



Governance Validation Framework

Site Assessment Report

HSE - National Ambulance Service

December 2022

“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.”



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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 December 2022 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's 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 is also supported by 140 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.

The NAS services are delivered by more than 1,600 staff who operate from over 102 locations throughout Ireland. Intermediate Care Service, which predominantly focuses on inter-facility transfer of patients, is staffed by a crew of Emergency Medical Technicians. The NAS Pre-hospital Emergency Care services are delivered by Paramedic and Advanced Paramedic staff.

The NAS are recognised 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. The NAS operate a wide range of fleet including Emergency Ambulances, Intermediate Care Vehicles, Rapid Response Vehicles and a range of specialised support vehicles.

The National Emergency Operations Centre (NEOC) is staffed by Emergency Call Takers, Emergency Dispatchers, Control Supervisors and Control Managers. The National Ambulance Service takes in excess of 300,000 emergency calls each year. The key objective is to respond to 999/112 emergency calls as quickly as possible with the most appropriate skills and equipment.

Information used to create this overview was supplied by the Provider
More information available at www.nationalambulance.ie

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	HSE - National Ambulance Service
Type of Visit	Full GVF Assessment - GVFREP NAS 002_1222
Licensed CPG Provider Lead	GVF4970
Date of Review	Practitioner Engagement - 11th, 14th, 17th November 2022 Site Assessment - 14th December 2022
Assessment Team	<p>GVFA4970 - Team Lead GVFA7460, GVFA8205 - Site Assessors GVFA5966, GVFA4352, GVFA6919 - Practitioner Engagement</p> <p>Sites visited by the PHECC GVF assessment team during the assessment process were as follows:</p> <ul style="list-style-type: none"> • Site 1 – Dublin South Central Ambulance Station, Davitt Road, Inchicore, D12 FF08 • Site 2 – Dundalk Ambulance Station, Louth County Hospital, Dublin Road, Dundalk, Co. Louth • Site 3 – NAS – Mid-West Headquarters, St Nessans Road, Dooradoyle, Limerick, V94DX2 • Site 4 – NAS – Merlin Park University Hospital, Galway City • Site 5 – Moyne Business Park, Old Dublin Road, Enniscorthy Co Wexford, Y21KF20 • Site 6 – Unit 13a South Ring Business Park, Kinsale Road, Cork , T12 TY27 • Site 7 – Floor 3, The River's Building, Tallaght Cross, Tallaght, Dublin 24, Co Dublin, D24 XNP2
Circumstances of this Site Assessment	Scheduled GVF Assessment
Relevant Recent Visits	Onsite assessment conducted December 2022.

Overview of Licensed CPG Provider

Assessment Details (continued):

Licensed CPG Provider Participants

Director, National Ambulance Service (NAS)
Quality, Patient Safety and Risk Manager
Medical Director (Medical Council Reg No 19297)
HR Services/Operations Manager
Head of Integrated Services (West)
Area Operations Manager (North Leinster)
Head of Planning & Structure/Annual Service Planning
Communications Manager
Advanced Paramedic x 3
Paramedic x 3
EMT x 2

Onsite Feedback

Verbal feedback related to the Assessment Team's initial findings was provided to the Management of National Ambulance Service by the PHECC GVF Assessment 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 Assessment Team's comments and indicative findings. Specific items of note are expanded within their relevant sections in this report.

Judgement Framework













Level & Scoring	Descriptor
Not Applicable	<ul style="list-style-type: none"> The standard is not applicable to this organisation/base location
Not Met	<ul style="list-style-type: none"> Does not meet expectations No evidence of compliance anywhere in the organisation with the requirements set by the statement/standard
Minimally Met	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.					
						 ✓

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

Assessment Panel Findings

1.1.1 The Provider employs circa 2,300 staff at the level of advanced paramedic, paramedic, emergency medical technician, call takers and dispatchers, and are currently recruiting for staff.

There are 118 operational locations nationally with a 500-vehicle fleet responding to approximately 340,000 calls per annum.

Services include emergency ambulance, intermediate care, critical care retrieval services, community paramedicine, pathfinder, alternative care pathways, clinical hub, National Emergency Operations Centre (NEOC) aeromedical operations, and a wide variety of responder schemes.

A senior operations lead verified to the Assessment Team that there is continuous monitoring of key performance indicators (KPI) related to staffing and skill mix at an organisational and local perspective. There is also a current organisational change to move from KPI that are time related KPI to those that are clinical.

Vacancy rates are continually reviewed at corporate level and there is a draft strategy proposed to double the workforce over a 10-year period. At a local level, rotas are managed to ensure that there is an appropriate skill mix of at least 2 paramedics rostered per shift on each vehicle.

1.1.2 There is a NEOC policy for taking calls which adheres to PHECC's Priority Dispatch Standard. There is a training programme for call handlers and a process in place to review the quality of performance. Translation services are available when required.

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













Areas of Best Practice

1.1.1 There is evidence that the Provider has a good grasp of current staffing levels/emerging problems and has a strategy to address these in the future. The Provider has a Pathfinder service in place in one local community and has recently expanded this to a second area.

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.

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.

Assessment Panel Findings

1.2.1 The Provider has a procedure for consent and checking patient identity in place. The Assessment Team observed staff seeking consent from patients in line with the Provider's policy. There is evidence that capacity assessment is conducted and recorded on the Patient Care Report (PCR).

1.2.2 The Provider has a policy in place for refusal of treatment and transport. During discussion with Practitioners, Assessors verified staff awareness of the Provider's policy for 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.













Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

No specific observation noted by the Assessment Team.

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

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.					
						 ✓

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

Assessment Panel Findings

1.3.1 The Provider has a staff code of conduct for all employees and the Assessment Team found no issues of concern.

1.3.2 The Assessment Team noted many examples of excellent rapport between front-line staff and patients. Patients were treated with compassion and dignity.

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







Areas of Best Practice

Within the Provider's organisation, there is strong evidence of a culture of kindness, consideration and respect in interactions between front-line staff and patients.

Areas for Improvement

No specific observation noted by the Assessment Team.

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	<p>1.4.1 The Licensed CPG Provider undertakes Patient Satisfaction and/or Patient Experience Surveys to help shape and improve services and culture.</p> <div>       </div>

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

Assessment Panel Findings

1.4.1 The Provider referenced methods for gathering patient satisfaction information, specifically the HSE platform 'Your Service, Your Say' that provides service users with an option to express views.

The Assessment Team noted:

- (i) many Practitioners/staff seemed to view this as the only way to provide feedback and
- (ii) most Practitioners/staff were unable to recall any information shared with them regarding shared patient experiences.

There was little evidence of any signal from such information/feedback, nor evidence, that it informed or modified practice. There did not appear to be a proactive method of seeking the views of patients and service users.

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













Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

1.4.1 The Provide should develop a proactive programme to seek patient feedback and better utilise existing pathways. This should be linked to a process in which all such information is analysed and used for improvement.

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

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.

Assessment Panel Findings

1.5.1 The HSE 'Incident Management Framework' forms the basis from which all complaints and adverse events are reviewed and managed.

The assessment team evidenced a satisfactory complaints policy in place and staff are aware of what to do if they are asked about making a complaint.

The Assessment Team observed varying levels of awareness of organisational complaints processes and that staff were often not aware of any regular feedback mechanisms regarding lessons learned - other than when a complaint was made against the individual and resulted in an investigation process.

There was insufficient evidence of learning from complaints.

1.5.2 There appeared to be a low number of complaints.

Discussion with Practitioners revealed some dissatisfaction with the approach to dealing with complaints and suggested poor communication regarding 'lessons learned' and dissemination of the outcome of investigations.

The Assessment Team did not evidence specific training records for staff managing complaints.

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

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

1.5.2 The Provider should review the pathway for complaints and question whether the current situation with regards to complaints is a true reflection of the current status.

The Provider should develop effective methods for communicating the outcome of complaints and investigations with the staff involved.

Staff training on how to manage complaints should be a specific unit of education that is documented in training records.

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.



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	<p>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.</p> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div>✓</div> <div></div> </div>

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

Assessment Panel Findings

2.1.1 The Assessment Team verified that the Provider has in place a register recording all levels of Practitioners. There is a mechanism in place to monitor upskilling and continuing dissemination of updates and revised guidelines as they occur.

The Provider has not completed 2021 CPG upskilling.

There is an HSE Corporate approach to the adoption of generic guidelines, policies and procedures within the Provider's organisation. Senior management described future plans for the introduction of a specific App whereby all Practitioners could access a range of online resources that would include up to date Clinical Practice Guidelines (CPG), policies and procedures.

During discussion with Practitioners, the Assessor was informed that the process for dissemination of revised guidelines, updates etc. and the speed of dissemination varies significantly across the Provider's organisation.

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

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

2.1.1 The Provider should quickly improve the processes for disseminating important information either by the development of the App discussed above or by another means.

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



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.					
	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div> ✓

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



Assessment Panel Findings

2.2.1 The Assessment Team observed Practitioners utilising safe and effective handover of patient care and information in line with EMP Handover Protocol. There was use of printout from ePCR to assist information transfer.

At Practitioner Engagement handover procedures/pathways developed by some emergency departments were observed that might potentially result in poorer than expected outcome for patients and/or Practitioners.

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

Areas of Best Practice







2.2.1 The Provider has introduced a range of initiatives to improve communication and flow between front-line staff in emergency departments and Practitioners at handover.

Areas for Improvement

2.2.1 The Provider should work with front-line staff and other healthcare providers to ensure obstacles at handovers and interfaces of care are minimised.

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.



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.					
						

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.

Assessment Panel Findings

2.3.1 There were some occasions during Practitioner Engagement when the wearing of seatbelts in the ambulance while providing patient care either did not occur, was intermittent, or was not as recommended.

On one occasion, an Assessor evidenced equipment not appropriately stowed, which could have compromised the safety of the patient and/or Practitioner.

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.















Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

2.3.1 The importance of crew and patient safety in relation to correct use of seat belts and securing of equipment during transport should be communicated to all staff by management. This should also be continually monitored as a matter of routine.

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

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	<p>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).</p> <div>        </div>
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	<p>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.</p> <div>        </div>

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

Assessment Panel Findings

2.4.1 The Provider submits an annual Medical Director report in line with PHECC requirements though the format made it appear quite generic and material that might be included was merely referenced - requiring access to other documents.

2.4.2 The Provider's audit programme was not as extensive as would be expected of the largest national Statutory Ambulance Service Provider. Some audits submitted showed no improvements or even deterioration on re-audit yet there was no evidence of an intervention for improvement (beyond making the audit results known).

It was stated to the Assessment Team that the Provider's goal was to share learning from audit across the Provider's organisation. However, during Practitioner Engagement, Practitioners suggested this was often not the case and expressed frustration at a lack of involvement in, and feedback from, clinical audits.

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



Areas of Best Practice

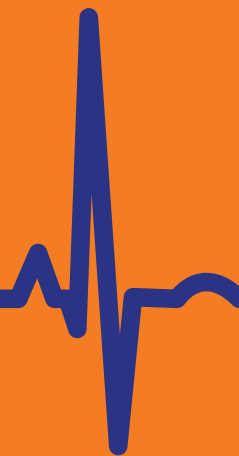
2.4.1 The Provider audited changes in rates of refusal of treatment following COVID-19 to explore whether there had been a change in the threshold or decision making by front-line staff.

Areas for Improvement















2.4.2 The audit programme would benefit from redesign of approach with interventions before re-audit having a more "QI approach" rather than relying on "awareness" and hoping for improvement. The flow of information regarding audits from the center to staff needs to be more reliable.

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.

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	<p>3.1.1 The Licensed CPG Provider has a reliable system in place to prevent and protect patients and staff from healthcare associated infections.</p> <div>       </div>
PHECC Statement	The Licensed CPG Provider ensures that there are systems in place to ensure the effective, efficient and safe use of medicines for the administration of pre-hospital emergency care.
PHECC Requirements	<p>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.</p> <div>       </div>
PHECC Statement	The Licensed CPG Provider ensures that there is 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	<p>3.1.3 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure the equipment/medical device availability, storage, stocking and disposal for the administration of pre-hospital emergency care.</p> <div>       </div>

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

Assessment Panel Findings

3.1.1 The Provider has an Infection Prevention and Control (IPC) Policy available online. The Assessment Team witnessed unreliable practice at Practitioner Engagement in regard to the use of gloves and handwashing and an apparent lack of audit of same. The senior management team acknowledged deficiencies in compliance with hand hygiene standards as well as issues with the IPC managerial roles. The Provider discussed plans to implement a revised IPC policy linked to a modified education programme, coupled with the recruitment of an IPC team, in the very near future. A hand hygiene audit will be scheduled for next year to assess the effectiveness of the above initiative.

During Practitioner Engagement, vehicles were inspected and reported as clutter free and satisfactorily cleaned down between patient cases. There were clear instructions on conducting vehicle cleaning available to staff but lack of clarity around when (and therefore who) would do this around shift changes. There is a schedule for deep cleaning of vehicles, which is carried out by a private contractor.

There is a process for the disposal of clinical waste, segregated and tagged appropriately at each station, however, the Assessment Team observed that an ambulance had only clinical waste bags and no domestic waste, some ambulances do not carry waste disposal tags, and at times clinical waste is disposed in emergency departments, which might lead to traceability issues.

There is a process for the safe disposal of sharps.

The Provider has a documented dress code and staff were observed to be in compliance with that code.

3.1.2 The Provider has a robust medicines management procedure in place, which was seen to be working in practice on detailed observation during Practitioner Engagement. Medications for Practitioners at all levels were available and there is an identified person responsible for medication management in each location. The Provider has a process of auditing medication management and staff are aware of how to report a medicines-related adverse event, near-miss or no-harm event.

3.1.3 The Assessment Team evidenced that equipment was clean and in good working order. Service stickers were clearly visible on the individual items inspected. The Assessment Team also evidenced a robust process regarding fleet logistics and management.

Some Practitioners expressed concern at equipment availability (specifically vacuum mattresses and orthopaedic stretchers) although this was not observed by the Assessment Team during Practitioner Engagement. Equipment may be left in situ with the patient at Emergency Departments and on a subsequent call, it would not be available to Practitioners and an additional ambulance resource would have to be tasked.

A scenario raised by Practitioners was the allocation of ICV to emergency calls at times of extremely high demand despite the lack of all the required equipment for such a role.

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

Areas of Best Practice













3.1.2 There is excellent and robust practice regarding the management of medicines.

Areas for Improvement

3.1.1 The Provider should review training of front-line teams on IPC in light of current practice regarding gloves, gel and handwashing. Clearer arrangements for vehicle cleaning at changeover would be beneficial.

3.1.3 The Provider should provide more clarity and a more uniform approach to waste management. The Provider should review arrangements to ensure appropriate equipping of vehicles.

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

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	<p>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.</p> <div>       </div>
PHECC Statement	The Licensed CPG Provider has arrangements in place to identify, assess and respond appropriately to patients' safety incidents and complaints.
PHECC Requirements	<p>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 volunteers, contractors and/or employees.</p> <div>       </div>

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

Assessment Panel Findings

3.2.1 The Provider has in place reminders and encouragement to use the HSE National Incident Management System (NIMS) to report patient safety incidents. Staff appeared to have no hesitation or concerns in reporting incidents. However, some staff reported a past lack of feedback on some incidents, which they felt was resulting in less incidents being reported.

The Assessment Team observed the recognition and logging of adverse event less frequent than would be expected. There were no near-misses referenced in the documents submitted by the Provider.

The Medical Director quoted 4-5 Serious Reportable Events per year in the 2021 report, however, there was no feedback of what happened in light of these, or following Serious Reportable Events (SRE) that had occurred in 2020.

3.2.2 The Provider has a documented process for investigation /review of the patient safety incidents that are documented. The HSE 'Incident Management Framework' forms the basis from which complaints and adverse events are reviewed through a multidisciplinary team approach. Discussion during Practitioner Engagement revealed patchy awareness of adverse events and lessons learned.

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

Areas of Best Practice

3.2.2 The Provider has taken a pro-active approach to the emerging issue of hospital turnaround times by measuring the problem for understanding and then making other stakeholders aware. The resultant funding of Hospital Ambulance Liaison Person and Senior Tactical Managers is a good example of being alert to emerging threats.

Areas for Improvement

3.2.1/3.2.2 The Provider should (i) review training for staff on the recognition of adverse events and near misses; (ii) question how such events could be logged more reliably, and (iii) use the outcome of such investigations more effectively for improvement.

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



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.					
	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div> ✓

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

Assessment Panel Findings

3.3.1 The Provider has a safeguarding policy in place. There is an identified executive with responsibility for safeguarding.

The Assessment Team evidenced the Provider's Child Safeguarding statement.

A random selection of employee training records verified that Practitioners receive training on their safeguarding responsibilities.

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



Areas of Best Practice

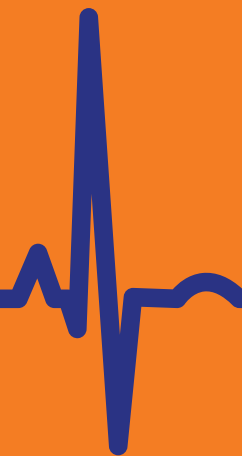
No specific observation noted by the Assessment Team.

Areas for Improvement

























No specific observation noted by the Assessment Team.

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.

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.					
						 ✓

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



Assessment Panel Findings

4.1.1 The Provider has undergone a lot of change in senior leadership since 2021 and has changed its structure to reflect its current functions. The Assessment Team observed evidence of new, more robust arrangements for reporting and accountability. There is an identified individual responsible for overall clinical governance (Medical/Clinical Director).

4.1.2 The Provider's Medical Director is registered with the Medical Council and based in this jurisdiction. The role of Medical/Clinical Director within this organisation is full time and there is a job description, which underpins the role and scope of the post holder.

4.1.3 The Provider is tax compliant with this standard

4.1.4 The Provider has the appropriate insurance in place.

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



Areas of Best Practice

4.1.1 The Provider has filled some senior strategic positions before recruiting middle management to ensure corporate goals, processes and values are embedded in the new managers and will in the future be accurately communicated to front-line staff

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.



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	<div>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.</div> <div><div></div><div></div><div></div><div></div><div>✓</div><div></div><div></div></div>

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.



Assessment Panel Findings

4.2.1 The Provider's systems and processes do not provide it with sufficient signals regarding ongoing challenges or progress with the safety and quality of practice and patient care. There is insufficient time, resource and personnel devoted to pursuing feedback from staff and the public, and developing a Quality Improvement (QI) approach to responding to SRE and audits. The Provider was aware of many of these issues and was attempting to recruit to QI roles from a low base.

At Practitioner Engagement, some Practitioners reported that feedback from incident reporting and audit results was rare.

The Providers QI Plan appeared to cover a very wide area of practice but was not sufficiently detailed and did not show evidence of QI methodology. It was not clear what drove the shape of the QI plan and how it linked to complaints, SRE, near-misses, worrying trends etc. The Provider acknowledged a significant problem with QI capacity due to recruitment and retention issues.

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.



Areas of Best Practice







No specific observation noted by the Assessment Team.

Areas for Improvement

4.2.1 The Provider should make QI capacity and capability a high priority and link this with better arrangements for audit and recognition of SRE and near-misses. This will require more personnel in QI roles. The Provider's Quality Improvement Plan (QIP) should include fewer elements with more specific QI interventions to drive improvements.

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



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.					
						

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

Assessment Panel Findings

4.3.1 The Provider has systems and processes in place to ensure compliance with statutory legislation and best practice guidelines relating to the provision of safe and effective care.

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













Areas of Best Practice

No specific observation noted by the Assessment Team.

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.

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	<p>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.</p> <div>       </div>
PHECC Statement	The Licensed CPG Provider complies with the PHECC Governance Validation Framework.
PHECC Requirements	<p>4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation Framework.</p> <div>       </div>

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.

Assessment Panel Findings

4.4.1 The Provider verified a variety of mechanisms in place to communicate alerts to staff, however, the Provider admitted significant challenges in disseminating important information efficiently and effectively to all Practitioners.

Practitioners reported that communication from senior management was fragmented, inconsistent and sometimes not delivered in a timely manner. Station supervisors were identified as the main pathway and filter for information flowing to and from staff.

The Provider's communication spokesperson outlined a vision for improving communications using a specific application (not yet developed) that will enable more immediate and reliable communications to staff through a standardised medium such as mobile phone or iPad.

4.4.2 The Provider submitted a Self-assessment and Quality Improvement Plan. The plan appeared to cover a very wide area of practice but was not sufficiently detailed and did not show evidence of QI methodology.

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.



Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement







4.4.1 /4.4.2 The Provider should review arrangements to communicate and disseminate safety critical information to staff in a reliable and timely fashion.

Theme 5

Workforce



Pre-Hospital
Emergency Care
Council

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

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.



Assessment Panel Findings

5.1.1 The Assessment Team verified that the Provider has a robust workforce plan that is based on current and projected staffing levels and skill mix requirements for the next ten years.

Human resources monitor staff turnover and report monthly on numbers of starters and leavers. The Provider has in place a number of succession planning processes. Recent recruitment initiatives have resulted in significant numbers of new employees enrolling in the National Ambulance Training College Paramedic training programme.

There are opportunities each year for a number of Paramedic staff to progress along a career pathway towards Advanced Paramedicine.

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.































Areas of Best Practice

5.1.1 The Provider has a 10-year plan that sets out the workforce requirement and includes a potential modified plan for crewing vehicles.

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.

PHECC Statement	The Licensed CPG 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	<p>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.</p> <div>        </div>
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	<p>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.</p> <div>        </div>
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	<p>5.2.3 The Licensed CPG Provider conducts checks and confirms that all volunteers, contractors and/or employees have the appropriate qualifications and registrations.</p> <div>        </div>
PHECC Statement	The Licensed CPG Provider has robust security clearance processes in place for volunteers, contractors and/or employees.
PHECC Requirements	<p>5.2.4 The Licensed CPG Provider ensures that volunteers, contractors and/or employees are subject to Garda Vetting in line with the National Vetting Bureau (Children & Vulnerable Persons) Act 2012 prior to patient contact.</p> <div>        </div>

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



Assessment Panel Findings

5.2.1 The HSE Corporate HR Department have in place a national policy related to English Language Competency assessment, which the Provider utilises.

5.2.2 The HSE Corporate HR have a process in place for pre-employment checking of identity, which the Provider utilises

5.2.3 The HSE Corporate HR carry out pre-employment checks, which the Provider utilises. There is a job description related to each role related to Practitioner level and status. Each Practitioner has a privilege status letter signed by the Clinical Director.

5.2.4 The Provider has in place a documented vetting process in line with National Vetting Bureau. The HSE Corporate HR are responsible for carrying out the process and maintain records for all employees.

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





















Areas of Best Practice

No specific observation noted by the Assessment Team.

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.

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

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.



Assessment Panel Findings

5.3.1 The Provider has no standardised induction programme in place. For new entrants there is a locally agreed programme at station level but the content/duration varies across the Provider's organisation. The Assessment Team were not made aware of any retained records regarding induction.

Staff were aware of a mentorship programme for new recruits. Some thought it “ad-hoc” and variable depending on the initiative of the mentor.

5.3.2 The Assessment Team verified a random selection of staff training records. CPG 2021 upskilling is ongoing but incomplete. The Provider described the challenges related to clinical supervision and staff appraisal. Neither are currently in place but there is ongoing discussion with staff employee representatives to resolve both issues.

5.3.3 The Provider has service level agreement in place for students.

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.



Areas of Best Practice































No specific observation noted by the Assessment Team.

Areas for Improvement

5.3.1 The Provider should develop a standardised induction programme.

5.3.2 Completion of standardised induction should be part of the training record. Mentorship should be an identified and valued role, with guidance and support for mentors.

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

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 volunteers, contractors and/or employees in the reporting and learning from patient safety incidents (including adverse events, 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.					 ✓ 

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

Assessment Panel Findings

5.4.1 The Provider has a Critical Incident Stress Management Programme. Practitioners viewed it as robust and spoke positively on how it works. Peer support staff are available as well as a separate telephone contact number to use if they feel uncomfortable using group debriefs/discussions. There are also a limited number of professional counselling sessions from an outside contractor.

The Provider offers staff support for general health and wellbeing through the WELLNAS programme, described to the Assessment Team by the HR Manager. WELLNAS is mapped to the HSE Health & Wellbeing Programme.

The Provider has also developed a pilot programme due to start in April 2023 to support local managers in their roles

5.4.2 The Provider has a process for investigating poor and unacceptable staff performance. Senior management described the process for management of a complaint of poor performance by a team of senior personnel who have specialist people management training. There is a fitness to practice policy in place, which acknowledges PHECC decision-making.

5.4.3 Currently there is no formal staff appraisal scheme. There are plans to implement such a scheme in agreement with staff employee representative bodies. Staff mandatory training is ongoing.

5.4.4 The Provider has a policy of Open Disclosure. Practitioners are aware of how and to whom to report concerns.

5.4.5 Practitioners were comfortable with reporting concerns or incidents and felt they could approach senior managers with issues without negative consequences.

Staff were aware of organisational change within NAS but did not feel they were being appropriately informed of the purpose and vision of the change.

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



Areas of Best Practice

5.4.1 The Provider has CISM support in which staff are confident and which has a multi-faceted approach.

The WELLNAS programme which is innovative in its scope, and which uses opportunistic ways to engage staff.

Areas for Improvement

5.4.4. The Provider should actively encourage deeper participation by staff in its reporting processes.

5.4.5 In so far as is practicable, the Provider should aim to inform internal stakeholders regarding the organisational change that the organisation is currently undergoing.

Theme 6

Use of Information



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



PHECC Statement	The Licensed CPG Provider is compliant with Council Policy for implementation timeframes for clinical information standards and associated reports – V1. (POL043)					
PHECC Requirements	6.1.1 The Licensed CPG Provider implements the PHECC clinical information standards and associated patient reports.					
						✓
	6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.					
						✓

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

Assessment Panel Findings

6.1.1 The Provider has a Clinical Records Management Policy in place. The Assessment Team observed a high level of expertise as staff used the Electronic Patient Care Reports (ePCR) and completed clinical care in real time. There was a high level of awareness among staff with respect to data protection and information governance.

ePCR are kept securely on a database, and only one paper copy summary is printed out for hospital emergency department staff.

Practitioners were able to explain the process of completing paper PCR, should a failure in ePCR software occur. Paper PCR are stored in a locked cupboard until arrival back at base where the paper PCR are stored securely until collected by supervisors to be stored centrally.

There is a designated person responsible for data protection and information governance.

6.1.2 There is a programme for auditing clinical records. When questioned, Practitioners had variable experiences (positive & negative) of feedback from clinical records audits – the most common criticism was that feedback was usually only provided if there was an issue that needed to be corrected.

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



Areas of Best Practice

6.1.1 The Provider has improved its effectiveness by engaging and facilitating staff to use the new ePCR technology, and in building it into the handover procedures.

There is strong ethos of data protection among frontline staff.

Areas for Improvement

No specific observation noted by the Assessment Team.

Report Summary



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 GVF Assessors during this assessment. The overall PHECC standards compliance ratings for HSE 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	5	11.6%
Substantively Met	11	25.6%
Fully Met	27	62.8%

GVF Site Assessment Summary - 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.	Moderate
	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
Theme 2: Effective Care and Support	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
	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 privileged status to deliver and ensure safe and appropriate care.	Substantive
	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.	Substantive
	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.	Moderate

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.	Moderate
	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.	Fully Met
	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.	Substantive
	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.	Substantive
	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 Licensed CPG Provider is compliant with tax 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.	Moderate
	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.	Substantive
	4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation framework.	Substantive

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.	Moderate
	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.	Substantive
	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
Theme 6: Use of Information	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.	Substantive
	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 clinical information standards and associated patient reports.	Fully Met
	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 Summary

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 PHECC recognised pre-hospital emergency care service Providers who apply for recognition to implement Clinical Practice Guidelines (POL003 V7) outlines that, where appropriate, full recognition to implement CPG will be awarded for a three (3) year period. This approval will apply from the last approval date.

Quality Improvement Plan

HSE - National Ambulance Service is required to adjust and re-submit their Quality Improvement Plan to gvf@phecc.ie. This adjustment of the Quality Improvement Plan will encompass any areas highlighted in the 'Areas for Improvement' and will identify and outline improvements to be actioned or planned at HSE - National Ambulance Service in the upcoming licensing period



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