Pre-Hospital Emergency Care Council

Governance Validation Framework

Site Assessment Report

Irish Red Cross

November 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 the Irish Red Cross prior to the assessment and any evidence provided on assessment day(s) is reviewed and considered by the assessment team for assessment purposes.

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

The Licensed CPG Provider that is the subject of this report is the Irish Red Cross, a voluntary provider of pre-hospital emergency care services throughout Ireland. The on-site GVF assessment visits for this report were conducted during October 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. This report is intended to support the ongoing quality improvement process within the Irish Red Cross' 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.

The Irish Red Cross' Governance Validation Framework assessment report concludes with a Report Summary, which includes a tabular format that provides an overview to the Irish Red Cross' Governance Validation Framework assessment status. This section outlines any required action from a licensing perspective and all Providers will be required to update their quality improvement plan based on the content of the report.

Overview of Licensed CPG Provider

The Irish Red Cross is a voluntary charitable organisation with their headquarters in Dublin. The Irish Red Cross provides pre-hospital emergency services to the community.

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

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	Irish Red Cross
Type of Visit	Full GVF Assessment - GVFREP IRC 001_1120
Licensed CPG Provider Lead	GVFA4970
Date of Review	Practitioner Engagements - 06/10/2020, 15/10/2020 Online Desktop Review Assessment - 03/11/2020
Assessment Team	GVFA4970 - Team Lead GVFA4352 - 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 October and November 2020.

Assessment Details (continued):

Licensed CPG Provider Participants

Irish Red Cross Secretary General
National Director of Units
Medical Director (Medical Council Reg No 14402)
Head of National Services
EMT Programme Manager
CPC Programme Manager
Training & Commercial Manager
National Services Member
Irish Red Cross PHECC Compliance Officer & Quality Assurance
EMT x 2

Onsite Feedback

Verbal feedback related to the GVF Assessment Team's initial findings was provided to the Senior Management Team of the Irish Red Cross 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.

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

The medical responses provided by the Provider at most events are planned and managed at local level by Unit Officers who ensure correct staffing (numbers and skill mix) and equipment are available. At some very large events the Provider's response is in line with a strategic plan drawn up by other bodies/organisations.

An available audit identified some incidences of under-response against self-set standard (e.g. dispatching EFR where EMT was preferred).

1.1.1 There is evidence of monitoring of appropriate responses at EMT, Paramedic and AP with management of these at local level only. There is evidence for Major/Incident planning; Standard Operating Procedures for flood response and for adverse weather.
There is a Memorandum of Understanding with a government department and a Service Level Agreement with a state service.

1.1.2 'Responses' are pre planned, requested weeks or months in advance, and managed locally. The Provider does not provide emergency cover and are not a 999 service provider. However, a policy for taking calls or a training programme for call handlers would be advantageous for the Provider's staff at events where the Provider is one of several pre-hospital emergency care service providers working together.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

1.1.1 For events covered by local units, the Provider should consider central reporting of the Provider's services requested and the response detailed/available. This could be used to develop standardised templates to guide local decision making.

1.1.2 The Provider should consider a policy for taking calls and opportunities for the Provider's staff to attend training programme for call handlers.

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.2.1 There is evidence at organisational level of a policy for seeking consent and for checking patient's identity.
Recording evidence of seeking consent from patients is not currently mandated on the Patient Care Report (PCR) but is actively encouraged as best practice.
The Assessment Team observed a procedure in place for refusal of treatment and/or transport and also a procedure for assessment of capacity to refuse treatment, which was recorded in the PCR.

1.2.2 There is evidence of policies, including Unit Standard Operating Procedures (SOP), regarding Consent, Refusal and assessing Capacity, being part of induction/orientation undertaken by the Provider.

The Provider's Patient Care Policy and SOPs state that all patient contacts should be recorded on a PCR. During Practitioner Engagement it was revealed that not every presentation generated a PCR and this was in keeping with the annual numbers of PCRs referred to in the Medical Director's Annual Report.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

1.2.1 The Provider should consider reviewing the current policy/practice regarding refusal of consent and consider a change from requesting a patient signature to mandating a practitioner signature.

1.2.2 The Provider should work with front-line practitioners to ensure a patient record is created for every presentation - even when there is no intervention. This would facilitate accurate recording of activity and possibly a more accurate denominator for measures such as "refusal of treatment and/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.

Assessment Panel Findings

1.3.1 The Assessment Team evidenced multiple documents supporting organisational promotion of respect and dignity for all people.

1.3.2 There is also evidence of an organisational promotion of a culture of kindness, consideration and respect via the guiding principles of the Provider and a number of policies and SOPs.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

1.3.1/2 There is a clear message of dignity and respect underlying the organisational culture, which is regularly communicated through training, events and general assemblies. Practitioner Engagement group discussions also reflected this message.

Areas for Improvement

No specific observation noted by the Assessment Team.

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

PHECC Statement	The Licensed CPG Provider has systems in place to promote and measure positive patient experience.
PHECC Requirements	1.4.1 The Licensed CPG Provider undertakes Patient Satisfaction and/or Patient Experience Surveys to help shape and improve services and culture.

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.4.1 The Provider has a portal for feedback on its website. Proactive patient satisfaction surveys are not conducted. Analysis from the website portal could not be evidenced by the Assessment Team. The Provider has a 'Consent for Follow-up Call' form in place, yet to date has not used it to seek feedback from service users.

There is a complaints policy although there are no records of having received any complaints. This has been recognised by including complaints in the 'Quality Improvement Plan' (QIP).

In discussion, there was little evidence of how much service-user feedback was received and how it is used to improve services.

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 Assessment Team.

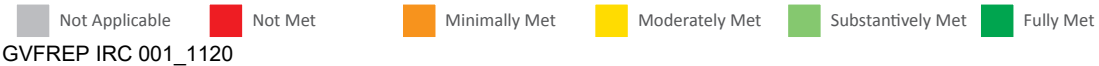
Areas for Improvement

1.4.1 The Provider should pro-actively seek service-user feedback in a way that best helps the organisation to improve in the areas most in need of change. This could be built on the existing "Consent for Follow-up Call" system.

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 There is a complaints policy/procedure but there did not appear to be any documented complaint on record. Thus the Assessment Team were unable to find evidence of organisational learning from the complaints process.

1.5.2 There is evidence of staff being made aware of policies on complaints during induction (Failte Induction). The Assessment Team found no evidence of staff training dedicated to complaints management and the organisational process for the dissemination of lessons learned.

At Practitioner Engagement the Assessor found ambiguity between Practitioners regarding advice to patients on how to make a complaint.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

1.5.1/2 Complaints are an important signal to any organisation of the potential need for change. A more proactive approach to patient feedback of all kinds, as identified in 1.4 Areas for Improvement above, should include a review of why complaints are extremely rare and a move to invite constructive critique. This information should be collected centrally for analysis to drive improvement.

Theme 2

Effective Care and Support

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

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider must ensure that privileged Responders/ Practitioners administer specific medications and perform specific clinical interventions in keeping with their CPG status.
PHECC Requirements	2.1.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure Responders/Practitioners utilise the evidence-based CPG appropriate to their status to deliver and ensure safe and appropriate care.

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

2.1.1 The Assessment Team were informed that local Unit Officers ensure that up-skilling is achieved and communicate this to the Medical Director for inclusion in the Annual Medical Director's Report.

Effective mechanisms are in place to communicate new clinical directives and policy changes through Unit Officers, by email or (more recently) via an online learning platform. The latter can include a mandatory confirmation feature which, if utilised, will address a past weakness - no confirmation of receipt and understanding of electronic communications.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

2.1.1 The Provider has a good communication network for dissemination of information.

Areas for Improvement

2.1.1 The Provider could formalise the structure /agenda of local unit meetings to allow for reliable, clear and unambiguous handover of information. With recording of attendance, this would allow documentation of receipt of information.
The Provider's online learning platform should also be used to confirm receipt/understanding of circulated information.

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

2.2.1 The Assessment Team reviewed documentation supporting a safe, effective handover process and appropriate use of PCRs.

There is training in 'Effective Communication and Handover' on the Provider's online learning platform, which was created as part of the Provider's Quality Improvement Plan.
Training is also provided at unit level on the IMIST AMBO Handover Protocol and this is included in the national competitions to help encourage its use by volunteers. The handover protocol is also available on the Provider's online learning platform.

There was no evidence of audit/regular supervision to ensure that the handover protocol is being (correctly) used.

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 Promoting the use of handover protocol in competitions to help embed correct use.

Areas for Improvement

2.2.1 The Provider should measure how well the PCR completion/handover protocol is being used via clinical supervision/audit.

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 Assessment Team were provided with evidence of fleet and vehicle management and also, during assessment, certifications of randomly chosen vehicles.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

No specific observation noted by the Assessment Team.

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

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider provides an annual CPG report to the PHECC, which includes all the core components outlined in PHECC Council Rules POL003 (Section 23.1-23.10).
PHECC Requirements	2.4.1 The Licensed CPG Provider submits an Annual Medical Director report annually,* which informs the PHECC of clinical activities in the organisation and includes a CPG report (*Calendar year).

PHECC Statement	The Licensed CPG Provider undertakes an ongoing programme of clinical audit, as appropriate, which involves an appropriate combination of structure, process and outcome audits and implements the full audit cycle to support the quality improvement.
PHECC Requirements	2.4.2 The Licensed CPG Provider has a systematic programme of clinical audit in line with PHECC standards (STN019), which is used to monitor quality and outcomes and promote learning.

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

2.4.1 The Provider submits an Annual Medical Director's Report (AMDR), which is in line with PHECC requirements.

2.4.2 Several Provider's audits (referred to in the AMDR) were discussed with the Medical Director. The Assessment Team did not evidence a programme for clinical audit and the Medical Director stated that the range of audits conducted were often suggestions from the training group and/or generated by continuous professional competence (CPC) or “driven by practice”. On reviewing the audits (above) the intervention was most often limited to presenting the findings. In the evidence submitted, there was no evidence of engaging volunteers to seek their ideas for improving performance.
Data from at least one audit showed that performance deteriorated after the initial audit with no further intervention documented.
The absence of recognised adverse events, a lack of feedback/complaints and the above produce a weak signal for the Provider to use when reflecting on the quality of standard working practices.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

2.4.2 The audit programme should be more intentional and should also be influenced by better information on adverse events and complaints.
Interventions to improve the service following audit should extend beyond presenting the findings and include analysis of failures/shortcoming to identify opportunities to remove or reduce error/omission.
There should be a more inclusive approach to audit involving the active participation of front-line staff.

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 has an infection prevention and control (IPC) policy. The policy has a number of passages where it uses related terms interchangeably e.g. hand cleaning and hand decontamination (given that cleaning and decontamination mean different things when used in connection with a vehicle).
Practitioners demonstrated understanding of the policy during the on-site visit. There was documentation supporting evidence-driven IPC practice.
The policy includes how reusable medical devices and equipment are handled, collected and prepared for reuse in a manner that avoids the risk of cross infection. This is also reinforced in the Unit SOPs. However, the introduction of a deep cleaning process using ozone gas has not been accompanied with an update to the IPC policy.

There was no evidence observed of a specific IPC programme and/or recording of IPC training relevant to vehicles. During the Practitioner Engagement, the Assessor noted the care delivery area was clean and clutter free.

The Unit SOPs detail organisational dress code policy.

The Provider has introduced a new system for the safe collection and disposal of waste, including the safe disposal of sharps.

3.1.2 The Provider has a documented process for medicines management, storage and restocking. The Provider has processes for reporting adverse events, near-misses or no-harm events following administration of medicines. However, there are no reports of any of these events occurring.

3.1.3 The Practitioner Engagement provided information to support (i) availability of medical equipment according to PHECC Equipment Assessment and (ii) that staff have up to date knowledge and skills in using medical devices and equipment.

The Provider's records of staff training were available. Where local training was performed, detailed competencies in the use of all medical devices and equipment was not always recorded.

The arrangements for equipment replacement were discussed and appeared to be over complicated with multiple steps and the potential for prolonged delay. Replacement was initiated by local units and while standardisation of equipment was desirable at organisational level, it was unclear how this worked within existing arrangements.

The Provider submitted an Adverse Clinical Events (ACE) policy, however, there were no reported ACE incidents/forms available to review. There appeared to be a tendency to view medication events (not equipment issues) as the only form of ACE.

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 sub-contracts their clinical waste management to a private registered agency.

Areas for Improvement

3.1.1 The IPC policy should be reviewed to ensure the usage of terms such as cleaning, decontamination and hygiene are not confusing. The IPC policy should be amended to describe an agreed procedure and process to clean/disinfect and decontaminate vehicles. This should include products to be used and steps required for completion.
The Provider should review arrangements for IPC training.

3.1.2 The Provider should review the definition of recognition of and reporting of all categories of adverse events including those involving medication. The objective should be to produce a significant increase in the number of reported events.

3.1.3 The Provider should review arrangements for the replacement of equipment to ensure that it is
(i) as simple as appropriate with fewer steps/complexity,
(ii) facilitates a gradual move to the use of standardised equipment across the organisation.

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 an Adverse Incident and Near-Miss Policy that endorses open disclosure. There is no record of any adverse incident or near-misses being reported. The Assessment Team found no evidence of staff training in incident investigation.

3.2.2 Despite recognition of the issue in the Provider's Quality Improvement Plan, the Provider could not provide evidence of meetings (minutes) or creation of a team to address the lack of adverse incident and near-miss reporting.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

3.2.1/2 The Provider should stress the strategic benefits of adverse incident and near-miss reporting and work to change the culture to one with active reporting of events, including events other than those involving medication. There is a need to highlight the value of such events in providing signals for improvement. A process of analysis of such events needs to be developed and highlighted to Practitioners.

The Assessment Team formed the view that the Provider is focused on delivering care and has a substantially reactive, as opposed to strategic, approach to operations. The lack of incident/near-miss reporting, complaints or compliments, means the organisation has little insight into its strengths and weaknesses. The Provider should consider creating a specific role to address the lack of information for improvement flowing from everyday practice.

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 Assessment Team found multiple documents and policies relating to safeguarding and child safeguarding, including a child safeguarding statement.

The Provider has a Designated Liaison Person (DLP) for child safeguarding. There have been no activations of safeguarding mechanisms to date.

The Provider demonstrated evidence that staff had received training on safeguarding responsibilities. New members complete an initial two hours of safeguarding training and must complete a four-hour course within eighteen months. There is good organisational awareness of safeguarding responsibilities.

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

The Provider's organisation is strong in this area as evidenced by their policies, procedures and the training provided.

Areas for Improvement

No specific observation noted by the Assessment Team.

Theme 4

Leadership, Governance and Management

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

Pre-Hospital Emergency Care Council

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

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

4.1.3 The CPG Provider is compliant with taxation laws.

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

4.1.1 The Assessment Team evidenced a policy for Clinical Governance. At assessment, the Medical Director was identified as the person responsible for overall clinical governance, however, this is not detailed in the policy.
The Clinical Governance Policy offers details relating to education and training 'mentorship' but the Assessment Team found no evidence that this has been implemented. The policy also refers to how clinical audit reports feed into national unit management meetings and the Training Working Group yet no evidence was observed that supported this.

The Provider does not sub-contract care to outside agencies but provides care to their patients independently.

4.1.2 There is a Medical Director who fulfils all mandated criteria and is currently supported by three (new) medical directors working at regional level (one post vacant). The Medical Director recognises that they will need to be engaged further within the remit of their responsibilities. The roles and responsibilities of those in the above mentioned positions are documented.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

4.1.1 The Provider should review the Clinical Governance Policy with reference to implementation of stated goals and intentions on mentorship and clinical audits.

4.1.2 The Provider should support the Medical Director in engaging the new regional medical directors in fulfilling their roles.

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 Given the low volume of compliments, complaints, adverse incidents and the nature of audit activity (see 2.4.2) there was little evidence from front-line practice for use by the Provider to drive organisational change. Audits documented practice at a point in time, however, there was a lack of evidence of completion of the audit cycle where it provided stimuli for a process of improvement.

The Assessment Team reviewed the Provider's Quality Improvement Plan (QIP). There was little evidence of using this to track progress against a goal and some areas chosen for improvement were low impact in terms of overall quality or safety.

The Provider has Training Working Group meetings quarterly, however, the Assessment Team could not evaluate their utility as the folder provided, when opened, contained minutes from two meetings of a different committee.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

4.2.1 The Provider should introduce a Governance Steering Group and keep minutes of agenda and actionable items.
The Provider should review both the structure and content of their QIP to address high impact changes and set measurable goals for these so that in-year progress against the goals can be assessed.

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 demonstrated compliance with Irish legislation and legislation relevant to PHECC with effective on-going monitoring – e.g. HPRA medicines licence, insurances.

The Provider has a Risk Assessment Policy and Risk Register. It appeared that the Risk Register had not been updated since February, 2019. There were many review dates in 2019, which did not appear to have triggered a review.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

4.3.1 The Provider shall review and update their corporate risk register to reflect changed and newly identified areas for consideration and agree a mechanism for regular review.

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

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider has systems in place to ensure actions are taken/ issues communicated on new recommendation(s) and guidance issued by the PHECC and other regulatory bodies.
PHECC Requirements	4.4.1 The Licensed CPG Provider has a process in place to ensure the appropriate communication and adoption of new recommendation(s) and guidance issued by the PHECC and other regulatory bodies.

PHECC Statement	The Licensed CPG Provider complies with the PHECC Governance Validation Framework.
PHECC Requirements	4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation Framework.

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

4.4.1 There are identified key personnel tasked to monitor/ensure arrangements are in place to review alerts and comply with PHECC requirements.
The process for circulation of updates and reviews to staff has been a one-way communication chain with information disseminated from 'Central' to 'Branch' Officers without feedback or any audit/evidence on receipt and assimilation.
There was no evidence of a 'Central' overview of local activity on safety briefings or safety focus.

4.4.2 A review of the Provider's QIP identified that many of the areas chosen for improvement were low impact in terms of quality or safety of care. It was unclear how progress on the QIP was monitored.

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

No specific observation noted by the Assessment Team.

Areas for Improvement

4.4.1 The Provider should consider implementation of a new approach to communication with two-way flow of information to ensure receipt, acceptance and assimilation locally.

4.4.2 The Provider should consider implementation of a new structure to the QIP in which areas with high impact are targeted and progress monitored against measurable goals.

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 monitors the workforce to ensure sufficient staffing and skill mix. The Provider is a charity and therefore relies on Practitioners to donate their time.

There did not appear to be a recruitment policy. However, there is a 'Commitment to Service' document. This document did not deal with some relevant issues e.g. ensuring all sections of the community have an equal chance to be aware of the Provider and ways to contribute to the Provider's activities.

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

No specific observation noted by the Assessment Team.

Areas for Improvement

5.1.1 The Provider should develop a recruitment policy to inform potential members of entry requirements, such as English language standard requirement, to ensure fairness and transparency.

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 English Language Competency Policy was evidenced and the Assessment Team were advised that to-date it has never needed to be implemented.
There appeared to be a discrepancy between policy as written and understood: the policy details standards from TOEFL and IELTS and an alternate method of assessment by a PHECC tutor and an English teacher, however, at assessment it was stated to be either a PHECC Tutor 'or' an English teacher.

5.2.2 The Assessment Team reviewed:
(i) documents detailing a process for identity checking and registration checking of employees, contractors and/or volunteers. This included a process for assurance for registration renewals,
(ii) an escalation process for non-renewal of registration for employees, contractors and/or volunteers,
(iii) systems for monitoring maintenance of personnel/member records certificates and expiry dates.
The Provider has a 'Fitness to Practice' policy.

5.2.3 The Provider has records of staffing and privilege status and documentation relating to job description and role for all roles and ranks.

5.2.4 The Assessment Team evidenced a Garda Vetting Policy.

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

No specific observation noted by the Assessment Team.

Areas for Improvement

5.2.1 The Provider should review and reconcile the English Language Competency Policy with planned methods of assessment.

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 has a well-developed induction programme outlining staff responsibilities. Records of attendance are kept and were evidenced by the Assessment Team.

5.3.2 The Provider has an 'Annual CPC Education Programme' to help staff satisfy their continuing professional competency requirements. There did not appear to be a mature training and development plan or programme detailing how the Provider meets the training and development needs of staff. While the Provider keeps robust staff training records of required regulatory or legislative training, all other training appeared to be planned, delivered and (possibly) recorded locally with no 'Central' oversight. The quality of training appears to depend on the ability and enthusiasm of the 'Area Training Officers' with no guidance from the national centre.

5.3.3 The Provider has a Memorandum of Understanding with a statutory ambulance service for student placements.

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

5.3.1 The Provider has a well developed induction programme and maintains records of attendance.

Areas for Improvement

5.3.2 The Provider should review the CPC/Education programme to include methods of how the training and development needs of staff may be met.
The Provider should have better oversight of non-mandatory training occurring locally and consider holding records of such training/upskilling/orientation centrally or at least having a means to review periodically.

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

The provision of high quality, safe, and reliable care by the Provider was overly reliant on the local Unit Officers. It was difficult to see a satisfactory way for the Provider's organisational leaders to differentiate between local leaders who are highly performing and those who are struggling to deliver the required leadership.

5.4.1 The Provider spoke of the 'Critical Incident Stress Management' (CISM) programme availability during assessment interview and while there is a poster with information, the Provider did not produce documentation relating to CISM activation or effectiveness. The Provider confirmed that 20 staff had been trained as 'Peer Support' and there had been one referral to CISM in the previous two years. CISM matters are managed locally at Branch level with mandated feedback to HQ.

5.4.2 The Provider has a process for managing internal complaints or concerns. This policy could benefit from definitions/clarification of terms (e.g. definition of 'minor' issues).
Although the Provider has a Fitness to Practice Policy, the Assessment Team did not verify evidence of training for investigators.

5.4.3 The Assessment Team were not made aware of any appraisal scheme for staff.
During Practitioner Engagement, a Practitioner stated that they 'knew of internal complaints against other members'. The Provider could not show the Assessment Team documentation relating to monitoring/review of complaints/incidents against individuals.

5.4.4 The Assessment Team verified evidence that members know to whom they should report incidents or concerns. As previously stated these appear to be very rare events.

The Provider has a 'Whistle-blower' policy.

5.4.5 The submitted documentation did not contain evidence of member surveys on safety or quality.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

5.4.1 The Provider should introduce a process to monitor CISM activations/interventions with appropriate controls for anonymity.

5.4.2/3 The Provider should review the process for management of internal complaints and seek to record, monitor and formally close investigations.

5.4.5 The Provider should survey members, at least annually, for information that would be of benefit to the organisation and share results with members.

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 described efficient clinical records management, however, the Assessment Team could not locate a policy with procedures that list the requirements of PHECC and the Data Protection Act 2018.
A Records Management Policy was submitted, however, this refers to staff training records.
A Clinical Management Policy was submitted, however, on review, this was found to be a Clinical Audit Policy.
The Assessment Team were not able to locate, in the submission, a policy that details how a patient can or could access their clinical records. There is a policy for Patient Care - Discharge and Aftercare, however, this policy does not reference patients' access to clinical records.

The Provider has records for training staff on awareness regarding data protection.

The Provider has a designated person responsible for data protection and information governance. On accessing the Data Protection Policy, it identifies and gives contact details for the Data Protection Officer. The policy document contains no other information. During Practitioner Engagement, some volunteers stated that they were “not sure where to find it” and “not familiar with [Data protection] policy or where to find it”.

The Assessment Team evidenced documentation detailing staff training programme. It was not clear that this was tailored to individual roles and responsibilities, e.g. Medical Director, Regional Medical Officer, etc. Volunteers have a ‘H&S Handbook’ detailing duties.

6.1.2 The Provider submitted a programme for clinical records auditing. However, the document submitted was titled ‘Clinical Management’ policy and did not detail a schedule for audits. Due to the format of the online assessment, the Assessment Team was not able to confirm that records are legible, valid, complete, relevant, timely, reliable and accurate.

There is evidence that staff are trained in clinical record keeping during the induction programme.
The Assessment Team could not confirm that data captured from clinical records auditing is fed back to staff to improve quality. There was evidence that feedback of data alone was not always followed by improved quality (Annual Medical Directors' Report).

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

6.1.1 The Provider should develop a clinical records management policy that describes processes and procedures for good clinical records management.
The Provider should initiate a document control function to organise and number policies individually, removing duplicate and mis-named policies.
The Provider should introduce and promote a facility recognising and facilitating the rights of patients wishing to access their clinical records.

6.1.2 The Provider should create an Audit Policy (including Clinical Records Auditing), including an annual plan/schedule for audits and a process to disseminate information and required actions following audits.

Report Summary

The PHECC Governance Validation Framework consists of sixteen (16) standards that comprise of forty-three (43) individual requirements, which have been assessed by the external team of PHECC GVF Assessors during this assessment. The overall PHECC standards compliance ratings for the Irish Red Cross are as follows:

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	0	0%
Not Met	2	4.6%
Minimally Met	3	7.0%
Moderately Met	14	32.6%
Substantively Met	11	25.6%
Fully Met	13	30.2%

GVF Site Assessment Summary - Irish Red Cross

	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.	**Moderate**
	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.	**Substantive**
	Standard 1.3 Patients' dignity, privacy and autonomy are respected and promoted.	
	1.3.1 The Licensed CPG Provider has arrangements in place to promote patients' privacy, dignity and autonomy.	**Fully Met**
	1.3.2 The Licensed CPG Provider demonstrates a commitment to develop a culture where volunteers, contractors and/or employees involve and treat people with compassion, kindness, dignity and respect.	**Fully Met**
	Standard 1.4 Licensed CPG Providers promote a culture of kindness, consideration and respect.	
	1.4.1 The Licensed CPG Provider undertakes Patient Satisfaction and/or Patient Experience Surveys to help shape and improve services and culture.	**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.	**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 privledged 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.	**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.	**Fully Met**
	Standard 2.4 The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.	
	2.4.1 The Licensed CPG Provider submits an Annual Medical Director Report annually,* which informs the PHECC of clinical activities in the organisation and includes a CPG report (*Calendar year).	**Fully Met**
	2.4.2 The Licensed CPG Provider has a systematic programme of clinical audit in line with the PHECC standards (STN019), which is used to monitor quality and outcomes and promote learning.	**Moderate**

Theme 3: Safe Care and Support	**Standard 3.1 Licensed CPG Providers protect patients from the risk of harm associated with the design and delivery of healthcare services.**	
	3.1.1 The Licensed CPG Provider has a reliable system in place to prevent and protect patients and staff from healthcare associated infections.	**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.	**Minimal**
	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.	**Not Met**
	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.	**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.	**Fully Met**
	4.1.3 The CPG Provider is compliant with taxation 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.	**Minimal**
	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.	**Moderate**
	4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation framework.	**Substantive**

Theme 5: Workforce	**Standard 5.1 Licensed CPG Providers plan, organise and manage their workforce (volunteers, contractors and/or employees) to achieve the service objectives for high-quality, safe and reliable healthcare.**	
	5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.	**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.	**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.	**Fully Met**
	5.2.3 The Licensed CPG Provider conducts checks to confirm that all employees, contractors and/or volunteers have the appropriate qualifications and registrations.	**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.	**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.	**Fully Met**
	5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status.	**Fully Met**
	5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students (if applicable).	**Fully Met**
	Standard 5.4 Licensed CPG Providers support their workforce (volunteers, contractors and/or employees) in delivering high-quality, safe and reliable healthcare.	
	5.4.1 The Licensed CPG Provider has a Critical Incident Stress Management process in place.	**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.	**Moderate**
	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).	**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.	**Moderate**
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.	**Moderate**
	6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.	**Moderate**

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

The Irish Red Cross is required to adjust and re-submit their Quality Improvement Plan to PHECC. This adjustment of the Quality Improvement Plan will encompass any areas highlighted in the 'Areas for Improvement' and will identify and outline improvements to be actioned or planned at the Irish Red Cross in the upcoming licensing period.

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