

Pre-Hospital  
Emergency Care  
Council



# **Governance Validation Framework**

## **Site Assessment Report**

**Murray Ambulance Service Ltd**

**November 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, and staff and management engagement in addition to quality improvement planning and support during the licensing cycle. Documentation submitted by Murray Ambulance Service Ltd prior to the assessment and any evidence provided on assessment day(s) is reviewed and considered by the assessment team for assessment purposes.

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

The Licensed CPG Provider that is the subject of this report is Murray Ambulance Service Ltd, a private provider of pre-hospital emergency care services with headquarters in Castlebar, Co Mayo. The onsite GVF assessment visits for this report were conducted during November 2019 by an assessment team drawn from a panel of subject matter experts selected and trained by PHECC to conduct the onsite assessments.

It is important 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 Murray Ambulance Service Ltd.

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.

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

## Overview of Licensed CPG Provider

Murray Ambulance Service Ltd (MAS) is a private ambulance service, established in 2008, with its headquarters in Castlebar, Co Mayo.

MAS offer emergency and non-emergency ambulance transport to patients nationwide through the private health insurance system and also on request of the health service executive. The company also provides pre-hospital emergency care at a variety of events.

Information used to create this overview was supplied by the Provider.  
For more information visit: [www.murrayambulance.ie](http://www.murrayambulance.ie)

## Overview of Licensed CPG Provider

### Assessment Details:

Licensed CPG Provider	Murray Ambulance Service Ltd
Type of Visit	Full GVF Assessment MAS 001_1119
Licensed CPG Provider Lead	GVFA8205
Date of Review	Practitioner Engagement - 08/10/2019 Site Assessment - 12/11/2019
Assessment Team	GVFA8205 - Team Lead GVFA4532 - Site GVFA6815 - Practitioner Engagement
Circumstances of this Site Assessment	Establishment of GVF programme - Transition to 3-year licensing cycle.
Relevant Recent Visits	On-site Assessment conducted November 2019.

# Overview of Licensed CPG Provider

## Assessment Details (continued):

### Licensed CPG Provider Participants

Managing Director  
Operations Manager

### Onsite Feedback

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

# Judgement Framework

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

















# Theme 1

Person Centred  
Care and Support



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

<b>PHECC Statement</b>	The Licensed CPG Provider has appropriate arrangements in place to ensure patients have equitable access to services based on assessed needs.
<b>PHECC Requirements</b>	<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>
<b>PHECC Statement</b>	The Licensed CPG Provider has appropriate arrangements in place to ensure screening and prioritisation of calls.
<b>PHECC Requirements</b>	<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 There is evidence of rosters for reserve crews to meet capacity if required.

An online route planner is used to estimate travel times for calls. This is a reasonable time metric for planning purposes. Where there is an unexpected delay, the company use a fifteen-minute rule where crews delayed longer than this contact control and inform them of the issue, thus allowing for dynamic planning. However, there is no current overall audit of delayed or missed appointments.

1.1.2 The Provider uses a proprietary call verification/call management application to manage their calls. This system is set up with secure servers that allows for two information backups per 24 hours period. The system is PIN protected and call details are retained for six months. Use of this system was evidenced during the Practitioner Engagement. Translation services are not available but patients requiring it tend to provide their own. No reference for translation is in place. Ambulance controllers are provided with call-handling induction.

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



### Areas of Best Practice













The call management phone application is an innovative and secure method of managing their calls. The Provider has been proactive using technology to improve service delivery.

### Areas for Improvement

1.1.2 The Provider could improve delays by auditing monthly/annual delays in facilities outside of its control, and identify trends or issues, and use this data to help resolve problems.

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



<b>PHECC Statement</b>	The Licensed CPG Provider has systems, policies and procedures in place that respect the values, preferences and wishes of patients.
<b>PHECC Requirements</b>	<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 &amp; Ethics.</p> <p>       </p>
<b>PHECC Requirements</b>	<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**

1.2.1 During the Practitioner Engagement, it was evidenced that crews were proficient in seeking patient consent. Practitioners use the PHECC Patient Care Record (PCR) to document consent and capacity issues and those marked for audit are reviewed by the Provider’s Medical Director at the end of each quarter. There is a policy on consent and each Practitioner has viewed this and it is recorded in their individual files.

1.2.2 The Medical Director has completed audits of the Provider's PCRs and there is documented evidence of this practice on a three-monthly basis. The policy on advising and supporting clients mentions refusal of treatment and/or transport but does not reference patient capacity issues relating to refusal. The policy is more directed towards effective redeployment of resources and therefore is not patient focused. There is currently no analysis of patient refusals.

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



**Areas of Best Practice**

There are regular audits of the PCRs for completeness and in relation to clinical issues identified. PCR completion compliance is high, reviewed PCRs were legible and well annotated. Practitioners sought consent from patients in line with current best practice.















**Areas for Improvement**

1.2.1 PCRs marked for clinical audit by Practitioners could be identified earlier as part of the returns process.

1.2.2. The policies for consent, capacity and refusal of treatment/transport should be updated to reflect current practice as advised. The Provider should engage in analysis of patient treatment/transport refusal in line with GVF requirement 1.2.2.

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



<b>PHECC Statement</b>	The Licensed CPG Provider has systems, policies and procedures in place that respect the values, preferences and wishes of patients.
<b>PHECC Requirements</b>	<p>1.3.1 The Licensed CPG Provider has arrangements in place to promote patients’ privacy, dignity and autonomy.</p> <p>        </p>
<b>PHECC Requirements</b>	<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 There is a monthly inspection of all crews and all complaints /compliments are dealt with and recorded on file. Each Practitioner signs a confidentiality agreement and is brought through all the Provider's policies and procedures during induction training. They are supplied with an employee handbook and this information is also available to them online. If there are new updates to guidelines or policies, Practitioners complete an online update and print a verification form and send it to the Provider to be entered into their personal file.

1.3.2 During the Practitioner Engagement it was evidenced that the ambulance crew had excellent communication skills. The Provider's policy on duties to patients details their expectations of Practitioners in relation to patients and this is regularly monitored.

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



**Areas of Best Practice**

- 1.3.1 There is regular contact with crews at all bases to ensure the Provider's standards are being maintained.
- 1.3.2 Excellent communication skills were observed during Practitioner Engagement, with Practitioners demonstrating kindness and respect towards all patients.

**Areas for Improvement**

No areas of improvement identified for this standard.

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



<b>PHECC Statement</b>	The Licensed CPG Provider has systems in place to promote and measure positive patient experience.
<b>PHECC Requirements</b>	<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: #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;"> <span style="font-size: 1.2em; color: black;">✓</span> </div> <div style="width: 20px; height: 20px; background-color: #009966; border: 1px solid #000;"></div> </div>

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



**Assessment Panel Findings**

Compliments are communicated to each of the Practitioners and these are recorded and held on file. Records were visible for inspection by the onsite assessment team. There is a low level of complaints. There is currently a lapse in patient satisfaction survey collection, which is in the process of update to an online satisfaction survey. During Practitioner Engagement satisfaction cards were available on the vehicle, however, the Assessor did not witness distribution to patients.

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



**Areas of Best Practice**













There is evidence of adequate policies and procedures for complaints. The Provider is committed to the use of satisfaction survey to improve practice. Compliments received are disseminated to staff and retained on file.

**Areas for Improvement**

1.4.1 The Provider should update their policy on user satisfaction to reflect implementation of the online survey process.

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



<b>PHECC Statement</b>	The Licensed CPG Provider has an internal complaints/concern handling process.
<b>PHECC Requirements</b>	<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>
<b>PHECC Requirements</b>	<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 named policy Duties to Patients/complaints procedures covers the approach by the Provider. Complaints are directed to the Managing Director and these are reviewed by the Medical Director.

1.5.2 There is clear evidence that staff are aware of the complaints process and this is included in the induction process. The policy is verified as being understood by staff and details how to direct patients to make a complaint. These facts are verifiable in their individual files.

**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

Very good individual file/records per Practitioner that verifies all training completed and policy updates.

### Areas for Improvement

1.5.1 The Provider should retain evidence of apologies or remedial actions relating to all complaints received.









# 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.**



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

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



**Assessment Panel Findings**

The Provider maintains a spreadsheet in relation to training and competency levels. The assessment team viewed records for CPG up-skilling and other training. A registration check for current status is conducted using the PHECC online register. The individual CPG/CFR-A certs are contained within individual personnel files. CPG up-skilling is conducted by a contracted PHECC Registered Institution (RI). As an ATI CFR-A, patient handling and infection control programmes are completed in-house.

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



### Areas of Best Practice







There is evidence of a robust approach to maintaining training records and levels of competence.

### Areas for Improvement

No areas of improvement identified for this standard.

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



<b>PHECC Statement</b>	The Licensed CPG Provider promotes a structured but flexible handover process that optimises patient safety and quality of care.
<b>PHECC Requirements</b>	<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

While the PCR is used to document all patient details, there is no formal handover protocol used by Practitioners and patient handovers are not audited or formally monitored to ensure quality.

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



**Areas of Best Practice**

During the Practitioner Engagement, the assessment team observed a high standard of patient care and comprehensive patient handovers.

**Areas for Improvement**

2.2.1 The Provider should ensure a documented handover protocol is put in place and that all staff are trained in its use.

**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.**



<b>PHECC Statement</b>	The Licensed CPG Provider must ensure that ambulances are fit for purpose.
<b>PHECC Requirements</b>	<p>2.3.1 The Licensed CPG Provider has processes, systems and procedures in place to ensure the road-worthiness of their patient transport vehicles in line with legislation.</p> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="width: 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;"></div> <div style="width: 30px; height: 30px; background-color: #009966; border: 1px solid #000; position: relative;"> <span style="font-size: 2em; color: black; position: absolute; top: -10px; right: -10px;">✓</span> </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

Vehicle registration number 182MO\*\*9 was in service during Practitioner Engagement. Evidence of in-date tax and insurance was observed.

Onsite assessment reviewed 162MO\*\*8 vehicle information file. There was evidence of registration verification, tax, insurance and CVRT compliance. Additional equipment such as suction unit, and stretcher checked and inspected every two years by an independent certification 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.**



### Areas of Best Practice

There is a copy of each driver's licence in individual files and there are regular spot checks done for penalty points.

Vehicles are inspected daily via bespoke APP and urgent action items are flagged to management via an automatic email from the APP.

### Areas for Improvement

No areas of improvement identified for this standard.

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



<p><b>PHECC Statement</b></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><b>PHECC Requirements</b></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> <p> </p>
<p><b>PHECC Statement</b></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><b>PHECC Requirements</b></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> <p> </p>

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



**Assessment Panel Findings**

2.4.1 Evidence of the Medical Director's Annual Report requirements was available.

2.4.2 The Provider has delivered regular audits on PCR completion and radial artery compression device use\*

Note: Radial artery compression device management is a non-CPG based skill that is authorised/monitored by the Provider's Medical Director.

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



**Areas of Best Practice**

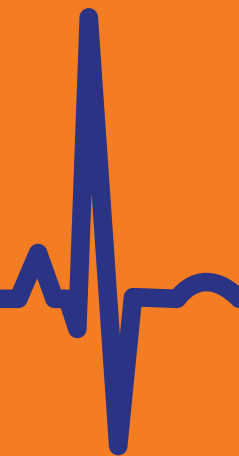
2.4.2 The results of audits have been fed back to all Practitioners to ensure it can help inform their future practice.

**Areas for Improvement**

2.4.2 The Provider should identify a broader scope of clinical audit topics to assess areas for improvement within its organisation.






















# 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.**



<b>PHECC Statement</b>	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.
<b>PHECC Requirements</b>	<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>
<b>PHECC Statement</b>	The Licensed CPG Provider ensures that there are systems in place to ensure the effective, efficient and safe use of medicines for the administration of pre-hospital emergency care.
<b>PHECC Requirements</b>	<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>
<b>PHECC Statement</b>	The Licensed CPG Provider ensures that there is systems place to ensure the effective, efficient and safe use of medical devices and equipment for the administration of pre-hospital emergency care.
<b>PHECC Requirements</b>	<p>3.1.3 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure the equipment/medical device availability, storage, stocking and disposal for the administration of pre-hospital emergency care.</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 GVF assessment team viewed the standard precautions in the Provider's infection control policy and there is annual training in infection control for all staff. There is an active incentive scheme to encourage flu vaccinations. Evidence of effective cleaning and decontamination was observed during Practitioner Engagement. There is a service contact in place for disposal of clinical waste.

3.1.2 The supply of medications and minimum stock levels was noted as an area of concern. The Provider has in place a checklist for medication and equipment. It was noted that several medications required for patient management within the current CPGs were not available to Paramedic Practitioners. This was identified to the Provider during the onsite assessment. The Provider has a controlled medication licence available to view onsite. A discrepancy in recorded stock levels and actual stock levels was observed.

3.1.3 Medical devices (defibrillator, stretcher, carrying chair) required for the implementation of CPGs were observed during engagement. An external certification company are engaged for service and certification of equipment. Evidence of appropriate cleaning and decontamination of equipment was observed. There are no formal local restocking processes available for bases.



**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**

- 3.1.1 There was evidence of effective infection control processes.
- 3.1.2 Daily VDI inspection highlights medication expiry and allows for timely replacement. There is an appointed person in charge of medications.
- 3.1.3 Evidence of equipment certification and service was available and is conducted in line with manufacturers' recommendations.

**Areas for Improvement**

- 3.1.2 The Provider should immediately ensure an up to date medications' checklist is put in place and ensure all medications required to deliver CPGs at registered Practitioner levels are available in the appropriate quantities.  
  
The Provider should ensure accurate recording of controlled medication sign in/out is conducted to ensure recorded stock levels match actual stock levels.
- 3.1.3 The Provider should ensure an adequate process for restocking is available at all base locations.

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



<b>PHECC Statement</b>	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.
<b>PHECC Requirements</b>	<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;"> <span style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ff9900; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000;"></span> <span style="font-size: 24px; margin-left: 5px;">✓</span> <span style="width: 20px; height: 20px; background-color: #99cc66; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #008000; border: 1px solid #000;"></span> </div>
<b>PHECC Statement</b>	The Licensed CPG Provider has arrangements in place to identify, assess and respond appropriately to patients' safety incidents and complaints.
<b>PHECC Requirements</b>	<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 volunteers, contractors and/or employees.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <span style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ff9900; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #99cc66; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #008000; border: 1px solid #000;"></span> <span style="font-size: 24px; margin-left: 5px;">✓</span> </div>

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



**Assessment Panel Findings**

3.2.1 There are currently no documented adverse clinical events processes. During induction staff are told to report issues. The assessment team note that the management of a previous adverse event resulted in disciplinary action; this approach may not facilitate organisational learning. Three near-misses were documented in a calendar year.

3.2.2 There is evidence of learning from near-misses and non-clinical events. Annual staff day activities includes feedback on incidents and learning points. The majority of information is disseminated via memo with a requirement to sign and return. The Board of Management meeting will decide an agenda for upcoming training or information dissemination.

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



**Areas of Best Practice**

There are documented near-misses and evidence of change management as a result of reported incidents.

**Areas for Improvement**

3.2.1 The Provider should develop a robust adverse clinical events policy. Staff training should be provided on what constitutes an adverse clinical event and reporting of adverse clinical events.

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



<b>PHECC Statement</b>	The Licensed CPG Provider is committed to safeguarding vulnerable members of the community.
<b>PHECC Requirements</b>	<p>3.3.1 The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff9900; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #99cc99; border: 1px solid #000; position: relative;"> <span style="font-size: 2em; position: absolute; top: -5px; right: -5px;">✓</span> </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

There is a documented organisational safeguarding policy in place.  
Each Practitioner has completed the Tusla Children First online programme and certificates are recorded.  
There is no designated officer within the Provider's organisation with responsibility for child safeguarding. Each Practitioner is Garda vetted in line with policy and records are retained.

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



### Areas of Best Practice

A safeguarding policy is in place and staff are appropriately trained in line with current best practice. Accurate records for training are retained by the Provider.

### Areas for Improvement

3.3.1 The Provider should appoint a safeguarding officer in line with the Children First Act 2015.

# 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.					
<b>PHECC Requirements</b>	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 Governance is commensurate with the size of the organisation. Governance functions are mainly carried out in line with the Board of Management meetings, however, the minutes of these meeting are not sufficiently detailed.

4.1.2 The Medical Directors' role is seen as providing guidance for medical issues, answering clinical questions and clinical audit. He also oversees the process for ordering and storage of controlled medications. A role descriptor is available for this position. There is evidence of engagement in clinical audit and PCR review.

4.1.3 Evidence of tax clearance was available and verified.

4.1.4 Evidence of appropriate insurances in line with GVF standards were available.

**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

Overall organisational governance is well documented and appropriate role descriptors for delegated positions are available. There is active engagement from the appointed Medical Director evidenced by Board of Management meeting minutes and clinical audit.

### Areas for Improvement

4.1.1 The Provider could benefit from a more comprehensive recording of meetings, in particular regular management and clinical governance meeting minutes.

**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.**



<b>PHECC Statement</b>	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.
<b>PHECC Requirements</b>	<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: #99cc66; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #009966; border: 1px solid #000; position: relative;"> <span style="position: absolute; top: -10px; right: -10px; font-size: 2em;">✓</span> </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

Feedback from crews is conducted via e-mail incidents back in to control. This triggers improved service delivery. The assessment team were presented with examples where change management was evident from engagement with Practitioners and use of this feedback mechanism.

The Provider utilises an external consultancy firm to conduct risk assessments and provide HR support. Items reported and identified are sent from the Operations Manager to crews for verification. Risk assessment and risk register action items are also listed. Three near-misses were reported last year. The Provider has been proactive in seeking quality performance indicators and has employed an external commercial accreditation company to independently assess their processes.

They have developed an electronic VDI application for reporting on vehicle readiness. There is also a staff incentive scheme for maintaining the vehicles in good order. This encourages proper checks and measurement. The Provider also uses the Emergency Service Driving Standard (ESDS) and operates an electronic tracking system for all of their vehicles.

**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







The Provider is proactive in developing quality processes and technical solutions. There is evidence of a safety focused approach with work planning. ESDS is adopted by the Provider and adequate records are retained for training and competence.

### Areas for Improvement

No areas of improvement identified for this standard.

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



<b>PHECC Statement</b>	The Licensed CPG Provider is compliant with all relevant laws and regulations.					
<b>PHECC Requirements</b>	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 Provider retains the services of a consultancy firm to manage their risk assessment and HR processes. PHECC information is sent to this firm for analysis and integration into policy. An online tool is used for risk assessment and the Operations Manager is the designated person within the organisation. A telephone number is available for staff support. The requirements of the Working Time Act are maintained via the Provider's operational roster.



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



**Areas of Best Practice**













The Provider demonstrates adequate processes to ensure compliance with statutory legislation and the provision of safe effective care through engagement of a professional firm to support risk management.

**Areas for Improvement**

No areas of improvement identified for this standard.

**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.**



<b>PHECC Statement</b>	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.
<b>PHECC Requirements</b>	<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>
<b>PHECC Statement</b>	The Licensed CPG Provider complies with the PHECC Governance Validation Framework.
<b>PHECC Requirements</b>	<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 Communications with staff is by email for memos and an Instant Messaging (IM) group for immediate information. Updates can be completed and verified using their existing systems and the assessment team were impressed with the level of engagement and communication with Practitioners. There are monthly inspections, annual and bi-annual training events, and an annual one day staff-get-together, which facilitates very good communication. All information disseminated is verified by staff, signed and printed and placed in their personal file.

4.4.2 There was a stated commitment from the management team to meet the on-going requirements of the GVF.

**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**

4.4.1 The assessment team verified evidence of high quality, regular communication with Practitioners and verification of all information occurs. This is well documented and managed.

4.4.2 There is commitment from the management team within the Provider’s organisation to meet the on-going requirements of the GVF.

**Areas for Improvement**

No areas of improvement identified for this standard.







# 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.**



<b>PHECC Statement</b>	The Licensed CPG Provider effectively manages its workforce (volunteers, contractors and/or employees) to meet the current and projected service needs.
<b>PHECC Requirements</b>	<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="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 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.**



### Assessment Panel Findings

The Provider’s management outlined that the workplace planning dynamic is complex and challenging due to a variety of factors. The Provider maintains a bank of personnel that they initially use part time and gradually introduce into their service as Practitioners. This system suits their model and Practitioners also get to see if the Provider’s organisation suits their needs. This approach ensures that Practitioners are vetted and mentored within the organisation before being offered full time employment. The Provider interviews two or three times annually with guidance from an outsourced HR company. Currently no staff turnover metrics are developed.

**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.**



### Areas of Best Practice

There is evidence of a robust interview process and bank staff all complete full induction training.

### Areas for Improvement

5.1.1 The Provider could benefit from staff turnover metrics.



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



<b>PHECC Statement</b>	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.
<b>PHECC Requirements</b>	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.
<b>PHECC Statement</b>	The Licensed CPG Provider ensures all volunteers, contractors and/or employees providing care on behalf of the organisation are currently on the PHECC register.
<b>PHECC Requirements</b>	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.
<b>PHECC Statement</b>	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.
<b>PHECC Requirements</b>	5.2.3 The Licensed CPG Provider conducts checks and confirms that all volunteers, contractors and/or employees have the appropriate qualifications and registrations.
<b>PHECC Statement</b>	The Licensed CPG Provider has robust security clearance processes in place for volunteers, contractors and/or employees.
<b>PHECC Requirements</b>	5.2.4 The Licensed CPG Provider ensures that volunteers, contractors and/or employees are subject to Garda Vetting in line with the National Vetting Bureau (Children & Vulnerable Persons) Act 2012 prior to patient contact.

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



**Assessment Panel Findings**

5.2.1 There is evidence of a documented process for English language competence if English is not the individual's first language and assessments engaged via an external provider. There are currently no staff for whom English is not a first language.

5.2.2, 5.2.3 There is evidence of a robust process for pre-employment checks and maintenance of personnel files to include documents/certificates listed in these GVF standards.

5.2.4 There is a documented process for vetting and evidence is available in staff personnel files.

**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 demonstrates robust processes and record management for this standard of GVF.

### Areas for Improvement

No areas of improvement identified for this standard.

**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.**



<b>PHECC Statement</b>	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.
<b>PHECC Requirements</b>	<p>5.3.1 The Licensed CPG Provider has developed and implemented a comprehensive induction programme to ensure volunteers, contractors and/or employees understand their responsibilities in relation to the safety and quality of services.</p> <p style="text-align: center;"> <span style="display: inline-block; width: 20px; height: 20px; background-color: #cccccc; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #ff0000; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #ff9900; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #ffff00; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #99cc99; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #008000; margin-right: 10px;"></span> <span style="font-size: 2em;">✓</span> </p>
	<p>5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status.</p> <p style="text-align: center;"> <span style="display: inline-block; width: 20px; height: 20px; background-color: #cccccc; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #ff0000; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #ff9900; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #ffff00; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #99cc99; margin-right: 10px;"></span> <span style="font-size: 2em;">✓</span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #008000; margin-left: 10px;"></span> </p>
	<p>5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students (If applicable).</p> <p style="text-align: center;"> <span style="display: inline-block; width: 20px; height: 20px; background-color: #cccccc; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #ff0000; margin-right: 10px;"></span> <span style="font-size: 2em;">✓</span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #ff9900; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #ffff00; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #99cc99; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #008000;"></span> </p>

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



### Assessment Panel Findings

5.3.1 There is evidence of a documented staff induction programme and records of attendance are maintained. There is a provision for mentorship of new staff in line with the Provider’s induction practices.

5.3.2 Staff evaluation meetings are conducted to identify personal development needs and provide performance review. Records of staff training are maintained. The Provider is currently developing a formal programme for staff training.

5.3.3 The Provider currently receives EMT students from a PHECC RI; no formal Memorandum of Understanding (MOU) is agreed. No Garda vetting and vaccination verification process is in place for 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 formalised processes for Practitioners' performance review and training needs analysis. The Provider is currently developing a formalised training plan for staff.

### Areas for Improvement

5.3.3 The Provider should, prior to receiving additional students, develop a process for receiving students from the PHECC RI: to include a robust MOU, safeguarding assurances via Garda vetting, and infection control measures via vaccination verification information.

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

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

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



**Assessment Panel Findings**

5.4.1 The Provider utilises a retired statutory service paramedic with CISM training to facilitate their CISM needs. The aim is to have three-five peer support workers within the Provider's organisation. The Medical Director follows up with Practitioners following potentially difficult calls.

5.4.2 There is evidence of a fitness to practice policy in place. No fitness to practice issues have been identified in the Provider's organisation for investigation.

5.4.3 There is a staff performance management process in place and evidence of staff appraisal meetings.

5.4.4, 5.4.5 There is a detailed policy for protected disclosure but there have been no incident identified. There are annual one-to-one meetings with each staff member to identify needs and facilitate improvement. While not present for all employees, there was evidence of personnel evaluation sessions.



**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

There is significant evidence to support the components of this GVF standard, with detailed policies and a commitment to staff support.

### Areas for Improvement

5.4.1 The Provider could develop a mechanism to assess the suitability and effectiveness of their staff support systems, to include peer support and the use of any external agency engaged.

# Theme 6

Use of Information



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



<b>PHECC Statement</b>	The Licensed CPG Provider is compliant with Council Policy for implementation timeframes for clinical information standards and associated reports – V1. (POL043)
<b>PHECC Requirements</b>	<p>6.1.1 The Licensed CPG Provider implements the PHECC clinical information standards and associated patient reports.</p> <p style="text-align: center;"> </p> <p>6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.</p> <p style="text-align: center;"> </p>

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



### Assessment Panel Findings

6.1.1 PCRs are completed in line with PHECC requirements and each Practitioner is aware of their responsibilities in relation to GDPR. There is a robust method of returning PCRs and these are audited and stored at the base in locked filing cabinets.

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



### Areas of Best Practice

6.1.1 PCRs are categorised and stored so they are easily managed. There is one month's PCRs stored per filing cabinet drawer, which allows for easy retrieval and audit.

### Areas for Improvement

6.1.1 The Provider should nominate/appoint a designated person to assume responsibility for data protection, and information governance, to ensure compliance with the Data Protection Act 2018 and the PHECC Patient Care Report Information Standard 2018. Appropriate personnel within the organisation should receive data management training to support them in this respect.

6.1.1. The Provider could benefit from a staff training programme tailored to individual roles within the organisation. The Provider should develop a system for securing PCRs within their vehicles until such time as transfer to station storage is accessible.

6.1.2 The Provider could benefit from the development of a system for PCR metrics to improve clinical audit scope and improve quality. The Provider should develop a documented plan for clinical audit.

# Report Summary



## Report Summary

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

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	1	2.33%
Not Met	2	4.65%
Minimally Met	0	0%
Moderately Met	3	6.98%
Substantively Met	12	27.9%
Fully Met	25	58.14%

PHECC Requirement		Compliance level
<b>Theme 1: Person-Centred Care and Support</b>	<b>Standard 1.1 Patients have equitable access to healthcare services based on their assessed needs.</b>	
	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.	<b>Fully Met</b>
	1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.	<b>Substantive</b>
	<b>Standard 1.2 Patients' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.</b>	
	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.	<b>Fully Met</b>
	1.2.2 The Licensed CPG Provider has a policy/procedure in place in relation to the refusal of treatment and/or transport.	<b>Substantive</b>
	<b>Standard 1.3 Patients' dignity, privacy and autonomy are respected and promoted.</b>	
	1.3.1 The Licensed CPG Provider has arrangements in place to promote patients' privacy, dignity and autonomy.	<b>Fully Met</b>
	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.	<b>Fully Met</b>
	<b>Standard 1.4 Licensed CPG Providers promote a culture of kindness, consideration and respect.</b>	
	1.4.1 The Licensed CPG Provider undertakes Patient Satisfaction and/or Patient Experience Surveys to help shape and improve services and culture.	<b>Substantive</b>
	<b>Standard 1.5 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.</b>	
	1.5.1 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.	<b>Substantive</b>
	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.	<b>Fully Met</b>
	<b>Theme 2: Effective Care and Support</b>	<b>Standard 2.1 Healthcare reflects national and international evidence of what is known to achieve best outcomes for patients.</b>
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 privileged status to deliver and ensure safe and appropriate care.		<b>Fully Met</b>
<b>Standard 2.2 Patients receive integrated care, which is coordinated effectively within and between services.</b>		
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.		<b>Moderate</b>
<b>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.</b>		
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.		<b>Fully Met</b>
<b>Standard 2.4 The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.</b>		
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).		<b>Fully Met</b>
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.	<b>Substantive</b>	



Theme 3: Safe Care and Support	<b>Standard 3.1 Licensed CPG Providers protect patients from the risk of harm associated with the design and delivery of healthcare services.</b>	
	3.1.1 The Licensed CPG Provider has a reliable system in place to prevent and protect patients and staff from healthcare associated infections.	Fully Met
	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.	Not Met
	3.1.3 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure equipment/medical device availability, storage, stocking and disposal for the administration of pre-hospital emergency care.	Substantive
	<b>Standard 3.2 Licensed CPG Providers effectively identify, manage, respond to and report on patient-safety incidents.</b>	
	3.2.1 The Licensed CPG Provider has structured incident reporting and investigation mechanisms, which support and encourage volunteers, contractors and/or employees to report adverse events, near-misses and no-harm events.	Moderate
	3.2.2 The Licensed CPG Provider has a process for the sharing of lessons learned from patient safety incidents (including adverse events, near misses and no-harm events) and complaints, which have occurred locally, nationally or internationally with employees, contractors and/or volunteers.	Fully Met
	<b>Standard 3.3 Licensed CPG Providers ensure all reasonable measures are taken to protect patients from abuse.</b>	
	3.3.1 The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise.	Substantive
Theme 4: Leadership, Governance and Management	<b>Standard 4.1 Licensed CPG Providers have clear accountability arrangements to achieve the delivery of high-quality, safe and reliable healthcare.</b>	
	4.1.1 The Licensed CPG Provider has an established reporting and accountability structure for clinical governance.	Substantive
	4.1.2 The Licensed CPG Provider has an identified Medical Director who is registered with the Medical Council and who is based in this jurisdiction and who oversees the service.	Fully Met
	4.1.3 The CPG Provider is compliant with taxation laws.	Fully Met
	4.1.4 The Licensed CPG Provider has documentary evidence of the required insurance policies.	Fully Met
	<b>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.</b>	
	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.	Fully Met
	<b>Standard 4.3 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.</b>	
	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
	<b>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.</b>	
	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.	Fully Met
4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation framework.	Not Applicable	

Theme 5: Workforce	<b>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.</b>	
	5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.	Substantive
	<b>Standard 5.2 Licensed CPG Providers recruit/engage with practitioners with the required competencies to provide high-quality, safe and reliable healthcare.</b>	
	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
	<b>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.</b>	
	5.3.1 The Licensed CPG Provider has developed and implemented a comprehensive induction programme to ensure volunteers, contractors and/or employees understand their responsibilities in relation to the safety and quality of services.	Fully Met
	5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status.	Substantive
	5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students (if applicable).	Not Met
	<b>Standard 5.4 Licensed CPG Providers support their workforce (volunteers, contractors and/or employees) in delivering high-quality, safe and reliable healthcare.</b>	
	5.4.1 The Licensed CPG Provider has a Critical Incident Stress Management process in place.	Substantive
	5.4.2 The Licensed CPG Provider has a Fitness to Practice Policy/Procedure, which makes reference to the PHECC Fitness to Practice processes.	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	
Theme 6: Use of Information	<b>Standard 6.1 Licensed CPG Providers have effective arrangements in place for clinical information governance.</b>	
	6.1.1 The Licensed CPG Provider implements the PHECC clinical information standards and associated patient reports.	Moderate
	6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.	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

Murray Ambulance Service Ltd are required to adjust and re-submit their quality improvement plan to PHECC.

This adjustment of the quality improvement plan will encompass the findings outlined in this report and any other planned quality improvement or organisational development initiatives to be undertaken in the upcoming licensing period.

## Report Summary

### Improvement Notice

This section highlights specific actions to be taken by MAS with immediate effect.

Be advised that all other recommendations, made in the body of the report, should also be observed and actioned in the follow up quality improvement plan.

Murray Ambulance Service Ltd shall:

#### 3.1.2

improve their systems, processes and procedures to ensure medicines availability, storage, stocking and disposal processes for the administration of pre-hospital emergency care;

ensure an up to date medications' checklist is put in place and ensure all medications required to deliver CPGs at registered Practitioner levels are available to in the appropriate quantities.

#### 5.3.3

develop a process for receiving and inducting students from a PHECC RI: this should include a robust MOU, safeguarding assurances via Garda vetting, and infection prevention and control measures via vaccination verification information.



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