



Governance Validation Framework

Site Assessment Report

Lifeline Ambulance Service Limited

February 2019

“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.”



2nd Floor, Beech House,
Millennium Park,
Osberstown, Naas,
Co. Kildare.
W91 TK7N
Tel: +353 (45) 882042
E-mail: gvf@phecc.ie
Web: www.phecc.ie

Table of Contents

Introduction

Executive Summary	04
Overview of Licensed CPG Provider	05

Assessment Report

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

Report Summary

Report Summary	78
-----------------------------	-----------

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 Lifeline Ambulance Service Limited 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 Lifeline Ambulance Service Limited, a private provider of pre-hospital emergency care services in Co. Kildare. The on-site GVF assessment visits for this report were conducted during February 2019 by an assessment team drawn from a panel of subject matter experts selected and trained by PHECC to conduct the on-site assessments.

It is important to note that the provision of pre-hospital emergency care is constantly evolving, and quality improvement within service providers is a continuous process. Therefore, this report documents the external assessment team's observations related to the time when the assessment was undertaken, and the material supplied by the Provider for the assessment. Documentation and/or evidence submitted by the Provider post assessment cannot be considered by the assessment team to amend assessment outcome(s). The report is intended to support the ongoing quality improvement process within Lifeline'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.

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

Lifeline Ambulance Service Ltd, founded in 1999, provides a national private ambulance service. Headquartered in Co. Kildare, the company has 40 plus vehicles: 36 ambulances and 6 transplant vehicles. There are 55 full time staff and 45 part-time staff. Lifeline Ambulance Service are licensed by the Pre-Hospital Emergency Care Council (PHECC) to deliver pre-hospital emergency care service at the clinical level of Emergency Medical Technician, Paramedic and Advanced Paramedic. The service provides planned transfers to and from a variety of healthcare locations and nursing homes.

Lifeline Ambulance Service are primarily engaged in planned patient transport services and is a provider of organ transport to and from transplant centres in Ireland. Lifeline Ambulance Service provides medical cover and support at sporting, motoring, social and corporate events.

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

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	Lifeline Ambulance Service Limited
Type of Visit	Full GVF Assessment – GVFREP LAS001_0219
Licensed CPG Provider Lead	GVFA4970
Date of Review	26th February 2019
Assessment Team	GVFA4970 - Team Lead GVFA9122 - Practitioner Engagement GVFA3572 - Site Assessor
Circumstances of this Site Assessment	Establishment of GVF programme - Transition to 3-year licensing cycle.
Relevant Recent Visits	Practitioner Engagement and On-site Assessment conducted 26th February 2019.

Overview of Licensed CPG Provider

Assessment Details (continued):

Licensed CPG Provider Participants

Chief Executive Officer
Control Room Manager
Logistics Manager
Medical Director (Medical Council Reg No 22381)
Clinical Manager
Supervisor
Accountant
Policy & Standards Coordinator

Onsite Feedback

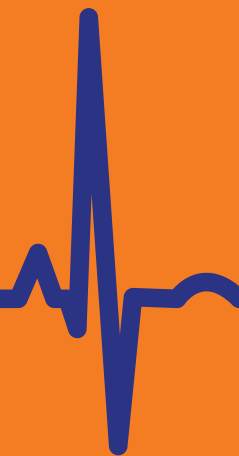
Verbal feedback, related to the team's initial findings, was provided to by the Team Lead at the closing meeting. A number of items were identified as areas of potential improvement in this discourse. There was agreement by all in attendance regarding the substance and relevance of the comments team indicative findings.

Judgement Framework

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

Theme 1

Person Centred
Care and Support



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

PHECC Statement	The Licensed CPG Provider has appropriate arrangements in place to ensure patients have equitable access to services based on assessed needs.
------------------------	---

PHECC Requirements	<p>1.1.1 The Licensed CPG Provider has systems, processes and procedures for the timely and clinically appropriate response to provide safe care and treatment to patient population they serve.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
---------------------------	--

PHECC Statement	The Licensed CPG Provider has appropriate arrangements in place to ensure screening and prioritisation of calls.
------------------------	--

PHECC Requirements	<p>1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
---------------------------	---

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



Assessment Panel Findings

The Provider provides mostly a pre-booked transport service between hospitals, care facilities and/or home. Transport is often for scanning or procedures. Urgent transfers represent less than 5% of the workload. In addition, the company provides services/cover to around 100 events per year, predominately motor sport, which might include the care and transport of individuals post trauma.

The Provider has frontline staff of circa 35 Whole Time Equivalents with circa 40 staff available on a "bank" arrangement. It was stated that approximately 60% of staff had EMT training with 40% trained at Paramedic level. The Provider is Licensed to deliver Paramedic services, while the nature of the workload requires staff to operate mostly at EMT level.

A comprehensive EMS management system is used for most functions within the organisation; administration, finance, billing, dispatch, scheduling, human resources, electronic PCR, reporting, inventory, fleet and equipment maintenance. "Bank" staff self-roster their availability using the EMS management system and this facilitates rapid replacement cover for unexpected absence. It was unclear whether the Provider had an overview of trends and patterns of staff absence. The EMS management system is also used for timely allocation of calls including transferring information - patient details, infection status, pick up and drop off locations and tracks progress of vehicles. Some staff report difficulties with vehicle-based Wi-Fi, which meant information might not be accessible at times on their hand-held devices when away from the vehicle. The Provider stated this was currently being address by equipment change.

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



Areas of Best Practice

Significant investment in software and commitment to the implementation of its various modules has led to a number of advantages for the Provider in the allocation of staff, response to absence, transfer of key information and monitoring the progress of calls.













Areas for Improvement

The Provider should consider the monitoring of short-term and long-term sick leave to assist in identifying:

1. general trends (to improve service planning);
2. patterns among individual staff requiring follow-up.

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



PHECC Statement	The Licensed CPG Provider has systems, policies and procedures in place that respect the values, preferences and wishes of patients.
PHECC Requirements	<p>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.</p> <p>       </p>
PHECC Requirements	<p>1.2.2 The Licensed CPG Provider has a policy/procedure in place in relation to the refusal of treatment and/or transport.</p> <p>       </p>

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



Assessment Panel Findings

There is a formal policy for patient consent available on Provider-supplied tablets or through a Provider-supplied app on personal devices. Staff are aware of availability of the policy and any updates, which they have to acknowledge using their unique PIN. However, there is no system to check that staff had accessed the policy and had knowledge of the contents.

The organisation recommends and trains staff to use an appropriate process for patient identification, but it was stated that other healthcare staff often did not allow the opportunity for this to be used.

There is little evidence that Provider actively or strategically sought feedback or complaints, or information regarding difficulties in relation to consent issues or patient identification. They have not shared their difficulties regarding identification with other relevant healthcare organisations.

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



Areas of Best Practice













On direct observation staff were seen to have excellent practice around introducing themselves and building rapport with the patient and other staff.

Areas for Improvement

1. The Provider should develop a more proactive approach to obtaining feedback and eliciting complaints.
2. While the software system does ensure policies and documents are readily available, the Provider should be seeking further evidence that staff have extracted the appropriate knowledge and use the information in everyday work.
3. The Provider should consider engaging with organisations that they provide transport services for so as to align processes for patient identification.

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



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

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



Assessment Panel Findings

The Provider stated that their policy covering Privacy and Dignity was available to all staff via the EMS management system.
All patient interactions observed by the assessment team were respectful and appropriate. The assessor stated "all Practitioners displayed exceptional ability to treat everyone they encountered with compassion, kindness, dignity and respect".

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



Areas of Best Practice







The Provider has instilled in staff an open, respectful, caring approach to patients and other staff.

Areas for Improvement

The Provider should develop a process to monitor and capture the excellent practice above that staff are currently providing and to give feedback: both to celebrate and sustain the practices and to provide early warning of any reduction in this high-quality aspect of their service.

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



<p>PHECC Statement</p>	<p>The Licensed CPG Provider has systems in place to promote and measure positive patient experience.</p>
<p>PHECC Requirements</p>	<p>1.4.1 The Licensed CPG Provider undertakes Patient Satisfaction and/or Patient Experience Surveys to help shape and improve services and culture.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>

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



Assessment Panel Findings

While the Provider stated that they welcomed feedback both positive and negative, their approach to gaining feedback seems passive. The assessment team saw no evidence that the Provider pro-actively seeks to obtain feedback on the services they provide, either from patients or others to whom they provide services, for example, hospitals or nursing homes.

Front-line staff were, in general, not aware of any feedback though it was stated by senior leaders that compliments would be fed back to staff.

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



Areas of Best Practice













No specific observation noted by the GVF Assessment Team.

Areas for Improvement

The Provider should establish processes to assess the satisfaction of others with their services through sampling, for example, feedback from patients and other healthcare staff they interact with during (a small proportion) of patient transfers.

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



PHECC Statement	The Licensed CPG Provider has an internal complaints/concern handling process.
PHECC Requirements	<p>1.5.1 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.</p> <p>       </p>
PHECC Requirements	<p>1.5.2 The Licensed CPG Provider provides training to all front-line volunteers, contractors and/or employees in handling a patient or family member's complaint or concern.</p> <p>       </p>

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



Assessment Panel Findings

The Provider does have a process for complaints although they acknowledge that few were received. There does not appear to be any planned staff training regarding complaints.

Complaints are either received (and logged) by the control room or via frontline Practitioners (in "real-time"). In the latter situation, staff stated that they would attempt to deal with it respectfully at the time and provide the complainant with a card carrying the control room phone number.

It is not clear how complaints are used to improve.

Staff indicated that they were not routinely made aware of any complaints unless they were directly involved.

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



Areas of Best Practice

No specific observation noted by the GVF Assessment Team.

Areas for Improvement

The Provider should develop a reliable method of recording, analysing and responding to complaints. The analysis should focus on learning and actions for improvement. The Provider should ensure staff are trained to provide an effective and sensitive response to complaints.







Theme 2

Effective Care
and Support



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



PHECC Statement	The Licensed CPG Provider must ensure that privileged Responders/ Practitioners administer specific medications and perform specific clinical interventions in keeping with their CPG status.
PHECC Requirements	<p>2.1.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure Responders/Practitioners utilise the evidence-based CPG appropriate to their status to deliver and ensure safe and appropriate care.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>

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



Assessment Panel Findings

The Provider delivers a mainly elective service in which frontline staff work mostly at EMT level within PHECC 2017 guidelines. In delivering services to motorsport events, the Provider gives EMT level staff an exposure to another spectrum of practice and those staff who have paramedic training have an opportunity to use their skills at that level. Paramedics within the organisation have completed upskilling to the current 2017 CPG standard.

CPGs are available to all staff via the EMS management system and there is CPG up-skilling provided in-house, delivered and monitored by the clinical manager for a specific required intervention.

Up to the present, there are no paramedic level drugs available for suitably trained Practitioners to use should the need arise. However, it was stated that within a matter of weeks such drugs will be available to paramedics working for the Provider.

HR functions of licensing and registration are tracked and monitored by the EMS management system.

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



Areas of Best Practice

No specific observation noted by the GVF Assessment Team.

Areas for Improvement

The Provider should ensure that, within the remit of the service provided, staff are able to retain skills by working at an appropriate level.

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



PHECC Statement	The Licensed CPG Provider promotes a structured but flexible handover process that optimises patient safety and quality of care.
PHECC Requirements	<p>2.2.1 The Licensed CPG Provider has a standardised handover process in place to ensure the safe, timely, and structured exchange of information during handover of patients.</p> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> ✓ </div>

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



Assessment Panel Findings

Staff reported that they were often not able to use the IMIST AMBO approach to handover due to competing (receiving ward) pressures, presence of other escorting clinicians or for handovers where the patient was already known to receiving staff. This issue was observed during Practitioner Engagement by the assessor.

Using the Licensed CPG Providers ePCR for handover is sometimes problematic as the devices storing it might not operate remotely from ambulance (requiring Wi-Fi).

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



Areas of Best Practice

Practitioners were observed handing over patients in a structured manner, with all relevant patient information being supplied.

Areas for Improvement

Improving the availability of the Licensed CPG Providers ePCR at the point of handover – the assessment team were informed that this is expected shortly after an equipment replacement. The Provider should develop a process that enables/encourages Practitioners to report difficulties in using IMIST AMBO and, if needed, consider a modified approach to some or all handovers.

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



PHECC Statement	The Licensed CPG Provider must ensure that ambulances are fit for purpose.
PHECC Requirements	<p>2.3.1 The Licensed CPG Provider has processes, systems and procedures in place to ensure the road-worthiness of their patient transport vehicles in line with legislation.</p> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff9900; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #99cc99; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #00cc66; border: 1px solid #000; position: relative;"> ✓ </div> </div>

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



Assessment Panel Findings

The Provider has established systems for fleet management.

The EMS management system enables the Provider to track and ensure appropriate vehicle maintenance and servicing. Using the system, appropriate paperwork (vehicle registration, taxation, servicing and maintenance) was sourced and viewed by the assessment team for a number of vehicles chosen randomly.

Duty staff carries out daily inspections of vehicles prior to commencing transport duties. Any faults or defects are recorded via the EMS management system and management notified.

The Provider has policies on infection control, and cleaning of ambulances.

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



Areas of Best Practice

The use of electronic system to provide ongoing fleet management.

Areas for Improvement

The Provider should consider random spot checks of vehicles post their daily check to maintain or improve identification and reporting of defects.

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



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

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

Assessment Panel Findings

The assessment team interviewed the Medical Director, whose qualifications, clinical background and experience were in keeping with the role. He is clear in his responsibilities and gave evidence of providing support to the clinical manager in clinical audit and education/training. He stated that he was not involved in the 6-monthly review of the Risk Register. He is clear that the governance regarding (extended) training on using a radial artery compression device to Practitioners lay with the Medical Director. The last annual medical director report was made available for review.

The assessment team considered two (2) relatively recent audits:

- a) Hand hygiene,
- b) Turning off oxygen cylinders.

The former was on hand hygiene technique rather than compliance with appropriate hand hygiene. Although the audit showed high compliance (i.e. good knowledge), direct observation of practice showed only 25% compliance based on four (4) opportunities. The assessment team were of the opinion that the value of the audit was unclear.

The oxygen cylinder audit revealed only moderate compliance in turning off cylinders when not in use (increasing the risk of an empty cylinder when needed). However, the intervention appeared to be limited to increasing awareness, which did demonstrate improvement in the short-term.

Staff awareness of audits and the results of same seemed to be limited.

Auditing the quality of the ePCR seemed sporadic, 3-4 times/yr. There was also a problem that sometimes patients who had not received medication were recorded as getting oxygen as a way of exiting the medications section of the PCR.

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



Areas of Best Practice

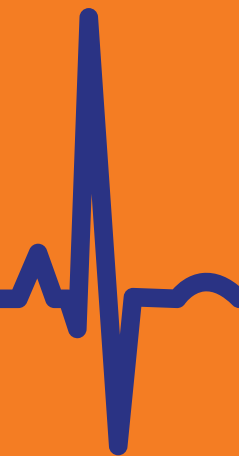
No specific observation noted by the GVF Assessment Team.

Areas for Improvement




1. The audit programme appeared to be somewhat ad-hoc. This might reflect the lack of recorded adverse events and complaints. The audit programme should also be linked to the Provider's KPIs.
2. The Provider should consider the benefits of fully involving the Medical Director in reviewing the risk register.

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.

<p>PHECC Statement</p>	<p>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.</p>
<p>PHECC Requirements</p>	<p>3.1.1 The Licensed CPG Provider has a reliable system in place to prevent and protect patients and staff from healthcare associated infections.</p> <p>  </p>
<p>PHECC Statement</p>	<p>The Licensed CPG Provider ensures that there are systems place to ensure the effective, efficient and safe use of medicines for the administration of pre-hospital emergency care.</p>
<p>PHECC Requirements</p>	<p>3.1.2 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure medicines availability, storage, stocking and disposal processes for the administration of pre-hospital emergency care.</p> <p>  </p>
<p>PHECC Statement</p>	<p>The Licensed CPG Provider ensures that there are systems place to ensure the effective, efficient and safe use of medical devices and equipment for the administration of pre- hospital emergency care.</p>
<p>PHECC Requirements</p>	<p>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.</p> <p>  </p>

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



Assessment Panel Findings

The Provider has an IP&C policy last updated in mid-2018.

Hand hygiene compliance, on observation by the assessment team, showed room for improvement. A programme to check cleanliness and decontamination of ambulances is being established. When inspected, two (2) ambulances looked visually clean and tidy. Staff were aware of the need to wipe surfaces and change linen between patients.

It appeared that the Provider uses hand gels and related products that are alcohol-free.

The EMS management system logs and alerts maintenance on equipment and vehicles. The assessment team saw the effectiveness of this approach although there was an issue with one piece of equipment, probably due to mistake in a recorded serial number.

Placement of defibrillator in two (2) ambulances represented a sub-optimal use of equipment and in one case a risk to safety (see section 4.2). The reporting and response to this was not timely or robust.

The majority of waste generated during a tour of duty is disposed of in clinical waste bins at receiving hospitals. Clinical waste bins were observed on station at both sites visited.

Medication bags are available on all vehicles and contain medications pertaining to EMT clinical level only. Replacement drugs are stored centrally at one site. During Practitioner Engagement, all agreed that medicines were available to them and easily restocked through their supervisor.

Practitioners verified that they check medication stocks in their medication bag twice a month as per Provider's Medicine Management Policy. Out of date medication are disposed of and replaced at one site. Practitioners advised that it would be unusual to require a restock of medication or equipment during a shift.

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



Areas of Best Practice

No specific observation noted by the GVF Assessment Team.

Areas for Improvement

The Provider should review the literature regarding the use of non-alcohol containing hand gel and related products. There may be a case for favouring products that contain alcohol in suitable concentrations.

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



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

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



Assessment Panel Findings

The assessment team formed the view that the Provider would gain much from devoting more time and resource to incident reporting (and learning from such).

While there is a knowledge of the benefits of logging and reviewing such events, few such events were reported.

Interviewed staff stated that they had never reported an incident/adverse event and had no knowledge of such events within the organisation. The assessment team formed the opinion that staff are unsure as to what constitutes an adverse event. The Medical Director stated that he had similar concerns and had run an educational event on the subject in January 2019.

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



Areas of Best Practice

No specific observation noted by the GVF Assessment Team.

Areas for Improvement

The Provider should build on the recent work started by the Medical Director and proactively seek out incidents or departures from normal practice/planned activity for learning purposes. These should be reviewed in a way that show staff that such activity is almost never punitive or to apportion blame.

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



PHECC Statement	The Licensed CPG Provider is committed to safeguarding vulnerable members of the community.
PHECC Requirements	<p>3.3.1 The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff9900; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #99cc99; border: 1px solid #000; display: flex; align-items: center; justify-content: center;"> ✓ </div> <div style="width: 20px; height: 20px; background-color: #00cc66; border: 1px solid #000;"></div> </div>

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



Assessment Panel Findings

The Provider has policies and procedures, accessible to all staff, regarding child protection, vulnerable adult protection and patient dignity on the EMS management system. Staff confirmed they were up to date with children first training.

There is no evidence of any issues regarding care of children/vulnerable adults but this must be considered alongside the low level of incident reporting and complaints.

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



Areas of Best Practice

No specific observation noted by the GVF Assessment Team.

Areas for Improvement

Improvement in obtaining feedback and appropriate complaints as under section 1.2 will make arrangements to prevent harm or abuse more effective.

Theme 4

Leadership, Governance and
Management



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



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

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



Assessment Panel Findings

The Provider maintains a Risk Register and it is reviewed twice a year by the Provider's Health & Safety Committee. The current register appears to have a vast number of items. The assessment team was unsure of the mechanism for issues being added or removed from the Risk Register.

The Provider has an identified Medical Director who provides ½ - 1 day per month to the service. He stated he was physically present about 3 times/year. He is registered with the Medical Council and based in this jurisdiction. He links appropriately with clinical manager. The Medical Director stated he was not involved in reviewing the Risk Register.

The Provider is compliant with taxation laws and carries the required insurance.

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



Areas of Best Practice

No specific observation noted by the GVF Assessment Team.

Areas for Improvement

The Provider should review the purpose and structure of the Risk Register and the processes involved in adding and removing issues.

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



PHECC Statement	The Licensed CPG Provider has systems, processes and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.
PHECC Requirements	<p>4.2.1 The Licensed CPG Provider has systems, processes and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff9900; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000; display: flex; align-items: center; justify-content: center;"> ✓ </div> <div style="width: 20px; height: 20px; background-color: #99cc99; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #009966; border: 1px solid #000;"></div> </div>

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



Assessment Panel Findings

The Provider has invested in an EMS management system that supports the capture of large amounts of information, which is relevant to safety and quality of care. There is, however, limited evidence of this information being reviewed and analysed to improve safety or quality.

During Practitioner Engagement the assessor observed two (2) vehicles with unsatisfactory placement of defibrillators. In one, this constituted a risk to safety. Staff stated that they had (informally) mentioned the issue. There was no evidence of any formal reporting of the risk and it was unknown how long these conditions had existed.

Staff stated that they had never reported an incident/adverse event and had no knowledge of such events within the organisation. The assessment team formed the opinion that staff are unsure as to what constitutes an adverse event. The Medical Director stated that he had similar concerns and had run an educational event on the subject in January 2019.

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



Areas of Best Practice

No specific observation noted by the GVF Assessment Team.

Areas for Improvement

The Provider shall review defibrillator placement on all vehicles to ensure the safety of patients and staff.

The Provider should consider:

- (i) how to better capture incidents, adverse events and complaints, and
- (ii) an appropriate suite of KPIs.

This would highlight areas for improvement and provide measures to show progress.

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



PHECC Statement	The Licensed CPG Provider is compliant with all relevant laws and regulations.
PHECC Requirements	<p>4.3.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure compliance with statutory legislation relating to the provision of safe and effective care.</p> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="width: 20px; height: 20px; background-color: #a9a9a9; border: 1px solid #ccc;"></div> <div style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #ccc;"></div> <div style="width: 20px; height: 20px; background-color: #f4a460; border: 1px solid #ccc;"></div> <div style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #ccc;"></div> <div style="width: 20px; height: 20px; background-color: #90ee90; border: 1px solid #ccc; display: flex; align-items: center; justify-content: center;"> ✓ </div> <div style="width: 20px; height: 20px; background-color: #008000; border: 1px solid #ccc;"></div> </div>

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



Assessment Panel Findings

The Provider demonstrated appropriate knowledge of PHECC requirements. The Provider maintains a Risk Register. This is driven from anticipated events and is reviewed 6-monthly but the review mechanism does not currently include the Medical Director.

The Provider supports Practitioners in adherence to dress code policy, infection prevention and control, and health and safety.

There was a divergence in view between senior leaders and Practitioners on the “safe driving” policy. Practitioners expressed concern suggesting that only new staff were provided with safe driving training while existing long-term staff expressed a need for “blue light response” driver training (although blue light use is an infrequent activity for the organisation). Senior leaders stated that all staff had a safe driving assessment but that there was no current provision for training in this area for any staff.

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



Areas of Best Practice

No specific observation noted by the GVF Assessment Team.













Areas for Improvement

The Provider should ensure that its staff are supported to meet the anticipated needs of their role. The Provider should refer to the RSA Emergency Services Driving Standard for guidance on standards and requirements related to emergency vehicle driver training requirements.

The Provider should consider more frequent Risk Register review (linked to incidents and complaints) and should include the expertise of the Medical Director.

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



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

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



Assessment Panel Findings

The Provider stated that important information (from PHECC and others) is distributed to staff via the EMS management system, which requires verification of receipt by PIN. The Provider has to date participated in full with the Governance Validation Framework and provided a comprehensive self-assessment prior to the assessment visits.

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



Areas of Best Practice

The use of an EMS management system to ensure delivery and receipt of key information.

Areas for Improvement

The Provider should no longer be assured on the assimilation of key information solely by its distribution on the EMS management system since this does not guarantee Practitioners have reviewed, understood and incorporated material into everyday practice. It should develop a programme through audit and random measurement to run in conjunction with existing arrangements to ensure quality.

Theme 5

Workforce



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



PHECC Statement	The Licensed CPG Provider effectively manages its workforce (vounteers, contractors or employees) to meet the current and projected service needs.
PHECC Requirements	<p>5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff9900; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #99cc66; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #009966; border: 1px solid #000; position: relative;"> ✓ </div> </div>

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



Assessment Panel Findings

The Provider has a sophisticated system for this HR function via the EMS management system. The control room staff manages daily rotas and workflow on this electronic system, which also allows “bank” staff to indicate their availability for work. Training and certification information is stored on the system for both substantive and “bank” staff. The system has automatic alerts regarding expiration dates. There is an on-duty controller 24hours each day, with a back-up and a messaging system requiring action to deactivate messages.

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



Areas of Best Practice

An approach to this function which eliminates a significant degree of human error.
Senior input available 24hr/day.

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.



PHECC Statement	The Licensed CPG Provider has in place robust processes to assure English language competency for all volunteers, contractors and/or employees whose first language is not English.
PHECC Requirements	5.2.1 The Licensed CPG Provider has a process in place to satisfy itself that the English language competence of its Responders and Practitioners, whose first language is not English, is appropriate to the clinical/professional activities to be carried out by that person i.e. Responder or Practitioner levels. <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
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. <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
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 employees, contractors and/or volunteers have the appropriate qualifications and registrations. <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
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 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. <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>

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

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



Assessment Panel Findings

The Provider has appropriate processes to ensure English language competency of all staff using the International English Language Testing System framework.

The Provider states that all staff must be computer literate in order to fulfil essential functions. All staff qualifications, certification and compliance requirements are stored and alerted via the EMS management system.

The Provider assesses all appropriate staff in advanced driving skills but does not provide a “blue light” driving course.

All staff are subject to Garda vetting before commencing duties.

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



Areas of Best Practice

No specific observation noted by the GVF Assessment Team.

Areas for Improvement

No specific observation noted by the GVF Assessment Team.

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



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

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



Assessment Panel Findings

The Provider has a multi-modal induction programme for all staff.
The Provider does not have volunteers.
All Practitioners confirmed annual training in cardiac revalidation and manual handling and had completed upskilling to 2017 CPGs.
The Medical Director and Clinical Manager design a “major training” day once per year.
In-house training on transradial band monitoring is conducted under the Medical Director’s governance, as this is necessary for safe care of a significant proportion of patients served.

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



Areas of Best Practice

Automated alerts to ensure compliance with certification for all staff via the EMS management system.

Areas for Improvement

The training programme for staff would be enhanced by better recording of adverse events, near misses and complaints. This would allow a programme that is more focused on the training needs of the workforce.

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



PHECC Statement	The Licensed CPG Provider supports volunteers, contractors and/or employees to exercise their personal, professional and collective responsibility for the provision of high quality, safe and reliable healthcare
PHECC Requirements	<p>5.4.1 The Licensed CPG Provider has a Critical Incident Stress Management process in place.</p> <p> ✓ </p>
	<p>5.4.2 The Licensed CPG Provider has a Fitness to Practice Policy/Procedure, which makes reference to the PHECC Fitness to Practice processes.</p> <p> ✓ </p>
	<p>5.4.3 The Licensed CPG Provider has processes for the identification of poor or variable staff performance.</p> <p> ✓ </p>
	<p>5.4.4 The Licensed CPG Provider improves patient safety by encouraging and supporting employees, contractors and/or volunteers in the reporting and learning from patient safety incidents (including adverse incidents, near-misses and no-harm events).</p> <p> ✓ </p>
	<p>5.4.5 The Licensed CPG Provider creates opportunities for staff to feedback on the quality and safety of the service they work in.</p> <p> ✓ </p>

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



Assessment Panel Findings

The Provider has a staff support policy and provides:

1. An occupational health service,
2. Further critical support from a medical consultant if need is identified,
3. Input from a psychologist via the clinical manager if required, and
4. Doctor is available to staff.

When asked, Practitioners seemed unaware of critical incident stress management process. They also stated that one individual in the external support listed above was “not very approachable” but also identified two members of the Provider’s management team in whom they could confide with comfort.

There is a process in place for appraisal/review but these appear to be infrequent – certainly not an annual one and according to staff seem to focus on poor practice/punishment rather than staff development.

See earlier for observations about incident reporting, feedback and learning from incidents.

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



Areas of Best Practice

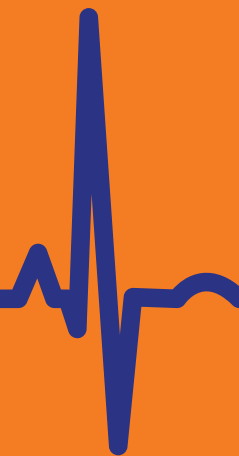
Good relationships internally facilitating open and candid communication between managers and Practitioners.

Areas for Improvement

The Provider should develop processes to measure and feedback satisfaction with the support mechanism in place for Practitioners.
The Provider should develop an appraisal process for staff that is based on best practice. The appraisal/review process should be informed by the large amount of relevant information held by the EMS management system.

Theme 6

Use of Information



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



PHECC Statement	The Licensed CPG Provider has implemented PHECC 'Clinical Records Management Guidelines'.
PHECC Requirements	<p>6.1.1 The Licensed CPG Provider has systems, processes and procedures in place to assure the full implementation of the information governance and effective management of healthcare records requirements as outlined in the PHECC Clinical Records Management Guidelines.</p> <p style="text-align: center;"> ✓ </p> <p>6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.</p> <p style="text-align: center;"> ✓ </p>

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



Assessment Panel Findings

The Provider has appropriate processes to capture and store information on its electronic EMS and supplies all duty staff with a tablet to record all patient information. The company cites accreditation by an external organisation in the UK.

Staff appeared to be very cognisant of the importance of confidentiality of patient care records.

The ePCR system ensures completion as the record cannot be closed unless all required fields are filled. There are some issues re assurance of accuracy/quality.

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



Areas of Best Practice

No specific observation noted by the assessment team.

Areas for Improvement

The Provider should develop better processes to monitor the quality of the ePCR completion. There are also some technical issues with the ePCR, for example, staff stated that under some conditions, to exit the medication section of the ePCR, they have to tick oxygen as being given, even if no oxygen was provided.

Report Summary



Report Summary

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

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	1	2%
Not Met	0	0%
Minimally Met	0	0%
Moderately Met	11	25%
Substantively Met	14	33%
Fully Met	17	40%

GVF Site Assessment - Lifeline Ambulance Service Limited

	PHECC Requirement	Compliance level
Theme 1: Person-Centred Care and Support	Standard 1.1 Patients have equitable access to healthcare services based on their assessed needs.	
	1.1.1 The Licensed CPG Provider has systems, processes and procedures for the timely and clinically appropriate response to provide safe care and treatment to patient population they serve.	Fully Met
	1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.	Fully Met
	Standard 1.2 Patients' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.	
	1.2.1 The Licensed CPG Provider has systems, processes and procedures, developed in line with best practice for patient consent and/or patient identification (which includes guidance for practitioners) in line with the PHECC Code of Professional Conduct & Ethics.	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.	Moderate
	Standard 1.5 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.	
	1.5.1 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.	Moderate
	1.5.2 The Licensed CPG Provider provides training to all front-line volunteers, contractors and/or employees in handling a patient or family member's complaint or concern.	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 status to deliver and ensure safe and appropriate care.		Substantive
Standard 2.2 Patients receive integrated care, which is coordinated effectively within and between services.		
2.2.1 The Licensed CPG Provider has a standardised handover process in place to ensure the safe, timely, and structured exchange of information during handover of patients.		Substantive
Standard 2.3 Healthcare is provided in a physical environment, which supports the delivery of high-quality, safe, reliable care and protects the health and welfare of patients.		
2.3.1 The Licensed CPG Provider has process, systems and procedures in place to ensure the road-worthiness of their patient transport vehicles in line with legislation.		Fully Met
Standard 2.4 The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.		
2.4.1 The Licensed CPG Provider submits an Annual Medical Director Report annually,* which informs the PHECC of clinical activities in the organisation and includes a CPG report (*Calendar year).		Fully Met
2.4.2 The Licensed CPG Provider has a systematic programme of clinical audit in line with the PHECC standards (STN019), which is used to monitor quality and outcomes and promote learning.	Moderate	

Theme 3: Safe Care and Support	Standard 3.1 Licensed CPG Providers protect patients from the risk of harm associated with the design and delivery of healthcare services.	
	3.1.1 The Licensed CPG Provider has a reliable system in place to prevent and protect patients and staff from healthcare associated infections.	Substantive
	3.1.2 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure medicines availability, storage, stocking and disposal processes for the administration of pre-hospital emergency care.	Substantive
	3.1.3 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure equipment/medical device availability, storage, stocking and disposal for the administration of pre-hospital emergency care.	Moderate
	Standard 3.2 Licensed CPG Providers effectively identify, manage, respond to and report on patient-safety incidents.	
	3.2.1 The Licensed CPG Provider has structured incident reporting and investigation mechanisms, which support and encourage volunteers, contractors and/or employees to report adverse events, near-misses and no-harm events.	Moderate
	3.2.2 The Licensed CPG Provider has a process for the sharing of lessons learned from patient safety incidents (including adverse events, near misses and no-harm events) and complaints, which have occurred locally, nationally or internationally with employees, contractors and/or volunteers.	Moderate
	Standard 3.3 Licensed CPG Providers ensure all reasonable measures are taken to protect patients from abuse.	
	3.3.1 The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise.	Substantive
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 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.	Moderate
	Standard 4.3 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.	
	4.3.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure compliance with statutory legislation relating to the provision of safe and effective care.	Substantive
	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.	Fully Met
	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	Fully Met
	5.2.2 The Licensed CPG Provider has a process in place to check registration on appointment and on-going renewals of registration for volunteers, contractors and/or employees.	Fully Met
	5.2.3 The Licensed CPG Provider conducts checks to confirm that all employees, contractors and/or volunteers have the appropriate qualifications and registrations.	Fully Met
	5.2.4 The Licensed CPG Provider ensures that employees, contractors and/or volunteers are subject to Garda Vetting in line with the National Vetting Bureau (Children & Vulnerable Persons) Act 2012 prior to patient contact.	Fully Met
	Standard 5.3 Licensed CPG Providers ensure their workforce (volunteers, contractors and/or employees) have the competencies required to deliver high-quality, safe and reliable healthcare.	
	5.3.1 The Licensed CPG Provider has developed and implemented a comprehensive induction programme to ensure volunteers, contractors and/or employees understand their responsibilities in relation to the safety and quality of services.	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.	Substantive
	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.	Moderate
	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.	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 2018 Clinical Information Standards and associated reports and will ensure compliance with Council Policy for implementation timeframes for clinical information standards and associated reports – V1. (POL043)	Fully Met
	6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.	Substantive

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 V6) outlines that, where appropriate, full recognition to implement CPGs will be awarded for a three (3) year period from the last approval date.

Quality Improvement Plan

Lifeline Ambulance Service are 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.



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

Tel: +353 (45) 882042

E-mail: gvf@phecc.ie

Web: www.phecc.ie
