Pre-Hospital Emergency Care Council

Governance Validation Framework

Site Assessment Report

St John Ambulance Ireland

September 2020

“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

2nd Floor
Beech House
Milennium Park
Osberstown
Naas
Co Kildare
W91 TK7N

Tel: +353 (45) 882042
E-mail: gvf@phecc.ie
Web: www.phecc.ie

Table of Contents

Introduction

Executive Summary 04

Overview of Licensed CPG Provider 05

Assessment Report

Judgement Framework 08
Guide to Rating Descriptor

Theme 1 09
Person Centred Care and Support

Theme 2 25
Effective Care and Support

Theme 3 38
Safe Care and Support

Theme 4 48
Leadership, Governance and Management

Theme 5 61
Workforce

Theme 6 74
Use of Information

Report Summary

Report Summary 78

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 St John Ambulance Ireland 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 St John Ambulance Ireland, a voluntary provider of pre-hospital emergency care services in Ireland. The on-site GVF assessment visits for this report were conducted during September 2020 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 St John Ambulance Ireland's organisation.

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.

St John Ambulance Ireland's Governance Validation Framework assessment report concludes with a Report Summary, which includes a tabular format that provides an overview to St John Ambulance Ireland'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

St John Ambulance Ireland is a charitable voluntary organisation in Ireland. It is engaged in providing first aid and ambulance cover at public events, patient transport and community services.

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

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	St John Ambulance Ireland
Type of Visit	Full GVF Assessment - GVFREP SJAI 001_0920
Licensed CPG Provider Lead	GVFA4532
Date of Review	Practitioner Engagement - 01/09/2020, 03/09/2020 Site Assessment - 29/09/2020
Assessment Team	GVFA4532 - Team Lead GVFA9122 - Site Assessor GVFA4011 - 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 September 2020.

Assessment Details (continued):

Licensed CPG Provider Participants

The Commissioner
Head of Training and Development
Deputy Director of Training
Operational Lead
Director of Central Support, Communications and Finance
Logistics Officer
GVF Officer
Child Safety Officer
Medical Director (Medical Council Reg No 182531)

Onsite Feedback

The GVF Assessment Team were welcomed. Given the COVID risk in existence at that time, SJAI had appropriate measures, as per public health advice, in place to ensure the safe conduct of the assessment. This included the use of clear plastic partitions, hand gels, mask use, remote access for some of the key personnel and social distancing in a large hall. Following initial introductions, the Commissioner (CEO) delivered an overview of the organisation. The ethos described was that of a charitable volunteer organisation, which is run on a professional level. There are 3 full time employees, 650 adult volunteers and 700 Cadets spread over 25 Divisions nationally. There is a governance council in place to provide guidance and advice. There were areas where the GVF Assessment Team identified concerns, for example, Infection Prevention & Control, Risk Register, Equipment Servicing, Document Control and Key Performance Indicators. There were also areas where the GVF Assessment Team identified extremely good practice, such as, control and management of medications, culture of support, and identification of talent for key personnel that bring diverse experience. Overall, the organisation is patient centred with effective leadership and has started to develop good governance structures following engagement with the Governance Validation Framework.

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 Provider uses regional Divisional Officers to manage personnel rostering at local events. Volunteers are checked against a privileging list in HQ, which is accessed through a cloud-based document sharing service. There is an event sign-in sheet for volunteers that records name, PIN, practitioner level and location assigned. There is also an event record form for larger events that records the type of duty and resources allocated. If volunteers cannot attend an event at short notice, there is a contingency for an "All members email" that targets up to a hundred members. It was stated that this usually receives a good response and the vacancy is filled as there is "a culture of attendance" within the organisation.

In relation to Mass Casualty training, SJAI have participated in simulated incidents as part of the Major Emergency Framework Exercises.

1.1.2 Usually, crews are dispatched at events by the Event Controller through the event control room. A unique identification number is generated for completion of the Ambulatory Care Report/Patient Care Report. Dispatch of patients at some events occurs, and there is a radio communications course that must be completed by volunteers who act as Controllers, which includes the use of UHF and tetra radio communications.

The GVF Assessment Team were provided with proforma documentation for the requesting, and checklists for planning of large events.
The Provider uses multilingual phrase books to aid in their assessment of people where English is not their first language. A sample copy was viewed by the GVF Assessment Team.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

1.1.2 Good ability to ensure that only privileged Practitioners operate on their behalf.

Areas for Improvement

1.1.2 A repository of planning documents for all event types would support the event planning arrangements.

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.

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

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 There is training provided in consent and capacity during the Emergency Medical Technician programme. There is a low level of patients transported due to the type of treatment provided by the Provider at events and typically less than ten percent of patients travel to hospital.

1.2.2 Patient refusal for transport is not a significant issue due to the nature of the service provided. It is recorded on the Patient Care Report (PCR) or refusal for treatment on the Ambulatory Care Report (ACR). The majority of patient engagement and treatment are recorded using ACRs. This far exceeds the number of PCRs, which reflects the type of patient treated. There was feedback to Practitioners following an audit of ACRs and Patient Care Report forms but there were no issues with consent and capacity identified. If there is an issue or doubt about the ability to provide adequate care at an event, it was stated that the default position is to call the statutory emergency services.

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

1.2.1 There is good awareness with Practitioners in how to correctly seek consent and assess capacity within the organisation.

Areas for Improvement

1.2.2 There is a clinical audit box on the PCR that can be ticked by Practitioners if they wish the case to be reviewed by the Provider. It can be useful to quantify how often this feature has been utilised.

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.

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.3.1 A code of conduct for all levels of staff is in place. This is detailed as part of the membership handbook. Measures to maintain dignity and privacy are in place when attending events. Patients that require additional privacy are accommodated at events where tents are set up for this purpose, or there is a designated medical treatment room.

1.3.2 All new staff complete an initial weekend induction training. This includes attitudinal objectives, membership requirements of the organisation, and detail of the chain of command. All staff registered with the organisation are provided with a PIN number and email to access all policies, procedures and guidelines, including Code of Conduct.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

1.3.2 Standardised induction training is provided to staff, which ensures that there is uniformity of information in relation to the ethos and culture within the Provider's organisation.

Areas for Improvement

1.3.2 The Provider's online learning platform could be better used for continuous access, and recording of training in relation to dignity and confidentiality.

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

Pre-Hospital Emergency Care Council

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

1.4.1 The GVF Assessment Team was advised that the patient satisfaction survey is being rolled out via website and that members of the public can ring in with feedback. On accessing the website, it is not easily identifiable where the feedback tool is located and was not accessible to the GVF Assessment Team.

The GVF Assessment Team was advised that the organisation receives very few complaints or compliments. While it was stated that there is training in relation to complaints, this training is not formally recorded.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation was noted by the GVF Assessment Team.

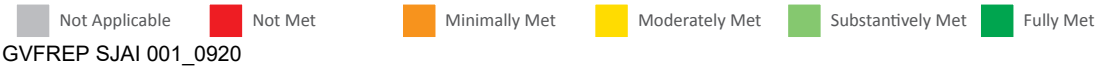
Areas for Improvement

1.4.1 The Provider should actively promote feedback. The patient satisfaction / feedback tool needs to be more accessible for the public to complete on the website. Analysis of the feedback should be undertaken. Patient / client satisfaction following clinical care could be considered as an outcome measure within the KPI suite of indicators. This would be an indirect measure of quality of care.

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 The GVF Assessment Team reviewed the complaints policy and the Provider's client satisfaction form. The quantity of complaints was small.

1.5.2 As previously described, the GVF Assessment Team was advised that the organisation receives very few complaints or compliments. The Provider stated that members have access to the complaints policy and there is training in relation to complaints, however this training is not formally recorded.

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

No specific observation noted by the GVF Assessment Team.

Areas for Improvement

1.5.2 The Provider should actively promote feedback. The patient satisfaction / comment section feedback tool needs to be more accessible for the public to complete on the website. Analysis of the feedback / comments should be undertaken.

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

2.1.1 The GVF Assessment Team reviewed the registers of Responders and each Practitioner must hold a letter of privilege. Garda vetting process was evident. Registration was maintained on electronic software. The organisation train up to EMT level. There is a training coordinator at every division. They must ensure that training is complete, and records are maintained.

Training records are checked for EMT, Paramedic and Advanced Paramedic level prior to Practitioners being privileged.

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

2.1.1 The Provider has a centrally maintained privileging register, which can be accessed by divisional officers to ensure that only up-skilled Practitioners attend events.

Areas for Improvement

2.1.1 Including a process measure as part of the KPI suite of indicators, such as medication administration, could be linked with assuring that healthcare is delivered according to PHECC Clinical Practice Guidelines. A process measure is a component of the encounter between the Practitioner and the patient.

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

2.2.1 The Provider uses the IMIST-AMBO handover protocol for patients. This is not often used operationally due to the low number of patients transported but it is incorporated into scenario training at divisional level to ensure Practitioners remain familiar with it.

The Provider uses both ACRs and PCRs in their practice and these are included as part of the divisional training.

One of the audits completed by the Provider in 2019 was in respect of ACR/PCR use. The GVF Assessment Team viewed a feedback presentation that was delivered to Practitioners with the aim of improved completion of ACRs and PCRs nationally.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

2.2.1 Providing feedback on audit results in relation to PCR completion will support organisational learning.

Areas for Improvement

2.2.1 Would be good practice to monitor some actual patient handovers using the IMIST-AMBO protocol to measure effectiveness of the handover model usage within the organisation.

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

2.3.1 The GVF Assessment Team was provided with the annual CVRT documents for all vehicles. The Provider has a robust system in place to ensure compliance with RSA regulations.

During the Practitioner Engagement records of service history and visual observations were undertaken on a number of vehicles.

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

2.3.1 The GVF Assessment Team were provided with evidence of a robust electronic and paper-based system of recording all relevant information pertaining to its fleet and servicing arrangements.

Areas for Improvement

No specific observation noted by the GVF 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.

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

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 GVF Assessment Team reviewed the most recent Medical Director's Annual Report and engaged with the Medical Director via video conference. There were three audits per annum carried out in 2017, 2018 and 2019 respectively. There are four audits planned for 2020, which will include topics relevant to the current threat of COVID within the Provider's organisation.

2.4.2 Audits of divisional infection prevention and control practices and patient report documentation are undertaken regularly. Feedback has been disseminated to Practitioners.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

2.4.1 There is an active clinical audit plan in place. There is evidence that results from audits have been disseminated at divisional level. Results of clinical audit help inform divisional training plans.

Areas for Improvement

2.4.2 The Provider might contemplate new clinical audit choices. The drivers for audit that are linked to incidents, complaints, and risks compliance, best reflect the service provided. Revisiting previous audits to assess improvement can be beneficial in achieving continued service improvement.

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 in 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 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	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.

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 GVF Assessment Team reviewed the Infection Prevention & Control Policy. The topics covered within the policy while relevant, should be reviewed and updated. Evidence of an Infection Prevention & Control environmental audit in 2019 was provided. It was noted that there is an Infection control support group within the organisation that includes expertise from a Registered General Nurse, a Microbiologist and a Medical Doctor.

3.1.2 The GVF Assessment Team reviewed the Medicines Management Policy. There is a robust medicines management procedure in place, which was evidenced during the onsite assessment. The medications for various practitioner levels are colour coded and modular in design. If an EMT is operating, they bring the correct module for their practice level. Paramedics use the EMT module plus an additional module with Paramedic level medications, and Advanced Paramedics use the EMT and Paramedic modules with an additional module with Advanced Practitioner medications. Once checked, the modules are sealed using a blue tag and the closest out of date is noted on the bag. If medications are used, the module is tagged with a red seal and the used medications are noted in the pouch. Out of date medications are used for training but some are also returned to the Pharmacy where appropriate. There is uniformity of training provided by the Logistics Officer, which ensures the same process is used in all locations nationally. There is an exchange system in place for used bags: used bag in and newly sealed bag is issued out.
During the Practitioner Engagement it was identified that some of the basic medications had expired in the pack viewed by the Assessor. It was explained that duties were suspended during the pandemic and that packs would be checked and exchanged prior to them being used at a duty.

The GVF Assessment Team conducted a check of the controlled medications. There is a robust process in place for the security and access of controlled medications. There is a CCTV camera in place to monitor the area where controlled medications are stored. There are sequential security steps to access keys that will access presses and in turn the safe containing the medications. The sign-out/sign-in process is well documented and the stock levels are recorded. The medication stock levels on the day were correct and the log books are well maintained.

While there is the ability to email all Practitioners to inform them of a medication or equipment alert notice, there is no way of definitively confirming this message has been received and read. The Logistics Officer has overall responsibility for medication ordering and storage. There is an equipment checklist for each ambulance, which is reflective of the matrix in PHECC Clinical Practice Guidelines.

There is a clinical adverse events process in place and last year there were four reported adverse clinical events. One of these events led to a change in how paracetamol is supplied for paediatrics: there is now only one concentration used, which is aimed at reducing future medication errors.

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

3.1.2 Very good system in place for supply of medications at all practitioner levels and very good processes for the storage and supply of controlled medications.

Areas for Improvement

3.1.1 The organisation should consider updating their Infection Prevention & Control Policy in line with current best practice, especially in those topics relating to COVID-19, which should be in line with the Health Protection Surveillance Centre (HPSC) guidance.
A deep cleaning schedule for vehicles and equipment should be developed implemented and monitored.

3.1.2 Medications reporting of incidents / near misses and dangerous occurrences through the formal route should be actively encouraged, which would provide management with an oversight of where gaps exist in processes.

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 volunteers, contractors and/or employees.

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 GVF Assessment Team reviewed the policy on incident reporting.

3.2.2 The number of clinical adverse events, complaints and near misses reported was low. Where appropriate, the Provider used the findings from the reporting to change practice within the organisation.

Training in incident reporting and management of clinical adverse events is included as part of the EMT programme.

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

No specific observation noted by the GVF Assessment Team.

Areas for Improvement

3.2.2 The Provider should encourage incident reporting by all Practitioners, staff and volunteers. Complaints and feedback from the public should be encouraged. Analysis and trending of such incidents and complaints should be undertaken to supply the Provider with a rich source of information on areas for improvement. The sharing with the workforce of the lessons learned from incidents, near-misses and no-harm events, etc. can improve patient safety within the organisation. This data could also be used as a driver for the audit programme.

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

3.3.1 The Provider has a safeguarding policy in place. The GVF Assessment Team were provided with evidence that Practitioners and volunteers have undertaken education and training as outlined in Child First Act 2015. This is the TUSLA online training, which is augmented with an online training session in the policies and procedures in the organisation. The safeguarding policy training records were available electronically and evidenced by the GVF Assessment Team.

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

3.3.1 Child safeguarding policies, procedures and training processes are in place.

Areas for Improvement

No specific observation noted by the GVF 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.

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 Medical Director has a clinical role as an emergency consultant and has been associated with the Provider since 2016. He is aware of his responsibility as clinical lead and his stated goal was to institute a robust system of clinical governance to ensure safe service delivery and set standards. This has been achieved by developing a medical directorate that includes two medical doctors and the Training and Development Officer. The directorate meets twice yearly. This group has oversight of the training plan, introduction of equipment, and structures that ensure privileging is operating correctly. The GVF Assessment Team were provided with minutes of governance meetings. The Medical Director has direct involvement in producing the annual report and is supported in this by his directorate. They also choose audit topics and use a standard template to ensure uniformity of approach. The Medical Director allocates a few hours per month to this role but has a flexible approach and contributes time as required when issues are presented to him.

4.1.2 The GVF Assessment Team confirmed that the Medical Director is registered with the Medical Council and based in this jurisdiction.

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

4.1.2 The GVF Assessment Team were informed that there are medical doctors within the organisation that support the work of the Medical Director and bring additional expertise to the organisation.

Areas for Improvement

4.1.1 The Medical Director should inform the risk assessments process, which supports the risk register process.

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

Assessment Panel Findings

4.2.1 The level of complaints and incident reporting was low. There was an annual audit schedule in place; the driver for audit topics was not linked to recent incidents or complaints.
Quality indicators were presented to the GVF 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

Areas of Best Practice

No specific observation noted by the GVF Assessment Team.

Areas for Improvement

4.2.1 The audit schedule should be driven by the need for assurance from recent quality improvements, implementation of recommendations, or changes in response to incidents or complaints.
Examples of KPIs could include process and outcome indicators for patient satisfaction, and process and outcome indicators for pain management and medication management.

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

4.3.1 The corporate risk register was viewed. The process for inclusion onto the risk register was generally not supported by risk assessments. There was minimal evidence to support that the risk register was robustly reviewed on a quarterly basis by the senior management team.

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

No specific observation was noted by the GVF Assessment Team.

Areas for Improvement

4.3.1 The process for inclusion of risks onto the risk register should be supported by robust risk assessments. The risk register process should be reviewed to enable the management team to prioritise decisions and activities based on actual risks identified within the organisation.

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 There are communication channels within the organisation to and from Practitioners and volunteers. These consist of emails and the use of an electronic management system that Practitioners and volunteers are required to log into at the commencement of every shift. However, there is no robust process that information has been received when sent via the email route.

4.4.2 The Provider meets all relevant requirements. The Provider appointed an Officer with oversight of the GVF process. The preparation for this process was evident during the assessment.

Areas of Best Practice

4.4.2 The Provider has a resource within the organisation with oversight of the GVF process.

Areas for Improvement

4.4.1 Communication channel via email to be reviewed and consideration of an audit process established to provide assurances that significant information is being received. The Provider should consider using their online training platform as a method of confirmation that information alerts have been received and read.

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.

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	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 and/or employees) to achieve the service objectives for high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

5.1.1 The organisation has access to cadet volunteers, adult volunteers and PHECC registered Practitioners. There are contingencies for unplanned absences and local arrangements are in place within the divisions on a 24/7 basis to identify replacements for events. Due to COVID- 19, cadets are currently not included in rotas for events.

The website invites expressions of interest from volunteers and highlights that they can attend specialist courses including Cardiac First Responder, Emergency First Responder, and Emergency Medical Technician.

The approach to recruitment is to encourage organic growth and identify the leaders of tomorrow. The Provider reported that there is an annual inspection of each division and that seventy percent of current membership will still be active in three years' time. When new divisions are established, they are mentored and supported by the next nearest division for an extended period to ensure the organisational culture is embedded in the new branch.

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.

Pre-Hospital Emergency Care Council

Areas of Best Practice

5.1.1 Culture of volunteerism and attendance ensures demand can be met.

Areas for Improvement

5.1.1 A formal mechanism triggering organisational recruitment drive based on defined minimum percentages to meet capacity should be established.

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 volunteers, contractors and/or employees 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 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. 

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

5.2.1 There is a policy in place for assessment of English Language competency. New recruits are mentored but this is not a formal process. The only record of this is as part of the new member learning record where they identify that they have met with their mentor and record the date.

5.2 2 There is a pre-employment process and registration check for all volunteers and Practitioners.

5.2.3 There is a record of privilege status for all Practitioners.

5.2.4 The GVF Assessment Team were provided with evidence of the procedures for Garda vetting electronically in line with the requirements of the National Vetting Bureau. The updated database is linked with the safeguarding information. This is completed every two years.

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

5.2.2/3/4 Good records maintained using a new database to track and trace all members for Garda vetting and safeguarding.

Areas for Improvement

5.2.1 There is a requirement to improve how the mentorship process is recorded.

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 GVF Assessment Team reviewed the induction policy. Records of attendance are maintained electronically. Due to COVID-19 the last induction programme held was in late 2019. Blended learning is being developed and rolled out as applicable. Each Practitioner receives a membership handbook that outlines their responsibilities.

5.3.2 Evidence of CPGs records were viewed by the GVF Assessment Team. Training up to EMT level is provided. When new CPGs are released, the Medical Director asks for an upskilling course to be designed and it is planned that this programme be delivered within 18 months. There is no formal appraisal system in place. 10 percent of classes are monitored within the organisation as a quality assurance measure. There is a buddy system in place for new Practitioners. Refresher courses are provided for volunteers in areas such as infection prevention and control, and manual handling on a three-yearly cycle.

Practitioners at Paramedic and Advanced Paramedic level, must provide evidence of completion of CPG upskilling to the Provider.

5.3.3 The GVF Assessment Team noted that students are monitored while they are in their training phase.

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

CPG upskilling is provided in a timely manner to all Practitioners at EMT level within the organisation.

Areas for Improvement

No specific observation noted by the GVF Assessment Team.

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 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.

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 There is a documented CISM policy in place. There are two professional psychologists within the organisation that manage the CISM process. There is a new updated CISM process currently being introduced.

5.4.2 There is a process in place to address concerns that exist about an individual's fitness to practice. It was reported that this is managed by the medical directorate and the GVF Assessment Team were provided with a recent example where a Practitioner lost privilege to operate on behalf of the Provider due to concerns over fitness to practice.

5.4.3 The process for managing poor performance is to initially identify if there is a training need. Any concerns that members may have are reported directly to their divisional officer. There are annual divisional meetings and each division is reviewed annually by personnel outside of the division.

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

No specific observation noted by the GVF Assessment Team.

Areas for Improvement

5.4.2/3 The reporting of patient safety incidents or other concerns by Practitioners in the organisation should be further encouraged as the reporting rate is low. All reports should be channelled through a formal process, which would allow the analysis of such incidents to support the need for audits and quality improvement initiatives.

Theme 6

Use of Information

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

Pre-Hospital Emergency Care Council

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. 

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

6.1.1 The GVF Assessment Team were provided with evidence of good clinical records management processes. Local arrangements are in place for the transport of completed PCRs back to base.
PCRs are placed in a pre-labelled envelope and sent to HQ. All reports are scanned and entered into the dispatch software system. PCRs and ACRs are checked for completion on scene and subsequently checked by a superintendent. There is regular training provided at divisional level.

During the Practitioner Engagement, it was noted that there were PCRs identified that were retained locally and had not yet been returned via the correct process.

6.1.2 The GVF Assessment Team were provided with evidence of an audit on PCRs and ACRs undertaken in 2019 and the key learning points were disseminated back to Practitioners.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

6.1.1 Regular training in report completion, which is embedded into the divisional training scenarios.

Areas for Improvement

6.1.1 The storage and return of completed PCRs could be the subject of an audit to provide assurance that these are returned in a timely manner.

6.1.2 The findings from completed audits could be used to undertake process audits or outcome audits of patient care in the future.

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 St John Ambulance Ireland are as follows:

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	0	0%
Not Met	0	0%
Minimally Met	1	2.33%
Moderately Met	4	9.30%
Substantively Met	8	18.60%
Fully Met	30	69.77%

GVF Site Assessment Summary -St John Ambulance Ireland

	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.	**Substantive**
	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.	**Moderate**
	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 privledged 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.	**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.	**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.	**Minimal**
	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.	**Substantive**
	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.	**Moderate**
	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.	**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.	**Substantive**
	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.	**Substantive**
	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).	**Fully Met**
	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 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 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 CPGs will be awarded for a three (3) year period. This approval will apply from the last approval date.

Quality Improvement Plan

St John Ambulance Ireland 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 St John Ambulance Ireland in the upcoming licensing period.

Pre-Hospital
Emergency Care
Council

2nd Floor
Beech House
Milennium Park
Osberstown
Naas
Co Kildare
W91 TK7N

Tel: +353 (45) 882042
E-mail: gvf@phecc.ie
Web: www.phecc.ie