Pre-Hospital Emergency Care Council

Governance Validation Framework

Site Assessment Report

Medicore Medical Services Ltd

March 2023

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

Pre-Hospital Emergency Care Council

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Executive Summary

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

The Governance Validation Framework (GVF) has been developed by Council as an evidence-based methodology designed to improve quality and safety in pre-hospital emergency care services. Setting and implementing standards and monitoring of compliance are important levers for driving service improvements. The framework combines a system of self-assessment, on-site review and validation of evidence presented, and staff and management engagement in addition to quality improvement planning and support during the licensing cycle. Documentation submitted by Medicore Medical Services Ltd 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 Service Provider that is the subject of this report is Medicore Medical Services Ltd a private provider of pre-hospital emergency care services throughout the country. The on-site GVF assessment visits for this report were conducted during March 2023 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). This report is intended to support the ongoing quality improvement process within Medicore Medical Services Ltd'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.

Medicore Medical Services Ltd's Governance Validation Framework assessment report concludes with a Report Summary, which includes a tabular format that provides an overview to Medicore Medical Services Ltd'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

Established in 2008 Medicore Medical Services Ltd (MMS) is based in Dublin 11. The company provides patient transport services to a number of HSE hospitals around the country. In addition, the company also provides event medical services to a number of clients.

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

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	Medicore Medical Services Ltd
Type of Visit	Scheduled GVF Assessment
Licensed CPG Provider Lead	GVFA7460
Date of Review	
Assessment Team	GVFA7460 - Lead Assessor GVFA8205 - Onsite Assessor GVFA8205 - Practitioner Engagement Sites visited by the PHECC GVF assessment team during the assessment process were as follows: Site 1 J2 Centre Point, Rosemount Business Park, Blanchardstown, D11 EWK2
Circumstances of this Site Assessment	Scheduled GVF Assessment
Relevant Recent Visits	Practitioner Engagement and Onsite Assessment conducted March 2023.

Assessment Details (continued):

Licensed CPG Provider Participants

Managing Director
Clinical Manager
Operations Manager
Medical Director (Medical Council Reg No 305462)
Dispatch Manager
Events Lead
Supervisor
EMT Supervisor
EMT Crew

Onsite Feedback

Verbal feedback related to the Assessment Team's initial findings was provided to the Senior Management Team of Medicore Medical Services Ltd 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	• 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 During assessment and in discussion with the Provider and senior management team, evidence was provided to the Assessment Team in respect of staffing levels, skill mix and recruitment.
Rosters are arranged on a monthly basis for full time staff while bank staff fill vacancies as required and are contactable through a WhatsApp ad hoc group arrangement.
The Assessment Team were also advised that there is ongoing review of vacancy rates and duty rotas are pre-planned and monitored continuously.

1.1.2 The Assessment Team evidenced the utilisation of a digital platform for the accurate dispatch and supporting information received by crews. During Practitioner Engagement, crews received information via their Mobile Data Terminal (MDT) was evidenced.
The Provider does not have a call-handler training programme in place, as their organisation has a team of experienced long serving call takers, however, performance metrics are not captured in respect of call taker performance levels.

Translation services are provided through the use of google translate when and where required.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

1.1.1 The Provider demonstrated adequate resources to meet the staff requirements for their specific service needs.

1.1.2 Accurate dispatch and supporting information ris eceived by crews through the Provider's digital system via a Mobile data terminal.

Areas for Improvement

1.1.2 The Provider may consider developing a call-handling training programme to support future succession planning.

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 The Provider has policies and procedures in place for checking patient identity, and refusal of treatment and /or transport.

During Practitioner Engagement staff were observed seeking consent from patients.

1.2.2 During Practitioner Engagement there was evidence of staff awareness around refusal of treatment or transport. The crew reported that patient refusal of treatment or transport is not an issue usually encountered during patient transport service.

The Provider has a process in place for the audit/analysis of all Patient Care Reports (PCR).

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

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.

Pre-Hospital Emergency Care Council

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

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

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

Assessment Panel Findings

1.3.1 During Practitioner Engagement it was observed that the crew undertake their duties in a manner that promotes respect and dignity of the patient. There was evidence staff are committed to protecting the dignity, confidentiality and privacy of service users and staff are aware of patient confidentiality requirements.

1.3.2 The Assessment Team evidenced of a culture of kindness, consideration and respect. Practitioners communicated with, and responded to, patients with kindness, consideration and respect.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

1.3.1 Practitioners were observed to behave in an exemplary manner during their interaction with staff and patients.

1.3.2 The Provider promotes a culture of kindness, consideration and respect for 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	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 Provider discussed activities employed to ascertain service user satisfaction or feedback with the Assessment Team.
During Practitioner Engagement it was verified that the Provider placed notices in the patient treatment area that informs the patient and family members on how to provide feedback regarding their experience of the service.

The Assessment Team evidenced a process of managing complaints to identify deficiencies in practice.

The Assessment Team were provided with evidence of user satisfaction and complaints or queries received. There is evidence that information received is reviewed and disseminated to staff as appropriate.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

1.4.1 The Provider strives to ascertain service user feedback in order to improve services and the culture of the organisation.

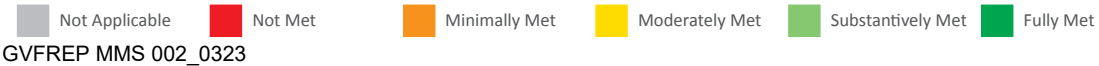
Areas for Improvement

No specific observation noted by the Assessment Team.

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 Assessment Team evidenced a complaints policy, and the Provider advised of organisation change as a result of complaints/incidents particularly with respect to transport vehicles.

1.5.2 During Practitioner Engagement staff verified that they know how to advise a patient on how to make a complaint.

The Assessment Team evidenced a documented induction programme, which included reference to complaints management, however, no specific complaints management training records were available for verification.

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 Assessment Team.

Areas for Improvement

1.5.2 The Provider should consider a specific training module/unit of learning on complaints management.

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 Assessment team evidenced a digital business management system that maintains the Provider's register of practitioners, their status and upskilling/training certification.

Revised guidelines and updates are disseminated via a company WhatsApp group, the digital learning management system, and the digital business management system.

During Practitioner Engagement, staff verified how revised guidelines and updates are disseminated via the digital learning platform.

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's digital business management system supports practitioners in the delivery of safe and appropriate care.

Areas for Improvement

No specific observation noted by the Assessment Team.

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

2.2.1 The Assessment Team evidenced a bespoke patient experience model, which includes a tailored handover process specific to the needs of the organisation and client services.

The Assessment Team verified staff receive information and mentoring on the handover model as part of their induction training.

During Practitioner Engagement effective handover was observed with relevant patient information recorded on the ePCR (electronic PCR).

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 The Provider has ia robust handover process n place, which is suited to the client services they provide.

Areas for Improvement

No specific observation noted by the Assessment Team.

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

2.3.1 The Provider has processes and procedures in place to ensure the road worthiness of their patient transport vehicles.

Annual CVRTs were verified for all vehicles along with evidence of ongoing maintenance.

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

No specific observation noted by the Assessment Team.

Areas for Improvement

No specific observation noted by the Assessment Team.

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

Pre-Hospital Emergency Care Council

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

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 Assessment Team verified submission of an annual CPG report in line with PHECC requirements.

2.4.2 The Assessment Team evidenced an evolving model of clinical audit, however, the Provider does not currently have a scheduled clinical audit programme in place. There is evidence to suggest elements of clinical audit results are shared with relevant staff members.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

2.4.2 The Provider should develop a systematic scheduled programme of clinical audit that is applicable to the size, complexity and needs of the organisation. The audit programme should include a process for the review and dissemination of information/learning obtained to monitor quality patient outcomes and promote learning.

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 Provider verified that an infection prevention and control policy/strategy is in place for the organisation. During Practitioner Engagement, good infection prevention and control practice, a clean and clutter free delivery area and adherence to the organisation dress code was evidenced. The Provider has third party contracts in place for the safe collection and disposal of clinical waste, including the safe disposal of sharps. The Provider routinely conducts random hygiene audits to assess the effectiveness of the IPC policy.

3.1.2 The Provider has a robust medicines management procedure in place and a business management system that records and manages stock levels, batch numbers and expiry dates of medication and equipment. There is a designated person responsible for medicines management.

The Provider has contracted a specific supplier with respect to medications, delivery, and restock with a next day delivery service in place. For added resilience, this arrangement is supplemented by a relationship with a retail pharmacy.

3.1.3 During Practitioner Engagement, the Assessor was unable to verify that there was full availability of medical devices as per PHECC equipment standards on the vehicle inspected.
However, during the onsite assessment, the Assessment Team verified that all PHECC required equipment and medications were available to all practitioners on all vehicles.

During Practitioner Engagement the Assessor evidenced good practice with respect to decontamination of re-usable devices. Equipment observed was clean, serviced with visible service history, and records were retained and verified. Equipment manuals were not immediately accessible to staff in hard copy; however, practitioners can access these online when and where required.

Equipment and device related incidents are investigated, and information learned is shared with staff as appropriate.

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 The Provider's medicines management system supports the safe and effective use of medication.

Areas for Improvement

No specific observation noted by the Assessment Team.

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.

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

3.2.1 The Assessment Team evidenced that the Provider has a process for investigation of adverse events, which includes a mechanism to report incidents to the relevant regulatory body when indicated.

The Assessment Team evidenced a process for screening of near misses and incidents with mechanisms to action items as required, however, they could not evidence any specific training for staff or management on incident investigation techniques.

3.2.2 The Assessment Team verified organisational change following incidents, particularly with respect to driving and vehicle management. The Provider evidenced that this information is disseminated throughout the organisation as required.

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 Assessment Team.

Areas for Improvement

3.2.1 The Provider should consider specific training in investigation techniques for staff/management as required.

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 documented safeguarding policy /procedure in place.

During Practitioner Engagement staff verified their understanding of their responsibilities with respect to safeguarding. Staff advised they had completed mandatory safeguarding training.

The Assessment Team verified that all staff undertake training in safeguarding. Records of training completed are retained electronically on their individual staff

The Provider has a nominated person responsible for safeguarding.

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 The Provider has demonstrated a commitment to safeguarding vulnerable members of the community they serve.

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.

Pre-Hospital Emergency Care Council

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

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

4.1.3 The CPG Provider is compliant with taxation laws.

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

4.1.1 The Assessment Team reviewed the submitted organisational chart, which identifies the Medical Director as the person with overall responsibility for clinical governance. In addition, delegated responsibility is assigned to the Clinical Manager.

In discussion with the Provider the Assessment Team established that the documented governance structure currently does not correlate with the organisational activity with respect to clinical governance and reporting. Communication with the Medical Director in respect of quality and safety issues could not be verified.

4.1.2 The Assessment Team reviewed the submitted role description for the Medical Director and determined that it does not align fully with the PHECC Medical Director Standard (STN032).

The Assessment Team verified that the Medical Director is listed on the Medical Council General Register, with emergency department experience. In discussion, the Medical Director verified their recent appointment to the role in the Provider's organisation. The Medical Director provided a description of their role, which to date has included specific policy development and oversight based on agreed standards. Communication with the organisation was discussed and the Medical Director confirmed that they are available to the organisation for advice on an ad hoc basis as required.

The Assessment Team clarified the Medical Director's duties performed to date.
The Medical Director is involved in training with respect to the Provider's new policies, and to date has had no involvement with clinical audit or audit of PCR, unless a specific clinical issue is brought to their attention. The Medical Director does not currently sit on any clinical care committee within the Provider's organisation. They are aware of the requirement of an Annual Medical Director's Report (AMDR), and as yet has not been involved in practitioner privileging.

4.1.3 The Provider is tax compliant.

4.1.4 Certificates of clinical negligence, employer and public liability insurance are in place.

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

No specific observation noted by the Assessment Team.

Areas for Improvement

4.1.1. The Provider should ensure that key stakeholders responsible for clinical governance and quality processes correlate with those named on the organisational chart. The Provider shall devise a mechanism to record communication between the Clinical Manager and Medical Director as evidence of clinical quality assurance.

4.1.2. The Provider shall immediately develop a job description based on PHECC Medical Director Standard (STN032).

The Medical Director should be fully appraised of the scope and content of the following PHECC standards:

- Medical Director Standard (STN032)
- Requirements for Privileging PHECC Practitioners (STN033)
- CPG Service Provider Annual Report (LIS021), Part 2 - Annual Medical Director's Report (AMDR)

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

4.2.1 The Provider demonstrated how the digital risk register provides information and mechanisms to identify risks across all aspects of the organisation.

The Assessment Team verified that organisation change has occurred as a result of risk management and incident reporting.

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

4.2.1 The Provider has a robust system in place that utilises safety and quality information to highlight areas of risk to support improvements in quality of the services they provide.

Areas for Improvement

No specific observation noted by the Assessment Team.

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 Provider has a process in place that monitors compliance with Irish and European legislation.

The Provider has developed a robust digital risk register, which monitors compliance against identified risks.

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 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.

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 During Practitioner Engagement, practitioners advised that communication regarding alerts is conducted via the staff WhatsApp group and through the Provider's learning management system.

The Assessment Team were advised that when safety alerts are received from relevant bodies, they are reviewed by the staff member responsible, such as the Clinical Manager and information is disseminated to practitioners accordingly. 'Danger' alerts are published on the business management system, which requires staff to review and sign, as to their awareness, prior to being able to book onto a shift.

4.4.2 The Assessment Team reviewed the submitted Self-assessment and Quality Improvement Plan (QIP) in line with the GVF process.

The Assessment Team identified a number of areas related to quality improvement that are ongoing across the organisation and are being recorded, however, they were not included on the submitted Quality Improvement Plan.

Areas of Best Practice

4.4.1 The Provider has developed efficient processes for communicating important information effectively with staff.

Areas for Improvement

4.4.2 The Provider should ensure that detailed evidence of ongoing quality improvement is included in their quality improvement plan.

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

Assessment Panel Findings

5.1.1 Through discussion, the Assessment Team verified that the Provider has sufficient staff to meet the current and projected demands for their service. There is ongoing monitoring of staff turnover and identification of potential gaps in capacity.

The Provider advised that they have undertaken a recent recruitment campaign in anticipation of possible vacancies arising due to a recruitment campaign on behalf of a statutory organisation.

Areas of Best Practice

5.1.1 The Provider has processes in place to improve its resilience in meeting current and projected demand for their service.

Areas for Improvement

No specific observation noted by the Assessment Team.

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

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CGP Provider has in place robust processes to assure English language competency for all volunteers, contractors and/or employees whose first language is not English.
PHECC Requirements	5.2.1 The Licensed CPG Provider has a process in place to satisfy itself that the English language competence of its Responders and Practitioners, whose first language is not English, is appropriate to the clinical/professional activities to be carried out by that person i.e. Responder or Practitioner levels. 
PHECC Statement	The Licensed CPG Provider ensures all volunteers, contractors and/or employees providing care on behalf of the organisation are currently on the PHECC register.
PHECC Requirements	5.2.2 The Licensed CPG Provider has a process in place to check registration on appointment and on-going renewals of registration for volunteers, contractors and/or employees. 
PHECC Statement	The Licensed CPG Provider ensures that all volunteers, contractors and/or employees are subject to the appropriate pre-employment checks to ensure delivery of safe care.
PHECC Requirements	5.2.3 The Licensed CPG Provider conducts checks and confirms that all 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 The Assessment Team engaged in a productive discussion with the Provider regarding English language competency standard and assessment processes, and established that this procedure is not currently in place within the organisation.

As evidenced, new entrants undertake a two-day induction programme and are mentored by a supervisor or an experienced crew member.

5.2.2 The Assessment Team verified a robust process for pre-employment checks for all prospective employees. The Provider demonstrated how their business management system captures all documentation relevant to each employee. The system records dates of registration renewals and aslo has a process for ensuring non-compliant staff cannot book onto shifts by locking them out of the system.

5.2.3 The Assessment Team evidenced an electronic record of privilege status for all employees and also verified that the Provider requests original certificates, checks expiry dates and retains a copy on file.

5.2.4 The Assessment Team verified documentation of vetting disclosure information on individual staff files and evidenced a standardised process for vetting with the National Recruitment Federation.

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, 5.2.3 The Provider has developed a robust system for managing and maintaining personnel records for all employees.

Areas for Improvement

5.2.1 The Provider should develop a policy and related procedure to assure the English language competency level of employees, whose first language is not English, is appropriate to the clinical and professional activities to be carried out by that person.

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 Practitioners advised of a standardised induction programme, which is undertaken by all new entrants. Staff are aware of the Provider's code of conduct and adhere to same.
The Assessment Team inspected records/workbooks completed by new staff and supervisors following a two-day induction programme. The induction programme clearly outlines staff responsibilities in relation to safety and quality of the service.

5.3.2 Practitioners related that they do not undergo a formal appraisal scheme or training needs analysis; however, the Provider does support periodic 'scenario days' in support of individual CPC requirements.
The Assessment Team did not evidence a process for the identification of individual training and development needs or a comprehensive training and development plan to meet the organisational needs. The Clinical Manager provided details of the 2021 CPG upskilling training programme. The Provider further advised that there is a bi-annual training programme for CFR-A, IP&C and manual handling to ensure all staff meet minimum mandatory requirements. Attendance at these days is compulsory for staff to be booked on and rostered on duty. Other training is organised by the Clinical Manager to support the introduction of a new policy/clinical procedure or new equipment as required.

5.3.3 The Assessment Team were informed that the Provider facilitates clinical placement for students from multiple PHECC Recognised Institutions (RI). An agreement between the Provider and one RI, signed by the Managing Director, was evidenced. However, the Assessment Team could not evidence a policy or associated procedure/guidelines with respect to the facilitation and management of external 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.

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

5.3.2 The Provider should consider development of a documented annual training and development plan to meet the needs of the organisation including a mechanism to identify specific individual training and development needs of staff.

5.3.3 The Provider should develop a robust policy and guidelines with respect to the facilitation of external students.

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 The Provider has a Critical Incident Stress Management Programme (CISM), which is available and accessible to all staff.
Practitioners confirmed that they are aware of the availability of CISM and know how they can access this service directly via an external provider.
In discussion with the Provider, the Assessment Team verified that, following a potential or actual critical incident, supervisors and senior management follow up with the individual crews involved and as a standard there is a built in standdown period for a minimum of one hour.

5.4.2 The Assessment Team verified that the Provider has a process for managing investigations when unacceptable variation in practice is reported or identified. However, there was no evidence of training been provided for investigators. Practitioners confirmed they were aware of the fitness to practice process.

5.4.3. The Assessment Team were advised that the Provider had in place a staff appraisal system, however, there was little evidence of recent activity, as this process has not been actioned since the COVID-19 pandemic. The Operations Manager advised of plans to recommence the appraisal system. Discussion with the Clinical Manager, and the Assessment Team's review of electronically held data revealed evidence of monitoring of clinical audit data, which potentially could identify poor performance.

5.4.4 Practitioners verified that they were aware of the organisational procedure for reporting concerns through their line manager/supervisor and through control staff.

5.4.5 Staff verified that there were mechanisms within the organisation to facilitate staff to identify and propose areas for improvement.

The Provider has a Protected Disclosure Policy in place.

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 Assessment Team.

Areas for Improvement

5.4.2 The Provider should provide training for staff who are managing investigations into reported or identified unacceptable variation in practice.

5.4.3 The Provider should re-introduce the staff appraisal scheme and ensure documented evidence of same is maintained on the business management system.

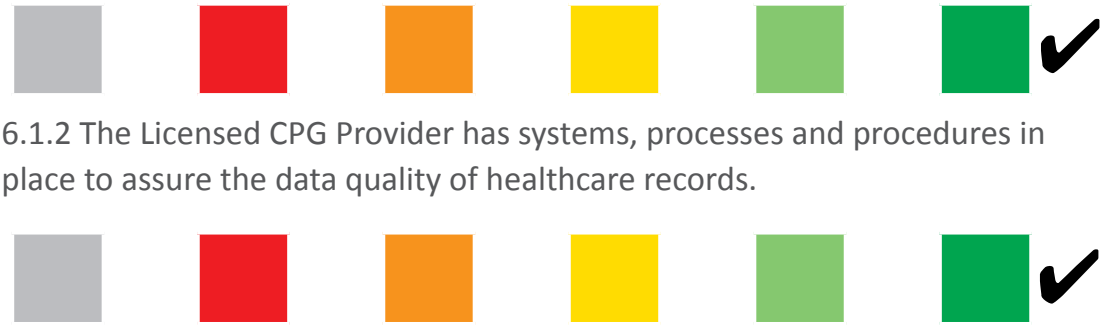
Theme 6

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 Provider has an electronic PCR system with paper PCR backup available if the system fails. During Practitioner Engagement, the Assessor witnessed a system failure and observed practitioners switch seamlessly to paper. Accurate, complete and legible PCR were verified and the records were stored appropriately.
The Assessment Team established that practitioners have a very good understanding of their GDPR responsibilities.
The Assessment Team reviewed the Provider's database, which retains the recorded PCR data, this allows the Clinical Manager to review, audit and action as per PHECC clinical information standards.

The Provider has a designated individual responsible for data protection and information governance.

6.1.2 The Assessment Team evidenced a programme of auditing of clinical records and evidence of staff feedback as a result of the findings of audit. There is evidence to indicate staff are trained in clinical recording keeping during induction, and quality improvement with respect to clinical record keeping is fed back to staff.

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, 6.1.2 The Provider has effective arrangements in place for clinical information governance.

Areas for Improvement

No specific observation noted by the Assessment Team.

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 Medicore Medical Services Ltd are as follows:

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	0	0%
Not Met	0	0%
Minimally Met	3	7%
Moderately Met	2	4.7%
Substantively Met	5	11.6%
Fully Met	33	76.7%

Report Summary

Report Status

In accordance with the Council rules this GVF site-assessment does trigger a requirement for PHECC to issue an improvement notice regarding the Provider's service.

Council Rules for pre-hospital emergency care service providers who apply for recognition to implement Clinical Practice Guidelines (POL003 V6) outlines that, where appropriate, full recognition to implement CPGs will be awarded for a three (3) year period. This approval will apply from the last approval date.

Quality Improvement Plan

Medicore Medical Services Ltd 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 Medicore Medical Services Ltd n the upcoming licensing period.

Report Summary

Improvement Notice

The following is an extract from 2020 GVF Report, Item 5, P84:

"Medicore shall:
Improve its internal governance systems to involve adequate oversight of the decision making and clinical activities at the organisation. Increased engagement and oversight by the Medical Director in the various clinical activities of the organisation is desired."

Medicore is not in compliance with this previous improvement notice. (Standard 4.1.2)

Medicore Medical Services Ltd shall with immediate effect:

- Improve the Clinical Governance system by full integration of the Medical Director in implementing its processes. (Standard 4.1.2)

In particular:

- o Develop and implement a new Medical Director role and responsibility agreement aligned with the PHECC Medical Director Standard (STN032)
- o Fully appraise the Medical Director of the Requirements for Privileging PHECC Practitioners (STN033)
- o Fully appraise the Medical Director of their requirements related to the CPG Service Provider Annual Report (LIS021), Part 2 - Annual Medical Director's Report (AMDR)

PHECC note that the Medical Director is new to the Provider's organisation and look forward to improvement in this area, however, it is also noted, and cannot be ignored, that this requirement is essentially a repeat of an existing improvement notice from the 2020 GVF Report.

PHECC require an update on the organisation's plans to address the items listed and be advised that all other recommendations, made in the body of the report, should also be addressed in the Quality Improvement Plan, which is due three weeks after receipt of this report.

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