



Governance Validation Framework

Site Assessment Report

Sodexo Ireland 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.”



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

The Governance Validation Framework (GVF) has been developed by Council as an evidence-based methodology designed to improve quality and safety in pre-hospital emergency care services. Setting and implementing standards and monitoring of compliance are important levers for driving service improvements. The framework combines a system of self-assessment, on-site review and validation of evidence presented, and staff and management engagement in addition to quality improvement planning and support during the licensing cycle. Documentation submitted Sodexo Ireland 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 Sodexo Ireland Limited, a private provider of pre-hospital emergency care services at named industrial site, Dublin. 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). This report is intended to support the ongoing quality improvement process within Sodexo Ireland Limited'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.

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

Sodexo Ireland Limited, was founded in 1948 and has expanded its activities in Ireland to include the provision of a pre-hospital emergency care service within the named industrial site, Dublin, to manage internal pre-hospital emergencies.

Sodexo Ireland Limited is licensed as a Licensed CPG Provider by the Pre-Hospital Emergency Care Council (PHECC) to provide pre-hospital emergency care at the clinical level of Emergency Medical Technician (EMT).

The named industrial site stretches over 60 acres in central Dublin and is serviced by 11 PHECC registered EMTs. The Emergency Response Unit, which is operational 24/7 as part of the risk mitigation response, provides EMT level pre-hospital emergency care response in support of all staff, visitors and customers at the campus.

Information used to create this overview was supplied by the Provider.
For more information visit: <https://ie.sodexo.com>

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	Sodexo Ireland Limited
Type of Visit	Full GVF Assessment - GVFREP SOD001_0219
Licensed CPG Provider Lead	GVFA6815
Date of Review	21st February 2019
Assessment Team	GVFA6815 - Team Lead GVFA8205 - Practitioner Engagement
Circumstances of this Site Assessment	Establishment of GVF programme - Transition to 3-year licensing cycle.
Relevant Recent Visits	Practitioner Engagement conducted 21st February 2019.

Overview of Licensed CPG Provider

Assessment Details (continued):

Licensed CPG Provider Participants

Station Officer
Medical Director (Medical Council Reg No 9751)
Account Manager Ireland & UK

Onsite Feedback

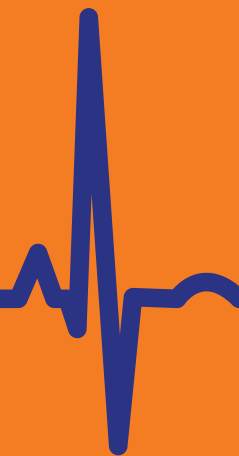
Verbal feedback related to the Assessment Team's initial findings was provided to the Senior Management Team of Sodexo by the PHECC GVF team leader at the closing meeting. A number of items were identified as areas of potential improvement. There was agreement by all in attendance regarding the relevance and substance of the Assessment Team comments and 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 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.

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



Assessment Panel Findings

The Provider has systems in place that support response to patients within the site, as required. The Assessment Team noted the availability of a translation service to the call-takers. Calls are processed by the crew on duty or, when not available, by the site security control if the crew are on a call. Medical calls are handwritten in an incident log book and a call number is allocated to the activation. The Assessment Team evidenced that the Provider provides an internal response system and does not transport any patients to hospital. This is in opposition to the service description provided in policies to PHECC. The service provided is a 'treat and handover to statutory services' or 'treat and discharge without transport' service. The Assessment Team also noted occurrences of clinical activation and responses occasionally being provided to the site's nearby visitors centre, which is a mobilisation outside the Provider's declared area of operations.

The Assessment Team observed that the call-handling system does not incorporate a formal system of initial call triage, and when the team are on active response, further calls may be processed by security staff who will 'relay' messages to the crew and seek a response or further advisement. This system will not ensure timely and clinically appropriate response based on assuring the most clinically appropriate and timely response to the patient. The Provider currently utilises a handwritten logbook for call response logging, to record the Provider's activations; this logbook was reviewed. The Assessment Team note that there is no evidence of quality assurance auditing of call-handling processes or procedures. The Provider currently does not audit key time metrics activity.

The Assessment Team noted the staffing level of 10 EMTs and 1 supervisor available to the Provider. A short-term absence policy was reviewed, and the Manager advised that short-term absences are usually cover by overtime arrangements.

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



Areas of Best Practice

Comprehensive systems are in place to ensure staffing levels within the organisation. The internal emergency number is widely available within the site. Translation services are available to call-taking staff if required.

Areas for Improvement













All policies, procedures and guidelines regarding “call taking and dispatching” and the Provider’s interaction with the statutory services require clarification and development to ensure the safe, timely and clinically appropriate response to the patient. The timely activation of statutory services in specific clinical scenarios require reviewing and revision with immediate effect.

Should a patient transfer be required, the statutory services are activated by the Provider. This process is not accurately reflected in the protocols and requires clarification. Any failure to activate the statutory services in a timely manner represents an unacceptable level of risk through the activation of an inappropriate resource to the patient, and potential treatment delay with unknown and variable consequences.

The Provider’s transport policies and emergency care protocols need to be revised by the Provider and its Medical Director to determine appropriate call categories for dispatching the Provider’s response to incidents. The revision should include transparent processes, guidelines and clear information outlining the process for activation of the statutory services for clear and specific call categories.

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

The Provider has a policy for consent and there is documentary evidence that Practitioners are received training in this area.

The Assessment Team noted that Practitioners' understanding regarding a patient's right to make decisions to accept care were not understood. Issues surrounding communicating with managerial staff relating to patient's treatment were not fully understood.

There are policies in place suggesting the Provider transports patients, however the Assessment Team confirmed that the Provider operates a non-transporting service. Although a rare situation, there was a lack of clarity observed surrounding the processes involved in refusal of treatment by patients. It was noted that there is an on-site medical centre, which operates for staff on-site.

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



Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement













The policy and processes involved in refusal of treatment should be reviewed and effectively communicated to staff through specific guidelines. Training should be updated in the area of obtaining consent. It was evident that staff require updating on the specific aspects of obtaining consent and the right to refuse care.

There is an on-site medical centre at the site, which is staffed by medical personnel external to the emergency care service. In the rare event of a refusal of pre-hospital emergency care the Provider may wish to explore the potential to establish a relationship/referral service with the on-site medical centre: doing so would reduce the associated risk and increase patient safety.

The Provider should implement a patient feedback system and may significantly benefit from analysis of patients’ experiences. The Provider should, in consultation with the Medical Director, clarify its transportation status and update its policy to reflect the decided course of action. The Provider and Practitioners may benefit from an updated and clarified procedure on the refusal of treatment and transport.

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



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

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



Assessment Panel Findings

Practitioners receive training on dignity at work. During the Practitioner interview, Practitioners expressed the importance of maintaining patient dignity and privacy. They evidenced competencies around the importance of good communication and the practice of introducing themselves by name to the patient.

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



Areas of Best Practice







Policies are in place covering dignity, respect and confidentiality. Induction training supports the development of dignity and respect. Staff communicated an understanding of their responsibilities regarding this requirement.

Areas for Improvement

The Provider is encouraged to strive to improve its Practitioners' understanding of patient advocacy and the requirement to protect the patient's autonomy to determine their own care in clinical situations within the population that the Provider serves.

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

The Provider does not undertake patient satisfaction or patient experience surveys to identify areas of improvement and opportunities for development of the service.

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



Areas of Best Practice













No specific observation noted by the Assessment Team.

Areas for Improvement

The Provider would benefit from the Introduction of a pro-active patient feedback system and the associated analysis of the results. Feedback from patient engagement surveys should be sought within the confines of the GDPR legislation and are an effective source of information to guide service improvement plans and provide feedback to Practitioners on their performance during clinical situations.

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 has policies and procedures surrounding complaints management, and complaints appeals, in addition to clinical incident reporting and near miss policies for staff. The Assessment Team noted from the engagement with the Medical Director that his role in the management of the complaint requires clarification.

There is documented evidence of complaint management training for the Provider's Practitioners. Staff are aware of the documented complaints policy and the current induction training includes complaints training. To date no documented complaints have been logged. Staff are aware of the importance of obtaining patient consent and evidence supports the conclusion that Practitioners conduct activities in line with the code of professional conduct and ethics. At present the Provider does not collect data on patient experiences for analysis.

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

Strong policies and procedures are in place covering these requirements and staff are aware of their responsibilities regarding complaints reporting.

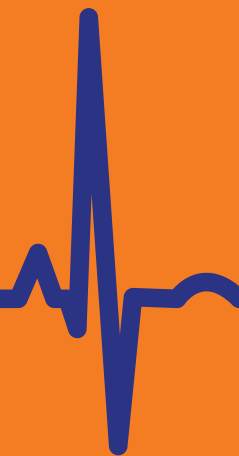
Areas for Improvement

The Provider should incorporate Medical Director involvement in overseeing clinical complaint, issuing recommendations and, if necessary, contacting the complainants.

As the Provider, to date, has not received any complaints the Provider may consider a testing of their policies and procedures via a “mock complaint”; this may prove beneficial to the Provider to identify any potential gaps in its policy or procedures.

Theme 2

Effective Care
and Support



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



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

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



Assessment Panel Findings

All the Provider's staff are PHECC registered EMTs. An internal register of Practitioners was evidenced and is in place. Practitioners' CPG status checks on the PHECC register are conducted by the management annually. Training records are in place for staff and there is evidence of arrangements with a PHECC Recognised Institution (R.I.) to provide CPG upskilling and continuous professional competency training. However, it was observed that training programmes are devised solely by the R.I.

The Provider indicates ad-hoc supervision by the Head of the Emergency Response Unit (HERU) takes place. However, there is no documented evidence to support this.

The Assessment Team reviewed a register of Practitioners, which is maintained at station level. The Provider manages CPG upskilling with the use of a PHECC registered training provider. The Assessment Team viewed the training records of a random selection of staff and found there was documentary evidence of compliance with upskilling to the 2017 PHECC CPGs.

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



Areas of Best Practice

Comprehensive training records are in place for registered Practitioners and arrangements with a PHECC RI for continuous professional competency and CPG upskilling training.







Areas for Improvement

The Provider would benefit from direct involvement by the Medical Director in the development and identification of training content for delivery by the Provider's preferred RI.

The Provider should ensure that it records any supervised practice that occurs.

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



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

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



Assessment Panel Findings

The team reviewed a 'patient hand over' policy and evidenced that Ambulatory Care Reports (ACR) are regularly reviewed by senior staff. The Assessment Team noted that the policy in relation to transportation and transfer of patient is not consistent with the everyday practice of Practitioners. The Provider indicates the IMIST AMBO handover process is not appropriate to their operational profile. As the Provider does not transport patients the effectiveness of patient handover is untested by the team. There is evidence that staff receive communication training on induction.

The Provider has submitted a transportation of patient policy, which includes provision for the transfer of patients to hospital. Assessors verified that patients are not transported to an Emergency Department (ED) by the Response Vehicle operated by the Provider. If transport to the ED is required, the statutory services are requested to provide treatment and transport.

No emergency calls were received or observed during the site visit.

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



Areas of Best Practice

Comprehensive policies to support the handover process are in place; staff have a general understanding of the handover process and use of ACR/PCR to support that process.







Areas for Improvement

The Provider, in consultation with its Medical Director, shall revise and clarify its patient transport status and update policies to reflect current practice and increase patient safety. The Provider may benefit from additional training on the IMIST AMBO handover system to assist Practitioners with their understanding and ensure a safe and effective handover to statutory services should a patient require transport. The Provider may also seek to establish a pro-active feedback system with the statutory services. There is an opportunity to benefit from developing a mutually beneficial relationship between the Provider and the statutory services; this will ultimately benefit the patient.

The Medical Director should be more involved in the ongoing monitoring of the case mix within the community served by the Provider.

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="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 2.3 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 one response vehicle in-situ, which was reviewed by the Assessment Team. There are procedures in place and evidence to support the daily checking of the vehicle by staff. Annual CVRT has been completed on the vehicle and documentation provided to PHECC to support same.

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

Maintenance of vehicles in line with regulations and evidence of daily vehicle inspections by staff.

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.



<p>PHECC Statement</p>	<p>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).</p>
<p>PHECC Requirements</p>	<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> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
<p>PHECC Statement</p>	<p>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.</p>
<p>PHECC Requirements</p>	<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> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>

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



Assessment Panel Findings

Evidence that the annual Medical Director's report is broadly in line with Council Rules POL003 V5 was reviewed by the Assessment Team. The Medical Director's report does not reference the exemptions of CPGs and medications implemented by the Provider, which limits Practitioners' ability to implement the full range of EMT CPGs and medications. Evidence of three thematic annual audits in line with PHECC Standard STN019 was reviewed. No evidence of action plans following audit was available. The Medical Director is contactable to the HERU if required, both for case advice and medication prescriptions.

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



Areas of Best Practice

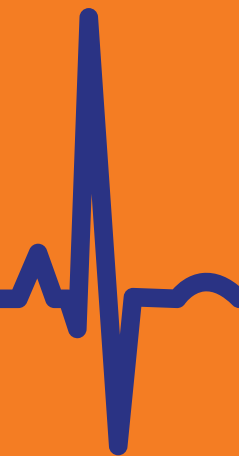
Medical Director's report, broadly in line with Council Rules, was produced. Thematic annual audits conducted.

Areas for Improvement

Any exemptions to EMT practice in operation should be clearly identified and documented by the Provider in conjunction with the Medical Director. The Provider may benefit from action plans following annual thematic audits to develop practice and standards. The Medical Director should have input into the clinical content of upskilling training. The Provider's service would benefit from regular and increased interaction with the Medical Director.

Theme 3

Safe Care and Support



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



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

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

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



Assessment Panel Findings

The Provider has policies to protect patients and staff from healthcare associated infections. Infection control manual requires updating to reflect current practice specific to the Provider and associated standards. Infection Control training is part of the induction training programme, however there was no evidence of the specifics of this training. Detergents and disinfectants were available for the cleaning and decontamination of the response vehicle. There was no evidence of a process for the decontamination of the vehicle. Care areas are well maintained and waste, including sharps, are disposed of in the on-site Medical Centre.

A documented medicines management procedure is in place with appropriate local storage. The Provider's policy relating to medication based adverse events is not up to date and references agencies that no longer exist.

The medicines management process should be updated to ensure consistent availability of medicines for the administration of pre-hospital care. There is currently no process for medicines withdrawal or warnings and no HPRA alerts are received or reviewed. The Provider has a nominated person in charge of medicines management.

The Assessment Team noted that Chlorphenamine and Pentrox were not available in the medication bag. All other medications relevant to the Practitioners were available and clearly labelled. If a medication is required, after usage or out of date, the Medical Director is requested by the HERU to fill a prescription for the drug. The prescription is faxed or emailed back to the HERU and is taken to a local pharmacy for dispensing.

The Provider has equipment in place for the delivery of CPGs to EMT level.

Assessors were unable to verify procedures or service contracts in place for the testing/maintenance of serviceable medical equipment. Staff have up to date knowledge and skills using medical devices and equipment appropriate to their clinical level.

Assessors verified that the Provider does not receive clinical or equipment alerts from the HPRA.

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

Clean, clear and clutter free care delivery areas are available. Clinical waste is disposed of to a healthcare facility on-site and a nominated person manages medicines on behalf of the Provider. Staff have good knowledge of medical device use and availability of medical devices are per EMT standard is good.

Areas for Improvement

The Provider should update its infection control manual in line with current practice and reflect specific activities within the Provider’s workplace. The Provider’s Practitioners may benefit from infection control training. The Provider, in consultation with its Medical Director, may benefit from an updated medicines management process specifically with respect to availability of medicines for restocking on-site, ensuring full availability of medicines to administer effective pre-hospital care. The Provider should, in consultation with its Medical Director, develop processes for receipt of and dissemination of medicines withdrawal/warnings from Health Products Regulatory Authority. The Provider may benefit from an adverse event reporting process and associated staff training to ensure clarity on adverse event definition and associated reporting. The Provider has a duty of care to ensure appropriate testing/maintenance processes are in place for equipment and medical devices. The Provider may benefit from recording new equipment introduction and associated staff training/familiarisation for competence.

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



PHECC Statement	The Licensed CPG Provider has a patient safety incident (which includes adverse events, near-misses and no-harm events) reporting system with an open disclosure and non-punitive reporting ethos.
PHECC Requirements	<p>3.2.1 The Licensed CPG Provider has structured incident reporting and investigation mechanisms, which support and encourage volunteers, contractors and/or employees to report adverse events, near-misses and no-harm events.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
PHECC Statement	The Licensed CPG Provider has arrangements in place to identify, assess and respond appropriately to patients' safety incidents and complaints.
PHECC Requirements	<p>3.2.2 The Licensed CPG Provider has a process for the sharing of lessons learned from patient safety incidents (including adverse events, near-misses and no-harm events) and complaints, which have occurred locally, nationally or internationally with 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 Provider has comprehensive policies in place as per Standard 3.2. No incidents, near misses or adverse events have been reported to date. Staff have an inconsistent understanding of what constitutes an adverse event and what are reportable. Overall the Provider substantively meets this standard.

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



Areas of Best Practice





Comprehensive suite of policies covering this Standard's essential and supporting components.

Areas for Improvement

The Provider's Practitioners would benefit from clarification of what constitutes an adverse event and from underlining the importance of reporting what is covered by the reporting policy.

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	3.3.1 The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise.					
						

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



Assessment Panel Findings

The Provider has a comprehensive range of policies meeting Standard 3.3. There is evidence of staff training and staff vetting, demonstrating a commitment to safeguarding vulnerable members of the community.

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 Assessment Team.

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.



PHECC Statement	The Licensed CPG Provider has an established governance structure with clear accountability arrangements for clinical and corporate governance.
PHECC Requirements	<p>4.1.1 The Licensed CPG Provider has an established reporting and accountability structure for clinical governance.</p> <p> ✓ </p>
	<p>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.</p> <p> ✓ </p>
	<p>4.1.3 The CPG Provider is compliant with taxation laws.</p> <p> ✓ </p>
	<p>4.1.4 The Licensed CPG Provider has documentary evidence of the required insurance policies.</p> <p> ✓ </p>
	<p>4.1.5 The Licensed CPG Provider has documentary evidence of the required insurance policies.</p> <p> ✓ </p>

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 has an established reporting and accountability structure for clinical governance, with clear identification of the individual responsible for governance within the organisation. Monthly reports are conducted on quality and safety issues.

The Provider has an appointed Medical Director as per Standard 4.1.2, with a documented job description and evidence of minimal engagement with the Provider. The Medical Director was aware of a number of clinical activities, appropriate to the clinical level of the Practitioners, which the Provider did not implement. It was noted that the Provider has not documented these practices.

The Medical Director was not aware that the Provider’s Practitioners did not transport patients.

There is clear evidence of tax compliance on behalf of the Provider.

The Provider has adequate insurance policies in place, which include medical malpractice.

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

Clear governance structures are in place. An appropriately appointed Medical Director, with a clear job description, is in situ. Evidence of tax compliance is available.

Areas for Improvement

The Provider should provide evidence of clinical negligence insurance covering activities of the organisation.

The Provider may benefit from additional engagement with its Medical Director.

Clinical practice should be brought into alignment with the 2017 Clinical Practice Guidelines

The Medical Director should be fully briefed and aware of clinical practices at the Provider's site.

The Provider has a duty of care under legislation to ensure appropriate testing/maintenance processes are in place for equipment and medical devices.

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



PHECC Statement	The Licensed CPG Provider has systems, processes and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.
PHECC Requirements	<p>4.2.1 The Licensed CPG Provider has systems, processes and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 30px; height: 30px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ff9900; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ffff00; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #99cc99; border: 1px solid #000; display: flex; align-items: center; justify-content: center;"> ✓ </div> <div style="width: 30px; height: 30px; background-color: #009966; border: 1px solid #000;"></div> </div>

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



Assessment Panel Findings

The Provider conducts monthly reports and service reviews across several areas, which assist with ongoing review of existing policies. The Assessment Team were informed that to date there have been no reported incidents or complaints.

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 Assessment Team.

Areas for Improvement

The Provider should consider the development of specific targeted audits to improve quality of care, such as, hand hygiene and management of pain.

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: 30px; height: 30px; background-color: #a9a9a9; border: 1px solid #ccc;"></div> <div style="width: 30px; height: 30px; background-color: #ff0000; border: 1px solid #ccc;"></div> <div style="width: 30px; height: 30px; background-color: #f4a460; border: 1px solid #ccc;"></div> <div style="width: 30px; height: 30px; background-color: #ffff00; border: 1px solid #ccc;"></div> <div style="width: 30px; height: 30px; background-color: #90ee90; border: 1px solid #ccc; display: flex; align-items: center; justify-content: center;"> ✓ </div> <div style="width: 30px; height: 30px; 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

There is a dedicated officer within the organisation who is responsible for compliance with statutory legislation. The Provider indicates retention of an operational risk register that is regularly reviewed, however this was not viewable during the on-site assessment.

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



Areas of Best Practice

The Provider has a dedicated responsible person ensuring compliance with statutory legislation.

Areas for Improvement

The dedicated responsible person ensuring compliance with statutory legislation should engage in a programme of review of existing policies to ensure relevance to the Provider's operation.

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> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
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> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>

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 has regular training sessions for staff. The Provider operates a memo system for dissemination of information. There is no formalised process for receipt, analysis or action and dissemination of communication from PHECC or other appropriate bodies. The Provider has fully engaged with the GVF process.

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 Provider has fully engaged with the GVF process and associated submissions.

Areas for Improvement

The Provider should ensure a formalised process for analysis, action and dissemination of communications received from PHECC and other appropriate bodies. The Provider should retain a record of information dissemination for audit trail.

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; margin-top: 10px;"> <div style="width: 30px; height: 30px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ff9900; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ffff00; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #99cc99; border: 1px solid #000; display: flex; align-items: center; justify-content: center;"> ✓ </div> <div style="width: 30px; height: 30px; background-color: #009900; border: 1px solid #000;"></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

There are daily and weekly rostering reviews conducted by the Provider. There is evidence of resourcing and recruitment management as per policy. Evidence suggests appropriate staff numbers are in place to meet the demands of the service.

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

The Provider conducts active roster reviews to ensure staff availability and the full delivery of service.

Areas for Improvement

The Provider should conduct a workplace planning assessment to support decisions regarding transportation policy and the needs and demand of its service.

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



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

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 in place a policy titled competence in the English Language, which adequately describes the competency required. Currently all the Provider's staff speak English as a first language. There is clear evidence supporting the conduction of appropriate pre-employment checks and annual PHECC registration renewal check.

The Provider has processes in place to meet the requirements under the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

The Assessment Team verified a selection of employee records and found evidence of Garda vetting in place.

The Provider has a policy developed to ensure the protection of children and vulnerable adults with appropriate vetting arrangements in place.

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

The Provider has in place appropriate policies to ensure English language competence. The Provider has in place appropriate checks of staff identity and registration. There is evidence of on-going re-registration checks. Evidence of completion of Child First training was in place.

Areas for Improvement

The Provider should, in consultation with its Medical Director, develop a formalised process that supports reporting to PHECC any Practitioner privileging suspension or removal.

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> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
	<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> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
	<p>5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students. (If applicable)</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>

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 in place a comprehensive induction programme for staff and there is a documented code of conduct for staff, which they are aware of. Induction records are in place for staff. There is mentoring in place for new staff, however there is no documentary evidence recorded for this. There is evidence of on-going staff training and compliance with manual handling, infection control and CPG up-skilling and associated staff records are available, and a selection of records were reviewed by the Assessment Team. The Provider engages a Recognised Institution (RI) for the delivery of Practitioner' upskilling. There is no evidence of Provider engagement in the development of content for training delivery or an identified training and development plan.

The Provider does not provide clinical placements to external students.

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



Areas of Best Practice

The Provider has engaged a RI for the delivery of its required training. Evidence of on-going training is in place and appropriate staff training records are available. Evidence of compliance with CPG upskilling within the required timeframe is available.

Areas for Improvement

The Provider would benefit from the formal recording of mentoring or supervision for new staff.

The Provider, in consultation with its Medical Director, would benefit from direct input to the delivery content of its retention training programmes.

The Provider would benefit from maintaining documented evidence of staff training or familiarisation related to specific equipment as required.

The Provider should consider developing a system of continuous in-house training to ensure ongoing familiarisation with techniques and equipment, etc.

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	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 employees, contractors and/or volunteers in the reporting and learning from patient safety incidents (including adverse incidents, 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.					✓	

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 in place a CISM programme available to staff, and Practitioners are aware of how to access the programme If required. As the Provider has a small team, the HERU monitors staff wellbeing. The Provider has in place a Fitness to Practice Policy and investigators have received training accordingly; to date no fitness to practice incidents have been recorded or investigated.

The Provider has in place an upskilling programme provided by arrangements with a RI.

Currently the Provider does not conduct staff appraisals, however the introduction of the process has commenced and is expected to be operational by Quarter 3, 2019.

The Provider does have a policy regarding Incident Reporting and staff are encouraged to direct all concerns to the HERU. There are no recorded incidents or concerns reported by staff. Staff receive training in this area during Induction.

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

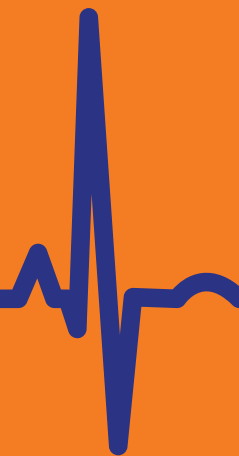
The Provider has policies and processes in place to substantively meet the requirements of Standard 5.4. Staff have an overall knowledge and appreciation of their responsibilities under this Standard and this was supported by documented policies. A staff appraisal programme is to be introduced.

Areas for Improvement

The Provider will benefit from the introduction of a staff appraisal programme and associated evaluation upon completion of an appraisal cycle.



Theme 6

Use of Information



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



<p>PHECC Statement</p>	<p>The Licensed CPG Provider has implemented PHECC 'Clinical Records Management Guidelines'.</p>
<p>PHECC Requirements</p>	<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>  </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>  </p>

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



Assessment Panel Findings

The Provider has in place a Clinical Records Management Policy. At present the Provider uses both the ACR and PCR forms. There was evidence of record completion and legible records. The Provider has a process in place to secure and store clinical records.

Staff demonstrated an understanding of data protection and patient confidentiality. There was evidence of clinical record auditing for thematic annual audits by the Medical Director, however no evidence of on-going audit of records for completeness, validity and legibility was available. The Provider currently retains both copies of PCR/ACR regardless of handover/transport by statutory services.

Staff receive training on confidentiality and data protection during induction training.

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



Areas of Best Practice

There was organisational appreciation of appropriate clinical record management, and evidence supporting the security and management of clinical records.

Areas for Improvement

The Provider may benefit from an on-going audit of clinical records for completeness, validity and legibility. The Provider should update its current patient handover procedures to ensure full adherence of PHECC clinical record management guidelines, specifically ensuring handover of PCR/ACR top copy to statutory services providing transport to patients.

Report Summary



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 GVA assessors during this assessment. The overall PHECC standards compliance ratings for Sodexo Ireland Limited are as follows:

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	1	2.33%
Not Met	1	2.33%
Minimally Met	1	2.33%
Moderately Met	8	18.60%
Substantively Met	22	51.16%
Fully Met	10	23.25%

GVF Site Assessment - Sodexo Ireland Limited

PHECC Requirement	Compliance level
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.	Minimal
1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.	Moderate
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.	Moderate
Standard 1.3 Patients' dignity, privacy and autonomy are respected and promoted.	
1.3.1 The Licensed CPG Provider has arrangements in place to promote patients' privacy, dignity and autonomy.	Substantive
1.3.2 The Licensed CPG Provider demonstrates a commitment to develop a culture where volunteers, contractors and/or employees involve and treat people with compassion, kindness, dignity and respect.	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.	Substantive
1.5.2 The Licensed CPG Provider provides training to all front-line volunteers, contractors and/or employees in handling a patient or family member's complaint or concern.	Substantive
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.	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).	Substantive
2.4.2 The Licensed CPG Provider has a systematic programme of clinical audit in line with the PHECC standards (STN019), which is used to monitor quality and outcomes and promote learning.	Substantive

Theme 3: Safe Care and Support	Standard 3.1 Licensed CPG Providers protect patients from the risk of harm associated with the design and delivery of healthcare services.	
	3.1.1 The Licensed CPG Provider has a reliable system in place to prevent and protect patients and staff from healthcare associated infections.	Moderate
	3.1.2 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure medicines availability, storage, stocking and disposal processes for the administration of pre-hospital emergency care.	Moderate
	3.1.3 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure equipment/medical device availability, storage, stocking and disposal for the administration of pre-hospital emergency care.	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.	Substantive
	3.2.2 The Licensed CPG Provider has a process for the sharing of lessons learned from patient safety incidents (including adverse events, near misses and no-harm events) and complaints, which have occurred locally, nationally or internationally with employees, contractors and/or volunteers.	Substantive
	Standard 3.3 Licensed CPG Providers ensure all reasonable measures are taken to protect patients from abuse.	
3.3.1 The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise.	Fully Met	
Theme 4: Leadership, Governance and Management	Standard 4.1 Licensed CPG Providers have clear accountability arrangements to achieve the delivery of high, quality, safe and reliable healthcare.	
	4.1.1 The Licensed CPG Provider has an established reporting and accountability structure for clinical governance.	Substantive
	4.1.2 The Licensed CPG Provider has an identified Medical Director who is registered with the Medical Council and who is based in this jurisdiction and who oversees the service.	Substantive
	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.	Substantive
	Standard 4.3 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.	
	4.3.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure compliance with statutory legislation relating to the provision of safe and effective care.	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.	Moderate
	4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation framework.	Fully Met

Theme 5: Workforce	Standard 5.1 Licensed CPG Providers plan, organise and manage their workforce (volunteers, contractors and/or employees) to achieve the service objectives for high-quality, safe and reliable healthcare.	
	5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.	Substantive
	Standard 5.2 Licensed CPG Providers recruit/engage with practitioners with the required competencies to provide high-quality, safe and reliable healthcare.	
	5.2.1 The Licensed CPG Provider has a process in place to satisfy itself that the English language competence of its Responders and Practitioners, whose first language is not English, is appropriate to the clinical/ professional activities to be carried out by that person i.e. Responder or Practitioner levels.	Fully Met
	5.2.2 The Licensed CPG Provider has a process in place to check registration on appointment and on-going renewals of registration for volunteers, contractors and/or employees.	Substantive
	5.2.3 The Licensed CPG Provider conducts checks to confirm that all employees, contractors and/or volunteers have the appropriate qualifications and registrations.	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.	Substantive
	5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status.	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.	Fully Met
	5.4.2 The Licensed CPG Provider has a Fitness to Practice Policy/Procedure, which makes reference to the PHECC Fitness to Practice processes.	Fully Met
	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).	Substantive	
5.4.5 The Licensed CPG Provider creates opportunities for staff to feedback on the quality and safety of the service they work in.	Substantive	
Theme 6: Use of Information	Standard 6.1 Licensed CPG Providers have effective arrangements in place for clinical information governance.	
	6.1.1 The Licensed CPG Provider implements the PHECC 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)	Moderate
	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 trigger a requirement for PHECC to issue an improvement notice regarding the Provider's service.

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

Quality Improvement Plan

Sodexo Ireland Limited are required to 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.

Improvement Notice

Conditions to be Addressed

1. All policies, procedures and guidelines regarding call-taking, dispatching, and clinical response require clarification and development to ensure the safe, timely and clinically appropriate response to the patient.
2. The Provider's transport policies and emergency care protocols shall be revised by the Provider and its Medical Director to determine appropriate call categories for dispatching the Provider's response to incidents, and to include transparent process and guidelines, and clear information outlining the process for activation of the statutory services for clear and specific call categories.
3. Develop a clear policy related to the dispatching of personnel to the Visitors Centre nearby, or any other locations external to operational area of the site.
4. Any exemptions to EMT practice as outlined in the Clinical practice Guidelines in operation at the Provider should be clearly identified and documented by the Provider in conjunction with its Medical Director.
5. Review and update policies and procedures to protect patients and staff from healthcare associated infections.
6. The Provider has a duty of care to ensure appropriate testing/maintenance processes are in place for equipment and medical devices. Establish contracts with appropriate contractors for the testing/maintenance of serviceable medical equipment and further develop the equipment management policies and processes to support effective planning with regards to anticipating the lifecycle and replacement of equipment.
7. Clinical practice should be brought into alignment with the 2017 PHECC Clinical Practice Guidelines.
8. Update the Provider's current handover procedures to ensure full adherence of PHECC Clinical Record Management Guidelines, specifically ensuring handover of PCR/ACR top copy to statutory services providing transport to patients.



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