



Governance Validation Framework

Site Assessment Report

Medilink Ambulance Service

February 2021

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



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Introduction

Executive Summary	04
Overview of Licensed CPG Provider	05

Assessment Report

Judgement Framework	08
<i>Guide to Rating Descriptor</i>	
Theme 1	09
<i>Person Centred Care and Support</i>	
Theme 2	25
<i>Effective Care and Support</i>	
Theme 3	38
<i>Safe Care and Support</i>	
Theme 4	48
<i>Leadership, Governance and Management</i>	
Theme 5	61
<i>Workforce</i>	
Theme 6	74
<i>Use of Information</i>	

Report Summary

Report Summary	78
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The Pre-Hospital Emergency Care Council (PHECC) is the statutory agency responsible for setting standards in Ireland for the provision of pre-hospital emergency care. PHECC's primary role is to protect the public by independently specifying, reviewing, maintaining, and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care.

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

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

The Licensed CPG Provider that is the subject of this report is Medilink Ambulance Ltd T/A Medilink Ambulance Service a private provider of pre-hospital emergency care services in Leinster. The on-site GVF assessment visits for this report were conducted during March 2020 by an assessment team drawn from a panel of subject matter experts selected and trained by PHECC to conduct the on-site assessments. This report is based on a GVF assessment conducted using a flexible approach that was developed, and approved by Council, for use during COVID-19 Pandemic to comply with Government measures to reduce face to face contact at a societal level. This approach involves a combination of online and practitioner engagement where possible whilst ensuring that public health measures are complied with during any engagement.

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 Medilink Ambulance Service'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.

Medilink Ambulance Services' Governance Validation Framework assessment report concludes with a Report Summary, which includes a tabular format that provides an overview to Medilink Ambulance Services' 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

Medilink Ambulance Service operates out of their corporate headquarters in Co Meath and provides a multi-faceted service to private clients, health insurance companies, and to the public sector within healthcare facilities.

Information used to create this overview was supplied by the Provider.
For more information visit: www.medilink999.ie

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	Medilink Ambulance Ltd T/A Medilink Ambulance Service
Type of Visit	Full GVF Assessment - GVFREP MAL 001_0221
Licensed CPG Provider Lead	GVFA7460
Date of Review	Practitioner Engagement - 10/03/2020 Online Desktop Review Assessment - 18/02/2021
Assessment Team	GVFA7460 - Team Lead GVFA6916 - Desktop Review Assessor GVFA6815 - Practitioner Engagement
Circumstances of this Site Assessment	Establishment of GVF programme - Transition to 3-year licensing cycle.
Relevant Recent Visits	Practitioner Engagement and Online Assessment conducted March 2020 and February 2021.

Overview of Licensed CPG Provider

Assessment Details (continued):

Licensed CPG Provider Participants

Compliance Manager
EMT x 2

Assessment Overview

This assessment was hybrid in nature and consisted of a desktop review of submitted documentation and the Provider's Self-assessment Report and a report from a site visit to review operations (Practitioner Engagement). Several unsuccessful attempts were made to conduct the management engagement element of the assessment. Unfortunately, pre-established assessment dates were cancelled at short notice due to the impact of COVID-19. PHECC and the Provider agreed to achieve closure in this process by the GVF Assessment Team performing a desktop review of the Provider's submission against the Governance Validation Framework in conjunction with a review of the Practitioner Engagement Report.

During this desktop review the GVF Assessment Team were unable to verify any documentation that was not submitted or processes that were not observed during Practitioner Engagement. The Provider's Self-assessment Report was used, where appropriate, to consider the perspective of the Provider, in many cases the Provider's own self-assessment rating has been maintained.

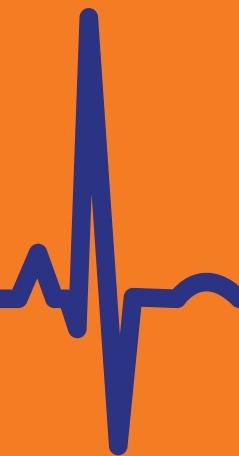
PHECC would like to acknowledge the Provider's management team for their agreement to proceed with this Governance Validation Framework Assessment in this format. This report provides a focused review and snapshot of the Provider's organisation. In the future a more comprehensive report will be possible, which will include direct engagement with the Provider's management team and onsite verification of records, etc.

Judgement Framework

Level & Scoring	Descriptor
Not Applicable	<ul style="list-style-type: none"> The standard is not applicable to this organisation/base location
Not Met	<ul style="list-style-type: none"> Does not meet expectations No evidence of compliance anywhere in the organisation with the requirements set by the statement/standard
Minimally Met	<ul style="list-style-type: none"> Evidence of a low degree of organisation-wide compliance with the requirements set by the statement/standard Demonstrable evidence that a start has been made towards compliance in some or all parts of the organisation
Moderately Met	<ul style="list-style-type: none"> Evidence of a moderate degree of organisation-wide compliance with the requirements set by the statement/standard Demonstrable evidence that work is ongoing across most parts of the organisation to achieve compliance Confident in management's ability to deliver full compliance within a reasonable timeframe
Substantively Met	<ul style="list-style-type: none"> Substantive evidence of organisation-wide compliance with the requirements set by the statement/standard Demonstrable evidence that most parts of the organisation are meeting most of the requirements set by the statement/standard Only minor non-compliance issues requiring, in the main, minor action(s) Confident in management's ability to deliver full compliance within a reasonable timeframe
Fully Met	<ul style="list-style-type: none"> Meets or exceeds expectations Evidence of full compliance across the organisation with the requirements set by the statement/standard

Theme 1

Person Centred
Care and Support



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

PHECC Statement	The Licensed CPG Provider has appropriate arrangements in place to ensure patients have equitable access to services based on assessed needs.
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PHECC Requirements	<p>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.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
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PHECC Statement	The Licensed CPG Provider has appropriate arrangements in place to ensure screening and prioritisation of calls.
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PHECC Requirements	<p>1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
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Standard 1.1 Patients have equitable access to healthcare services based on their assessed needs.



Assessment Panel Findings

1.1.1 The Provider submitted their Business Model as evidence to support compliance. The process of pre-checking rosters to match workload on a daily and weekly basis would appear to match their business model. The clinical oversight by the Compliance and Training Manager matching the clinical levels to the tasks is also good practice. There is no performance indicator to trigger an escalation process when rosters fall below an acceptable level.

1.1.2 During Practitioner Engagement it was verified that the Provider has a control desk at their base where calls are received, and ambulances are dispatched through a radio network. Calls, updates and clearing status were effectively communicated through this medium. The training policy submitted makes no reference to call-taking or dispatch training.

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



Areas of Best Practice

1.1.2 During Practitioner Engagement call were transmitted and very good communication and radio etiquette was observed.













Areas for Improvement

1.1.1 The Provider should develop performance indicators to trigger an escalation process when rosters fall below an acceptable level. Develop a policy for addressing unplanned roster gaps such as sickness through staffing arrangement or subcontracting the work to another company.

1.1.2 The Provider should include call-taking and dispatch training in the Provider's training policy.

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



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

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



Assessment Panel Findings

1.2.1 The Self-Assessment Report refers to the Patient Identification Policy and process. This policy was unsubmitted. During Practitioner Engagement it was verified that the crew identified themselves to each patient and gained consent from each patient. It was also verified that staff were aware of the Provider's consent policy.

1.2.2 During Practitioner Engagement it was verified that the crew were aware of the refusal to treat/transport policy. It was also reported that one Practitioner experienced a patient who 'refused to travel' and that the crew were able to verbalise the importance of the capacity assessment and documentation on the ePCR.

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



Areas of Best Practice

1.2.2 Crew knowledge and awareness related to consent and capacity were observed and consent was sought in each case.

Areas for Improvement

1.2.1 The Provider should consider reviewing its consent related policy, procedures, and guidelines to expand its effectiveness as guidance and reference point for staff.

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

PHECC Statement	The Licensed CPG Provider has systems, policies and procedures in place that respect the values, preferences and wishes of patients.
PHECC Requirements	<p>1.3.1 The Licensed CPG Provider has arrangements in place to promote patients’ privacy, dignity and autonomy.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
PHECC Requirements	<p>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.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>

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



Assessment Panel Findings

1.3.1 The Provider's Self-Assessment Report states that 'there is extensive staff behaviour standards and acceptable standards provided in the employee handbook'.

The Practitioner Engagement verified that the Practitioners treated each patient with dignity and respect.

1.3.2 The Provider's Self-Assessment Report states that 'in CPC training and updates the company culture of interpersonal skills and communication skills are reinforced.'

An invitation was extended to inspect the staff handbook and Communication Policy during a site visit.

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



Areas of Best Practice

1.3.1 The Practitioner Engagement observed crew members had very good rapport with each patient and the accompanying medical teams. It was observed that Practitioners' interpersonal skills were excellent.

Areas for Improvement

1.3.1/2 The Provider's self-assessment rating has been maintained and the Provider is encouraged to review this area from an improvement perspective. The staff handbook and communication policy will be inspected at a future site visit.

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



PHECC Statement	The Licensed CPG Provider has systems in place to promote and measure positive patient experience.
PHECC Requirements	<p>1.4.1 The Licensed CPG Provider undertakes Patient Satisfaction and/or Patient Experience Surveys to help shape and improve services and culture.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff9900; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000; display: flex; align-items: center; justify-content: center;"> ✓ </div> <div style="width: 20px; height: 20px; background-color: #99cc66; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #009966; border: 1px solid #000;"></div> </div>

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



Assessment Panel Findings

1.4.1 The Provider's Self-Assessment Report states that 'all patients are offered feedback opportunities via the ePCR software and/or paper feedback options'. No evidence was submitted verifying a policy related to patient satisfaction or results of patient feedback reports.

During Practitioner Engagement it was verified that the service does have a service user satisfaction form, however, there were no observed occasions where patients were offered the opportunity to complete this form.

The crew reported that they receive favourable comments/ compliments, and that these are passed on to them through the management team.

An invitation was extended to inspect feedback on ePCR and feedback forms during a site visit.

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



Areas of Best Practice

No specific observation noted by the GVF Assessment Team.

Areas for Improvement

1.4.1 The Provider could consider developing a policy related to patient satisfaction with the service. Targeting a specific percentage of patients with a satisfaction survey would provide appropriate feedback from which to identify areas of deficiency and good practice.

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



<p>PHECC Statement</p>	<p>The Licensed CPG Provider has an internal complaints/concern handling process.</p>
<p>PHECC Requirements</p>	<p>1.5.1 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.</p> <p> </p>
<p>PHECC Requirements</p>	<p>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.</p> <p> </p>

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



Assessment Panel Findings

1.5.1 The Provider's Complaints Policy was submitted in evidence. The policy, however, does not have an escalation process outlined. The policy references a 'complaint log', however, the log appears to be individual logs held by named managers and not a single log with access to the appropriate manager. The policy did not explicitly reference a complaints audit that would identify trends or avoidable repeat occurrences.

1.5.2 The Provider's Self-Assessment Report indicates that all staff are aware of the complaint procedures. However, no evidence of induction training that includes this process was presented in evidence.

During Practitioner Engagement it was verified that the crew were aware that complaints can be made against any staff member, however, they were not aware of any complaint having been received.

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



Areas of Best Practice

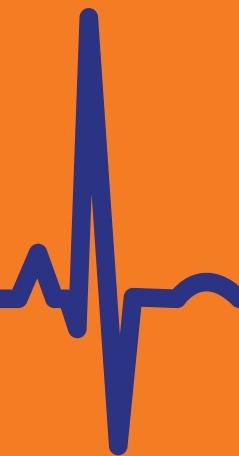
Crew are aware of the Provider's complaints procedure.

Areas for Improvement

1.5.1 The Provider should revise the current Complaints Policy and develop a complaints audit policy and process. An electronic complaint log with appropriate access and escalation processes for all management levels would support a more robust complaints management process.

Theme 2

Effective Care
and Support



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



PHECC Statement	The Licensed CPG Provider must ensure that privileged Responders/Practitioners administer specific medications and perform specific clinical interventions in keeping with their CPG status.
PHECC Requirements	<p>2.1.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure Responders/Practitioners utilise the evidence-based CPG appropriate to their status to deliver and ensure safe and appropriate care.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff9900; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #99cc99; border: 1px solid #000; display: flex; align-items: center; justify-content: center;"> ✓ </div> <div style="width: 20px; height: 20px; background-color: #009966; border: 1px solid #000;"></div> </div>

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



Assessment Panel Findings

The Provider has submitted evidence of a standard operating procedure for Responder/Practitioner responsibility for PHECC registration. A hard copy register of staff dated 2019 was reviewed and contains the PHECC PIN, clinical level, and CPG upskilling status of all employees.

A training and upskilling policy identifies a third-party training provider and outlines the frequency of individual training/refresher courses as per the submitted training schedule.

During Practitioner Engagement it was verified by Practitioners that they were familiar with their status on the register, they were aware of their skill set and medication administration status. Equipment and medication related to their practice level were available on the ambulance and it was also observed that there was good adherence to CPGs in practice.

The Provider's Self-Assessment Report indicates that a process for dissemination of revised guidelines and updates is in place, however, no supporting documentation was submitted for verification.

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



Areas of Best Practice







Practitioners are working effectively to their registration level. All staff have been upskilled by a third-party training provider.

Areas for Improvement

2.1.1 The Provider's self-assessment rating has been maintained and the Provider is encouraged to review this area from an improvement perspective. Evidence of up-to-date staff records will be inspected at a future site visit.

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



PHECC Statement	The Licensed CPG Provider promotes a structured but flexible handover process that optimises patient safety and quality of care.
PHECC Requirements	<p>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.</p> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>

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



Assessment Panel Findings

The Provider's Patient Handover Policy was reviewed and complies with PHECC standards and EMP protocol.

No evidence of specific patient handover staff training was provided in the submission document.

During the Practitioner Engagement, effective patient handover was observed although the Practitioner did not specifically utilise IMIST-AMBO all elements of this were covered during actual handover.

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



Areas of Best Practice

The observed patient handover process, both when receiving and handing over a patient, was very clear and organised.

Areas for Improvement

2.2.1 The Provider's self-assessment rating has been maintained and the Provider is encouraged to review this area from an improvement perspective. Training records and training schedules will be examined at a future site visit.

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



PHECC Statement	The Licensed CPG Provider must ensure that ambulances are fit for purpose.
PHECC Requirements	<p>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.</p> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="width: 30px; height: 30px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #f4a460; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ffff00; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #90ee90; border: 1px solid #000; display: flex; align-items: center; justify-content: center;"> ✓ </div> <div style="width: 30px; height: 30px; background-color: #008000; border: 1px solid #000;"></div> </div>

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



Assessment Panel Findings

The Provider's Fleet Management and Maintenance policy outline the roles and responsibilities of management and staff in compliance with RSA regulations.

During the Practitioner Engagement the ambulance registration number 191MHXXX, call sign MLXXX displayed both a current tax and insurance disc.

The system that ensures roadworthiness of vehicles will be reviewed at a future date.

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



Areas of Best Practice















No specific observation noted by the GVF Assessment Team.

Areas for Improvement

2.3.1 The Provider's self-assessment rating has been maintained. Vehicle documentation and evidence of CVRT require inspection at a future site visit.

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



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

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



Assessment Panel Findings

2.4.1 The Provider's Annual Medical Director's Report for 2019, dated 6th January 2020, was reviewed: sections addressed included organisation and PHECC specific requirements.

A description of clinical activities undertaken by the Provider were outlined and number of events and patients transported were included. There were no near-misses or adverse incidents reported during the period of 2019.

2.4.2 The Provider has a clinical audit policy that specifies the audit priorities for the organisation with audit topics and responsibilities identified. The Provider also has a specific PHECC Patient Care Report Policy that identifies a staff member's responsible for that activity.

The Annual Medical Director's Report indicated that clinical audit on the management of pain was carried out on a monthly basis and there was one example of clinical audit on Pain Management included in the submission documentation.

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



Areas of Best Practice

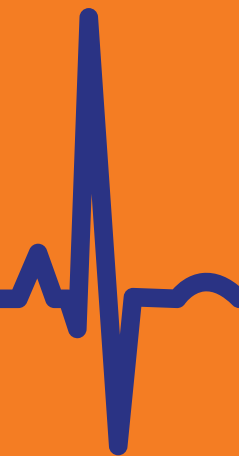
No specific observation noted by the GVF Assessment Team.

Areas for Improvement

2.4.2 The Provider's self-assessment rating has been maintained and the Provider is encouraged to review this area from an improvement perspective. The Provider should consider building capacity around the quality and type of audit undertaken and ensure that the feedback post-audit includes updating Practitioners.



















Theme 3

Safe Care and Support



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



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

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



Assessment Panel Findings

3.1.1 The Provider submitted an 'Infectious Patient Policy' that relates to the management of known or suspected infectious patients; however, the Provider's Self-Assessment Report refers to an Infection Control Policy that was not submitted in evidence. During the Practitioner Engagement it was verified that the Provider's staff do engage in good infection control procedures. The crew were observed, and hand-washing practices were highlighted as particularly good.

3.1.2 While a comprehensive Medication Policy has been submitted there are a number of processes and references within the document that need to be reviewed and updated in line with current standards.

During Practitioner Engagement it was observed that medications were appropriately managed and stored safely with access to controlled drugs strictly adhering to statutory regulations. The process for replacing drug stocks was observed as was the process of signing in and out of a sealed drug bag at the start and end of shift.

3.1.3 The Provider's Self-Assessment Report mentions staff training of equipment, but this was not evidenced in the documentation submitted.

During Practitioner Engagement it was verified that appropriate equipment is available for use and is stored appropriately.

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



Areas of Best Practice

3.1.2 Local storage and restocking of medications and appropriate management of controlled drugs.

Areas for Improvement

3.1.1 The Provider is encouraged to further develop their infection control policy, records and documentation.

3.1.2 The medication policy should be updated to include reference to all relevant regulations and standards.

3.1.3 The Provider should also develop an equipment maintenance log.

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



PHECC Statement	The Licensed CPG Provider has a patient safety incident (which includes adverse events, near-misses and no-harm events) reporting system with an open disclosure and non-punitive reporting ethos.
PHECC Requirements	<p>3.2.1 The Licensed CPG Provider has structured incident reporting and investigation mechanisms, which support and encourage volunteers, contractors and/or employees to report adverse events, near-misses and no-harm events.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
PHECC Statement	The Licensed CPG Provider has arrangements in place to identify, assess and respond appropriately to patients' safety incidents and complaints.
PHECC Requirements	<p>3.2.2 The Licensed CPG Provider has a process for the sharing of lessons learned from patient safety incidents (including adverse events, near-misses and no-harm events) and complaints, which have occurred locally, nationally or internationally with volunteers, contractors and/or employees.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>

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



Assessment Panel Findings

3.2.1 The Provider’s Self-Assessment Report provides evidence of a complaint process, however, there was no verified documented process based on best practice for investigation/review presented.

During Practitioner Engagement it was verified that the Practitioners were aware of the process of reporting adverse incidents and that there was an incident report form in the vehicle that supported the adverse clinical event policy. Furthermore, the Practitioners were aware of the importance of open disclosure of a medication or treatment error.

3.2.2 The Provider’s Self-Assessment Report indicates that staff are informed of patient safety incidents through several processes, however, no evidence was submitted to support this.

*Provider’s self-assessment rating maintained due to inability to verify on-site records.

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



Areas of Best Practice

3.2.1 Staff are aware of the process of adverse incident reporting.

Areas for Improvement

3.2.1 The Provider's self-assessment rating has been maintained and the Provider is encouraged to review this area from an improvement perspective. The Provider should consider developing structured incident reporting and investigation mechanisms, which support and encourages employees to report adverse events, near-misses and no-harm events.

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



<p>PHECC Statement</p>	<p>The Licensed CPG Provider is committed to safeguarding vulnerable members of the community.</p>
<p>PHECC Requirements</p>	<p>3.3.1 The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff9900; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000; display: flex; align-items: center; justify-content: center;"> ✓ </div> <div style="width: 20px; height: 20px; background-color: #99cc99; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #009900; border: 1px solid #000;"></div> </div>

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



Assessment Panel Findings

3.3.1 The Provider submitted a policy on Safeguarding Children and Vulnerable Adults; however, the policy does not make reference to mandated reporting by PHECC Practitioners as specified by the Children First Act 2015.

The Provider has a Garda Vetting Policy in place that requires all new staff to be Garda vetted prior to commencing employment particularly where their job might involve contact with children or vulnerable adults. The policy, however, only refers to new applicants and does not specify a timeframe for re-vetting of existing staff.

During Practitioner Engagement it was verified that the Practitioners had completed the Child First programme and were aware of the importance and mechanisms involved in the reporting of suspected abuse particularly in the elderly.

The Provider's Self-Assessment Report outlines that staff have completed the Tusla Children First programme and certificates for same were available for inspection.

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



Areas of Best Practice

Staff understand their responsibilities and adhere to safeguarding policies and procedures.

Areas for Improvement

3.3.1 The Provider's self-assessment rating has been maintained and the Provider is encouraged to update the Safeguarding Children to reflect the mandated requirements for PHECC Practitioners specified in the Children First Act 2015. The Provider should review its policy approach to safeguarding of vulnerable adults and also update the Garda Vetting Policy to reflect a specified timeframe for re-vetting of existing staff.

Theme 4

Leadership, Governance and
Management



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



PHECC Statement	The Licensed CPG Provider has an established governance structure with clear accountability arrangements for clinical and corporate governance.					
PHECC Requirements	4.1.1 The Licensed CPG Provider has an established reporting and accountability structure for clinical governance.					
					✓	
	4.1.2 The Licensed CPG Provider has an identified Medical Director who is registered with the Medical Council and who is based in this jurisdiction and who oversees the service.					
					✓	
	4.1.3 The CPG Provider is compliant with taxation laws.					
					✓	
4.1.4 The Licensed CPG Provider has documentary evidence of the required insurance policies.						
					✓	

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



Assessment Panel Findings

4.1.1 The Provider identifies through its Organisation Structure documentation the Compliance and Training Manager as having overall responsibility for clinical governance. In addition, there is a Clinical Governance Policy standard operating procedure in place, which outlines the roles and responsibilities of the Managing Director, Medical Director, Operations Manager and Compliance and Training Manager in terms of compliance with a clinical governance strategy for the organisation. There were no documents submitted that evidenced the reporting of quality and safety throughout the organisational governance structures.

4.1.2 The Provider has confirmed the appointment of a Medical Director registered with the Irish Medical Council who is based in this jurisdiction. The Medical Director Job Description outlines the role, responsibilities and oversight provided by the post holder. Engagement with the organisation and provision of medical oversight is evidenced in the Medical Director's Report for year ending 2019.

4.1.3 The Provider is tax compliant.

4.1.4 Clinical negligence, public and employee liability insurance certificate(s) have been provided.

*Provider's self-assessment rating maintained due to inability to verify on-site records.

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



Areas of Best Practice

4.1.3 / 4.1.4 The Provider is in compliance with tax and insurance requirements.

Areas for Improvement

4.1.1 The Provider's self-assessment rating has been maintained and the Provider should consider developing a mechanism for the reporting of quality and safety throughout the organisation that includes sub-contractor agreements clearly identifying lines of clinical accountability (where appropriate).

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



PHECC Statement	The Licensed CPG Provider has systems, processes and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.
PHECC Requirements	<p>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.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 30px; height: 30px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ff9900; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ffff00; border: 1px solid #000; display: flex; align-items: center; justify-content: center;"> ✓ </div> <div style="width: 30px; height: 30px; background-color: #99cc99; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #009966; border: 1px solid #000;"></div> </div>

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



Assessment Panel Findings

4.2.1 The Provider has in place a Risk and Adverse Incident and Investigation Policy. The policy outlines the responsibilities for management in the event of adverse events, potential incidents, identified hazards and risks. A process for reporting and investigating safety issues are outlined within the policy, however, there was no supporting evidence of actual incidents that demonstrated these processes had been utilised.

The Provider has a Safety Culture Policy in place but there was no supporting evidence of monitoring or reported findings from audits or other incident reports.

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



Areas of Best Practice







No specific observation noted by the GVF Assessment Team.

Areas for Improvement

4.2.1 The Provider’s self-assessment rating has been maintained and the Provider should consider developing a mechanism for reporting change as a result of audits and review of complaints and risk assessment procedures.

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



PHECC Statement	The Licensed CPG Provider is compliant with all relevant laws and regulations.
PHECC Requirements	<p>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.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>

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



Assessment Panel Findings

The Provider's Self-Assessment Report states that health and safety compliance and support is outsourced.

Health and safety documentation was not provided in the submission for review and therefore could not be considered.

The Provider's risk register could not be examined in this process.

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



Areas of Best Practice













No specific observation noted by the GVF Assessment Team.

Areas for Improvement

4.3.1 A risk register should be developed to identify compliance gaps within the organisation requiring improvement.
Health and safety policies will be inspected at a future site visit.

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



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

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



Assessment Panel Findings

4.4.1 The Provider has a process in place to inform staff of review alerts and updates. The communication channels with staff have been identified in a number of policy documents. Staff are informed using a variety of communication tools, such as notice board, newsletter, and staff email.

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



Areas of Best Practice

4.4.1 There are good channels of communication with staff in place.

Areas for Improvement

The Provider's self-assessment rating has been maintained.







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.



PHECC Statement	The Licensed CPG Provider effectively manages its workforce (volunteers, contractors and/or employees) to meet the current and projected service needs.
PHECC Requirements	<p>5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>

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



Assessment Panel Findings

5.1.1 The Provider's Self-Assessment Report specifies that workforce planning and rostering is undertaken by the operations team and duty controller. A process for monitoring staff turnover, skill mix, identifying capacity gaps and succession planning was not evidenced in the supporting documentation and remains unverified.

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



Areas of Best Practice

No specific observation noted by the GVF Assessment Team.

Areas for Improvement

5.1.1 The Provider should develop a workforce plan to address the next 3 to 5 years.

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



PHECC Statement	The Licensed CPG Provider has in place robust processes to assure English language competency for all volunteers, contractors and/or employees whose first language is not English.
PHECC Requirements	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.



Assessment Panel Findings

5.2.1 The Provider submitted an English Language Policy, which included the requirements and standards in English language competency that must be achieved by Practitioners.

5.2.2 The Provider's Self-Assessment Report outlines that staff registrations are checked annually, and registration certificates are kept online in staff profiles.

5.2.3 The Provider's Self-Assessment Report references the Provider's Recruitment Policy and outlines the process of checking staff qualifications and registration at recruitment stage.

5.2.4 The Provider's Self-Assessment Report specifies that all staff are Garda vetted prior to taking up a position in the company. Completed Garda vetting reports are kept online in staff profiles. The Provider self-assessment states that there is a process in place for Garda vetting of staff every two years, however, this process is not written explicitly in the Provider's Recruitment Policy. During Practitioner Engagement it was acknowledged by the crew that they had been Garda vetted.

In the Self-Assessment Report the Provider extended an invitation to inspect and verify all online staff records during the site visit.

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



Areas of Best Practice

No specific observation noted by the GVF Assessment Team.

Areas for Improvement

The Provider's self-assessment rating has been maintained.

5.2.1 The Provider's future Self-Assessment Reports should specify the number of staff that the English Language Policy applies to.

5.2.4 The Provider's Garda Vetting Policy should be updated to reflect a specified timeframe for re-vetting of existing staff.

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



PHECC Statement	The Licensed CPG Provider provides, or provides access to, on-going training to ensure that volunteers, contractors and/or employees' CPG skill levels are maintained commensurate with their current CPG privileged status.
PHECC Requirements	<p>5.3.1 The Licensed CPG Provider has developed and implemented a comprehensive induction programme to ensure volunteers, contractors and/or employees understand their responsibilities in relation to the safety and quality of services.</p> <p style="text-align: center;"> ✓ </p>
	<p>5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status.</p> <p style="text-align: center;"> ✓ </p>
	<p>5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students (If applicable).</p> <p style="text-align: center;"> ✓ </p>

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



Assessment Panel Findings

5.3.1 The Provider’s Self-Assessment Report states that all staff go through an induction process, however, there was no evidence submitted to outline this process.

5.3.2 The Provider’s Self-Assessment Report states that all staff undergo regular training and that formal clinical training is outsourced to a PHECC Registered Institution. The Provider’s Training Policy supports this and further states that an in-house tutor also provides local training. During Practitioner Engagement it was verified by Practitioners that they had completed the 2017 upskilling with the contracted PHECC Registered Institution. The staff also confirmed that they complete a number of CPC days each year.

5.3.3 The Provider’s Self-Assessment Report states that there is a memorandum of understanding in place for EMT students completing internship, however, there is no explicit reference to mentoring of EMT students while on placement.

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



Areas of Best Practice

5.3.2 All Practitioners have completed PHECC 2017 CPG upskilling.

Areas for Improvement

5.3.1 The Provider should outline the content of the induction programme to ensure ongoing consistency and relevance.

5.3.3 The Provider should consider appointing EMT mentors during student placement to maximise the learning experience.

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



PHECC Statement	The Licensed CPG Provider supports volunteers, contractors and/or employees to exercise their personal, professional and collective responsibility for the provision of high quality, safe and reliable healthcare.
PHECC Requirements	<p>5.4.1 The Licensed CPG Provider has a Critical Incident Stress Management process in place.</p> <p> ✓ </p>
	<p>5.4.2 The Licensed CPG Provider has a Fitness to Practice Policy/Procedure, which makes reference to the PHECC Fitness to Practice processes.</p> <p> ✓ </p>
	<p>5.4.3 The Licensed CPG Provider has processes for the identification of poor or variable staff performance.</p> <p> ✓ </p>
	<p>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).</p> <p> ✓ </p>
	<p>5.4.5 The Licensed CPG Provider creates opportunities for staff to feedback on the quality and safety of the service they work in.</p> <p> ✓ </p>

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.



Assessment Panel Findings

5.4.1 During Practitioner Engagement it was verified that staff were aware of the concept of CISM and the importance of recognition and management of stress within the workplace. The Practitioners, however, were not aware of the Provider's CISM policy.

The Provider has a Critical Incident Stress Management Policy in place that refers to an external professional agency who provide an employee assistance programme. However, the policy does not explicitly identify how employees can confidentially engage with employee assistance professionals.

5.4.2 The Provider's Self-Assessment Report states that HR services are outsourced and fitness to practice issues are reviewed by an external panel.

5.4.3 The Provider's Self-Assessment Report states that they conduct clinical audit as a means of quality review of their Practitioners. A Clinical Audit Policy was reviewed but this failed to identify how or when, or by whom, a clinical audit may be carried out.

5.4.4 The Provider's Self-Assessment Report states that staff are aware of how they can feedback through an online feedback mechanism.

During Practitioner Engagement it was verified that Practitioners were aware of the process of adverse incident reporting and an incident report form was in the ambulance. It was also verified that Practitioners were aware of the importance of open disclosure of medication or treatment errors.

5.4.5 The Provider's Self-Assessment Report states that employees are aware of who they report concerns to and can do so without fear of adverse consequences to themselves, however a Whistleblowing/Protected Disclosure policy was not submitted in evidence.

The Provider invited an inspection of a number of relevant policies during site visit.

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



Areas of Best Practice

5.4.1 Practitioners are aware of CISM.

5.4.4 Practitioners are aware of the mechanism for reporting adverse incidents.

Areas for Improvement

5.4.1 The Provider should update the Critical Incident Stress Management Policy and circulate to all employees.

5.4.3 The Provider should update the Clinical Audit Policy and specify the standard to which the audit will be conducted.

The Disciplinary and Investigation Policy, and the Protected Disclosure/Whistleblowing Policy will be inspected on a future site visit.

Theme 6

Use of Information



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



PHECC Statement	The Licensed CPG Provider is compliant with Council Policy for implementation timeframes for clinical information standards and associated reports – V1. (POL043)
PHECC Requirements	<p>6.1.1 The Licensed CPG Provider implements the PHECC clinical information standards and associated patient reports.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 30px; height: 30px; background-color: #cccccc;"></div> <div style="width: 30px; height: 30px; background-color: #ff0000;"></div> <div style="width: 30px; height: 30px; background-color: #ff9900;"></div> <div style="width: 30px; height: 30px; background-color: #ffff00;"></div> <div style="width: 30px; height: 30px; background-color: #99cc66;"></div> <div style="width: 30px; height: 30px; background-color: #009966;"></div> <div style="font-size: 2em; margin-left: 10px;">✓</div> </div>
	<p>6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 30px; height: 30px; background-color: #cccccc;"></div> <div style="width: 30px; height: 30px; background-color: #ff0000;"></div> <div style="width: 30px; height: 30px; background-color: #ff9900;"></div> <div style="width: 30px; height: 30px; background-color: #ffff00;"></div> <div style="width: 30px; height: 30px; background-color: #99cc66;"></div> <div style="width: 30px; height: 30px; background-color: #009966;"></div> <div style="font-size: 2em; margin-left: 10px;">✓</div> </div>

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

Assessment Panel Findings

6.1.1 The Provider has a comprehensive Information Governance Policy in place, which is in line with PHECC requirements and complies with Data Protection legislation.

The policy clearly identifies the Provider's responsibilities in respect of 5 Key areas: Health Records Management, Freedom of Information, Access to Personal Data, Compliance with Data Protection Act and Data Protection Register.

There is a Data Protection Officer identified and there is a Confidentiality Policy that applies to all staff. During the Practitioner Engagement it was observed that Practitioners used both paper and ePCR during the completion of documentation for each call.

6.1.2 The Provider has in place a Patient Care Report Policy, which communicates the standard of record keeping expected of registered Practitioners working on behalf of the organisation.

The Medical Director's Report for 2019 outlines a programme of auditing ePCRs based on clinical performance indicators provided by PHECC.

All ePCRs are cross checked for accuracy and compliance in line with the Provider's Clinical Audit Policy. There was one example of a pain audit included in the submission.

In the Self-Assessment Report, the Provider describes how the results of audit are fed back to staff through newsletters and how results of audit form the basis for inclusion in ongoing education and training.

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



Areas of Best Practice

- 6.1 There was good compliance in the completion of PCRs.
- 6.2 Results of audit are communicated back to staff through newsletter and training.

Areas for Improvement

6.1.2 The Provider should develop a programme of continuous clinical audit to support quality improvement and standards of record keeping. Clinical audit should be utilised to inform ongoing education and training.

Report Summary



Report Summary

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

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	0	0%
Not Met	0	0%
Minimally Met	2	4.65%
Moderately Met	11	25.58%
Substantively Met	21	48.84%
Fully Met	9	20.93%

	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.	Substantive
	1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.	Substantive
	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.	Substantive
	1.2.2 The Licensed CPG Provider has a policy/procedure in place in relation to the refusal of treatment and/or transport.	Fully Met
	Standard 1.3 Patients' dignity, privacy and autonomy are respected and promoted.	
	1.3.1 The Licensed CPG Provider has arrangements in place to promote patients' privacy, dignity and autonomy.	Substantive
	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.	Substantive
	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.	Minimal
	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.	Moderate
	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 privileged status to deliver and ensure safe and appropriate care.		Substantive
Standard 2.2 Patients receive integrated care, which is coordinated effectively within and between services.		
2.2.1 The Licensed CPG Provider has a standardised handover process in place to ensure the safe, timely, and structured exchange of information during handover of patients.		Substantive
Standard 2.3 Healthcare is provided in a physical environment, which supports the delivery of high-quality, safe, reliable care and protects the health and welfare of patients.		
2.3.1 The Licensed CPG Provider has process, systems and procedures in place to ensure the road-worthiness of their patient transport vehicles in line with legislation.		Substantive
Standard 2.4 The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.		
2.4.1 The Licensed CPG Provider submits an Annual Medical Director Report annually,* which informs the PHECC of clinical activities in the organisation and includes a CPG report (*Calendar year).		Fully Met
2.4.2 The Licensed CPG Provider has a systematic programme of clinical audit in line with the PHECC standards (STN019), which is used to monitor quality and outcomes and promote learning.	Substantive	

Theme 3: Safe Care and Support	Standard 3.1 Licensed CPG Providers protect patients from the risk of harm associated with the design and delivery of healthcare services.	
	3.1.1 The Licensed CPG Provider has a reliable system in place to prevent and protect patients and staff from healthcare associated infections.	Moderate
	3.1.2 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure medicines availability, storage, stocking and disposal processes for the administration of pre-hospital emergency care.	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.	Substantive
	Standard 3.2 Licensed CPG Providers effectively identify, manage, respond to and report on patient-safety incidents.	
	3.2.1 The Licensed CPG Provider has structured incident reporting and investigation mechanisms, which support and encourage volunteers, contractors and/or employees to report adverse events, near-misses and no-harm events.	Moderate
	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.	Moderate
	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.	Moderate
	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.		Moderate
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.		Substantive
4.1.3 The Licensed CPG Provider is compliant with tax laws.		Fully Met
4.1.4 The Licensed CPG Provider has documentary evidence of the required insurance policies.		Fully Met
Standard 4.2 Licensed CPG Providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.		
4.2.1 The Licensed CPG Provider has systems, process and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.		Moderate
Standard 4.3 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.		
4.3.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure compliance with statutory legislation relating to the provision of safe and effective care.		Minimal
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.		Moderate

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.	Moderate
	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.	Substantive
	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.	Substantive
	5.2.3 The Licensed CPG Provider conducts checks to confirm that all employees, contractors and/or volunteers have the appropriate qualifications and registrations.	Substantive
	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.	Substantive
	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).	Substantive
	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.	Substantive
	5.4.2 The Licensed CPG Provider has a Fitness to Practice Policy/Procedure, which makes reference to the PHECC Fitness to Practice processes.	Substantive
	5.4.3 The Licensed CPG Provider has processes for the identification of poor or variable staff performance.	Moderate
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

This report was generated following a desktop review of submitted material, it is acknowledged that verification of some assessment material remains outstanding until a future assessment is conducted.

This GVF assessment should inform the Provider's quality improvement plan (QIP) development. PHECC will further engage with the Provider regarding appropriate areas for improvement within the QIP.

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

The Provider is required to submit their Quality Improvement Plan to gvf@phecc.ie. This 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 Medilink Ambulance Ltd in the upcoming licensing period.



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