Pre-Hospital Emergency Care Council

Governance Validation Framework

Site Assessment Report

Emergency Services Training Institute Ltd

October 2020

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

Pre-Hospital Emergency Care Council

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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 mergency Services Training Institute 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 Provider that is the subject of this report is Emergency Services Training Institute Ltd, a private provider of pre-hospital emergency care services in Dublin. The onsite GVF assessment visits for this report were conducted during February and October 2020 by an assessment team drawn from a panel of subject matter experts selected and trained by PHECC to conduct the onsite assessments.

It is important note to 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 Emergency Services Training Institute 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.

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

Emergency Services Training Institute Ltd (ESTI) is based at C21 The Exchange, Calmount Park, Ballymount, Dublin 12 and provides a non-conveying service. ESTI is primarily engaged in providing a client-based service at events such as cycling and horse racing, and on film and television sets. ESTI is licensed by the Pre-Hospital Emergency Care Council to deliver pre-hospital emergency care service a the clinical levels of Emergency Medical Technician and Paramedic.

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

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	Emergency Services Training Institute Ltd
Type of Visit	Full GVF Assessment - GVFREP ESTI 001_1020
Licensed CPG Provider Lead	GVFA1637
Date of Review	Practitioner Engagement - 27/02/2020 Site Assessment - 01/10/2020
Assessment Team	GVFA1637 - Team Lead GVFA6815 - Site 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 Onsite Assessment conducted February and October 2020.

Assessment Details (continued):

Licensed CPG Provider Participants

Managing Director/Owner
Director
Medical Director (Medical Council Reg No 409301)

Onsite Feedback

Verbal feedback related to the Assessment Team's initial findings was provided to the Senior Management Team of ESTI 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 GVF Assessment Team's comments and indicative findings.

The Provider submitted several robust policies, which reflect the organisational practice observed during the assessments.
The Provider's clinical governance structure is well defined and the Medical Director is appropriately involved.
The Provider has a comprehensive training and development plan for practitioners.
Some of the Provider's policies are omitted or require further development.
The Patient Care Documents reviewed contained issues, which have been highlighted.
Some of the practitioner files reviewed were incomplete or contained expired certificates.

Judgement Framework

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

Theme 1

Person Centred
Care and Support

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

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

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.1.1 The Provider is a non-conveying service and operates in three locations. Location 1 requires regular staffing and the Provider demonstrated a practitioner rota during the Site Assessment. The practitioner rota contained appropriate staffing, and illustrated increased practitioner and clinical presence when necessary. Location 2 is operational on a seasonal basis and staffing is managed from the organisational headquarters. Location 3 staffing is managed locally by the Site Supervisor and the rota was not available for inspection during the Site Assessment. The Provider does not have a formal process for covering staff illness. The Provider does not operate a vehicle with patient transporting capability. When care is complete the patient is conveyed by another service, refuses further care or transport, or is released. T he Provider does not have a specific discharge policy to support this process.

1.1.2 The Provider is a non-conveying service and is therefore not involved in the dispatch of an ambulance. However, in Location 1, 2 and 3 the Provider may have to respond to a call within the location. Furthermore in Location 2 and 3 this may involve the use of a medical response vehicle. The Provider described the process for access to care at Location 1, Location 2 and Location 3, however, there is no documented procedure to support this. With regard to Location 1 the onsite Practitioner may be contacted by handheld radio or mobile telephone. During the Practitioner Engagement the GVF Assessor reviewed this process and clear mechanisms to request medical care were present onsite. During the Site Assessment the Provider could demonstrate the inclusion of their practitioner in the sites daily coordination sheet and this contained the name and contact number of the practitioner on the staff rota.

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 has established systems for access to care in Location 1, 2 and 3.

1.1.1 The process for access to care observed at Location 1 during Practitioner Engagement were described at the Site Assessment.

1.1.2 The Provider has appropriate systems for medical response in Location 1, 2 and 3.

Areas for Improvement

1.1.1 The Provider shall develop a documented procedure or policy that outlines the systems described for access to care at Locations 1, 2 and 3.
1.1.1 The Provider, in conjunction with the Medical Director, shall develop a policy that supports the release of patients following completion of an episode of care at Locations 1, 2 and 3.
1.1.2 The Provider shall develop a documented procedure or policy that outlines the systems described for medical response at Locations 1, 2 and 3.

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 did not submit a policy regarding patient consent or the confirmation of patient identity. During the Site Assessment the Provider could not demonstrate training records to reflect staff training in the patient consent procedure. There was no opportunity during Practitioner Engagement to observe the patient consent procedure. Furthermore there was no opportunity during Practitioner Engagement to observe the procedure for confirmation of patient identity.

1.2.2 The Provider did not submit a policy regarding patient refusal of care or transport. During the Site Assessment the Provider could not demonstrate training records to reflect staff training in a patient refusal of care or transport procedure. The submitted self-assessment document refers to the Provider's Transport Policy, which was not submitted and was not available for inspection at the Site Assessment. The GVF Assessment Team reviewed a number of Patient Care Documents during the Site Assessment, some of which made reference to refusal of further care. During the Practitioner Engagement the GVF Assessor found that the Practitioner was familiar with a patient refusal of care procedure.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

1.2.2 The Provider demonstrated evidence of clinical audit of Patient Care Records, which highlighted events of patient refusal of care.

Areas for Improvement

1.2.1 The Provider shall develop a documented procedure or policy regarding patient consent. The Provider should develop its induction training programme to include the procedure or policy regarding patient consent.

1.2.1 The Provider shall develop a documented procedure or policy that outlines the system for confirmation of patient identity. The Provider should develop its induction training programme to include the procedure or policy regarding the confirmation of patient identity.

1.2.2 The Provider shall develop a documented procedure or policy regarding patient refusal of care or transport. The Provider should develop its induction training programme to include the procedure or policy regarding patient refusal of care or transport.

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.3.1 The Provider did not submit a code of conduct for practitioners operating on their behalf. The submitted self-assessment document makes reference to a Code of Conduct policy, however, this was not submitted and was not available for review at the Site Assessment. The facility observed during the Practitioner Engagement reflected an environment that supports the privacy and dignity of patients.

1.3.2 The Provider does not have specific patient communication training in their induction training programme or practitioner development plan. The Practitioner observed during the Practitioner Engagement behaved in a professional manner and was aware of requirements regarding patient confidentiality.

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

Areas of Best Practice

1.3.1 The Provider operates a facility in which the privacy of patients is maintained.

Areas for Improvement

1.3.1 The Provider shall develop a code of conduct for practitioners operating on their behalf.

1.3.2 The Provider should introduce communication training for practitioners at induction and with ongoing professional development.

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.

Assessment Panel Findings

1.4.1 The Provider stated that patient surveys are not currently undertaken. This was explored further during the Site Assessment where the Provider confirmed there is currently no active attempt to seek patient feedback through survey or otherwise. During the Site Assessment the Provider expressed a commitment to develop this further.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the GVF Assessment Team.

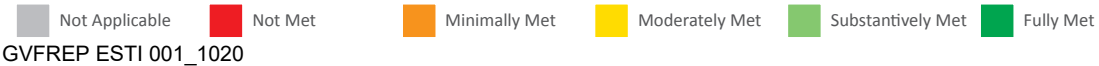
Areas for Improvement

1.4.1 The Provider shall introduce a system to gather patient feedback through surveys.

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 Provider submitted a comprehensive Complaint policy. The Complaint policy is due for review this year. The Complaint policy includes a specific complaint procedure. The procedure outlines the mechanisms by which a complaint can be raised and includes contact details for the Director. The Complaint policy details a timeframe for the response to a complaint. The policy makes reference to learning from the events, which may lead to a complaint in order to improve care. The GVF Assessment Team could not review a complaint during the Site Assessment as the Provider has not yet received a complaint.

1.5.2 A copy of the Complaint policy was present at Location 1 during the Practitioner Engagement. Practitioner at Location 1 during the Practitioner Engagement demonstrated an awareness of the complaint procedure. The Provider stated at the Site Assessment that practitioners are familiarised with the complaint procedure at induction training, however, evidence of this was not available.

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

1.5.1 The Provider has a robust Complaint policy and procedure.

1.5.2 The Practitioner who was present at the Practitioner Engagement was familiar with the complaint procedure.

Areas for Improvement

1.5.2 The Provider should retain specific evidence of practitioner induction training in the complaint procedure including the lesson plan and attendance records.

Theme 2

Effective Care and Support

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

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 Provider maintains a local register of its practitioners. The local register contains the name, PHECC personal identification number and clinical level of practitioners operating on the Provider's behalf. The local register makes reference to the Clinical Practice Guideline and Garda Vetting status of practitioners. The local register was found to be accurate at the time of submission. The Practitioners present during the Practitioner Engagement and Site Assessment feature on the local register. The Provider circulates revised guidelines and clinical updates via the Site Supervisor at Locations 1, 2 and 3. During the Site Assessment relevant documents were noted to be displayed on notice boards. Similarly during the Practitioner Engagement such notices were present in the clinical area. During the Site Assessment the Provider could not demonstrate evidence of the circulation of new or updated local policies to staff.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

2.1.1 The Provider has an accurate local register of practitioners, which identifies PHECC personal identification number and clinical level. The local register of practitioners highlights the Clinical Practice Guideline and Garda Vetting status of practitioners.

2.1.1 The Provider has an established procedure for the dissemination of revised guidelines or clinical updates.

Areas for Improvement

2.1.1 The Provider should further develop the procedure for the circulation of new or updated organisational policies to staff. The procedure should result in evidence that the staff have reviewed and accepted such a policy.

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

2.2.1 The Provider did not submit a handover policy or procedure. The Provider is currently developing a formal handover procedure based on the Emergency Medicine Programme handover protocol, however, this was not available for review at the Site Assessment. The Practitioner present during the Practitioner Engagement had received training in patient handover, however, evidence of this training was not available for review at the Site Assessment.

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 delivers training in the patient handover procedure to practitioners.

Areas for Improvement

2.2.1 The Provider is currently developing a formal handover procedure based on the Emergency Medicine Programme handover protocol.

2.2.1 The Provider should retain specific evidence of practitioner induction training in the patient handover procedure including the lesson plan and attendance records.

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 does not operate a vehicle with the facility to conduct patient transport.

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

Not relevant as the Provider does not operate a vehicle with the facility to conduct patient transport.

Areas for Improvement

Not relevant as the Provider does not operate a vehicle with the facility to conduct patient transport.

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 Provider submitted an Annual Medical Directors Report (AMDR), which is in line with PHECC requirements. The AMDR outlines the clinical activities undertaken by the Provider and includes the number of patients cared for by the Provider.

2.4.2 The Provider submitted a Clinical Audit policy. The policy outlines the Provider's clinical audit programme. The policy identifies a number of committees who are responsible for the clinical audit programme. Membership of the committees is described in the policy along with a description of scheduled committee meetings. However during the Site Assessment the Provider could not demonstrate evidence of these meetings. The Provider submitted the report of a clinical audit completed in 2018 and 2019. During the Site Assessment the Provider could not demonstrate how the results of an audit had directly contributed to organisational change or influenced the development of a lesson plan.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

2.4.1 The Provider submitted a comprehensive Annual Medical Directors Report as per PHECC requirements.

2.4.2 The Provider submitted a Clinical Audit policy that outlines a clinical audit programme.

Areas for Improvement

2.4.2 The Provider should update the Clinical Audit policy to accurately reflect the activity of the committees described in the policy. The Provider should retain minutes of committee meetings described in the policy.

2.4.2 The Provider should retain specific evidence of how the results of clinical audits are disseminated to staff, contribute to change, and influence practitioner training.

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.

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 submitted an Infection Prevention and Control policy. The Infection Prevention and Control policy is due to be reviewed this year. The Infection Prevention and Control policy emphasises the importance of hand hygiene. The Infection Prevention and Control policy makes reference to an unrelated Provider within its content. The Infection Prevention and Control policy does not detail the specific procedure for the disposal of clinical waste at the various locations where the Provider operates. During the Practitioner Engagement the clinical area was well maintained and infection control equipment was present. During the Site Assessment the GVF Assessment Team could not identify evidence of a service level agreement with a clinical waste disposal provider as this is delivered through a third party. The Provider could not demonstrate evidence of staff training in the Infection Prevention and Control policy during the Site Assessment. The Provider did not submit a dress code policy, and this was not available at the Site Assessment.

3.1.2 The Provider submitted a Medications and Equipment Management policy, which is due to be reviewed this year. The Medications and Equipment Management policy submitted is a short document and does not detail the specific procedures for medication or equipment management at the locations where the Provider delivers care. During the Practitioner Engagement the GVF Assessor noted that paediatric medications were not available at Location 1. The Provider stated that this is because children are generally not present at Location 1, however, this process is not supported by the Medications and Equipment Management policy. During the Practitioner Engagement the GVF Assessor noted that all the medications present were intact and within their expiry date. During the Practitioner Engagement the GVF Assessor observed written communications regarding medication safety on the staff notice board. During the Site Assessment the GVF Assessment Team observed PHECC medication safety alerts on display in staff areas. During the Site Assessment practitioner interview it was established that the staff member was aware of the procedure for a medication error.

3.1.3 The Provider submitted a Medications and Equipment Management policy, which is due to be reviewed this year. The Medications and Equipment Management policy submitted makes only brief reference to the procedure for equipment management. During the Practitioner Engagement the GVF Assessor noted that servicing labels were not present on medical equipment. During the Site Assessment the Provider demonstrated evidence of a service level agreement with a clinical engineering service for patient monitors. During the Site Assessment the Provider could not demonstrate evidence of a service level agreement with a medical gas supplier.

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

3.1.1 The Provider had adequate infection control equipment present during the Practitioner Engagement.

3.1.2 The Provider disseminates medication alert notices to staff through local notice boards.

3.1.3 The Provider performs regular maintenance of patient monitoring equipment.

Areas for Improvement

3.1.1 The Provider shall remove references to another Provider in the Infection Prevention and Control policy. The Provider should develop the Infection Prevention and Control policy to accurately reflect the clinical waste disposal procedures for all of the locations where care is delivered.

3.1.1 The Provider should retain specific evidence of practitioner induction training in the Infection Prevention and Control policy, including the lesson plan and attendance records.

3.1.1 The Provider shall develop a dress code policy for practitioners.

3.1.2/3 The Provider shall develop and expand its Medication and Equipment Management policy to reflect the specific procedures for medication and equipment management at all of the locations where care is delivered.

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 Provider has submitted a Near Miss and Adverse Incident policy, which is due to be reviewed this year. The Near Miss and Adverse Incident policy defines the concept of near miss and adverse event. The Near Miss and Adverse Incident policy makes reference to a non-punitive approach to the investigation of such events. The policy emphasises the approach of learning from adverse incidents and also refers to open disclosure. The policy did not include a specific reporting form for a near miss or adverse event. During the Site Assessment the GVF Assessment Team established there had been no near miss or adverse event involving the clinical care of patients. During the Site Assessment the Provider could not demonstrate evidence of staff training in the Near Miss and Adverse Incident policy.

3.2.2 During the site assessment the Provider could not demonstrate an example of near miss or adverse incident involving the clinical care of patients. The GVF Assessment Team therefore could not establish if such an event had led to practitioner learning or a change in practice. The Provider stated that learning from such an event would be disseminated to staff through the location supervisors and staff notice boards.

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

3.2.1 The Provider has a comprehensive Near Miss and Adverse Incident policy that mandates a non-punitive approach to such events. The policy also makes reference to open disclosure.

Areas for Improvement

3.2.1 The Provider should develop a Near Miss and Adverse Incident report form to be included in the Near Miss and Adverse Incident policy.

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 submitted a Child Protection policy, which is due to be reviewed this year. The Child Protection policy identifies the Managing Director with responsibility for safeguarding. The Child Protection policy makes reference to monthly 'formal support and supervision meetings' among staff, however, during the Site Assessment the Provider could not demonstrate minutes of these meetings or describe their purpose. During the Site Assessment the GVF Assessment Team observed child protection training records for practitioners.

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 a Child Protection policy in place. The Child Protection policy is supported by a Child Safeguarding statement.

Areas for Improvement

3.3.1 The Provider should update the Child Protection policy to accurately reflect company procedure with regard to child protection governance meetings.

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 Provider has submitted an organisational structure document, which identifies the Managing Director as having responsibility for clinical governance. During the Site Assessment the GVF Assessment Team specifically discussed the governance of the care provided at Location 3. The relationship between the Provider and practitioners at Location 3 was also explored by the GVF Assessment Team.

4.1.2 The Provider has an identified Medical Director who is registered with the Medical Council and is based in this jurisdiction. During the Site Assessment the GVF Assessment Team engaged with the Medical Director through teleconference. The GVF Assessment Team established that the Medical Director is actively involved in clinical governance, contributes to practitioner education, and is very familiar with the Provider's operations.

4.1.3 The Provider is compliant with taxation laws as evidenced by documents submitted.

4.1.4 The Provider has adequate insurance policies in effect as evidenced by documents submitted.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

4.1.1 The Provider has an established clinical governance structure in place.

4.1.2 The Provider has an identified Medical Director who oversees the service.

4.1.3 The Provider is compliant with taxation laws.

4.1.4 The Provider has adequate insurance policies in effect.

Areas for Improvement

4.1.1 The Provider shall develop specific policies regarding the clinical operations and governance of the practitioners operating on their behalf at Location 3.

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 has a Complaints Policy, Clinical Audit policy and Near Miss and Adverse Incident policy in place. During the Site Assessment the Provider expressed a commitment to begin seeking patient feedback. During the Site Assessment the GVF Assessment Team could not review an example of a complaint or an adverse incident as none had occurred. The Provider has submitted the reports of two clinical audits. The Provider could not demonstrate an example of where the result of a clinical audit had led to the development of a specific lesson plan or change operational practice.

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's policies and procedures demonstrate a commitment to using information gathered from audit to improve the quality and safety of the service.

Areas for Improvement

4.2.1 The Provider should retain specific evidence of organisational change in response to the results of a clinical audit, complaint or adverse incident.

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 submitted a Risk Management policy, which is due to be reviewed this year. The Risk Management policy includes a version of the Provider's risk assessment forms. During the Site Assessment the Provider could not demonstrate a completed risk assessment for clinical or operational activities at the locations where care is provided. During the Site Assessment the Provider could not demonstrate the existence of a risk register.

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

4.3.1 The Provider has a Risk Management policy in place.

Areas for Improvement

4.3.1 The Provider should operationalise the Risk Management policy and complete risk assessments where necessary. The Risk Management policy should be developed to include a risk register.

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.

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

4.4.1 The Provider submitted a Clinical Update Communication with Staff Policy. The policy cover page is incorrectly titled as the Risk Management Policy in the submission. The Clinical Update Communication with Staff Policy was commenced in February 2020 and is due to be reviewed in 2021. The policy outlines the procedure to disseminate new clinical information to staff. During the Practitioner Engagement the GVF Assessor observed evidence of clinical communication with staff on notice boards in the clinical area. During the Site Assessment the GVF Assessment Team observed evidence of clinical communication with staff on notice boards in the staff areas. During the Site Assessment the Provider demonstrated evidence of staff attendance at upskilling events in the form of attendance records. During the Site Assessment the GVF Assessment Team established that the Provider does not subscribe to the Health Products Regulatory Authority alerts system, however, it was agreed that this would be explored.

4.4.2 The Provider has engaged with the Governance Validation Framework through the completion of self-assessment and facilitating both the Practitioner Engagement and Site Assessment.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

4.4.1 The Provider has a comprehensive Clinical Update Communication with Staff Policy in place.

4.4.2 The Provider has engaged with the Governance Validation Framework assessments.

Areas for Improvement

4.4.1 The Provider will explore mechanisms to receive clinical alerts from the Health Products Regulatory Authority.

Theme 5

Workforce

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

5.1.1 The Provider did not submit a recruitment policy. The Provider currently operates at three specific locations with a number of practitioners that is based on projected staff need and commensurate to the size of the organisation. The recruitment of practitioners for Location 3 is handled by a third party and not within the remit of the Provider.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

5.1.1 The Provider employs an appropriate practitioner workforce to cover current workload.

Areas for Improvement

No specific observation noted by the GVF 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.

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 Provider submitted an English Language Competency statement, however, the cover page for the statement was omitted. The English Language Competency statement was commenced in 2010 and is reviewed annually.

5.2.2 The Provider submitted a Pre-Employment Check policy, which was commenced in 2018 and was due for review in December 2019. The Pre-Employment Check policy outlines the procedure to ensure potential practitioners are on the PHECC register. During the Site Assessment the GVF Assessment Team found that a number of the practitioner records were incomplete and did not include a copy of the initial or annual PHECC registration certificate. The process to ensure that existing practitioners remain on the PHECC register is not outlined in the Pre-Employment Check policy. During the Site Assessment the GVF Assessment Team explored the scenario of a practitioner at Location 3 being involved in a regulatory proceeding.

5.2.3 During the Site Assessment the GVF Assessment Team found that a number of the practitioner records were incomplete, had certificates that were expired or did not contain the documents outlined in the Pre-Employment Check policy. During the Site Assessment the GVF Assessment Team established that many practitioner records did not include copies of qualifications such as the National Qualification in Emergency Medical Technology.

5.2.4 The Provider submitted a Vetting policy , which is due to be reviewed this year. The Vetting policy outlines the procedure for Garda Vetting. The Vetting policy requires completion of the vetting process prior to appointment to a position within the organisation. The Vetting policy states that current staff will undergo vetting every five years, however, the local register of practitioners submitted states they will undergo vetting every two years.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

5.2.1 The Provider has an English Language Competency statement in place.

5.2.4 The Provider has a comprehensive Vetting policy in place that mandates the completion of the vetting process before commencing employment with the Provider.

Areas for Improvement

5.2.2 The Provider shall review their practitioner records to ensure a PHECC registration certificate is present for each practitioner on the local register. The Provider shall review its procedures to ensure that these records are maintained on an annual basis.

5.2.3 The Provider shall review their practitioner records to ensure that copies of relevant documents as outlined in the Pre-Employment Check policy are present for each practitioner on the local register including evidence of identity, address, clinical qualifications, PHECC registration certificate, and Cardiac First Response certificate.

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

Pre-Hospital Emergency Care Council

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

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

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

5.3.1 The Provider delivers induction training to staff. During the Practitioner Engagement the GVF Assessor found that the Practitioner could recall attending induction training and receiving copies of the Provider's policies. During the Site Assessment the Provider could not demonstrate evidence of the induction training programme with lesson plans, presentations or attendance records.

5.3.2 The Provider submitted a Training and Development policy, which is due to be reviewed this year. The Training and Development policy identifies the Training Manager as being responsible for staff development. The Training and Development policy includes a practitioner clinical development and training plan. The plan outlines a proposed schedule for specific training and courses such as Cardiac First Response.

5.3.3 The Provider does not facilitate students in the clinical environment.

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

5.3.2 The Provider has a robust Training and Development policy in place that includes a schedule of courses and professional development.

Areas for Improvement

5.3.1 Provider should develop an induction training programme supported by lesson plans. The induction training programme should ensure practitioner familiarisation with local policy and procedure. The Provider should retain specific evidence of practitioner induction training including attendance records.

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 submitted a Critical Incident Stress Management policy, which was submitted in draft form. The policy outlines the response to and management of critical incident stress within the organisation. The policy identifies the organisational lead for critical incident stress management. The policy is currently undergoing review. During the Site Assessment the GVF Assessor conducting the Practitioner interview found that the staff member was aware of the procedure to seek assistance for critical incident stress.

5.4.2 The Provider submitted a Fitness to Practice Acceptance policy, which is due to be reviewed this year. The policy makes reference to PHECC Fitness to Practice procedures and states that the Provider will comply with the outcome of a PHECC Fitness to Practice investigation.

5.4.3 The Provider submitted a Fitness to Practice Acceptance policy, which states that variances in conduct will be investigated and referred to PHECC if deemed appropriate.

5.4.4 The Provider submitted a Near Miss and Adverse Incident policy which makes reference to a non-punitive approach to incident investigation. The policy encourages the concept of learning from such events. The Provider has not submitted a specific protected disclosure policy. During the Site Assessment the Provider stated that the protected disclosure policy is in development.

5.4.5 The Provider outlined in the Site Assessment that staff feedback is usually gathered informally through the Site Supervisors. During the Practitioner Engagement the GVF Assessor found that the Practitioner felt comfortable offering feedback to the Provider. During the Site Assessment the Provider stated that staff feedback is welcome, however, there is no formal process by which staff feedback is sought.

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

5.4.2 The Provider has a Fitness to Practice Acceptance Policy in place that makes reference to PHECC Fitness to Practice procedure.

5.4.3 The Provider has a Fitness to Practice Acceptance Policy in place that makes reference to the investigation of variable staff performance.

Areas for Improvement

5.4.1 The Provider shall review and publish the Critical Incident Stress Management policy.

5.4.4 The Provider shall develop a protected disclosure policy for staff.

5.4.5 The Provider should develop a formal mechanism to collect staff feedback to improve the quality and safety of care provided.

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 submitted a Clinical Records Management policy, which is due to be reviewed this year. The policy does not identify the staff member with overall responsibility for information governance. The policy does not outline a mechanism for patients to access their clinical records. The retention periods outlined in the policy are not in line with PHECC policy on Patient Reports Usage. During the Practitioner Engagement the GVF Assessor observed confidential storage boxes for Patient Care Documents at Location 1. During the Site Assessment the GVF Assessment Team reviewed the storage facility for Patient Care Records and found this was in line with the Provider's policy.

6.1.2 The Provider submitted an audit of Patient Care Reports that was completed in 2019. During the Site Assessment the GVF Assessment Team reviewed a number of completed Patient Care Reports. The GVF Assessment Team highlighted issues with the documents and the Provider agreed to review these and offer feedback to the practitioners involved.

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 During the Site Assessment and the Practitioner Engagement the Provider demonstrated processes of handling Patient Care Records that ensured confidentiality was maintained.

Areas for Improvement

6.1.1 The Provider shall develop its Clinical Records Management policy to reflect the specific procedures whereby Patient Care Records are transferred from care locations to the organisational headquarters.

6.1.1 The Provider shall update the Clinical Records Management policy to identify the staff member with overall responsibility for information governance.

6.1.1 The Provider shall develop a procedure for patients to access their clinical records.

6.1.1 The Provider shall review the Clinical Records Management policy section on retention of clinical records to ensure compliance with PHECC policy on Patient Reports Usage.

6.1.2 The Provider shall conduct a review of the Patient Care Reports completed this year. Patient Care Reports that are found to be inaccurate or incomplete should be discussed directly with the relevant practitioner. The results of the review should be disseminated to all practitioners. The results of the review should be used to develop an educational programme for practitioners as part of their ongoing professional development.

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 Emergency Services Training Institute Ltd are as follows:

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	2	4.65%
Not Met	1	2.33%
Minimally Met	2	4.65%
Moderately Met	8	18.60%
Substantively Met	19	44.19%
Fully Met	11	25.58%

GVF Site Assessment Summary - Emergency Services Training Institute Ltd

	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.	**Minimal**
	1.2.2 The Licensed CPG Provider has a policy/procedure in place in relation to the refusal of treatment and/or transport.	**Minimal**
	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.	**Moderate**
	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.	**Not Met**
	Standard 1.5 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.	
	1.5.1 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.	**Fully Met**
	1.5.2 The Licensed CPG Provider provides training to all front-line volunteers, contractors and/or employees in handling a patient or family member's complaint or concern.	**Substantive**
Theme 2: Effective Care and Support	**Standard 2.1 Healthcare reflects national and international evidence of what is known to achieve best outcomes for patients.**	
	2.1.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure Responders/Practitioners utilise the evidence-based CPG appropriate to their privledged status to deliver and ensure safe and appropriate care.	**Fully Met**
	Standard 2.2 Patients receive integrated care, which is coordinated effectively within and between services.	
	2.2.1 The Licensed CPG Provider has a standardised handover process in place to ensure the safe, timely, and structured exchange of information during handover of patients.	**Moderate**
	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.	**Not Applicable**
	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.	**Substantive**
	3.1.2 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure medicines availability, storage, stocking and disposal processes for the administration of pre-hospital emergency care.	**Moderate**
	3.1.3 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure equipment/medical device availability, storage, stocking and disposal for the administration of pre-hospital emergency care.	**Substantive**
	Standard 3.2 Licensed CPG Providers effectively identify, manage, respond to and report on patient-safety incidents.	
	3.2.1 The Licensed CPG Provider has structured incident reporting and investigation mechanisms, which support and encourage volunteers, contractors and/or employees to report adverse events, near-misses and no-harm events.	**Substantive**
	3.2.2 The Licensed CPG Provider has a process for the sharing of lessons learned from patient safety incidents (including adverse events, near misses and no-harm events) and complaints, which have occurred locally, nationally or internationally with employees, contractors and/or volunteers.	**Substantive**
	Standard 3.3 Licensed CPG Providers ensure all reasonable measures are taken to protect patients from abuse.	
	3.3.1 The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise.	**Fully Met**
Theme 4: Leadership, Governance and Management	**Standard 4.1 Licensed CPG Providers have clear accountability arrangements to achieve the delivery of high-quality, safe and reliable healthcare.**	
	4.1.1 The Licensed CPG Provider has an established reporting and accountability structure for clinical governance.	**Substantive**
	4.1.2 The Licensed CPG Provider has an identified Medical Director who is registered with the Medical Council and who is based in this jurisdiction and who oversees the service.	**Fully Met**
	4.1.3 The Licensed CPG Provider is compliant with tax laws.	**Fully Met**
	4.1.4 The Licensed CPG Provider has documentary evidence of the required insurance policies.	**Fully Met**
	Standard 4.2 Licensed CPG Providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.	
	4.2.1 The Licensed CPG Provider has systems, process and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.	**Substantive**
	Standard 4.3 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.	
	4.3.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure compliance with statutory legislation relating to the provision of safe and effective care.	**Moderate**
	Standard 4.4 Licensed CPG Providers act on standards and alerts and take into account recommendation(s) and guidance, as formally issued by relevant regulatory bodies as they apply to their service.	
	4.4.1 The Licensed CPG Provider has a process in place to ensure the appropriate communication and adoption of new recommendation(s) and guidance issued by the PHECC and other regulatory bodies.	**Substantive**
	4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation framework.	**Fully Met**

Theme 5: Workforce	**Standard 5.1 Licensed CPG Providers plan, organise and manage their workforce (volunteers, contractors and/or employees) to achieve the service objectives for high-quality, safe and reliable healthcare.**	
	5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.	**Substantive**
	Standard 5.2 Licensed CPG Providers recruit/engage with practitioners with the required competencies to provide high-quality, safe and reliable healthcare.	
	5.2.1 The Licensed CPG Provider has a process in place to satisfy itself that the English language competence of its Responders and Practitioners, whose first language is not English, is appropriate to the clinical/ professional activities to be carried out by that person i.e. Responder or Practitioner levels.	**Fully Met**
	5.2.2 The Licensed CPG Provider has a process in place to check registration on appointment and on-going renewals of registration for volunteers, contractors and/or employees.	**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.	**Moderate**
	5.2.4 The Licensed CPG Provider ensures that employees, contractors and/or volunteers are subject to Garda Vetting in line with the National Vetting Bureau (Children & Vulnerable Persons) Act 2012 prior to patient contact.	**Fully Met**
	Standard 5.3 Licensed CPG Providers ensure their workforce (volunteers, contractors and/or employees) have the competencies required to deliver high-quality, safe and reliable healthcare.	
	5.3.1 The Licensed CPG Provider has developed and implemented a comprehensive induction programme to ensure volunteers, contractors and/or employees understand their responsibilities in relation to the safety and quality of services.	**Moderate**
	5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status.	**Fully Met**
	5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students (if applicable).	**Not Applicable**
	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.	**Substantive**
	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).	**Moderate**
	5.4.5 The Licensed CPG Provider creates opportunities for staff to feedback on the quality and safety of the service they work in.	**Substantive**
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.	**Substantive**
	6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.	**Moderate**

Report Summary

Report Status

In accordance with the Council rules this GVF site-assessment does not trigger a requirement for PHECC to issue an improvement notice, attach conditions or withdraw recognition.
Council Rules for pre-hospital emergency care service Providers who apply for recognition to implement Clinical Practice Guidelines (POL003 V7) outlines that, where appropriate, full recognition to implement CPGs will be awarded for a three (3) year period. This approval will apply from the last approval date.

Quality Improvement Plan

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

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