



Governance Validation Framework

Site Assessment Report

Medicall Ambulance Limited

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 Medicall 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 Medicall Ambulance Limited, a private ambulance service provider of pre-hospital emergency care services nationwide. The on-site GVF assessment visits for this report were conducted during October and November 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 Medicall 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.

Medicall Ambulance Limited's Governance Validation Framework assessment report concludes with a Report Summary, which includes a tabular format that provides an overview to Medicall 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 1993, Medcall Ambulance Limited is a private ambulance service providing a nationwide service, with a number of bases around Ireland. Medcall's headquarters is based in the IDA Business & Technology Park, Clonshaugh, Dublin 17.

Medcall are recognised by PHECC to deliver pre-hospital emergency care services at the clinical levels of Emergency Medical Technician, Paramedic and Advanced Paramedic.

Medcall provides planned transfers to and from a variety of healthcare locations under contract the Health Service Executive (HSE) and private insurance companies. They also provide pre-hospital emergency care at a wide range of events, including sporting and social events and operate services to support repatriation and provide land/sea transport for patients within the European Union.

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

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	Medicall Ambulance Limited
Type of Visit	Full GVF Assessment - GVFREP MEDI 001_1119
Licensed CPG Provider Lead	
Date of Review	Practitioner Engagement - 09/10/2019 Site Assessment - 07/11/2019
Assessment Team	GVFA9122 - Team Lead GVFA3572 - Practitioner Engagement GVFA7460 - Site Assessor
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

Operations Manager
General Manager for Dispatch & Scheduling
Compliance Manager
Education & Practice Development Manager
Medical Director (Medical Council Reg No 022936)
Advanced Paramedic (1)
Paramedic (2)
Emergency Medical Technician (4)
Call Taker/Dispatcher (3)

Onsite Feedback

Verbal feedback related to the Assessment Team's initial findings was provided to the Senior Management Team of Medcall Ambulance Limited 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"> 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.
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PHECC Requirements	<p>1.1.1 The Licensed CPG Provider has systems, processes and procedures for the timely and clinically appropriate response to provide safe care and treatment to patient population they serve.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
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PHECC Statement	The Licensed CPG Provider has appropriate arrangements in place to ensure screening and prioritisation of calls.
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PHECC Requirements	<p>1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
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Standard 1.1 Patients have equitable access to healthcare services based on their assessed needs.



Assessment Panel Findings

1.1.1 The assessment team were provided with evidence in respect of monitoring of Practitioners' levels.

Duty rotas were available on the day. Scheduling flexibility was evidenced.

1.1.2 The assessment team observed the functioning of the control room and witnessed, in real time, call taking and dispatch. A documented policy for the taking and dispatch of calls was available. Due to the nature of the service the majority of calls were logged on the day. Response times were actively monitored. There is a training programme in place for call handlers, which exceeds capacity allowing for contingency planning. A feedback loop for all call handlers was available in respect of individual performance.

Crews receive dispatch information and all supporting patient information electronically and securely when they log in at the beginning of their shift.

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



Areas of Best Practice

1.1.2 The assessment team observed evidence of robust processes for monitoring response times and feedback process in place for call handlers. Practitioners advised that translation services are generally provided from within the practitioner workforce due to diverse language skills available within the organisation.

Areas for Improvement

No specific observation noted by the assessment team.

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. There was evidence of compliance with the consent policy during the Practitioner Engagement meeting with Practitioners. All Practitioners observed introduced themselves and gained permission prior to all clinical activities.

1.2.2. Patient refusal for transport is not a significant issue due to the nature of the service provided. Practitioners were unaware of any metrics associated with patient refusal.

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



Areas of Best Practice















No specific observation noted by the assessment team.

Areas for Improvement

1.2.2. The Provider should monitor any transport refusal through their incident management framework.

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. Respect and dignity for patients and colleagues was observed during the Practitioner Engagement. Discreteness by Practitioners was observed during handover, thereby promoting confidentiality.
- 1.3.2 It was evidenced during the Practitioner Engagement that all Practitioners displayed exceptional ability to treat everyone they encountered with compassion, kindness, dignity and respect.

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



Areas of Best Practice







1.3.2 Practitioners displayed excellent communication skills when interacting with service users.

Areas for Improvement

No specific observation noted by the assessment team.

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



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

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



Assessment Panel Findings

1.4.1 The assessment team were provided with results from the patient satisfaction surveys undertaken by the Provider. At the focus group interview, the use of a calling card was discussed. Practitioners advised that they are routinely provided to all patients. Practitioners advised that formal compliments from patients are highlighted to individual Practitioners. Practitioners receive monthly updates, via email, detailing results of patient experience surveys.

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



Areas of Best Practice

1.4.1. The assessment team observed evidence of the patient satisfaction survey, which was very complimentary towards the Provider and its Practitioners.

Areas for Improvement

1.4.1. The Provider should consider rewording the question on hand hygiene in the patient satisfaction survey, which may be unclear, in order to provide additional clarity on what the patient is being asked.

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



PHECC Statement	The Licensed CPG Provider has an internal complaints/concern handling process.
PHECC Requirements	<p>1.5.1 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
PHECC Requirements	<p>1.5.2 The Licensed CPG Provider provides training to all front-line volunteers, contractors and/or employees in handling a patient or family member's complaint or concern.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>

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 assessment team reviewed the complaints policy, which is closely linked with the incident policy. The quantity of complaints was small. At the focus group interview those present were fully aware of the complaints process and how to advise a patient on how to make a complaint.
- 1.5.2 At the Practitioner Engagement, Practitioners indicated that they would attempt to deal with concerns in a respectful manner and provide the complainant with the Provider's contact details. The Provider's calling card was generally provided to patients.

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



Areas of Best Practice

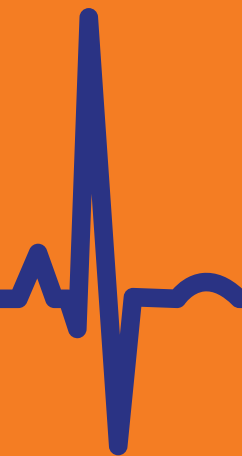
No specific observation noted by the assessment team.

Areas for Improvement

1.5.2 The Provider's calling card should be made available to all Practitioners for distribution.







Theme 2

Effective Care
and Support



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



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

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



Assessment Panel Findings

2.1.1 The assessment team reviewed the register of Practitioners. The Garda vetting process was evident. Registration was maintained on electronic software and also available in hard copy. The assessment team were provided with evidence that all Practitioners have been upskilled to the 2017 CPGs. There is a process for the dissemination of guidelines.

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



Areas of Best Practice







No specific observation noted by the assessment team.

Areas for Improvement

2.1.1 The Provider should undertake a review of their policies, procedures and guidelines (PPGs), to bring them into line with current practices. In particular, the Infection Prevention & Control Policy and Induction Policy should be reviewed to reflect current practices and information. All PPGs should be updated by end of 2020.

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;"> <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

2.2.1 Safe and effective handover was observed during the Practitioner Engagement. The use of IMIST-AMBO was observed during a handover in ED. A structured handover process was observed in other settings.

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



Areas of Best Practice







2.2.1 Practitioners were observed ensuring privacy and the full attention of the receiving staff members before completing the patient handover.

Areas for Improvement

2.2.1 The assessment team were advised that the Provider is considering the introduction of ISBAR as a structured handover framework. This should be subject to an audit process if implemented.

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

2.3.1. The assessment team were provided with the annual CVRT documents for all vehicles. The Provider has a robust system in place to ensure compliance with RSA regulations. The Provider is also assessed to Van Safe Standards, which encompasses vehicle roadworthiness.

During the Practitioner Engagement service histories and visual checks were undertaken on a number of vehicles. There were issues identified with one vehicle, which was still in use. Practitioners complete a paper-based daily VDI, which is posted to headquarters unless a crew is returning to headquarters.

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















2.3.1 The assessment team were provided with evidence of a robust electronic and paper-based system of recording all relevant information pertaining to its fleet and servicing arrangements.

Areas for Improvement

2.3.1. There needs to be a documented process for the reporting and communicating of vehicle issues and a risk assessment undertaken to reflect decisions to keep vehicles in use. This needs to be communicated to all relevant staff.

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 assessment team reviewed the Annual Medical Director's Report and spoke with the Medical Director by phone. Items discussed included:

- the clinical audit process and criteria used to select audits;
- oversight arrangements for PPGs process, and
- risk register and incident reporting.

2.4.2 The programme of clinical audit was reviewed by the assessment team. A number of clinical audits were available for review. However, as the number of incidents and complaints are low there is a weak connection with general audit drivers.

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



Areas of Best Practice

No specific observation noted by the assessment team.

Areas for Improvement

2.4.2. The Provider should review the clinical audit programme. The drivers for audit should be reflective of the service provided and be linked to incidents, complaints, risks and compliance issues. The hand hygiene audit programme should be reviewed, and consideration given to introduction of champions and peer-to-peer audits, which would provide a more robust measure of compliance against hand hygiene.

Please refer to 1.4.1 for additional comment on hand hygiene.






















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 in 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 is systems place to ensure the effective, efficient and safe use of medical devices and equipment for the administration of pre-hospital emergency care.
PHECC Requirements	<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 assessment team reviewed the Infection, Protection & Control Policy. The topics covered within the policy, while relevant, should be reviewed and updated. During the Practitioner Engagement decontamination processes were observed with appropriate cleaning products.

3.1.2 The assessment team reviewed the Medicines Management Policy. During the focus group interview, Practitioners outlined the procedures of the policy. The Provider has an identified person with responsibility for medications management. Management of medicines were observed during the Practitioner Engagement. A number of issues were highlighted to the crews and discussed with the Provider's senior management team at the onsite assessment.

3.1.3. The assessment team reviewed evidence of medical device compliance through an electronic database. The Provider has an identified person with responsibility for equipment management and compliance. The medical equipment is standardised throughout all vehicles. During the focus group interview, Practitioners outlined the procedures in place for receiving information on new equipment and training requirements. At the Practitioner Engagement new patient equipment had been introduced and training for Practitioners was still awaited.

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

3.1.3 A comprehensive database is maintained for all medical devices and equipment.

Areas for Improvement

3.1.1. The Provider should consider updating their Infection, Protection & Control Policy in line with current best practice. A deep cleaning schedule for vehicles and equipment should be developed, implemented and monitored.

3.1.2 Medications management should be reviewed and reporting of incidents/near-misses and dangerous occurrences through the formal route should be encouraged, which would provide management with an oversight of where gaps exist in processes.

3.1.3 The process for communicating critical information in relation to new equipment and training to staff should be reviewed.

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



<p>PHECC Statement</p>	<p>The Licensed CPG Provider has a patient safety incident (which includes adverse events, near-misses and no-harm events) reporting system with an open disclosure and non-punitive reporting ethos.</p>
<p>PHECC Requirements</p>	<p>3.2.1 The Licensed CPG Provider has structured incident reporting and investigation mechanisms, which support and encourage volunteers, contractors and/or employees to report adverse events, near-misses and no-harm events.</p> <p> ✓ </p>
<p>PHECC Statement</p>	<p>The Licensed CPG Provider has arrangements in place to identify, assess and respond appropriately to patients' safety incidents and complaints.</p>
<p>PHECC Requirements</p>	<p>3.2.2 The Licensed CPG Provider has a process for the sharing of lessons learned from patient safety incidents (including adverse events, near-misses and no-harm events) and complaints, which have occurred locally, nationally or internationally with volunteers, contractors and/or employees.</p> <p> ✓ </p>

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



Assessment Panel Findings

3.2.1 The assessment team reviewed the policy on incident reporting. During the focus group interview Practitioners outlined the processes for incident reporting. At the Practitioner Engagement all Practitioners were aware of the policy, however, few had ever reported an incident through same.

3.2.2 The number of clinical incidents reported was low. There was no evidence of an improvement plan being implemented following a review of an incident or complaint.

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



Areas of Best Practice





No specific observation noted by the assessment team.

Areas for Improvement

3.2.1 The Provider should encourage incident reporting by all Practitioners and staff. Analysis and trending of such incidents should be undertaken to provide the Provider with a rich source of information on areas for improvement and areas of potential risk, requiring risk assessments. This data could be used as a driver for the audit programme.

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



PHECC Statement	The Licensed CPG Provider is committed to safeguarding vulnerable members of the community.					
PHECC Requirements	3.3.1 The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise.					
						

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



Assessment Panel Findings

3.3.1 The Provider has a safeguarding policy in place. The assessment team were provided with evidence that all Practitioners and staff have undertaken education and training as outlined in the Child First Act 2015. During Practitioner Engagement, all staff confirmed that training had been received.

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



Areas of Best Practice

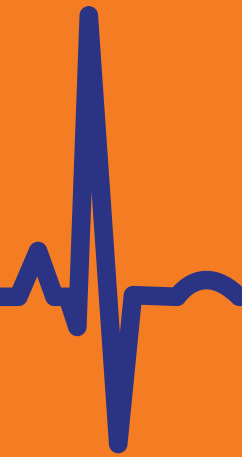
3.3.1 Assurance provided at onsite assessment to show compliance with relevant policies.

Areas for Improvement

No specific observation noted by the assessment team.

Theme 4

Leadership, Governance and
Management



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



PHECC Statement	The Licensed CPG Provider has an established governance structure with clear accountability arrangements for clinical and corporate governance.						
PHECC Requirements	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 assessment team were provided with evidence of the individual responsible for clinical governance arrangements. Minutes of senior management team meetings and quality and safety meetings were reviewed.

4.1.2 The assessment team received confirmation of Medical Director and confirmed their registration status with the Medical Council. The Medical Director is based in this jurisdiction.

4.1.3 The Provider evidenced tax compliance, which has been verified by the PHECC.

4.1.4 Up to date certificates of clinical negligence, employer and public liability insurance were observed by the assessment team.

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



Areas of Best Practice

No specific observation noted by the assessment team.

Areas for Improvement

4.1.1 The reporting of quality and safety should be linked, at least quarterly, with risk registers incident reporting, complaints audit data and compliance data.

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: #99cc66; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #009966; border: 1px solid #000; position: relative;"> ✓ </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

4.2.1 The level of complaints and incident reporting was low. At Practitioner Engagement those present raised concerns about health and safety, waste management and hygiene issues. These issues were not processed through the incident reporting system, although they had been reported verbally.

There was an annual audit schedule in place; the driver for same was not linked to recent incidents or complaints.

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



Areas of Best Practice







No specific observation noted by the assessment team.

Areas for Improvement

4.2.1 The audit schedule should be driven by the need for assurance from recent quality improvements, implementation of recommendations and response to incidents or complaints.

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

4.3.1 The corporate risk register was viewed. The process for inclusion onto the risk register was generally not supported by risk assessments. There was minimal evidence to support that the risk register was robustly reviewed on a quarterly basis by the senior management team. The current number of risks on the register would appear excessive given the size and activity of the organisation.

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 assessment team.

Areas for Improvement

4.3.1 The process for inclusion of risks onto the risk register should be supported by robust risk assessments. The risk register process should be reviewed to enable the management team to prioritise decisions and activities based on actual risks identified within the Provider's organisation.

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



PHECC Statement	The Licensed CPG Provider has systems in place to ensure actions are taken/ issues communicated on new recommendation(s) and guidance issued by the PHECC and other regulatory bodies.
PHECC Requirements	<p>4.4.1 The Licensed CPG Provider has a process in place to ensure the appropriate communication and adoption of new recommendation(s) and guidance issued by the PHECC and other regulatory bodies.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✔ </div>
PHECC Statement	The Licensed CPG Provider complies with the PHECC Governance Validation Framework.
PHECC Requirements	<p>4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation Framework.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> </div>

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



Assessment Panel Findings

4.4.1 There are communication channels within the Provider's organisation to and from Practitioners. These consist of emails and the use of an electronic management system that Practitioners need to log into at the commencement of every shift. However, there is no robust process to assess that information has been received when sent via the email route.

4.4.2 The Provider meets all relevant requirements.

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

No specific observation noted by the assessment team.

Areas for Improvement

4.4.1 The Provider should review the communication channel via email, and, consideration of an audit process established to provide assurances that significant information is being received.

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.



PHECC Statement	The Licensed CPG Provider effectively manages its workforce (volunteers, contractors and/or employees) to meet the current and projected service needs.
PHECC Requirements	<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="background-color: #cccccc; width: 30px; height: 30px; margin-right: 10px;"></div> <div style="background-color: #ff0000; width: 30px; height: 30px; margin-right: 10px;"></div> <div style="background-color: #ff9900; width: 30px; height: 30px; margin-right: 10px;"></div> <div style="background-color: #ffff00; width: 30px; height: 30px; margin-right: 10px;"></div> <div style="background-color: #99cc99; width: 30px; height: 30px; margin-right: 10px;"></div> <div style="background-color: #00cc66; width: 30px; height: 30px; margin-right: 10px;"></div> <div style="background-color: #00cc66; width: 30px; height: 30px; margin-right: 10px;"></div> <div style="font-size: 2em; margin-left: 10px;">✓</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

5.1.1 The assessment team reviewed the Provider's workforce planning and activity projections. There are contingencies for unplanned absences and local arrangements are in place in areas with single vehicle services. Evidence of discussions relating to same were reflected in the minutes of the management team meetings.

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

5.1.1 Training of call handlers exceeded demand allowing additional capacity within the system when demand was high.

Areas for Improvement

No specific observation noted by the 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 volunteers, contractors and/or employees have the appropriate qualifications and registrations.
PHECC Statement	The Licensed CPG Provider has robust security clearance processes in place for volunteers, contractors and/or employees.
PHECC Requirements	5.2.4 The Licensed CPG Provider ensures that volunteers, contractors and/or employees are subject to Garda Vetting in line with the National Vetting Bureau (Children & Vulnerable Persons) Act 2012 prior to patient contact.

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



Assessment Panel Findings

5.2.1 There is a policy in place for assessment of English language competency. There is a mentoring programme in place for new recruits.

5.2.2 There is a pre-employment process and registration check for all employees. Automatic alerts for renewal of registration are generated from the electronic management system in place.

5.2.4 The assessment team were provided with evidence of the procedures for Garda vetting, both electronically and hard copy, in line with the requirements of the National Vetting Bureau.

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

5.2.4 There is an electronic management system in place, which stores information pertaining to Garda vetting and provides an alert for renewal.

Areas for Improvement

No specific observation noted by the assessment team.

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



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

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



Assessment Panel Findings

5.3.1 The assessment team reviewed the induction policy. Records of attendance are maintained electronically.

5.3.2 At the focus group interview Practitioners were complimentary regarding the provision and access to training programmes provided by the Provider. All Practitioners who were engaged with confirmed up-skilling to 2017 CPGs. Evidence of CPGs records were viewed by the assessment team.

5.3.3 A service level agreement (SLA) is in place for students undertaking training with the Provider.

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

5.3.2 The Provider supports staff in gaining access to education and training programmes.

Areas for Improvement

5.3.1 The Provider should update their Induction Policy by end of Q3 2020.

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 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.							✓

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 During the focus group interview Practitioners advised that there was a nominated person with responsibility for critical incident stress management (CISM). The Practitioners spoke positively of the open-door policy in relation to discussing stressful work-related issues.

5.4.2 Identifying problems regarding competencies or fitness to practice relies on mentoring system, appraisal system, incident reporting, complaints and informal feedback. There was no evidence of a fitness to practice issue within the Provider's organisation.

5.4.3 Practitioners were generally not aware of the staff appraisal scheme.

5.4.4 There is a nominated person with responsibility for the management of patient safety incidents. During the focus group interview and Practitioner Engagement, Practitioners advised that they felt comfortable reporting concerns or incidents within the Provider's organisation. There is no specific policy for open disclosure.

5.4.5 During the focus group interview Practitioners advised that quality improvements (QI) are welcomed and the assessment team were provided with evidence of same.

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

No specific observation noted by the assessment team.

Areas for Improvement

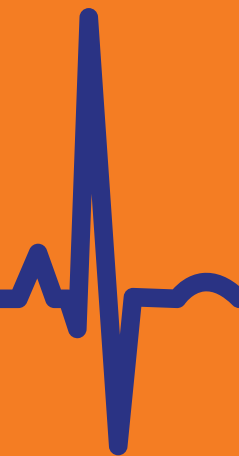
5.4.1 Posters should be displayed promoting CISM in areas external to the base.

5.4.3 The Practitioner appraisal scheme relates more to up-skilling and not as a performance management process. This scheme should be reviewed to enable more on-going review of Practitioners' performance on a regular basis.

5.4.4 The reporting of patient safety incidents should be further encouraged as the reporting rate is low. All reports should be channelled through a formal process, which would allow the analysis of such incidents to support the need for audits and QI initiatives. A specific open disclosure policy should be developed by the Provider.

Theme 6

Use of Information



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



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

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



Assessment Panel Findings

6.1.1 The assessment team were provided with evidence of good clinical records management processes. Local arrangements are in place for the transport of completed Patient Care Reports (PCR) back to base.

6.1.2 During the focus group interview the Practitioners had an awareness of data protection and information governance arrangements. At the Practitioner Engagement all post call PCRs were completed and safeguarded as per the PHECC standards. The Provider has an established process for auditing clinical records.

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



Areas of Best Practice

6.1.1 There was evidence of good clinical records management and compliance with data protection regulations.

Areas for Improvement

6.1.1 The Provider should audit the timely return of completed Patient Care Reports from external sites back to base to provide assurance that they are received in a timely manner.

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 Medical Ambulance Limited are as follows:

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	0	0%
Not Met	0	0%
Minimally Met	0	0%
Moderately Met	1	2%
Substantively Met	8	19%
Fully Met	34	79%

PHECC Requirement		Compliance level
Theme 1: Person-Centred Care and Support	Standard 1.1 Patients have equitable access to healthcare services based on their assessed needs.	
	1.1.1 The Licensed CPG Provider has systems, processes and procedures for the timely and clinically appropriate response to provide safe care and treatment to patient population they serve.	Fully Met
	1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.	Fully Met
	Standard 1.2 Patients' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.	
	1.2.1 The Licensed CPG Provider has systems, processes and procedures, developed in line with best practice for patient consent and/or patient identification (which includes guidance for practitioners) in line with the PHECC Code of Professional Conduct & Ethics.	Fully Met
	1.2.2 The Licensed CPG Provider has a policy/procedure in place in relation to the refusal of treatment and/or transport.	Substantive
	Standard 1.3 Patients' dignity, privacy and autonomy are respected and promoted.	
	1.3.1 The Licensed CPG Provider has arrangements in place to promote patients' privacy, dignity and autonomy.	Fully Met
	1.3.2 The Licensed CPG Provider demonstrates a commitment to develop a culture where volunteers, contractors and/or employees involve and treat people with compassion, kindness, dignity and respect.	Fully Met
	Standard 1.4 Licensed CPG Providers promote a culture of kindness, consideration and respect.	
	1.4.1 The Licensed CPG Provider undertakes Patient Satisfaction and/or Patient Experience Surveys to help shape and improve services and culture.	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 privileged status to deliver and ensure safe and appropriate care.		Fully Met
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.		Fully Met
Standard 2.3 Healthcare is provided in a physical environment, which supports the delivery of high-quality, safe, reliable care and protects the health and welfare of patients.		
2.3.1 The Licensed CPG Provider has process, systems and procedures in place to ensure the road-worthiness of their patient transport vehicles in line with legislation.		Fully Met
Standard 2.4 The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.		
2.4.1 The Licensed CPG Provider submits an Annual Medical Director Report annually,* which informs the PHECC of clinical activities in the organisation and includes a CPG report (*Calendar year).		Fully Met
2.4.2 The Licensed CPG Provider has a systematic programme of clinical audit in line with the PHECC standards (STN019), which is used to monitor quality and outcomes and promote learning.	Moderate	

Theme 3: Safe Care and Support	Standard 3.1 Licensed CPG Providers protect patients from the risk of harm associated with the design and delivery of healthcare services.	
	3.1.1 The Licensed CPG Provider has a reliable system in place to prevent and protect patients and staff from healthcare associated infections.	Substantive
	3.1.2 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure medicines availability, storage, stocking and disposal processes for the administration of pre-hospital emergency care.	Substantive
	3.1.3 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure equipment/medical device availability, storage, stocking and disposal for the administration of pre-hospital emergency care.	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.	Fully Met
	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.	Fully Met
	Theme 4: Leadership, Governance and Management	Standard 4.1 Licensed CPG Providers have clear accountability arrangements to achieve the delivery of high-quality, safe and reliable healthcare.
4.1.1 The Licensed CPG Provider has an established reporting and accountability structure for clinical governance.		Substantive
4.1.2 The Licensed CPG Provider has an identified Medical Director who is registered with the Medical Council and who is based in this jurisdiction and who oversees the service.		Fully Met
4.1.3 The CPG Provider is compliant with taxation laws.		Fully Met
4.1.4 The Licensed CPG Provider has documentary evidence of the required insurance policies.		Fully Met
Standard 4.2 Licensed CPG Providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.		
4.2.1 The Licensed CPG Provider has systems, process and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.		Substantive
Standard 4.3 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.		
4.3.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure compliance with statutory legislation relating to the provision of safe and effective care.		Substantive
Standard 4.4 Licensed CPG Providers act on standards and alerts and take into account recommendation(s) and guidance, as formally issued by relevant regulatory bodies as they apply to their service.		
4.4.1 The Licensed CPG Provider has a process in place to ensure the appropriate communication and adoption of new recommendation(s) and guidance issued by the PHECC and other regulatory bodies.		Substantive
4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation framework.		Fully Met

Theme 5: Workforce	Standard 5.1 Licensed CPG Providers plan, organise and manage their workforce (volunteers, contractors and/or employees) to achieve the service objectives for high-quality, safe and reliable healthcare.	
	5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.	Fully Met
	Standard 5.2 Licensed CPG Providers recruit/engage with practitioners with the required competencies to provide high-quality, safe and reliable healthcare.	
	5.2.1 The Licensed CPG Provider has a process in place to satisfy itself that the English language competence of its Responders and Practitioners, whose first language is not English, is appropriate to the clinical/professional activities to be carried out by that person i.e. Responder or Practitioner levels.	Fully Met
	5.2.2 The Licensed CPG Provider has a process in place to check registration on appointment and on-going renewals of registration for volunteers, contractors and/or employees.	Fully Met
	5.2.3 The Licensed CPG Provider conducts checks to confirm that all employees, contractors and/or volunteers have the appropriate qualifications and registrations.	Fully Met
	5.2.4 The Licensed CPG Provider ensures that employees, contractors and/or volunteers are subject to Garda Vetting in line with the National Vetting Bureau (Children & Vulnerable Persons) Act 2012 prior to patient contact.	Fully Met
	Standard 5.3 Licensed CPG Providers ensure their workforce (volunteers, contractors and/or employees) have the competencies required to deliver high-quality, safe and reliable healthcare.	
	5.3.1 The Licensed CPG Provider has developed and implemented a comprehensive induction programme to ensure volunteers, contractors and/or employees understand their responsibilities in relation to the safety and quality of services.	Substantive
	5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status.	Fully Met
	5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students (if applicable).	Fully Met
	Standard 5.4 Licensed CPG Providers support their workforce (volunteers, contractors and/or employees) in delivering high-quality, safe and reliable healthcare.	
	5.4.1 The Licensed CPG Provider has a Critical Incident Stress Management process in place.	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	
Theme 6: Use of Information	Standard 6.1 Licensed CPG Providers have effective arrangements in place for clinical information governance.	
	6.1.1 The Licensed CPG Provider implements the PHECC clinical information standards and associated patient reports.	Fully Met
	6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.	Fully Met

Report Summary

Report Status

In accordance with the Council rules this GVF site-assessment does not trigger a requirement for PHECC to issue an improvement notice, attach conditions or withdraw recognition. Council Rules for pre-hospital emergency care service Providers who apply for recognition to implement Clinical Practice Guidelines (POL003 V7) outlines that, where appropriate, full recognition to implement CPGs will be awarded for a three (3) year period. This approval will apply from the last approval date.

Quality Improvement Plan

Medicall Ambulance Limited 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.



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