied by the Provider.
For more information visit: www.nationalambulanceservice.ie

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	National Ambulance Service
Type of Visit	Full GVF Assessment - GVFREP NAS001_0319
Licensed CPG Provider Lead	GVFA7460
Date of Review	26th March 2019
Assessment Team	Rivers Building - Site Assessment: 26/03/2019 GVFA7460 - Team Lead GVFA7106 - On-site Assessor GVFA5966 - On-site Assessor Practitioner Engagement: 6 Stations visited: 06/03/2019 and 07/03/2019 West Region: Sligo and Carraroe North Leinster: Port Laoise and Maynooth South: Clonmel and Millstreet GVF Assessors: GVFA4532 - Practitioner Engagement GVFA4011 - Practitioner Engagement GVFA1637 - Practitioner Engagement GVFA5966 - Practitioner Engagement
Circumstances of this Site Assessment	Establishment of GVF programme - Transition to 3-year licensing cycle.
Relevant Recent Visits	Practitioner Engagement and On-site Assessment conducted March 2019.

Assessment Details (continued):

Licensed CPG Provider Participants

NAS Director
Medical Director (Medical Council Reg No 19297)
National Quality & Patient Safety Manager
Chief Ambulance Officers - Operations x 3
Chief Ambulance Officer - Head of Education and Competency Assurance
Chief Ambulance Officer - Fleet, Logistics and Support
National Emergency Operations Control Manager
National Emergency Operations Control - Audit Team Members
National Emergency Operations Control - Staff
Front Line EMS Practitioners x 12 (Practitioner Engagement)
Front Line EMS Practitioners x 9 (Focus Group)

Onsite Feedback

Verbal feedback related to the team's initial findings was provided to by the team lead at the closing meeting. A number of items were identified as areas of potential improvement. There was agreement by all in attendance regarding the relevance and substance of the comments relating to the teams indicative findings.

Judgement Framework

Level & Scoring	Descriptor
Not Applicable	• The standard is not applicable to this organisation / base location
Not Met	• Does not meet expectations • No evidence of compliance anywhere in the organisation with the requirements set by the statement/standard
Minimally Met	• Evidence of a low degree of organisation-wide compliance with the requirements set by the statement/standard • Demonstrable evidence that a start has been made towards compliance in some or all parts of the organisation
Moderately Met	• Evidence of a moderate degree of organisation-wide compliance with the requirements set by the statement/standard • Demonstrable evidence that work is ongoing across most parts of the organisation to achieve compliance • Confident in management's ability to deliver full compliance within a reasonable timeframe
Substantively Met	• Substantive evidence of organisation-wide compliance with the requirements set by the statement/standard • Demonstrable evidence that most parts of the organisation are meeting most of the requirements set by the statement/standard • Only minor non-compliance issues requiring, in the main, minor action(s) • Confident in management's ability to deliver full compliance within a reasonable timeframe
Fully Met	• Meets or exceeds expectations • Evidence of full compliance across the organisation with the requirements set by the statement/standard

Theme 1

Person Centred Care and Support

Standard 1.1 Patients have equitable access to healthcare services based on their assessed needs.

PHECC Statement	The Licensed CPG Provider has appropriate arrangements in place to ensure patients have equitable access to services based on assessed needs.
PHECC Requirements	1.1.1 The Licensed CPG Provider has systems, processes and procedures for the timely and clinically appropriate response to provide safe care and treatment to patient population they serve.

PHECC Statement	The Licensed CPG Provider has appropriate arrangements in place to ensure screening and prioritisation of calls.
PHECC Requirements	1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.

Not Applicable Not Met Minimally Met Moderately Met Substantively Met Fully Met

Standard 1.1 Patients have equitable access to healthcare services based on their assessed needs.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.1.1 The National Ambulance Service is accredited to ISO-9001 standards and provides a national emergency and intermediate ambulance service, 24/7, 365 days per year, which includes aeromedical support. The assessment team observed operations within the main call handling and dispatch centre. The Provider has an integrated ambulance control operations centre with an associated control centre in the North West. There are comprehensive protocols and arrangements to mitigate against technical or systems failure, which ensures that emergency calls are answered no matter what situation occurs. The secondary centre in the North West is activated to lead call handling and dispatch nationally, on a regular and planned basis to build resilience.

1.1.2 There was strong evidence of data collection and analysis related to call handling and dispatch. Time metrics are retrievable via daily and monthly reports generated through the emergency call answering service software programme, which assists in the monitoring of KPIs. This allows analysis of any delays and enables call volume and call patterns to be assessed, which in turn informs staffing requirements according to peak times identified. EMS calls are received by operators in the national control centre where call details are gathered and then medically prioritised by qualified dispatchers using an Advanced Medical Priority Dispatch System (AMPDS) and staff performance in call taking and dispatching is monitored for compliance against AMPDS standards.

Shift patterns in the ambulance control centre vary according to predicted workload, and some flexibility within different staff roles ensure minimal disruption in the case of short notice staff absences. The organisation has dedicated desks to ensure allocation of specialist resources to specific types of call and to remote communities.

Standard 1.1 Patients have equitable access to healthcare services based on their assessed needs.

Pre-Hospital Emergency Care Council

Areas of Best Practice

The organisation has a modern and robust Ambulance Control Centre that meets current demands on the service. Bi-monthly systems testing takes place, which includes the activation of a paper system that builds resilience into operations should there be an electronic systems failure.

AMPDS licensing dictates that 2.4% of calls must be audited. The NAS control centre manager reports audit levels as 3% of calls. All cardiac arrest calls are automatically audited for improvement and accuracy purposes.

The clinical desk offering alternative care pathways is available at scheduled hours for direct callers to appropriate healthcare destinations thereby reducing demand on ambulance services and meeting patient's needs in a timely way.

The organisation report engagement in an education and awareness programme for General Practitioners and Cardiac First Responders aimed at creating familiarisation with the questioning process ambulance control goes through with callers.

Quality Assurance: as referenced above, live call-taking and dispatch are audited contemporaneously by means of a dedicated ACE accredited audit team (39 hrs. per week audit for call takers and 39 hrs. per week for dispatch) and 90% compliance must be achieved. Feedback is given to staff on a one-to-one basis. If compliance becomes an issue for any staff member two months consecutively, a re-train quality improvement plan is initiated. 16 hours on-site technical support exists to back up potential system failures.

The Clinical Desk represents a new model and is operational since April 2018. This operates over a 12-hour shift with a registered general nurse assigned. The reported average activity is 24 calls per shift. The call-handling process is mapped out via a clinical pathway and decision making is supported by guiding software. Additionally, two further support desks exist in the control room, DFB liaison desk and dispatch support desk, both enhancing on-going operations.

Standard 1.1 Patients have equitable access to healthcare services based on their assessed needs.

Pre-Hospital Emergency Care Council

Areas of Best Practice Cont'd

One area highly commended and worthy of recognition is the obvious ethos of employee wellbeing. In acknowledging the vast changes that have taken place within the organisation, merging from 11 regional control centres to National Emergency Operations Centre in 2012. Positive affirmations were evident on the building's walls, with a 'Sli na Slainte' route mapped out to promote activity in the workplace and a focus on healthy steps. A CISM on site 'quiet room' has been created for call-handling staff to step out of role and debrief following exposure to a traumatic call, with recognition that staff are dealing with chaotic traumatic situations and are remaining on the phone longer providing reassurances to the public during the call handling process. It was very evident that the control room was a calm, quiet space devoid of heat build- up from electronics and with the provision of headsets to aid this atmosphere.

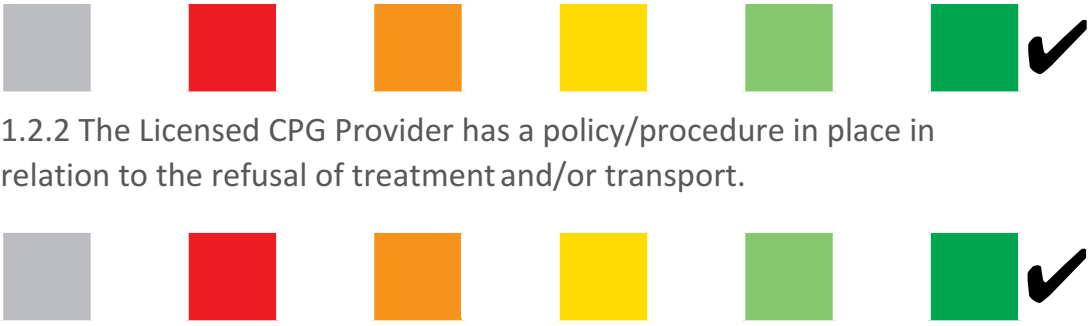
Areas for Improvement

No specific observation noted by the assessment team.

Standard 1.2 Patients' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider has systems, policies and procedures in place that respect the values, preferences and wishes of patients.
PHECC Requirements	1.2.1 The Licensed CPG Provider has systems, processes and procedures, developed in line with best practice for patient consent and/or patient identification (which includes guidance for Practitioners) in line with the PHECC Code of Professional Conduct & Ethics.
PHECC Requirements	1.2.2 The Licensed CPG Provider has a policy/procedure in place in relation to the refusal of treatment and/or transport.



Standard 1.2 Patients' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.2.1 During the Practitioner Engagement site visits there were a number of clinical cases observed where Practitioners demonstrated their competence in verifying the identity of patients and in gaining patient consent to treatment and conveyance. The GVF focus group interview provided reassurances that staff are knowledgeable in the consenting process, which is covered in formal training and up-skilling programmes. The process around capacity assessment was also verified with practitioners.

Standard 1.2 Patients' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.

Pre-Hospital Emergency Care Council

Areas of Best Practice

Excellent communication between crews and patients.
Patient consent process and capacity was observed in the field and was well understood by Practitioners.
Crews were commended for their professional appearance and compliance with the Provider's dress code and personal appearance at work policy.

Areas for Improvement

ePCR is at partial roll out stage and expected to be completed by the end of 2019. During the GVF focus group interview it was suggested that the formation of a steering group may be of benefit to provide frontline feedback regarding the use of ePCR.

Standard 1.3 Patients' dignity, privacy and autonomy are respected and promoted.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider has systems, policies and procedures in place that respect the values, preferences and wishes of patients.
PHECC Requirements	1.3.1 The Licensed CPG Provider has arrangements in place to promote patients' privacy, dignity and autonomy.
PHECC Requirements	1.3.2 The Licensed CPG Provider demonstrates a commitment to develop a culture where volunteers, contractors and/or employees involve and treat people with compassion, kindness, dignity and respect.

Not Applicable Not Met Minimally Met Moderately Met Substantively Met Fully Met

Standard 1.3 Patients' dignity, privacy and autonomy are respected and promoted.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.3.1 The assessment team observed that policies were in place and available on the NAS website. However, of note, these policies were difficult to access at station level as they are contained within a subsection of the patient feedback area.

1.3.2 Over the six Practitioner Engagement site visits that were conducted, the assessors reported that there was compassion, kindness and respect shown to patients during each Practitioner interaction.

Standard 1.3 Patients' dignity, privacy and autonomy are respected and promoted.

Pre-Hospital Emergency Care Council

Areas of Best Practice

Strong commitment to upholding patient privacy and dignity was demonstrated by Practitioners on the frontline. There was evidence of a culture of compassion and kindness throughout the organisation as observed during all site visits.

Areas for Improvement

Review training for frontline Practitioners on how to improve access to organisational policies.

Standard 1.4 Licensed CPG Providers promote a culture of kindness, consideration and respect.

PHECC Statement	The Licensed CPG Provider has systems in place to promote and measure positive patient experience.
PHECC Requirements	1.4.1 The Licensed CPG Provider undertakes Patient Satisfaction and/or Patient Experience Surveys to help shape and improve services and culture.

Not Applicable Not Met Minimally Met Moderately Met Substantively Met Fully Met

Standard 1.4 Licensed CPG Providers promote a culture of kindness, consideration and respect.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

Currently, service user feedback is ad-hoc and achieved through the dispatch of pre-addressed, stamped envelopes funded by quality and safety regional management. During Practitioner Engagement site visits it was reported that some crews had little or no knowledge of the results of patient satisfaction reports or how to direct patients towards engaging with positive methods of feedback to the organisation.

During assessment team's discussion with senior management it was established that links have been made with the HSE's national lead in patient engagement to ensure the representation of NAS at local patient engagement forums. In the recent results from the HSE National Patient Experience Survey, it was difficult for NAS to extrapolate information relevant to the pre-hospital emergency care environment, therefore future changes to the National Patient Experience Survey will include questions relevant to this environment.

Standard 1.4 Licensed CPG Providers promote a culture of kindness, consideration and respect.

Pre-Hospital Emergency Care Council

Areas of Best Practice

NAS is engaged with HSE in developing an improved process for patient satisfaction/experience survey.

Areas for Improvement

The organisation may wish to consider a more robust methodology for public feedback while being mindful that future patient satisfaction initiatives will need to align with GDPR legislation.

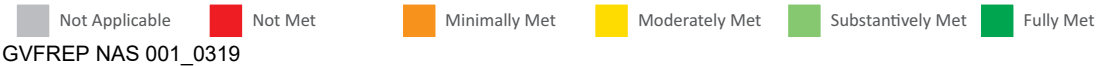
In acknowledging the discussion with senior management in that communication with frontline staff is often difficult and slow, the organisation would benefit from strengthening of the process that encourages the submission of compliments from service users regarding their experiences of frontline staff to avoid positive feedback being lost.

All staff are issued with a HSE email but variances exist in that some staff only access personal emails and not HSE email addresses. This may create a potential risk in terms of information exchange in line with GDPR. The elimination of the use of personal email addresses would tighten up this process and may improve the communication of positive and complimentary feedback to frontline Practitioners.

Standard 1.5 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider has an internal complaints/concern handling process.
PHECC Requirements	1.5.1 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.
PHECC Requirements	1.5.2 The Licensed CPG Provider provides training to all front-line volunteers, contractors and/or employees in handling a patient or family member's complaint or concern.



Standard 1.5 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.5.1 Senior managers stated that they have received training on how to deal with complaints. It was evidenced that a holistic approach to complaints investigation is used by involving all stakeholders, including patients/family of patients where appropriate. Senior management described the process whereby complaints are managed via a central point after having being discussed at monthly leadership meetings with the downward cascade to Assistant Chief(s), Station Officers and subsequently to frontline staff. In line with open disclosure, senior management described how they communicate with the complainant in a timely and on-going manner. Lessons are also shared with staff on the outcome of complaints. However, during discussions with frontline Practitioners during on-site visits several crew members expressed dissatisfaction with the feedback process on the outcome of complaints to the frontline staff.

1.5.2 The organisation is currently in the process of a pilot version of Values in Action. During Practitioner Engagements it was observed that Practitioners have received information and training on handling complaints, however, Practitioners at some sites were not familiar with how to direct service users to access the organisation's complaints procedure.

Standard 1.5 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.

Pre-Hospital Emergency Care Council

Areas of Best Practice

The organisation adheres to the National Open Disclosure Policy.

The 'Values in Action' (VIA) methodology is applied to the handling of all complaints to aid reflection on likely behaviours that lead to a complaint being made and is recognised as a less punitive methodology.

The VIA informatics were displayed in the main foyer of NAS Rivers Building supporting the assertion that a culture of staff engagement is clearly being espoused.

Areas for Improvement

In support of the existing policy on the handling of complaints, a clear robust process to identify and manage complaints exists within the organisation, however there needs to be heightened awareness and further training across all levels of the organisation as to the outcomes of the complaints process. Ultimately this will improve the flow of information between frontline and the organisation's senior management level.

Theme 2

Effective Care and Support

Standard 2.1 Healthcare reflects national and international evidence of what is known to achieve best outcomes for patients.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider must ensure that privileged Responders/| Practitioners administer specific medications and perform specific clinical interventions in keeping with their CPG status.
PHECC Requirements	2.1.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure Responders/Practitioners utilise the evidence-based CPG appropriate to their status to deliver and ensure safe and appropriate care.

Not Applicable Not Met Minimally Met Moderately Met Substantively Met Fully Met

Standard 2.1 Healthcare reflects national and international evidence of what is known to achieve best outcomes for patients.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

The assessment team verified that local registers are contemporaneously maintained and there is monitoring of mandatory training and CPG upskilling of all levels of Practitioner appropriate to their registration status. Discussion with the Head of Education and Competency Assurance focused on current and future plans for CPG development to address gaps in training and in order to meet new and emerging clinical care pathways in the pre-hospital environment. Education and Competency Training Officers (ECAT) support the Education and Competency Assurance Plan 2019-2020 with ongoing CPG upskilling and training programmes, which run throughout the year.

During Practitioner Engagement it was verified that there are local training records of CPG upskilling maintained by local training officers. It was also observed that Practitioners had access to HSELAND (web-based learning platform) and National Health Library (ATHENS) accounts to support their continuing professional development.

There are standardised training videos available online to support tutors involved in training at local and regional level.

Standard 2.1 Healthcare reflects national and international evidence of what is known to achieve best outcomes for patients.

Pre-Hospital Emergency Care Council

Areas of Best Practice

Contemporaneous robust training and education records are maintained by the organisation. There was evidence of good educational support for Practitioners at local and national level and pathways for academic progression were evident.

Areas for Improvement

No specific observation noted by the assessment team.

Standard 2.2 Patients receive integrated care, which is coordinated effectively within and between services.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider promotes a structured but flexible handover process that optimises patient safety and quality of care.
PHECC Requirements	2.2.1 The Licensed CPG Provider has a standardised handover process in place to ensure the safe, timely, and structured exchange of information during handover of patients.

Not Applicable | Not Met | Minimally Met | Moderately Met | Substantively Met | Fully Met

Standard 2.2 Patients receive integrated care, which is coordinated effectively within and between services.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

NAS have adopted and fully implemented the National Patient Handover Protocol. During Practitioner Engagement it was noted that there was good adherence with the national protocol and Practitioners used the PHECC approved IMIST-AMBO standard as a structured approach to handover of patients in the acute setting.

During the GVF focus group interview, discussion explored how the roll out of ePCR could potentially impact on the handover process and interaction with ED staff. On discussion with Practitioners in sites where ePCR is in place, they confirmed that on arrival at ED, the ePCR is printed to support the verbal handover with receiving hospital staff.

Standard 2.2 Patients receive integrated care, which is coordinated effectively within and between services.

Pre-Hospital Emergency Care Council

Areas of Best Practice

The national roll out of ePCR is to be highly commended as it will have a good reach into clinical audit when it is fully integrated into the system.

Areas for Improvement

No specific observation noted by the assessment team.

Standard 2.3 Healthcare is provided in a physical environment, which supports the delivery of high-quality, safe, reliable care and protects the health and welfare of patients.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider must ensure that ambulances are fit for purpose.
PHECC Requirements	2.3.1 The Licensed CPG Provider has processes, systems and procedures in place to ensure the road-worthiness of their patient transport vehicles in line with legislation.

Not Applicable Not Met Minimally Met Moderately Met Substantively Met Fully Met

Standard 2.3 Healthcare is provided in a physical environment, which supports the delivery of high-quality, safe, reliable care and protects the health and welfare of patients.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

The assessment team had sight of and verified vehicle road-worthiness records, which are maintained by the Provider. Records relating to Annual CVRT Operator Self-Declaration in line with the Road Safety Authority Regulations were inspected and found to be current and in order.

It was evidenced that the Provider has a five-year cycle for fleet replacement.

There was also good evidence of reporting procedures of vehicle defects and subsequent repairs, these procedures were further verified by assessors at the six Practitioner Engagement site visits: vehicle defect books completed on station and subsequent action points noted regarding repairs, vehicles removed from service.

Standard 2.3 Healthcare is provided in a physical environment, which supports the delivery of high-quality, safe, reliable care and protects the health and welfare of patients.

Pre-Hospital Emergency Care Council

Areas of Best Practice

The organisation has a robust system in place that ensures the roadworthiness of their patient transport vehicles in line with legislation.

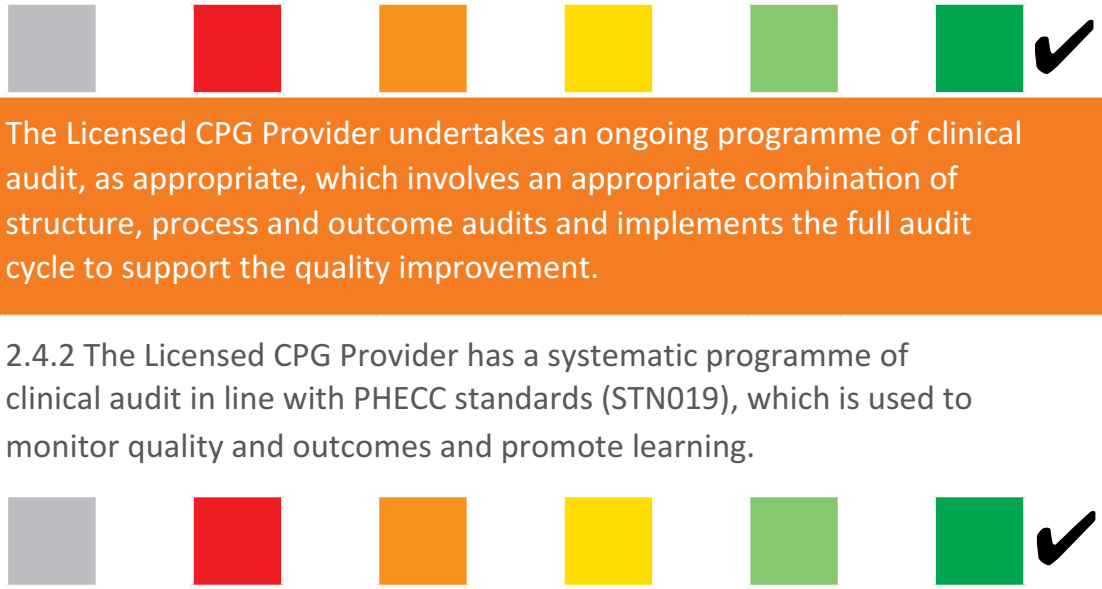
Areas for Improvement

No specific observation noted by the assessment team.

Standard 2.4 The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider provides an annual CPG report to the PHECC, which includes all the core components outlined in PHECC Council Rules POL003 (Section 23.1-23.10).
PHECC Requirements	2.4.1 The Licensed CPG Provider submits an Annual Medical Director report annually,* which informs the PHECC of clinical activities in the organisation and includes a CPG report (*Calendar year).
PHECC Statement	The Licensed CPG Provider undertakes an ongoing programme of clinical audit, as appropriate, which involves an appropriate combination of structure, process and outcome audits and implements the full audit cycle to support the quality improvement.
PHECC Requirements	2.4.2 The Licensed CPG Provider has a systematic programme of clinical audit in line with PHECC standards (STN019), which is used to monitor quality and outcomes and promote learning.



Standard 2.4 The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

2.4.1 The Medical Director's report was reviewed by the assessment team and clinical activities calendar was evident.
The assessment team noted that the Medical Director has a strong relationship within NAS and holds a senior position within the governance structure of the organisation. The Medical Director leads a team within a standalone directorate and is supported by a deputy director and five area medical advisors. Clinical governance meetings, review of clinical incident/complaints and medication review are all part of the remit of the medical director.

2.4.2 The assessment team were provided with evidence of the organisation's clinical audit process and outputs, which are linked to PHECC KPIs. The Medical Director gave an overview of three major projects that are at various stages of development, these include the roll out of the National ePCR system throughout the organisation, the development of a Clinical Desk to support the handling of low acuity 999 calls and the development of the role and scope of practice of Community Paramedic as a joint pilot project with Northern Ireland and Scottish ambulance services.

Standard 2.4 The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.

Pre-Hospital Emergency Care Council

Areas of Best Practice

The development of ePCR will support clinical audit and will further enhance the Provider's capability in terms of monitoring quality and patient outcomes. It will also support the development of CPGs and highlight areas for continuing education and training.

Initiatives such as the clinical desk and Community Paramedic are a welcome development and demonstrate the willingness of the organisation to explore new ways of delivering pre-hospital care through new and alternative methodologies and pathways.

Areas for Improvement

No specific observation noted by the assessment team.

Theme 3

Safe Care and Support

Standard 3.1 Licensed CPG Providers protect patients from the risk of harm associated with the design and delivery of healthcare services.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider identifies aspects of the delivery of care associated with possible increased risk of harm to service users and has structured arrangements to minimise these risks.
PHECC Requirements	3.1.1 The Licensed CPG Provider has a reliable system in place to prevent and protect patients and staff from healthcare associated infections.
PHECC Statement	The Licensed CPG Provider ensures that there are systems place to ensure the effective, efficient and safe use of medicines for the administration of pre-hospital emergency care.
PHECC Requirements	3.1.2 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure medicines availability, storage, stocking and disposal processes for the administration of pre-hospital emergency care.
PHECC Statement	The Licensed CPG Provider ensures that there are systems place to ensure the effective, efficient and safe use of medical devices and equipment for the administration of pre- hospital emergency care.
PHECC Requirements	3.1.3 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure equipment/medical device availability, storage, stocking and disposal for the administration of pre-hospital emergency care.

Not Applicable | Not Met | Minimally Met | Moderately Met | Substantively Met | Fully Met

Standard 3.1 Licensed CPG Providers protect patients from the risk of harm associated with the design and delivery of healthcare services.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

3.1.1 The organisation has relevant policies in place regarding vehicle cleanliness and infection prevention control measures. However, the assessment team were unable to verify compliance with the relevant IPC policy on deep cleaning of vehicles as records for vehicles were not produced as requested.

During Practitioner Engagement observation of clinical practice within the organisation demonstrated compliance with most aspects of the IPC policies. However routine hand washing, and hand cleansing were not witnessed to have occurred on all necessary occasions, such as after cleaning equipment or after disposal of protective gloves. It was a general observation at all Practitioner Engagement sites that alcohol hand sanitiser dispensers were not in place in vehicles.

3.1.2 During Practitioner Engagement there was evidence within the organisation of Practitioners encountering expired medicines in sealed drug bags. There was also an observation made on one occasion of a drug bag not being returned to the medicines room after operational duty.

3.1.3 Equipment maintenance is managed locally with a database maintained locally. The fleet logistics and support department deal with procurement for large equipment, plus once-off items and consumables. Consumables is a managed system with a clear process in terms of requisitioning, specification and catalogue development and involves all key stakeholders, which includes practitioner feedback in line with CPGs. Safety notices in respect of faulty equipment are disseminated to all staff via the management structure and supported by text alerts to staff mobile phones.

Standard 3.1 Licensed CPG Providers protect patients from the risk of harm associated with the design and delivery of healthcare services.

Pre-Hospital Emergency Care Council

Areas of Best Practice

The organisation is working towards introducing a dedicated IPC lead.

Managers have received training in Lean Management Six Sigma.

Areas for Improvement

3.1.1 The assessment team recommend that the Provider increases vigilance and focus on improving the protection of patients and staff from healthcare associated infections. The Provider shall review its prevention strategies in relation to health care associated infections.

To assist compliance with frequency of hand washing/hygiene the organisation may wish to consider the following:
- A staff education programme through HSELAND '5 Moments of Hand Hygiene'.
- Retro fitting all vehicles with alcohol hand wash dispensers.
- Placing hand hygiene posters in key locations such as ambulance station clinical areas and staff toilets.
- The introduction of staff hand hygiene audits.

3.1.2 The Medicines Management Policy is in conflict with best practice policy number NASCG005, page 15, 8.8.1 and 8.8.2. The organisation may wish to review the Medicines Management Policy and associated procedures to ensure medicines contained in a sealed drug bag are within expiry dates.
It is recommended that the organisation's policy be amended to enable the checking of sealed medicine bags at the start of each shift.

During the GVF focus group interview, suggestions offered to enhance safety in medicines management included:
- Advanced Practitioners be allowed to stock their own bags with protected time allocated.
- Two Practitioners jointly check medicines at the start of each shift.

The organisation must ensure security of medicines as per the organisation's Medicines Management Policy. The organisation may wish to highlight importance of this through internal memo and/or subsequent audit reports.

Standard 3.2 Licensed CPG Providers effectively identify, manage, respond to and report on patient-safety incidents.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider has a patient safety incident (which includes adverse events, near-misses and no-harm events) reporting system with an open disclosure and non-punitive reporting ethos.
PHECC Requirements	3.2.1 The Licensed CPG Provider has structured incident reporting and investigation mechanisms, which support and encourage volunteers, contractors and/or employees to report adverse events, near-misses and no-harm events.
PHECC Statement	The Licensed CPG Provider has arrangements in place to identify, assess and respond appropriately to patients' safety incidents and complaints.
PHECC Requirements	3.2.2 The Licensed CPG Provider has a process for the sharing of lessons learned from patient safety incidents (including adverse events, near-misses and no-harm events) and complaints, which have occurred locally, nationally or internationally with employees, contractors and/or volunteers.

Not Applicable Not Met Minimally Met Moderately Met Substantively Met Fully Met

Standard 3.2 Licensed CPG Providers effectively identify, manage, respond to and report on patient-safety incidents.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

3.2.1 The assessment team verified, through various lines of enquiry, that the Provider has a structured incident reporting mechanism in place, which supports a culture of reporting adverse events and near misses. There is a process in place for immediate prioritisation of an adverse incident and a cascade of investigation commences with a planned timely outcome. Increased reporting has been noted compared to historical data.

During GVF focus group interview, it was noted that crew are aware of the procedures that are utilised to report near misses and adverse events in a responsive and timely manner. However, frustration exists about the lack of feedback afforded to those completing the NIRF with Practitioners reporting that they rarely receive any one-to-one feedback post an incident being reported.

Standard 3.2 Licensed CPG Providers effectively identify, manage, respond to and report on patient-safety incidents.

Pre-Hospital Emergency Care Council

Areas of Best Practice

Bi-monthly staff engagement forums exist and could potentially be further enhanced as an appropriate platform of communication.

A robust electronic NIMS exists, which allows trends to be identified and reports to be populated.

Areas for Improvement

3.2.2 The organisation may wish to consider enhanced processes to ensure a 360-degree feedback loop reporting process to ensure feedback is given to staff.

Standard 3.3 Licensed CPG Providers ensure all reasonable measures are taken to protect patients from abuse.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider is committed to safeguarding vulnerable members of the community.
PHECC Requirements	3.3.1 The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise.

Not Applicable | Not Met | Minimally Met | Moderately Met | Substantively Met | Fully Met

Standard 3.3 Licensed CPG Providers ensure all reasonable measures are taken to protect patients from abuse.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

The assessment team verified that the organisation has policies and procedures in place to protect vulnerable members of the community.

During the GVF focus group interview, Practitioners demonstrated awareness and knowledge competence regarding safeguarding of vulnerable persons and child protection. During this discussion Practitioners expressed the view that there is value in overlapping with other disciplines and suggested cross disciplinary input from social workers and psychology in their training modules.

Standard 3.3 Licensed CPG Providers ensure all reasonable measures are taken to protect patients from abuse.

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the assessment team.

Areas for Improvement

During GVF focus group interview, reference was made to some Practitioners' attendance at a 'Grand Rounds' event held in one of the acute hospitals and identified how this is such a valuable learning opportunity to reflect holistically on care. However, as this occurs on Practitioners' 'own time', it is not always easy to attend. It is suggested that the Provider explore opportunities to collaborate with allied disciplines and acute sector to build formal relationships that contribute to on-going learning opportunities.

Practitioners would welcome an increase in clinical supervision to support both operational and staff development needs in relation to safeguarding vulnerable members of the community they serve.

Theme 4

Leadership, Governance and Management

Standard 4.1 Licensed CPG Providers have clear accountability arrangements to achieve the delivery of high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider has an established governance structure with clear accountability arrangements for clinical and corporate governance.
PHECC Requirements	4.1.1 The Licensed CPG Provider has an established reporting and accountability structure for clinical governance.

4.1.2 The Licensed CPG Provider has an identified Medical Director who is registered with the Medical Council and who is based in this jurisdiction and who oversees the service.

4.1.3 The CPG Provider is compliant with taxation laws.

4.1.4 The Licensed CPG Provider has documentary evidence of the required insurance policies.

Not Applicable | Not Met | Minimally Met | Moderately Met | Substantively Met | Fully Met

Standard 4.1 Licensed CPG Providers have clear accountability arrangements to achieve the delivery of high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

4.1.1
The assessment team were satisfied that there were well established reporting and accountability structures for clinical governance. Discussion with the three Chief Ambulance Officers assured the team that there was excellent communication between the senior leadership teams across the regions with regard to clinical governance and there is a close working relationship with the Medical Director and his team.

4.1.2
The Medical Director is a registered medical practitioner with the Medical Council and holds a wholetime equivalent position within the organisation and is a member of the senior management team of NAS.

4.1.3
The provider demonstrated compliance with taxation legislation requirements.

4.1.4
The assessment team verified documentary evidence of relevant insurance policies.

Standard 4.1 Licensed CPG Providers have clear accountability arrangements to achieve the delivery of high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

Areas of Best Practice

NAS has a clear management structure in place that supports accountability and governance arrangements to deliver high quality, safe and reliable healthcare to service users.

The Provider has robust IT systems in place to support clinical governance.

There is excellent oversight of clinical governance provided by the Medical Director.

Areas for Improvement

No specific observation noted by the assessment team.

Standard 4.2 Licensed CPG Providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider has systems, processes and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.
PHECC Requirements	4.2.1 The Licensed CPG Provider has systems, processes and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.

Not Applicable Not Met Minimally Met Moderately Met Substantively Met Fully Met

Standard 4.2 Licensed CPG Providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

The assessment team were satisfied that there was good evidence to verify that the Provider has systems and processes in place to ensure that quality and safety information is passed to staff directly. Systems, such as HSE email, text alerts, and the Director's newsletter, are utilised to communicate directly with staff in their working areas. Line managers also use information noticeboards to highlight quality improvement bulletins.

Standard 4.2 Licensed CPG Providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.

Pre-Hospital Emergency Care Council

Areas of Best Practice

Within the incident management process, the electronic NIMS system allows for trends to be identified and remedial action to be taken. One such example is that a trend was identified with the frequency of reversing incidents with vehicles and so this was brought to the driving school to be addressed and two new driving instructors were appointed.

The 'white board' in NEOC was identified by Practitioners as being a useful method of communicating quality and safety related issues and was flagged as an area worthy of consideration at widespread station level.

Areas for Improvement

Incident or near misses related to safety and quality, which is reported via NIRF process, warrants 360-degree feedback improvements as this was identified as a deficit by Practitioners.

Standard 4.3 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider is compliant with all relevant laws and regulations.
PHECC Requirements	4.3.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure compliance with statutory legislation relating to the provision of safe and effective care.

Not Applicable Not Met Minimally Met Moderately Met Substantively Met Fully Met

Standard 4.3 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

The assessment team were satisfied that the Provider has systems, processes and procedures in place to ensure compliance with statutory legislation. This was evidenced by an electronic training database that reflects historic and current competencies for each Practitioner employed by the organisation.
There was also evidence provided of compliance with PHECC requirements and standards for CPG Providers.

Standard 4.3 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.

Pre-Hospital Emergency Care Council

Areas of Best Practice

The Provider demonstrated a strong commitment to ongoing competency and performance management of its workforce.

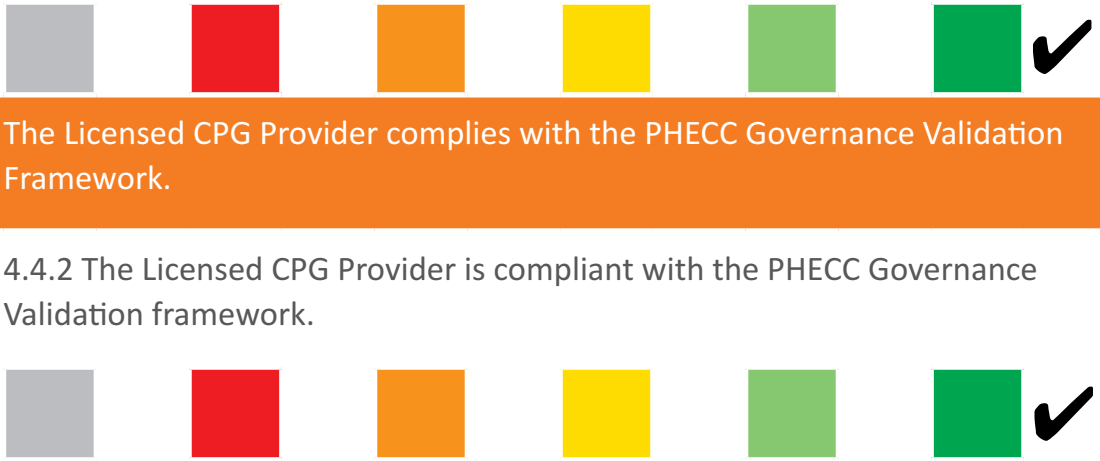
Areas for Improvement

No specific observation noted by the assessment team.

Standard 4.4 Licensed CPG Providers act on standards and alerts and take into account recommendation(s) and guidance, as formally issued by relevant regulatory bodies as they apply to their service.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider has systems in place to ensure actions are taken/issues communicated on new recommendation(s) and guidance issued by the PHECC and other regulatory bodies.
PHECC Requirements	4.4.1 The Licensed CPG Provider has a process in place to ensure the appropriate communication and adoption of new recommendation(s) and guidance issued by the PHECC and other regulatory bodies.
PHECC Statement	The Licensed CPG Provider complies with the PHECC Governance Validation Framework.
PHECC Requirements	4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation framework.



Not Applicable Not Met Minimally Met Moderately Met Substantively Met Fully Met

Standard 4.4 Licensed CPG Providers act on standards and alerts and take into account recommendation(s) and guidance, as formally issued by relevant regulatory bodies as they apply to their service.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

4.4.1
The Provider demonstrated several methods and processes that have been developed to communicate and update Practitioners on new guidance or recommendations issued by PHECC or other regulatory agencies.

4.4.2
The assessment team were satisfied that the Provider is compliant with the PHECC Governance Validation Framework.

Standard 4.4 Licensed CPG Providers act on standards and alerts and take into account recommendation(s) and guidance, as formally issued by relevant regulatory bodies as they apply to their service.

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the assessment team.

Areas for Improvement

No specific observation noted by the assessment team.

Theme 5

Workforce

Standard 5.1 Licensed CPG Providers plan, organise and manage their workforce (volunteers, contractors or employees) to achieve the service objectives for high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider effectively manages its workforce (vounteers, contractors or employees) to meet the current and projected service needs.
PHECC Requirements	5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.

Not Applicable Not Met Minimally Met Moderately Met Substantively Met Fully Met

Standard 5.1 Licensed CPG Providers plan, organise and manage their workforce (volunteers, contractors or employees) to achieve the service objectives for high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

The assessment team were satisfied that the Provider has policies and procedures in place to align resources to current and projected workforce requirements. Recent pilot projects, such as the introduction of the clinical desk and the development of a scope of practice for Community Paramedics, demonstrate that the Provider is exploring new initiatives to support workforce planning in line with capacity demands on the organisation currently and in the future.

Standard 5.1 Licensed CPG Providers plan, organise and manage their workforce (volunteers, contractors or employees) to achieve the service objectives for high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

Areas of Best Practice

The Provider has a fully trained and competent workforce who are flexible in adapting to the challenges of the pre-hospital environment.

Areas for Improvement

No specific observation noted by the assessment team.

Standard 5.2 Licensed CPG Providers recruit/engage with Practitioners with the required competencies to provide high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CGP Provider has in place robust processes to assure English language competency for all volunteers, contractors and/or employees whose first language is not English.
PHECC Requirements	5.2.1 The Licensed CPG Provider has a process in place to satisfy itself that the English language competence of its Responders and Practitioners, whose first language is not English, is appropriate to the clinical/ professional activities to be carried out by that person i.e. Responder or Practitioner levels.
	
PHECC Statement	The Licensed CPG Provider ensures all volunteers, contractors and/or employees providing care on behalf of the organisation are currently on the PHECC register.
PHECC Requirements	5.2.2 The Licensed CPG Provider has a process in place to check registration on appointment and on-going renewals of registration for volunteers, contractors and/or employees.
	
PHECC Statement	The Licensed CPG Provider ensures that all volunteers, contractors and/or employees are subject to the appropriate pre-employment checks to ensure delivery of safe care.
PHECC Requirements	5.2.3 The Licensed CPG Provider conducts checks and confirms that all employees, contractors and/or volunteers have the appropriate qualifications and registrations.
	
PHECC Statement	The Licensed CPG Provider has robust security clearance processes in place for volunteers, contractors and/or employees.
PHECC Requirements	5.2.4 The Licensed CPG Provider ensures that employees, contractors and/or volunteers are subject to Garda Vetting in line with the National Vetting Bureau (Children & Vulnerable Persons) Act 2012 prior to patient contact.
	

Not Applicable | Not Met | Minimally Met | Moderately Met | Substantively Met | Fully Met

Standard 5.2 Licensed CPG Providers recruit/engage with Practitioners with the required competencies to provide high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

5.2.3
PHECC PIN registration was evident and on the site assessment day a rapid response was provided when PIN verification was sought for a random selection of employees. A reliable process exists in this regard.

5.2.4
Garda vetting is carried out by the Provider in accordance with the requirements of the National Vetting Bureau. The assessment team verified the Provider's compliance in this area and Garda vetting requests were met on the site assessment day, with a report provided verifying the Garda vetting of CFRs.

Standard 5.2 Licensed CPG Providers recruit/engage with Practitioners with the required competencies to provide high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

Areas of Best Practice

The assessment team were entirely satisfied with evidence provided by the organisation regarding Practitioners' qualifications and registrations. A robust electronic system provides backup evidence of PIN registration and Garda vetting.

Areas for Improvement

No specific observation noted by the assessment team.

Standard 5.3 Licensed CPG Providers ensure their workforce (volunteers, contractors and/or employees) have the competencies required to deliver high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider provides, or provides access to, on-going training to ensure that volunteers, contractors and/or employees' CPG skill levels are maintained commensurate with their current CPG privileged status.
PHECC Requirements	5.3.1 The Licensed CPG Provider has developed and implemented a comprehensive induction programme to ensure volunteers, contractors and/or employees understand their responsibilities in relation to the safety and quality of services.

	5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status.

	5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students. (If applicable)

Not Applicable Not Met Minimally Met Moderately Met Substantively Met Fully Met

Standard 5.3 Licensed CPG Providers ensure their workforce (volunteers, contractors and/or employees) have the competencies required to deliver high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

5.3.1
The assessment team were satisfied that a comprehensive education and training plan is in place to support the providers employees.

5.3.2
Through various interactions with the Provider, the assessment team were satisfied that mandatory and on-going training needs are met for each Practitioner as coordinated by a designated training officer. There is evidence within the organisation that staff are adequately trained and competent to perform their duties to their registered status.

5.3.3
The Provider has appropriate arrangements in place for the supervision of students. Service level agreements are in place with the relevant academic institution to ensure clinical placements are negotiated and clinical facilitators support the intern Practitioners during their period of training.

Standard 5.3 Licensed CPG Providers ensure their workforce (volunteers, contractors and/or employees) have the competencies required to deliver high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

Areas of Best Practice

During GVF focus group interview, there was clearly an appetite for on-going professional learning. The workforce is committed and motivated and this is evidenced by their suggestions in the 'areas for improvement' box as below. They recognise capacity issues in line with the nature of their roles and difficulties in being released for training outside of the mandatory requirements.

Areas for Improvement

5.3.2
Practitioners suggested alternative methods to enhance competency and ensure CPD, such as developing access to formal webinars: staff are currently doing this on their own time.

5.3.2
Crossover was suggested between control room and frontline staff in a planned fashion to ensure enhanced patient care through regular exposure to scenarios and to facilitate a greater understanding of each other's roles, to include exposure to real challenges and positive experiences encountered.

Standard 5.4 Licensed CPG Providers support their workforce (volunteers, contractors and/or employees) in delivering high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider supports volunteers, contractors and/or employees to exercise their personal, professional and collective responsibility for the provision of high quality, safe and reliable healthcare
PHECC Requirements	5.4.1 The Licensed CPG Provider has a Critical Incident Stress Management process in place.

5.4.2 The Licensed CPG Provider has a Fitness to Practice Policy/Procedure, which makes reference to the PHECC Fitness to Practice processes.

5.4.3 The Licensed CPG Provider has processes for the identification of poor or variable staff performance.

5.4.4 The Licensed CPG Provider improves patient safety by encouraging and supporting employees, contractors and/or volunteers in the reporting and learning from patient safety incidents (including adverse incidents, near-misses and no-harm events).

PHECC Requirements	5.4.5 The Licensed CPG Provider creates opportunities for staff to feedback on the quality and safety of the service they work in.

Not Applicable | Not Met | Minimally Met | Moderately Met | Substantively Met | Fully Met

Standard 5.4 Licensed CPG Providers support their workforce (volunteers, contractors and/or employees) in delivering high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

5.4.1
The assessment team were provided with evidence of a robust Critical Incident Stress Management (CISM) system provided to NAS Practitioners. The CISM policy is well embedded in the organisation and frontline staff are aware and knowledgeable on the CISM process. Peer support workers are available throughout the organisation to support staff given the diverse spread of staff nationally.
CISM is positively valued by all staff.

5.4.2
The Provider has a Fitness to Practice Policy in place, which is compliant with PHECC Fitness to Practice processes. The policy was verified with the Medical Director and Head of Education and Competency Assurance. There is no active fitness to practice cases reported by the organisation at present.

5.4.3
The assessment team were provided with evidence that policies are in place for the management of poor or variable performance.

5.4.4
Through GVF focus group interview discussion, review of documentation, and the NIMS electronic system, there was evidence of comprehensive incident investigation but feedback to Practitioners requires improvement. The Provider encourages and supports employees to report adverse incidents and near misses; however, the feedback loop downward requires strengthening.

5.4.5
The national staff survey 'Your Opinion Counts' is available to all staff.

Standard 5.4 Licensed CPG Providers support their workforce (volunteers, contractors and/or employees) in delivering high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

Areas of Best Practice

A CISM policy is in place, which has widespread staff awareness, knowledge and appreciation of the programme.
The staff engagement forums represent a prime opportunity for staff to feedback to the organisation and in turn receive feedback.

Areas for Improvement

5.4.4
The staff engagement forums are viewed as a positive platform and so represent a prime opportunity for staff to feedback to the organisation and in turn receive feedback. Incident or near misses related to safety and quality, which is reported via NIRF process, warrants 360-degree feedback improvements as this was identified as a deficit by Practitioners.

Theme 6

Use of Information

Standard 6.1 Licensed CPG Providers have effective arrangements in place for information governance.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider has implemented PHECC 'Clinical Records Management Guidelines'.
PHECC Requirements	6.1.1 The Licensed CPG Provider has systems, processes and procedures in place to assure the full implementation of the information governance and effective management of healthcare records requirements as outlined in the PHECC Clinical Records Management Guidelines.

6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.

Not Applicable Not Met Minimally Met Moderately Met Substantively Met Fully Met

Standard 6.1 Licensed CPG Providers have effective arrangements in place for information governance.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

6.1.1
The Provider has demonstrated to the assessment team that it has systems, processes and procedures in place to ensure information governance and the effective management of healthcare records. There was strong evidence of compliance with GDPR in the security, management and storage of Patient Care Reports (PCRs). However, during Practitioner Engagement, one paper-based PCR, containing patient confidential information, was found at an ambulance base in a non-secure location thus breaching the organisation's identified policy on the Management of Patient Care Reports, the national GDPR expectations and PHECC Clinical Record Management Guidelines.

6.1.2
All PCRs are audited, which contributes to on-going quality improvement.
The organisation is in transition from paper-based Patient Care Reports to an electronic system – ePCR. The ePCR system was witnessed to be secure, accurate, and user friendly.

Standard 6.1 Licensed CPG Providers have effective arrangements in place for information governance.

Areas of Best Practice

On-going PCR audit practices serve to contribute to improved information governance.

It is noted that the innovative installation of ePCR systems is a positive advance and an area of best practice.

The introduction of ePCR provides a standardised and secure system of generating data relating to patient care.

Areas for Improvement

During GVF focus group interview, it was suggested that as ePCR is in transition, it would be worthwhile for the Provider to create a forum for frontline staff to evaluate EPCR and provide feedback that would inform on-going roll out.

The organisation must ensure security of all patient records, including paper-based PCRs generated both within the organisation, and patient data generated from other healthcare providers.
The organisation may wish to consider reinforcing with all staff, existing NAS policy, GDPR, and PHECC guidelines on records management to ensure full compliance.

Report Summary

The PHECC Governance Validation Framework consists of six (6) Themes that encompasses forty-three (43) Standards, which have been assessed by the external team of PHECC GVA assessors during this assessment. The overall PHECC standards compliance ratings for the National Ambulance Service are as follows:

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	0	0%
Not Met	0	0%
Minimally Met	0	0%
Moderately Met	0	0%
Substantively Met	7	16%
Fully Met	36	84%

GVF Site Assessment - National Ambulance Service

	PHECC Requirement	Compliance level
Theme 1: Person-Centred Care and Support	**Standard 1.1 Patients have equitable access to healthcare services based on their assessed needs.**	
	1.1.1 The Licensed CPG Provider has systems, processes and procedures for the timely and clinically appropriate response to provide safe care and treatment to patient population they serve.	**Fully Met**
	1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.	**Fully Met**
	Standard 1.2 Patients' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.	
	1.2.1 The Licensed CPG Provider has systems, processes and procedures, developed in line with best practice for patient consent and/or patient identification (which includes guidance for practitioners) in line with the PHECC Code of Professional Conduct & Ethics.	**Fully Met**
	1.2.2 The Licensed CPG Provider has a policy/procedure in place in relation to the refusal of treatment and/or transport.	**Fully Met**
	Standard 1.3 Patients' dignity, privacy and autonomy are respected and promoted.	
	1.3.1 The Licensed CPG Provider has arrangements in place to promote patients' privacy, dignity and autonomy.	**Fully Met**
	1.3.2 The Licensed CPG Provider demonstrates a commitment to develop a culture where volunteers, contractors and/or employees involve and treat people with compassion, kindness, dignity and respect.	**Fully Met**
	Standard 1.4 Licensed CPG Providers promote a culture of kindness, consideration and respect.	
	1.4.1 The Licensed CPG Provider undertakes Patient Satisfaction and/or Patient Experience Surveys to help shape and improve services and culture.	**Substantive**
	Standard 1.5 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.	
	1.5.1 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.	**Fully Met**
	1.5.2 The Licensed CPG Provider provides training to all front-line volunteers, contractors and/or employees in handling a patient or family member's complaint or concern.	**Substantive**
Theme 2: Effective Care and Support	**Standard 2.1 Healthcare reflects national and international evidence of what is known to achieve best outcomes for patients.**	
	2.1.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure Responders/Practitioners utilise the evidence-based CPG appropriate to their status to deliver and ensure safe and appropriate care.	**Fully Met**
	Standard 2.2 Patients receive integrated care, which is coordinated effectively within and between services.	
	2.2.1 The Licensed CPG Provider has a standardised handover process in place to ensure the safe, timely, and structured exchange of information during handover of patients.	**Fully Met**
	Standard 2.3 Healthcare is provided in a physical environment, which supports the delivery of high-quality, safe, reliable care and protects the health and welfare of patients.	
	2.3.1 The Licensed CPG Provider has process, systems and procedures in place to ensure the road-worthiness of their patient transport vehicles in line with legislation.	**Fully Met**
	Standard 2.4 The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.	
	2.4.1 The Licensed CPG Provider submits an Annual Medical Director Report annually,* which informs the PHECC of clinical activities in the organisation and includes a CPG report (*Calendar year).	**Fully Met**
	2.4.2 The Licensed CPG Provider has a systematic programme of clinical audit in line with the PHECC standards (STN019), which is used to monitor quality and outcomes and promote learning.	**Fully Met**

Theme 3: Safe Care and Support	**Standard 3.1 Licensed CPG Providers protect patients from the risk of harm associated with the design and delivery of healthcare services.**	
	3.1.1 The Licensed CPG Provider has a reliable system in place to prevent and protect patients and staff from healthcare associated infections.	**Substantive**
	3.1.2 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure medicines availability, storage, stocking and disposal processes for the administration of pre-hospital emergency care.	**Substantive**
	3.1.3 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure equipment/medical device availability, storage, stocking and disposal for the administration of pre-hospital emergency care.	**Fully Met**
	Standard 3.2 Licensed CPG Providers effectively identify, manage, respond to and report on patient-safety incidents.	
	3.2.1 The Licensed CPG Provider has structured incident reporting and investigation mechanisms, which support and encourage volunteers, contractors and/or employees to report adverse events, near-misses and no-harm events.	**Fully Met**
	3.2.2 The Licensed CPG Provider has a process for the sharing of lessons learned from patient safety incidents (including adverse events, near misses and no-harm events) and complaints, which have occurred locally, nationally or internationally with employees, contractors and/or volunteers.	**Substantive**
	Standard 3.3 Licensed CPG Providers ensure all reasonable measures are taken to protect patients from abuse.	
	3.3.1 The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise.	**Fully Met**
Theme 4: Leadership, Governance and Management	**Standard 4.1 Licensed CPG Providers have clear accountability arrangements to achieve the delivery of high, quality, safe and reliable healthcare.**	
	4.1.1 The Licensed CPG Provider has an established reporting and accountability structure for clinical governance.	**Fully Met**
	4.1.2 The Licensed CPG Provider has an identified Medical Director who is registered with the Medical Council and who is based in this jurisdiction and who oversees the service.	**Fully Met**
	4.1.3 The CPG Provider is compliant with taxation laws.	**Fully Met**
	4.1.4 The Licensed CPG Provider has documentary evidence of the required insurance policies.	**Fully Met**
	Standard 4.2 Licensed CPG Providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.	
	4.2.1 The Licensed CPG Provider has systems, process and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.	**Fully Met**
	Standard 4.3 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.	
	4.3.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure compliance with statutory legislation relating to the provision of safe and effective care.	**Fully Met**
	Standard 4.4 Licensed CPG Providers act on standards and alerts and take into account recommendation(s) and guidance, as formally issued by relevant regulatory bodies as they apply to their service.	
	4.4.1 The Licensed CPG Provider has a process in place to ensure the appropriate communication and adoption of new recommendation(s) and guidance issued by the PHECC and other regulatory bodies.	**Fully Met**
	4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation framework.	**Fully Met**

Theme 5: Workforce	**Standard 5.1 Licensed CPG Providers plan, organise and manage their workforce (volunteers, contractors and/or employees) to achieve the service objectives for high-quality, safe and reliable healthcare.**	
	5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.	**Fully Met**
	Standard 5.2 Licensed CPG Providers recruit/engage with practitioners with the required competencies to provide high-quality, safe and reliable healthcare.	
	5.2.1 The Licensed CPG Provider has a process in place to satisfy itself that the English language competence of its Responders and Practitioners, whose first language is not English, is appropriate to the clinical/ professional activities to be carried out by that person i.e. Responder or Practitioner levels.	**Fully Met**
	5.2.2 The Licensed CPG Provider has a process in place to check registration on appointment and on-going renewals of registration for volunteers, contractors and/or employees.	**Fully Met**
	5.2.3 The Licensed CPG Provider conducts checks to confirm that all employees, contractors and/or volunteers have the appropriate qualifications and registrations.	**Fully Met**
	5.2.4 The Licensed CPG Provider ensures that employees, contractors and/or volunteers are subject to Garda Vetting in line with the National Vetting Bureau (Children & Vulnerable Persons) Act 2012 prior to patient contact.	**Fully Met**
	Standard 5.3 Licensed CPG Providers ensure their workforce (volunteers, contractors and/or employees) have the competencies required to deliver high-quality, safe and reliable healthcare.	
	5.3.1 The Licensed CPG Provider has developed and implemented a comprehensive induction programme to ensure volunteers, contractors and/or employees understand their responsibilities in relation to the safety and quality of services.	**Fully Met**
	5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status.	**Fully Met**
	5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students (if applicable).	**Fully Met**
	Standard 5.4 Licensed CPG Providers support their workforce (volunteers, contractors and/or employees) in delivering high-quality, safe and reliable healthcare.	
	5.4.1 The Licensed CPG Provider has a Critical Incident Stress Management process in place.	**Fully Met**
	5.4.2 The Licensed CPG Provider has a Fitness to Practice Policy/Procedure, which makes reference to the PHECC Fitness to Practice processes.	**Fully Met**
	5.4.3 The Licensed CPG Provider has processes for the identification of poor or variable staff performance.	**Fully Met**
	5.4.4 The Licensed CPG Provider improves patient safety by encouraging and supporting employees, contractors and/or volunteers in the reporting and learning from patient safety incidents (including adverse incidents, near misses and no-harm events).	**Substantive**
	5.4.5 The Licensed CPG Provider creates opportunities for staff to feedback on the quality and safety of the service they work in.	**Fully Met**
Theme 6: Use of Information	**Standard 6.1 Licensed CPG Providers have effective arrangements in place for clinical information governance.**	
	6.1.1 The Licensed CPG Provider implements the PHECC 2018 Clinical Information Standards and associated reports and will ensure compliance with Council Policy for implementation timeframes for clinical information standards and associated reports – V1. (POL043)	**Substantive**
	6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.	**Fully Met**

Report Status

In accordance with the Council rules this GVF site-assessment does not trigger a requirement for PHECC to issue an improvement notice, attach conditions or withdraw recognition. Council Rules for pre-hospital emergency care service Providers who apply for recognition to implement Clinical Practice Guidelines (POL003 V6) outlines that, where appropriate, full recognition to implement CPGs will be awarded for a three (3) year period. This approval will apply from the last approval date.

Quality Improvement Plan

The NAS are now required to adjust and re-submit their quality improvement plan to PHECC. This adjustment of the quality improvement plan will encompass the findings outlined in this report and any other planned quality improvement or organisational development initiatives to be undertaken in the upcoming licensing period.

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