



Governance Validation Framework

Site Assessment Report

Beaumont Private Ambulance Limited

May 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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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, staff and management engagement in addition to quality improvement planning and support during the licensing cycle. Documentation submitted by Beaumont Private Ambulance 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 Beaumont Private Ambulance Limited, a private provider of pre-hospital emergency care services, primarily in the west of Ireland. The on-site GVF assessment visits for this report were conducted during May 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 Beaumont Private Ambulance 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.

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

Established in 2009, Beaumont Private Ambulance Limited is a private ambulance service based at Ballagh Street, Charlestown, Co. Mayo, F12 Y027. Beaumont Private Ambulance Limited provide services primarily in the West of Ireland and its declared company focus is on the provision of acute and non-acute ambulance transport services. The service provides patient transfers to the healthcare/nursing home and the private insurance sectors. Beaumont Private Ambulance Limited also provides ambulance to the event sector. The service dispatches tailored resources to meet its operational needs from an administrative centre in Charlestown. Beaumont Private Ambulance Limited ambulances are not located at a single base.

Beaumont Private Ambulance Limited is licensed by the Pre-Hospital Emergency Care Council (PHECC) to deliver pre-hospital emergency care service at the clinical levels of Emergency Medical Technician and Paramedic.

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

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	Beaumont Private Ambulance Limited
Type of Visit	Full GVF Assessment - GVFREP BPA 001_0519
Licensed CPG Provider Lead	GVFA5966
Date of Review	Practitioner Engagement - 01/05/2019 Site Assessment - 21/05/2019
Assessment Team	GVFA5966 - Team Lead GVFA3572 - Site Assessor GVFA4352 - Practitioner Engagement
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 May 2019.

Overview of Licensed CPG Provider

Assessment Details (continued):

Licensed CPG Provider Participants

General Manager
Operations Manager
Medical Director (Medical Council Reg No 180691)
Director of Nursing Services
Operational Clinical Support Officer
HR and Clinical Manager
Practitioner x 6

Onsite Feedback

Verbal feedback related to the GVF Assessment Team's initial findings was provided to the Senior Management Team of Beaumont Private Ambulance Limited by the PHECC GVF Team Leader at the closing meeting. A number of items were identified as areas of potential improvement. Specific comments were made with relation to items 2.1.1 and 3.3.1 and the requirements attached to provision of medications. There was agreement by all in attendance regarding the relevance and substance of the GVF Assessment Team's comments and indicative findings.

Judgement Framework















Level & Scoring	Descriptor
Not Applicable	<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> <p>        </p>
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> <p>        </p>

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

Assessment Panel Findings

1.1.1 - The Provider, Beaumont Private Ambulance Limited, operates a seven day a week service for patients who require transfer to or from hospitals, nursing homes or private residences with patient care provided by PHECC registered EMTs. The Provider reports that 99% of calls received require Practitioners of EMT clinical level, any higher acuity calls requiring a more advanced level of clinical Practitioner for ambulance transport are declined. The Assessment Team were satisfied that the Provider offered evidence of a timely and clinically appropriate response to planned work. A bank of approved EMT Practitioners can be called upon to provide cover for short term or unplanned absences and the Provider advised that capacity would rarely be affected by staff shortages. The Provider offers major incident response training for Practitioners during CPC (Continuous Professional Competence) training days.

1.1.2 – The Provider has a documented policy for taking calls, verifying addresses and deploying resources and a monthly review of performance is provided in the Provider’s clinical report. Most ambulance calls are pre-booked by telephone from the receiving facility by the office-based control dispatcher and a verbal agreement requesting time of patient collection is made and planned for the next day’s workload. During on-site GVF visit the Assessment Team observed non-planned ambulance requests being taken as a direct telephone booking from healthcare facilities. Ambulances were then dispatched based on availability at time of booking, and there was evidence that adequate dispatch information was passed to crews. Two mobile telephones are available to take call bookings.

For pre-planned work, crews are contacted the previous day via a secure web text messaging service sent to their personal mobile phones. The text message contains patient and call location/destination details that are deleted at the end of the shift. This element of the call dispatch process presents a high risk of breach of potentially identifiable patient information and presents a risk to the organisation’s reputation.

STN001 EMS Priority Dispatch Standard Version 4 is not applicable to Beaumont Private Ambulance Limited.

There is no evidence of a training programme for call handlers, although dispatchers do comply with dispatch policy. The Assessment Team were advised that predominantly members of management have historically always answered the calls since the establishment of the company, with no change in this practice, negating the need for a training programme.

The Provider reports that any complaints regarding late arrival of service are reviewed.

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



Areas of Best Practice













1.1.1 - Dispatch policy was fit for purpose and was observed as being utilised appropriately and a flexible and accommodating approach to non-planned calls was evident. Evidence exists of a positive harmonious work culture in that Practitioners are given adequate time to complete planned calls and feel under no pressure to meet targets or times.

Areas for Improvement

1.1.2 - The procedure of informing crews of next day, pre-planned calls is not secure as it passes potentially patient identifiable information to personal mobile phones. The Provider must adhere to PHECC guidelines and European Commission General Data Protection Regulation legislation by utilising a system whereby patient information is kept secure at all times. Any updated dispatch policy must also specify any new procedure.

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



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

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



Assessment Panel Findings

1.2.1 - The Provider advises they do not provide training in patient consent although this is documented in the Provider's Code of Ethics. The Provider expects PHECC registered EMTs to have had training in patient consent on commencement of employment.

During the GVF Practitioner Engagement crews identified themselves at healthcare facilities to nursing staff and were brought to the patient, however no formal identification took place between Practitioners and patients such as confirming name and date of birth.

Evidence of refusal to transport is documented on the Patient Care Report (PCR) and these PCRs are audited for inclusion in the monthly audit report.

1.2.2 - Policies exist for refusal of treatment and/or transport, and during GVF Practitioner Engagement the crews demonstrated awareness of the refusal of treatment and/or transport policy and provided examples of patient management.

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



Areas of Best Practice















Practitioners demonstrated good knowledge of policy and procedure of refusal of treatment or transport.

Areas for Improvement

1.2.1 – Practitioners should, where possible, confirm directly with the patient as to their identity and ascertain patients' capacity and consent as standard practice to ensure patient rights, dignity and safety. The Provider must ensure all Practitioners are trained in capacity and consent procedures and compliance with PHECC guidelines.
The Provider may wish to implement procedures and/or training to ensure staff familiarisation and compliance with patient identification, capacity and consent.

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

1.3.1 – The GVF Assessment Team were provided with the Provider's staff Code of Conduct document for review and found this fit for purpose.

A positive reflection on the service provided by the Provider was demonstrated during Practitioner Engagement as crews were observed to have undertaken their duties in a courteous professional manner, showing respect for patients and discretion with patient handovers.

Practitioner training on promoting respect, dignity and confidentiality is provided as part of the Provider's induction programme, and all Practitioners are required to adhere to the PHECC code of professional conduct and ethics.

1.3.2 – During GVF Practitioner Engagement staff stated they feel supported within the organisation.

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



Areas of Best Practice

Beaumont Private Ambulance Limited is commended for their culture of kindness, respect and dignity towards patients, which is evident through Practitioners receiving high levels of satisfaction from patient surveys and observed clinical practice by the GVF Assessment Team.

Areas for Improvement

No specific observation noted by the GVF Assessment Team.

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



PHECC Statement	The Licensed CPG Provider has systems in place to promote and measure positive patient experience.
PHECC Requirements	<p>1.4.1 The Licensed CPG Provider undertakes Patient Satisfaction and/or Patient Experience Surveys to help shape and improve services and culture.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #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: #ff9900; 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: #99cc66; border: 1px solid #ccc;"></div> <div style="width: 20px; height: 20px; background-color: #009966; border: 1px solid #ccc;"></div> <div style="font-size: 2em; margin-left: 10px;">✓</div> </div>

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



Assessment Panel Findings

1.4.1 – Within Beaumont Ambulance Service Limited various procedures are evident of service improvement, including monthly patient satisfaction surveys and quarterly visits to hospitals by the Provider's management to identify stakeholder' needs and potential service improvement ideas. Dissemination of the results of these surveys is also fed back to staff through the Provider's monthly internal newsletter.

Patient surveys are collated by an external party who gathers information on the patient experience. This information is relayed to the Provider's Executive Management Committee and is used to improve service. One example given of service improvement was for the type of vehicle being used, which identified comfort issues for patients. This highlighted a need for a more comfortable patient experience, which led to the Provider specifying air suspension vehicles in future vehicle procurement.

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



Areas of Best Practice













Evidence exists that the Provider uses results from patient satisfaction surveys to directly improve the quality of service it provides to patients, which demonstrates a culture of patient-centred care.

Areas for Improvement

No specific observation noted by the GVF Assessment Team.

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



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

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



Assessment Panel Findings

1.5.1 – The Provider has a documented complaints procedure, which was reviewed by the GVF Assessment Team.

During GVF site assessment a randomly sampled complaint from a member of the public was reviewed by the GVF Assessment Team. The complaint was found to have been investigated in an open, timely and appropriate manner. An apology was offered to the complainant and staff action was evidenced including dissemination of lessons learned throughout the organisation.

1.5.2 – Practitioners are aware of the complaints process and are able to direct patients to the appropriate telephone number or contact address.

Staff receive complaints handling training on induction and policies are available to view on mobile electronic tablet device.

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

There is good evidence of staff awareness of complaints policy and procedure and the Provider can provide evidence of appropriate complaints' procedures and record keeping.

Areas for Improvement

No specific observation noted by the GVF Assessment Team.







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.



<p>PHECC Statement</p>	<p>The Licensed CPG Provider must ensure that privileged Responders/ Practitioners administer specific medications and perform specific clinical interventions in keeping with their CPG status.</p>
<p>PHECC Requirements</p>	<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

2.1.1. – The Provider provided evidence, in the form of an electronic register, of Practitioner status and was verified as appropriate and up to date by GVF Assessment Team on-site. All but three employees practice at EMT level and there was evidence of verification of registration and approval of both employees and contracted “ad hoc” staff.

The Provider has a documented policy to ensure monitoring and assurance of upskilling, with competency assessments being carried out on an ongoing basis by Operations Training Officers and monthly PCR reviews. A review of upskilling records for Practitioners demonstrated full compliance.

Occasionally the Provider employs Paramedic grade Practitioners for public events medical cover and three Paramedic CPG Practitioners are registered as employees. In discussion with the Provider's senior management the GVF Assessment Team identified that the full range of Paramedic level medications within Beaumont Private Ambulance Limited is not available for Paramedic Practitioners to use. There is no evidence of any CPG exemptions authorised by the Medical Director, therefore in order to apply for, and provide Paramedic CPG level of service, Beaumont Private Ambulance Limited must have all equipment and medications available for Paramedics to practice at their grade.

During Practitioner Engagement, Practitioners’ ability (EMTs) to deliver a selection of CPGs (Medical and Trauma) by having all necessary equipment available was verified.

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



Areas of Best Practice







The GVF Assessment Team were able to review the ongoing work on the Provider's new computerised HR system, which gives up to date and wide-ranging information on Practitioner status including training records and PHECC registration status. The Provider is commended on its commitment to invest in modern technology to streamline HR information and Practitioner records.

Areas for Improvement

The Provider must ensure availability of the full range of medications to Paramedics employed within their service at all times to ensure appropriate patient care, service delivery, and compliance with PHECC guidelines.

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

During Practitioner Engagement a discrete patient handover process was observed although no formal or structured approach to hand-over was observed. On one occasion it was observed that a Practitioner encountered difficulty delivering a handover to nursing staff who appeared to be dismissive of the attempt. There was no attempt to perform handover using 'IMIST AMBO' despite 'IMIST AMBO' being referenced within the Provider's policies.

Patient care records were observed as completed for all patient interactions and the Provider provides training in communication and handover processes.

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



Areas of Best Practice

No specific observation noted by the GVF Assessment Team.

Areas for Improvement







Standard EMS handover utilises the 'IMIST AMBO' handover protocol as developed by PHECC and the Emergency Medical Programme (EMP). This tool is primarily used for emergency and unscheduled care patients. It is recognised that the Provider deals with mostly routine transfer call patients and the PHECC/EMP handover protocol is designed to be flexible and can be adapted for routine handovers if required. Other structured handover tools are available, which may be considered as an alternative for routine types of handover such as the 'ISBAR' communication tool.

To ensure a safe and effective patient handover process, a structured handover using an effective and recognised communication tool must be used for each patient.

The Provider may wish to consider developing a process that enables/encourages Practitioners to report difficulties in using IMIST AMBO or other handover processes. Additionally, the Provider may wish to engage with stakeholders, such as nursing homes and hospitals, of the requirement of handover processes between healthcare teams.

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

On engagement with the Provider the GVF Assessment Team observed Practitioners to have completed a vehicle road-worthiness (VDI) check as part of their daily duty. This was then recorded on a mobile tablet device. Any defects or problems encountered during the pre-shift check are recorded during the daily inspection on the tablet and management is notified.

Appropriate paperwork (vehicle registration, taxation, servicing and maintenance) was sourced and viewed by the GVF Assessment Team for a number of randomly chosen vehicles. CVRT certificates were available to the GVF Assessment Team.

The Provider has a computerised 'flagging' system for vehicles to alert upcoming expiry of CVRT.

Any pre-owned vehicle the Provider may purchase is inspected by an external contractor before being used operationally.

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

Strong evidence exists that the Provider has a robust system where the road-worthiness of patient transport vehicles is in line with legislation. VDIs are available to be viewed by management immediately on submission by staff on electronic tablet devices to allow any issues to be rectified.

Areas for Improvement

No specific observation noted by the GVF Assessment Team.

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



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

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



Assessment Panel Findings

2.4.1 – The Medical Director’s report 2018 was submitted and reviewed by the Assessment Team. The 2018 report contained a summary of 2018 activity, including information on clinical incident investigation, clinical audits, infection control, medication use, actions/outcomes and recommendations.

2.4.2 – The assessment team reviewed a documented clinical audit programme and clinical audit policies. Three thematic audits are carried out annually, with monthly process clinical audits being completed. Audits are predominantly based on data captured from the Patient Care Reports and Patient Transport Reports (PCR & PTR). Results of audits carried out and learning events are shared throughout the organisation via email and the Provider's monthly newsletter.

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



Areas of Best Practice

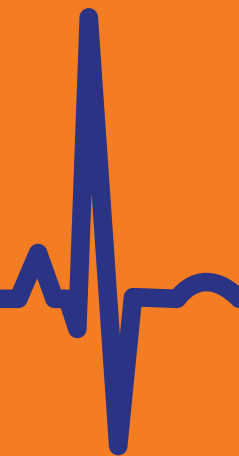
There is evidence of clinical audit within the organisation and results of feedback are shared with staff through newsletters.

Areas for Improvement

2.4.2 - The Provider should consider auditing systems or processes other than only reviewing PCR/PTRs. A wider range should make the audit process more meaningful for Practitioners and give a more in-depth view of clinical processes providing valuable information to the organisation on how to develop safe practice. One example of this may be to introduce regular practice-based observational clinical audits, which can provide immediate meaningful feedback to Practitioners on a face to face level.

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>

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



Assessment Panel Findings

3.1.1 - The Provider has an infection prevention and control policy, which was reviewed by the GVF Assessment Team, and evidence exists through engagement that staff are aware of the policy and procedures. Staff are aware of the need to wipe down surfaces and change linen between patients, and this was observed by the GVF Assessment Team during Practitioner Engagement. A dedicated cleaning supplies locker was observed by the GVF Assessment Team on the ambulance and observed the ambulance to be visibly clean and free from clutter. The Provider has systems in place to ensure regular deep cleaning of the ambulances, however, no evidence was offered of a recording system to verify that deep cleaning is carried out. No on-site cleaning facilities for floor mopping were observed by the GVF Assessment Team. Practitioners state that if this is required they travel to a healthcare facility, at a designated location, such as a hospital site.

Clinical waste disposal facilities were not present at the Practitioner Engagement ambulance location/site. The GVF Assessment Team were advised by Practitioners that if clinical waste was generated during shifts this would be disposed of at the hospital site under an informal agreement between the Provider and hospital staff. Systems are in place with an external specialist contractor for the safe collection and disposal of clinical waste, including the safe disposal of sharps on demand.

The Provider has a staff dress code policy and Practitioners were observed to be wearing clean and matching uniforms.

3.1.2 - The Provider has a documented medicines management policy, which was reviewed by the GVF Assessment Team. Medications were observed to be stored in a locked metal box on vehicles and contained drugs pertaining to EMT clinical level only. Replacement drugs are stored centrally at the head office and were verified as being the correct range of drugs for EMT clinical level.

Medications are checked daily and recorded on the VDI via the vehicle tablet, including expiration due dates. Email alerts are sent to management to ensure timely ordering and restocking of out of date medications. Out of date drugs are disposed of and replaced at head office. Practitioners advised that it would be unusual to require a restock of drugs or equipment during a shift, but that supplies were available to them when required.

Practitioners are aware of processes for reporting adverse events, near misses and no harm events.

Within the organisation the Clinical Lead is alerted via HPRA of any medicines/withdrawal alerts and medicines use are audited on a regular basis. The Provider does not carry controlled medicines, and not all Paramedic medicines were available for Paramedic CPG range.

3.1.3 - The GVF Assessment Team engaged with Practitioners who verified that any defective equipment is replaced immediately from head office. They stated that this has happened in the past and there was always spare equipment when needed. The GVF Assessment Team reviewed equipment maintenance records during on-site assessment. Maintenance and servicing records of specific items of equipment, selected by the GVF Assessment Team, were found to be up to date and complete.

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

The Provider has a robust and flexible process for stocking/re-stocking of medicines and defective equipment in various bases/locations.

Areas for Improvement

3.1.1 -The Provider should ensure appropriate clinical waste disposal facilities, including floor cleaning materials and equipment, are available at appropriate Provider locations to ensure effective infection prevention control measures.

The Provider should introduce documented regular clinical area cleaning audits to ensure meaningful cleaning and disinfection takes place and a formal reporting structure for same.

3.1.2 – The Provider must ensure full range of medications are available to deliver Paramedic CPGs (see 2.1.1).

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

3.2.1 – The Provider has documented policies and procedures in incident reporting, including adverse events, near miss and no harm events.

During Practitioner Engagement, it was observed that staff are only somewhat familiar with these policies but state that there is no blame or stigma associated with reporting an incident.

The Provider has documented policies on investigation and root cause analysis of incidents.

The provider endorses a policy of open disclosure. Training is received on induction day and staff are encouraged to report incidents.

3.2.2 – Evidence was observed, through review of staff newsletters and public complaints, of information about adverse incidents being investigated and shared with staff.

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



Areas of Best Practice

The Provider encourages and promotes open disclosure. A positive culture is present within the organisation with staff having no fear of reporting adverse incidents.

Areas for Improvement

3.2.1 – As policies are available to all staff on the vehicle tablet, with policy updates being sent via personal email, the Provider may wish to establish a system of assurance that staff are familiar with and understand the content of these policies. Further training may be required to ensure staff understand the importance of formal reporting of all incidents, including adverse events, near misses and no harm events.

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



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; display: flex; align-items: center; justify-content: center;"> ✓ </div> <div style="width: 20px; height: 20px; background-color: #99cc99; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #009900; border: 1px solid #000;"></div> </div>

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



Assessment Panel Findings

The Provider has policies and procedures, accessible to all staff, regarding child protection, vulnerable adult protection and patient dignity. Training is included in the Provider's induction programme. On engagement with frontline staff, they confirmed their understanding of the process of training in safeguarding concerns and how to report concerns.

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

The GVF Assessment Team reviewed the Provider's current policies on child protection and vulnerable adults and found these were not aligned to current legislation and require review and updating to current legislation and reporting methods. All staff will subsequently require training to Child First Act 2015 standard. Training should emphasise that all PHECC registered Practitioners are 'Mandated Persons' under the Child First Act 2015, with a legal responsibility to report concerns directly to TUSLA - The Child and Family Agency.

The Provider may wish to use various methods of staff training such as 'in-house' or online training in child protection/reporting offered by TUSLA.

The Provider shall establish an executive/lead person within the organisation with responsibility for safeguarding.

Theme 4

Leadership, Governance and
Management



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



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

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



Assessment Panel Findings

4.1.1 - The Provider has an established Executive Management Committee, comprising the senior management team with the Medical Director having medical oversight. This committee receives a monthly report from the Clinical Director of relevant clinical activity. The GVF Assessment Team reviewed a sample report detailing the monitoring of safety and quality indicators, clinical audit outcomes, near miss reports, monthly patient surveys and matters arising.

4.1.2 - The Provider has an identified Medical Director who is registered with the medical council – Registration number 180691. The Medical Director establishes the Provider's medical policy and oversight. Evidence was submitted including a Medical Director's job description and report for 2018.

Through Practitioner Engagement and interview with the Medical Director, the GVF Assessment Team observed a lack of formal engagement between Medical Director and Practitioners. Practitioners were initially unsure of who the Medical Director was, and stated they have never formally met her, but engage only occasionally at local hospitals where the Medical Director is based. In discussion, the Medical Director expressed a desire to become more involved in training activities, and is making plans to do so.

4.1.4 - The GVF Assessment Team reviewed the Provider's insurance policies, which included cover for public/employee liability and clinical negligence.

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



Areas of Best Practice

4.1.2 – The Medical Director is undertaking a teaching qualification to provide future ‘in-house’ training to staff. This is a positive development for the organisation, ensuring enhanced skills, communication and networking within the organisation.

Areas for Improvement

4.1.2 – The Provider may wish to involve the Medical Director and Practitioners in regular meetings and training activities. This will help reinforce an established clinical governance structure within the organisation and provide future learning opportunities for all employees.

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 predominantly utilises clinical audit of data captured on PCRs for the monitoring of a number of indicators, including medications administered, infectious disease, frequency of obtaining vital signs and patients refusing of vital observations. Evidence was offered of how service delivery was improved after review of complaints/comments.

Practitioners reported the varied methods in relation to complaints reporting process in line with the Provider's policy, with some advising they would direct complainants to a designated telephone and others advised they would provide a complaint/comments form kept in each ambulance. During Practitioner Engagement, the Practitioners were unable to locate and provide a paper complaints form to the GVF Assessment Team on request.

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







There is good evidence that Practitioners can adequately direct a stakeholder's complaint in the appropriate manner, through direct telephone or the Provider's complaint/comment form. The Provider acts on patient feedback in a direct and meaningful way, for example, through purchase of ambulance vehicles with increased patient comfort, and permitting crews to take breaks in long patient transport journeys for patient comfort.

Areas for Improvement

The Provider should ensure availability of complaint/comments forms in all ambulance vehicles.

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	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.					
						

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



Assessment Panel Findings

The GVF Assessment Team found evidence of systems, processes and procedures in place to ensure compliance with statutory legislation relating to safe and effective care. This was evidenced through sampling of the Provider’s HR database of up to date training records. Evidence exists of the Provider maintaining a corporate risk register.

The Provider supports Practitioners in adherence to dress code policy, infection prevention and control, and health and safety. Staff are given an allowance to purchase a specified standard of safety boot as part of the uniform.

During Practitioner Engagement evidence found that while staff were aware that policies and procedures existed and are easily accessible on the vehicle tablet, they rarely reference them and are unsure of the content.

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

No specific observation noted by the GVF Assessment Team.

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



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

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



Assessment Panel Findings

4.4.1 – The Provider circulates relevant updates and information to staff predominantly via personal email addresses and group text messaging service. The Provider requires the Practitioner to reply confirming receipt of the updated information but currently does not have a system to assure the Practitioners' understanding of updates.

The Provider runs regular training sessions for staff including an annual residential training programme, usually lasting 2 days.

Safety issues are highlighted in regular staff newsletters.

4.4.2 - The Provider has submitted a self-assessment document, and the GVF Assessment Team have been provided with additional documents and information relevant to 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

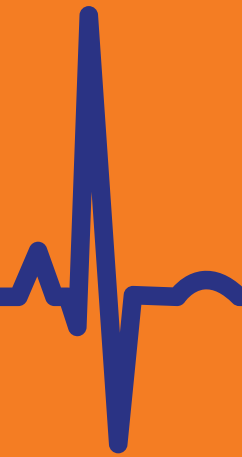
The GVF Assessment Team reviewed a monthly staff information newsletter sent to staff.

Areas for Improvement

4.4.1 – The Provider may wish to consider developing a process where they can identify staff have an understanding of new policies/updates rather than simply acknowledging receipt of same.

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; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; background-color: #ff0000; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; background-color: #ff9900; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; background-color: #ffff00; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; background-color: #99cc66; margin-right: 5px;"></div> <div style="width: 20px; height: 20px; background-color: #009966; margin-right: 5px;"></div> <div style="font-size: 2em;">✓</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 stated they have no issues currently maintaining cover and have the staff numbers required to deliver their existing service.

The Provider reviews daily and weekly staff rostering to ensure sufficient staffing of relevant clinical grades. Succession planning is also reviewed as part of a management development programme.

The Provider maintains a bank of approved ad-hoc staff to maintain cover in the event of unexpected demand and/or illness or injury.

The training and certification information is stored on the HR system for both full time and ad-hoc staff and this was verified by the GVF Assessment Team. The system has automatic alerts regarding various expiration dates.

Exit interviews are conducted before a member of staff leaves the organisation.

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

No specific observation noted by the GVF Assessment Team.

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.
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.

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



Assessment Panel Findings

5.2.1 - The Provider has an English language competency policy which identifies the requirement for an external assurance of English language competency for any staff member whose first language is not English.

5.2.2 - The Provider has recently implemented a comprehensive HR software system. All staff qualifications, certification and compliance requirements are stored electronically and alert management and the staff member with renewal reminders. This was reviewed and verified by the GVF Assessment Team.

5.2.3 – The GVF Assessment Team verified employee files and all documentation in relation to recruitment is maintained electronically for each employee.

5.2.4 - The Provider has a documented policy for Garda vetting. Evidence of completed Garda vetting was reviewed and is stored electronically in the HR system.

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 established an HR system where all relevant employee records and renewal reminders are easily accessible for review or update. The Provider is to be commended for this investment in the organisation.

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> <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

5.3.1 - The Provider has a documented induction programme in place for all new staff or returning staff. The GVF Assessment Team reviewed a sample of employee records and found full compliance among front line Practitioners in relation to induction training.

5.3.2 - The Provider has a documented training and development policy. All Practitioners confirmed annual training in cardiac revalidation and manual handling and had completed upskilling to 2017 CPGs. The GVF Assessment Team were advised by Practitioners that there was no formal appraisal system currently in operation, but an informal review takes place at an annual social event. Practitioners did feel it was possible for them to approach management at any stage with their individual needs.

5.3.3 - The Provider states they do not accommodate students and therefore do not have an applicable policy.

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

No specific observation noted by the GVF Assessment Team.

Areas for Improvement

5.3.2 – The Provider should consider adopting an annual individual staff appraisal process to support staff with their individual CPC needs and formalise any relevant action plans as a result of outcomes.

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

5.4.1 – The GVF Assessment Team reviewed the Provider’s critical incident stress management policy. The GVF Assessment Team found that Practitioners were aware of the policy and that counselling was available to them. Practitioners confirmed that management had previously followed up with them after a difficult call.

5.4.2 – The GVF Assessment Team reviewed the Provider’s fitness to practice policy that recognises the PHECC fitness to practice approach.

5.4.3 – The GVF Assessment Team observed evidence within the training and development, and the fitness to practice policies, for processes on managing poor and unacceptable staff performance. This was also verified in discussion with senior management. The Provider has a documented staff appraisal scheme, which it is recommended by the GVF Assessment Team to adopt a regular and formalised process (see 5.3.2). The Provider may wish to consider providing various forms of feedback to staff suggestions and concerns, for example in the form of newsletters, face to face annual appraisals, and at training events. Evidence was submitted and reviewed for a programme of clinical audit. The GVF Assessment Team reviewed evidence of monitoring, investigation and review of complaints/incidents against named individuals.

5.4.4 - The Provider has a documented Whistleblower’s policy, and Practitioners confirmed they know they can bring anything to the attention of management without fear of punishment or retribution.

5.4.5 – Evidence exists of staff knowing how to raise concerns, and of staff attitude surveys. The organisation and employees may benefit from a formal feedback loop consisting of staff engagement and senior management, including the Medical Director.

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

A positive and supportive culture is fostered within the organisation through staff awareness of CISM policy and an open reporting ethos. Evidence exists that these are actively promoted by management.

Areas for Improvement

No specific observation noted by the GVF Assessment Team.



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

6.1.1 – The GVF Assessment Team reviewed the Provider’s clinical records management policy. Within the ambulance, PCRs were not found to be stored securely on the vehicle. These were stored in a folder within an unlocked glove compartment of the vehicle, which does comply with the Provider's policy but is not compliant with current good practice. Practitioners reported that these records stay in this location and are collected on a weekly basis. Practitioners demonstrated awareness of data protection and information governance responsibilities.

6.1.2 - The Provider demonstrated evidence of an ongoing audit of clinical records, and monthly PCR audits are reported into the Executive Management Committee clinical report. The GVF Assessment Team found completed PCRs to be legible, although more detail on patient disposition, patient statements, and a second set of clinical observations during Practitioner Engagement were not observed.

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



Areas of Best Practice

No specific observation noted by the GVF Assessment Team.

Areas for Improvement

6.1.1 - The Provider must adhere to the PHECC Clinical Records Management Guidelines and European Commission General Data Protection Regulation legislation by utilising a system whereby patient information is kept secure at all times. The Provider should review and update their Clinical Records Management policy. The policy must also specify any new procedure on securing patient records.

The Provider may wish to consider providing enhanced security for patient records within the ambulance during shift, such as a metal lock box. The Provider should consider an appropriate method of records security at end of shifts at satellite location/bases, such as a secure safe within the building until records can be filed into final destination.

The Provider should remind staff of the importance of all clinical information that should be included on patient records.

6.1.2 – PCRs are reviewed regularly, however on Practitioner Engagement the PCRs reviewed were found to lack some relevant patient information. The Provider should ensure compliance in completion of clinical records, and should inform staff of standards required. It may be beneficial to include this topic in any upcoming internal CPC events.

Report Summary



Report Summary

The PHECC Governance Validation Framework consists of six (6) Themes that encompasses of 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 Beaumont Private Ambulance Limited are as follows:

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	1	2.3%
Not Met	0	0%
Minimally Met	0	0%
Moderately Met	5	11.7%
Substantively Met	9	21%
Fully Met	28	65%

	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.	Substantive
	Standard 1.2 Patients' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.	
	1.2.1 The Licensed CPG Provider has systems, processes and procedures, developed in line with best practice for patient consent and/or patient identification (which includes guidance for practitioners) in line with the PHECC Code of Professional Conduct & Ethics.	Substantive
	1.2.2 The Licensed CPG Provider has a policy/procedure in place in relation to the refusal of treatment and/or transport.	Fully Met
	Standard 1.3 Patients' dignity, privacy and autonomy are respected and promoted.	
	1.3.1 The Licensed CPG Provider has arrangements in place to promote patients' privacy, dignity and autonomy.	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.	Fully Met
	Standard 1.5 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.	
	1.5.1 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.	Fully Met
	1.5.2 The Licensed CPG Provider provides training to all front-line volunteers, contractors and/or employees in handling a patient or family member's complaint or concern.	Fully Met
	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.		Moderate
Standard 2.2 Patients receive integrated care, which is coordinated effectively within and between services.		
2.2.1 The Licensed CPG Provider has a standardised handover process in place to ensure the safe, timely, and structured exchange of information during handover of patients.		Moderate
Standard 2.3 Healthcare is provided in a physical environment, which supports the delivery of high-quality, safe, reliable care and protects the health and welfare of patients.		
2.3.1 The Licensed CPG Provider has process, systems and procedures in place to ensure the road-worthiness of their patient transport vehicles in line with legislation.	Fully Met	

	Standard 2.4 The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.	
	2.4.1 The Licensed CPG Provider submits an Annual Medical Director Report annually,* which informs the PHECC of clinical activities in the organisation and includes a CPG report (*Calendar year).	Fully Met
	2.4.2 The Licensed CPG Provider has a systematic programme of clinical audit in line with the PHECC standards (STN019), which is used to monitor quality and outcomes and promote learning.	Substantive
Theme 3: Safe Care and Support	Standard 3.1 Licensed CPG Providers protect patients from the risk of harm associated with the design and delivery of healthcare services.	
	3.1.1 The Licensed CPG Provider has a reliable system in place to prevent and protect patients and staff from healthcare associated infections.	Moderate
	3.1.2 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure medicines availability, storage, stocking and disposal processes for the administration of pre-hospital emergency care.	Substantive
	3.1.3 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure equipment/medical device availability, storage, stocking and disposal for the administration of pre-hospital emergency care.	Fully Met
	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.	Fully Met
	Standard 3.3 Licensed CPG Providers ensure all reasonable measures are taken to protect patients from abuse.	
	3.3.1 The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise.	Moderate
	Theme 4: Leadership, Governance and Management	Standard 4.1 Licensed CPG Providers have clear accountability arrangements to achieve the delivery of high, quality, safe and reliable healthcare.
4.1.1 The Licensed CPG Provider has an established reporting and accountability structure for clinical governance.		Fully Met
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.		Fully Met
Standard 4.4 Licensed CPG Providers act on standards and alerts and take into account recommendation(s) and guidance, as formally issued by relevant regulatory bodies as they apply to their service.		

	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
	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.	
Theme 5: Workforce	5.3.1 The Licensed CPG Provider has developed and implemented a comprehensive induction programme to ensure volunteers, contractors and/or employees understand their responsibilities in relation to the safety and quality of services.	Fully Met
	5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status.	Fully Met
	5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students (if applicable).	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.	Fully Met
	5.4.4 The Licensed CPG Provider improves patient safety by encouraging and supporting employees, contractors and/or volunteers in the reporting and learning from patient safety incidents (including adverse incidents, near misses and no-harm events).	Fully Met
	5.4.5 The Licensed CPG Provider creates opportunities for staff to feedback on the quality and safety of the service they work in.	Fully Met
	Standard 6.1 Licensed CPG Providers have effective arrangements in place for clinical information governance.	
Theme 6: Use of Information	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 Status

In accordance with the Council rules this GVF site-assessment requires PHECC to issue an improvement notice with relation to 3.3.1, which requires immediate attention and compliance, and 2.1.1, which requires consideration related to licensing status, as advised in the 'close out' meeting post assessment. Prior to the next licensing cycle Beaumont Private Ambulance Limited will have assured PHECC of their compliance with regards to items 2.1.1 and 3.3.1.

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

Beaumont Private Ambulance Service are now required to adjust and re-submit their Quality Improvement Plan (QIP) to PHECC. This adjustment of the QIP will encompass the findings outlined in this report and any other planned quality improvement or organisational development initiatives to be undertaken in the upcoming licensing period.



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