

Pre-Hospital
Emergency Care
Council



Governance Validation Framework

Site Assessment Report

**Wilton Event Medical Services Ltd
T/A Event Medical Services**

December 2021

“The Pre-Hospital Emergency Care Council protects the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care.”



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

Tel: +353 (45) 882042
E-mail: gvf@phecc.ie
Web: www.phecc.ie

Introduction

Executive Summary	04
Overview of Licensed CPG Provider	05

Assessment Report

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

Report Summary

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

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

The Governance Validation Framework (GVF) has been developed by Council as an evidence-based methodology designed to improve quality and safety in pre-hospital emergency care services. Setting and implementing standards and monitoring of compliance are important levers for driving service improvements. The framework combines a system of self-assessment, on-site review and validation of evidence presented, and staff and management engagement in addition to quality improvement planning and support during the licensing cycle. Documentation submitted by Event Medical Services 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 Event Medical Services, a private provider of pre-hospital emergency care services within Ireland. The GVF assessment for this report was conducted during December 2021 by an assessment team drawn from a panel of subject matter experts selected and trained by PHECC to conduct the assessments. This report is based on a GVF assessment conducted using a flexible approach that was developed, and approved by Council, for use during COVID-19 Pandemic to comply with Government measures to reduce face-to-face contact at a societal level. This approach involves a combination of online and practitioner engagement where possible whilst ensuring that public health measures are complied with during any related engagement.

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

Event Medical Services' Governance Validation Framework assessment report concludes with a Report Summary, which includes a tabular format that provides an overview to Event Medical Services' 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 1996, Event Medical Services is a private provider of pre-hospital care services to large promoters and event management companies for a range of events throughout Ireland, from small events requiring one practitioner only to major events requiring detailed medical planning and the presence of large numbers of practitioners. The Provider operates at the clinical levels of Emergency Medical Technician, Paramedic and Advanced Paramedic.

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

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	Event Medical Services
Type of Visit	Full GVF Assessment - GVFREP EMS 001_1221
Licensed CPG Provider Lead	GVFA7460
Date of Review	Practitioner Engagement - 16/12/2021 Site Assessment - 16/12/2021
Assessment Team	GVFA7460 - Team Lead GVFA4532 - Desktop Review Assessor GVFA4532 - Practitioner Engagement
Circumstances of this Site Assessment	Establishment of GVF programme - Transition to 3-year licensing cycle.
Relevant Recent Visits	Practitioner Engagement and Online Assessment conducted December 2021.

Overview of Licensed CPG Provider

Assessment Details (continued):

Licensed CPG Provider Participants

Director
Medical Director (Medical Council Reg No 017190)
Emergency Medical Technician

Onsite Feedback

It is acknowledged by PHECC that due to the COVID-19 emergency the low number of clinical activity, incidents, complaints and clinical audits, made it difficult to fully evaluate the implementation of all relevant internal processes.

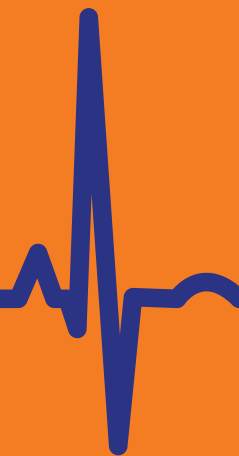
Verbal feedback related to the Assessment Team's initial findings was provided to the Management of Event Medical Services by the PHECC GVF Assessment Team Lead at the closing meeting. A number of items were identified as areas of potential improvement. There was agreement by all in attendance regarding the relevance and substance of the Assessment Team's comments and indicative findings. Specific items of note are expanded within their relevant sections in this report.

Judgement Framework

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

Theme 1

Person Centred
Care and Support



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

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

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

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

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

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



Assessment Panel Findings

1.1.1 Risk planning for events is assessed by the Provider by using two internationally recognised guidance documents related to the safe management of events. The Event Safety Guide provides a risk assessment scoring system that indicates the level of clinical support required appropriate to the event type and venue size. These documents, along with historical data gathered from previous events, help inform requirements for each event at the early planning stage.

1.1.2 The Provider ensures an effective response to incidents that occur during events using a radio-based system. Records are kept of responses.

The Provider's business model involves the Director acting in a coordinator role and involves the engagement of PHECC recognised service providers (voluntary and private) along with specialist medical and nursing staff from event management and emergency backgrounds.

The Provider submitted evidence of a Medical Plan, which outlined the specifics of the event by describing the target population, location, number and level of staff, placement of staff at the event, and the mechanism by which communication, command and control of the event is coordinated.

Due to the nature of the business model each organisation operating on behalf of the Provider retain their own patient records. The Provider retains a record of the incident numbers of the ACR/PCR for each event as a method of tracking activity and follow-up if required at some future date by the event promoter.

The Provider employs a small number of staff directly and evidence of staff performance and review was provided to the Assessment Team.

The Provider indicated a reliance on PHECC recognised contracted organisations to retain records of personnel engaged at each event.

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 systems, processes, and procedures for the timely and clinically appropriate response to provide safe care and treatment to a population attending live events.

Areas for Improvement

1.1.2 The Provider would benefit from developing agreements that ensures contracted organisations record the identity of Practitioners dispatched to each call.

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



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

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



Assessment Panel Findings

- 1.2.1 The Assessment Team evidenced that there are processes and procedures for the assessment and management of all patients requiring medical intervention and transport at events. Due to the nature and type of service provision at large events, each event will have a Medical Director (usually with an emergency medicine background) located in a central medical hub: the role of the Medical Director is to oversee and guide all decisions to transport patients to an acute healthcare facility. The Provider did not submit evidence of organisational guidance on consent, refusal of treatment policy.
- 1.2.2 Prior to large events there are a series of briefings held by the Provider with contracted third party providers and on the day of the event practitioners (acting on behalf of the Provider) are made fully aware of the procedure for managing treatment, consent and transport of patients.

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



Areas of Best Practice













1.2.1 All patients are assessed through a medical hub for decision to transport, this assessment will include assessment of mental capacity and clinical need for transport to acute care facility.

Areas for Improvement

1.2.1 The Provider should develop a procedure/algorithm for checking identity/gaining consent from patients requiring medical attention at large events.

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



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

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



Assessment Panel Findings

1.3.1 The Provider verified that there is a Memorandum of Understanding with each contracted provider. Such arrangements require that the contracted provider have in place policies and procedures which promote respect, dignity and confidentiality of the patient.

Patient dignity, privacy and confidentiality is maintained at live events by the use of rooms, tents, screens and vehicles such as ambulances.

The Provider has evidenced that there is a code of ethics in place for staff directly in his employment contained in the Employees' Handbook.

1.3.2 During the Practitioner Engagement it was apparent that there is a culture of kindness and respect promoted by the Provider. Communication and interpersonal skills training is included in staff training programmes, however such training is not included in the induction programme provided by the Provider.

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

Areas of Best Practice

1.3.1 The Medical Plan includes arrangements for the provision of secure and confidential areas for patient assessment and treatment.

Areas for Improvement

1.3.2 The Provider should consider including interpersonal skills and communication training as part of an induction training programme.

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



PHECC Statement	The Licensed CPG Provider has systems in place to promote and measure positive patient experience.
PHECC Requirements	<p>1.4.1 The Licensed CPG Provider undertakes Patient Satisfaction and/or Patient Experience Surveys to help shape and improve services and culture.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff9900; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #99cc99; border: 1px solid #000; display: flex; align-items: center; justify-content: center;"> ✓ </div> <div style="width: 20px; height: 20px; background-color: #00cc66; border: 1px solid #000;"></div> </div>

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



Assessment Panel Findings

1.4.1 The Provider gathers information from several sources in relation to each organised event. Evidence was provided to the Assessment Team regarding the type of information generated at each event and this builds a profile of the positive outcomes from the event and areas for improvement required for subsequent /future events, however, patient satisfaction surveys did not form part of the review.

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



Areas of Best Practice













1.4.1 Data is generated from a variety of sources before, during and after an event; this adds to the historical data base, which is used to inform the Medical Plan for each event as it arises.

Areas for Improvement

1.4.1 The Provider would benefit from actively seeking patient feedback and reviewing this feedback along with other data gathered at events.

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



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

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



Assessment Panel Findings

1.5.1 The Provider verified that there is a documented complaints procedure in place, however, the Provider did not submit evidence of any complaints made directly by patients in respect of the Provider's organisation. The Provider also verified that when a third-party organisation is contracted for services as per the Medical Plan, patient complaints go through the complaints process for that third-party organisation. The Provider is subsequently informed when and if complaints have been made in respect of the event.

1.5.2 During Practitioner Engagement it was verified that staff directly employed by the Provider undergo induction training but there is no formal training in open disclosure or the handling of patient complaints. Staff were aware of how to log a patient complaint, which is dealt with by the Director. There were no training records submitted verifying complaints management training for newly employed staff.

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

1.5.1 The Provider has in place through the Medical Plan, a process for the reporting of complaints arising from large events.

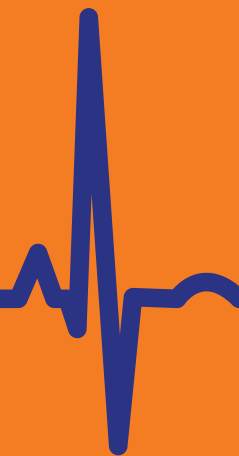
Areas for Improvement

1.5.1 The Provider should maintain records of all complaints that arise from all areas of the business.

1.5.2 An induction programme for new staff should include formal training in handling complaints, open disclosure, and should form part of the employee training record.







Theme 2

Effective Care
and Support



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



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

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



Assessment Panel Findings

2.1.1 The Provider maintains a register of practitioners directly employed in the organisation. The Provider and Medical Director support ongoing staff education and training. A five-year scheduled plan for staff training was verified by the Assessment Team. There is a process in place to ensure that upskilling and competency levels are in line with current PHECC CPGs. The Assessment Team viewed communications to practitioners regarding updates of guidelines issued by PHECC.

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



Areas of Best Practice







2.1.1 There is evidence of strong collaboration between the Provider and Medical Director in relation to staff education and training.

Areas for Improvement

2.1.1 The Provider should standardise a mechanism to record practitioner competency levels and registration dates.

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



<p>PHECC Statement</p>	<p>The Licensed CPG Provider promotes a structured but flexible handover process that optimises patient safety and quality of care.</p>
<p>PHECC Requirements</p>	<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 The Provider, through the Medical Plan, has in place robust procedures for patient handover at every level where patient care is provided at an event.

Patient care reports form part of the handover process and at large events each third party provider utilises their procedures for safe, effective patient handover.

The Provider did not submit evidence of formal staff training in handover protocol.

The Assessment Team verified that patient care records are used to document patient care at all events.

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



Areas of Best Practice

2.2.1 The Provider uses appropriate PHECC documentation.

Areas for Improvement

2.2.1 The Provider should put a mechanism in place to document the monitoring of internal and contracted practitioners to ensure that safe effective communication is occurring in the handover process.

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.



<p>PHECC Statement</p>	<p>The Licensed CPG Provider must ensure that ambulances are fit for purpose.</p>
<p>PHECC Requirements</p>	<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;"> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; margin-right: 5px;"></div> ✓ <div style="width: 20px; height: 20px; background-color: #ff0000; margin-right: 10px;"></div> <div style="width: 20px; height: 20px; background-color: #ff9900; margin-right: 10px;"></div> <div style="width: 20px; height: 20px; background-color: #ffff00; margin-right: 10px;"></div> <div style="width: 20px; height: 20px; background-color: #99cc99; margin-right: 10px;"></div> <div style="width: 20px; height: 20px; background-color: #009966;"></div> </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 verified that the Provider does not operate their own patient transport but has arrangements with third party contractors to provide vehicles as per each Medical Event Plan.

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

N/A

Areas for Improvement

N/A

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

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



Assessment Panel Findings

2.4.1 The Assessment Team evidenced an Annual Medical Director's Report pre-pandemic that was in line with PHECC requirements.

2.4.2 The Medical Director verified that there is a formal clinical audit programme in place, however, due to the lack of business activity as a result of COVID-19 there have been no outputs or analysis of audit possible since 2020.

The audit programme will continue as and when normal services resume.

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



Areas of Best Practice

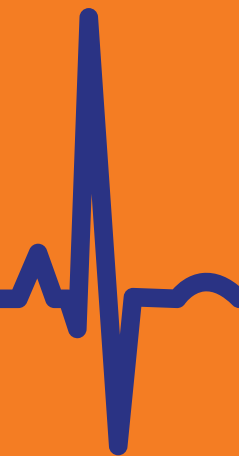
2.4.2 The Assessment Team evidenced a plan for clinical audit that is appropriate to the Provider's organisation.

Areas for Improvement

2.4.2 Post COVID-19, the Provider will benefit from the re-establishment of the clinical audit process and further engagement with the Medical Director.



















Theme 3

Safe Care and Support



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



PHECC Statement	The Licensed CPG Provider identifies aspects of the delivery of care associated with possible increased risk of harm to service users and has structured arrangements to minimise these risks.
PHECC Requirements	<p>3.1.1 The Licensed CPG Provider has a reliable system in place to prevent and protect patients and staff from healthcare associated infections.</p> <p>       </p>
PHECC Statement	The Licensed CPG Provider ensures that there are systems 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 Provider submitted evidence that there was an Infection, Prevention and Control Policy in place, however, the policy does not contain up to date guidance from HSE and HPSC on the management of COVID-19 by healthcare professionals. There is a system to provide PPE and cleaning equipment at each venue.

The Assessment Team were unable to verify any formal Infection, Prevention and Control training records for staff.

The Provider's Employees' Handbook contains a policy regarding the appropriate dress code for employees.

The Provider adequately described the procedures for the management and traceability of clinical waste and sharps and documentary evidence detailing specific arrangements for waste management was provided.

3.1.2 The Provider has a documented Medicines Management Policy in place, which is supported by the Medical Director. The Director is identified as the designated person in charge of medication management. Medication storage, security and replenishment arrangements were described by the Provider. There is a communication process to inform staff of medication alerts and withdrawals as notified by the HPRA. The Provider does not hold any controlled drugs.

The Assessment Team were unable to verify that the Provider has a process in place for reporting adverse events, near-misses or no-harm events following administration of medicines.

3.1.3 The Provider has an Equipment Management Policy in place, however, within the Provider's business model each practitioner provides their own bag for events. Practitioners are responsible for checking their own bags and there is a process for the replacement and replenishment of equipment as it is used. Oxygen is provided by an external contractor and documentary evidence of this was viewed by the Assessment Team. The Provider stated that the organisation has a minimum equipment list but this could not be verified by the Assessment Team.

The Provider stated that all event venues carry AEDs with monitoring capability, and these are made available to the Provider. Practitioners check the AEDs and ensure these are fully functioning and that a user manual is in place with each machine.

The Assessment Team did not evidence any incident investigation regarding equipment or medical devices failures.

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

3.1.2/3 The Provider has a process in place for the replenishment of stock and equipment in a timely manner.

Areas for Improvement

3.1.1 The Provider shall review and update Infection Prevention and Control policies. The Provider should include Infection Prevention and Control training in a staff induction programme and in continuing education and training plans. Staff training and CPC records should include Infection Prevention and Control training.

3.1.2 The Provider shall review all medication management processes to include the reporting of adverse events, near-misses or no-harm events following administration of medicines.

3.1.3 The Provider shall review and update equipment and medical device policy to reflect best practice, this should include a mechanism for recording equipment and medical device failure.

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



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

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



Assessment Panel Findings

3.2.1 The Provider has in place a policy for managing adverse incidents, however, the policy does not include or make reference to equipment, medical devices and medicines related incidents, near-misses and no-harm events.

The policy does not include the requirement to report appropriate adverse events to national regulators although the Provider stated their understanding of the requirements to report relevant incidents to the regulatory authorities.

During Practitioner Engagement staff verified that they were aware of how to raise concerns in relation to patient safety at incidents.

3.2.2 The Assessment Team were unable to verify evidence of what mechanisms are in place for the dissemination of organisational complaints/incidents with staff. The Provider stated that the organisation did not have any complaints made against it and adverse incidents were discussed as they occurred with the staff directly involved.

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



Areas of Best Practice

3.2.1 The Provider has a policy on managing adverse incidents.

Areas for Improvement

3.2.1 The Provider should revise current policies and include the reporting of adverse incidents related to equipment, medical devices and medication.

3.2.2 The Provider should expand current policies to include specific mechanisms for providing feedback to staff in the event of adverse incidents, near-misses and no-harm events.

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



PHECC Statement	The Licensed CPG Provider is committed to safeguarding vulnerable members of the community.
PHECC Requirements	<p>3.3.1 The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff9900; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #99cc99; border: 1px solid #000; display: flex; align-items: center; justify-content: center;"> ✓ </div> <div style="width: 20px; height: 20px; background-color: #009966; border: 1px solid #000;"></div> </div>

Standard 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 Child Safeguarding Policy and Safeguarding Statement in place, which were verified by the Assessment Team. During Practitioner Engagement staff stated that they were aware of their responsibilities in relation to safeguarding policies and procedures. Staff have undertaken training, however, there were no records provided to the Assessment Team to verify specific Child First training.

The Director is identified as the executive with responsibility for safeguarding in line with Child First Act 2015.

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



Areas of Best Practice

3.3.1 The Provider has a robust policy in place and staff understand their responsibilities in relation to child safeguarding.

Areas for Improvement

3.3.1 The Provider should maintain accurate records of all staff training that has been conducted.

Theme 4

Leadership, Governance and
Management



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



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

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



Assessment Panel Findings

4.1.1 The Provider has a clinical governance policy in place. Responsibility for clinical governance lies with the Director.

In line with the Provider's business model and the development of the event Medical Plan, sub-contractor agreements outline clear lines of clinical accountability.

In the case of smaller events the Medical Director provides clinical oversight for practitioners who are privileged to practice within the level of their PHECC registration.

4.1.2 The appointment of a Medical Director, registered by the Irish Medical Council and based in this jurisdiction, was verified by the Assessment Team. During assessment the Medical Director confirmed their involvement in all clinical activities relating to staff directly employed by the Provider. The Medical Director also verified that they fully participate in the development of the Medical Plan for large events and is directly involved in engaging and briefing specialist medical and nursing teams for such events.

4.1.3/4 The Assessment Team verified appropriate documentation under this subsection.

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



Areas of Best Practice

4.1.1 The Medical Director is actively involved in all aspects of clinical governance within the Provider's organisation.

Areas for Improvement

No specific observation noted by the Assessment Team.

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: #ccc; border: 1px solid #ccc;"></div> <div style="width: 30px; height: 30px; background-color: #ff0000; border: 1px solid #ccc;"></div> <div style="width: 30px; height: 30px; background-color: #ffa500; border: 1px solid #ccc;"></div> <div style="width: 30px; height: 30px; background-color: #ffff00; border: 1px solid #ccc;"></div> <div style="width: 30px; height: 30px; background-color: #90ee90; border: 1px solid #ccc; display: flex; align-items: center; justify-content: center;"> ✓ </div> <div style="width: 30px; height: 30px; background-color: #008000; border: 1px solid #ccc;"></div> </div>

Standard 4.2 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 Provider has a process in place for the dissemination of results of audit to staff. Practitioners are invited to contribute feedback on the results and propose areas for improvement. Audit themes are selected for each period and include medications, equipment and venue facilities. The Provider gave examples of where results of audit have led to recommendations for improvements in health and safety, and infection control and prevention.

The Provider stated that while there are no explicit performance indicators in place standard practice after each event would comprise of a Practitioner debrief to review and recommend areas for improvement or change in practice. One such change resulted in the setting up of an onsite radiology facility in order to reduce the number of patients transported offsite to nearby emergency departments. Appropriate planning with the relevant authority (the EPA) was carried out and signed off.

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

4.2.1 The Provider gathers information from a variety of sources including staff debriefing to identify areas for improvement in managing events.

Areas for Improvement

4.2.1 The Provider should consider setting and measuring key performance indicators, which may assist in improving practice and the patient experience at events.

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



PHECC Statement	The Licensed CPG Provider is compliant with all relevant laws and regulations.
PHECC Requirements	<p>4.3.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure compliance with statutory legislation relating to the provision of safe and effective care.</p> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="width: 30px; height: 30px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ff9900; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ffff00; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #99cc99; border: 1px solid #000; display: flex; align-items: center; justify-content: center;"> ✓ </div> <div style="width: 30px; height: 30px; background-color: #009900; border: 1px solid #000;"></div> </div>

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



Assessment Panel Findings

4.3.1 The Provider is a small business entity and has mechanisms in place that demonstrate organisation compliance with statutory requirements.

The Provider utilises national and international guidance in the development of an event Medical Plan.

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



Areas of Best Practice















4.3.1 The Provider conducts a risk assessment for each event using guidance documents that are nationally and internationally recognised.

Areas for Improvement

4.3.1 The Provider should consider the development of a risk register for events.

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



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

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



Assessment Panel Findings

4.4.1 The Provider has in place a process for communicating alerts, updates and reviews. During Practitioner Engagement staff confirmed that they receive information via email and they provide evidence of confirmation by a read receipt. The Provider hosts pre and post event briefings particularly for large events: the Assessment Team viewed evidence of this for a particular large event.

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 Provider conducts safety briefings with all staff and third party providers before all large events.

Areas for Improvement

No specific observation noted by the Assessment Team.







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="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

5.1.1 Due to the COVID-19 pandemic and the curtailment of the entertainment industry the Provider has had to reduce his workforce. Previously, the Provider would manage staffing levels based on demand and capacity models and would recruit part-time and full-time staff according to bookings received, usually one calendar year in advance. The Provider recruits practitioners in advance to allow adequate time for Garda vetting, registration verification and other relevant checks to be completed. The Assessment Team reviewed evidence of a booking calendar for pre-pandemic dates.

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 The Provider operating in normal times has a recruitment and retention strategy, which supports their organisation's business model.

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 The Provider has in place an English language policy; however, it was stated during assessment that English language assessment is rarely if ever an issue due to the nature of the business and the small number of directly employed Practitioners.
- 5.2.2 The Provider has a process for pre-employment checking of identity, Garda vetting, registration and certification. There was no evidence provided of a process supporting maintenance of personnel records for employees and third party contractors.
- 5.2.3 The Employee Handbook outlines the procedure for pre-employment checks of privileged status for employees and staff are issued with a written statement of main terms and conditions of employment/terms of engagement. The Provider does not have a process in place to check the privilege status of contracted third party Practitioners
- 5.2.4 The Provider has a documented Garda vetting process in place.

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



Areas of Best Practice

5.2.2 The Provider has a robust procedure in place for pre-employment checking of potential employees.



















Areas for Improvement

5.2.2 The Provider shall put in place a mechanism supporting the maintenance of employee personnel records.

5.2.3 The Provider should put in place a service level agreement explicitly stating the required checks to be carried out by contracted third party organisations prior to operating on behalf of the Provider at large events.

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>     ✓   </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>       ✓ </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>     ✓   </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 Provider does not have a formal induction programme. The Provider stated that new employees are inducted, this includes one-to-one training usually delivered by the Director and 'shadowing' an experienced Practitioner operating at live events.

The Provider verified that the Employees' Handbook includes a code of conduct and disciplinary measures that may be taken in the event of a breach of conduct.

5.3.2 The Provider and Medical Director have developed a schedule of annual training, which has a five-year cycle.

The Provider stated that due to the size and nature of the organisation they do not have a formal process for personal development planning and relies on staff to submit evidence of CPG upskilling. A PHECC Recognised Institute has been previously involved in training and upskilling of full-time employees.

5.3.3 The Provider stated that students from a third level institution undertake placements with the organisation, however, the Assessment Team were informed that a service level agreement for student placements was in development with a third level institution.

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 has an annual training event for staff and a five-year rolling education schedule.

Areas for Improvement

5.3.1 The Provider should develop a formal induction programme for new employees.

5.3.3 The Provider shall formalise their service level agreements with external organisations to include student placements.

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).						✓	
PHECC Requirements	5.4.5 The Licensed CPG Provider creates opportunities for staff to feedback on the quality and safety of the service they work in.						✓	

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



Assessment Panel Findings

5.4.1 The Provider has a Critical Incident Stress Management Programme in place. Staff are aware that it is available and know how to gain access to such support.

5.4.2 The Provider has a procedure in place to investigate where unacceptable practice is identified. Fitness to practice procedure is outlined in the Employee Handbook. The Provider did not submit evidence of training prior to assessment, however, the Provider stated to the Assessment Team that they would engage outside expertise should such issues arise.

5.4.3 The Provider stated that they do not have a formal staff appraisals process at present. They further stated that due to the size of the organisation and the nature of business that full-time Practitioners are known very well and they receive regular informal feedback from a variety of sources.

5.4.4 During Practitioner Engagement staff verified that they were aware of how to report concerns: this was confirmed as an informal process by the Provider.

5.4.5 The Provider has a policy in place that describes an 'open door' policy for all staff to raise concerns and report adverse events without fear or consequences to themselves.

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

5.4.1 The Provider has a robust pathway for staff to access a CISM programme.

Areas for Improvement

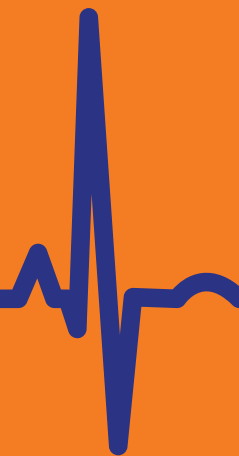
5.4.3 The Provider should consider Implementing a formal staff appraisal process.

5.4.4 The Provider should develop a formal policy encouraging reporting and learning from adverse events.

5.4.5 The Provider should consider putting a formal Whistleblowing/Protected Disclosure Policy in place.

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 Provider is compliant with PHECC requirements and the Data Protection Act 2018. There is a designated person responsible for data protection and information governance.

6.1.2 During assessment it was established that a review of all records is carried out by the Director on a monthly basis.

The Assessment Team did not evidence specific staff training related to record keeping.

The Provider stated that a feedback mechanism is in place to relay results of clinical record audit to staff.

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



Areas of Best Practice

6.1.1 The Provider has good processes in place for the management and storage and safe disposal of patient records.

Areas for Improvement

6.1.2 The Provider should consider incorporating staff training in clinical record keeping as part of an induction programme and continuing education and training programmes going forward.

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 Event Medical Services are as follows:

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	1	2.3%
Not Met	0	0%
Minimally Met	0	0%
Moderately Met	9	21%
Substantively Met	17	39.5%
Fully Met	16	37.2%

PHECC Requirement		Compliance level
Theme 1: Person-Centred Care and Support	Standard 1.1 Patients have equitable access to healthcare services based on their assessed needs.	
	1.1.1 The Licensed CPG Provider has systems, processes and procedures for the timely and clinically appropriate response to provide safe care and treatment to patient population they serve.	Fully Met
	1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.	Substantive
	Standard 1.2 Patients' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.	
	1.2.1 The Licensed CPG Provider has systems, processes and procedures, developed in line with best practice for patient consent and/or patient identification (which includes guidance for practitioners) in line with the PHECC Code of Professional Conduct & Ethics.	Substantive
	1.2.2 The Licensed CPG Provider has a policy/procedure in place in relation to the refusal of treatment and/or transport.	Fully Met
	Standard 1.3 Patients' dignity, privacy and autonomy are respected and promoted.	
	1.3.1 The Licensed CPG Provider has arrangements in place to promote patients' privacy, dignity and autonomy.	Fully Met
	1.3.2 The Licensed CPG Provider demonstrates a commitment to develop a culture where volunteers, contractors and/or employees involve and treat people with compassion, kindness, dignity and respect.	Substantive
	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.	Substantive
	Standard 1.5 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.	
	1.5.1 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.	Moderate
	1.5.2 The Licensed CPG Provider provides training to all front-line volunteers, contractors and/or employees in handling a patient or family member's complaint or concern.	Moderate
	Theme 2: Effective Care and Support	Standard 2.1 Healthcare reflects national and international evidence of what is known to achieve best outcomes for patients.
2.1.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure Responders/Practitioners utilise the evidence-based CPG appropriate to their privileged status to deliver and ensure safe and appropriate care.		Substantive
Standard 2.2 Patients receive integrated care, which is coordinated effectively within and between services.		
2.2.1 The Licensed CPG Provider has a standardised handover process in place to ensure the safe, timely, and structured exchange of information during handover of patients.		Moderate
Standard 2.3 Healthcare is provided in a physical environment, which supports the delivery of high-quality, safe, reliable care and protects the health and welfare of patients.		
2.3.1 The Licensed CPG Provider has process, systems and procedures in place to ensure the road-worthiness of their patient transport vehicles in line with legislation.		Not Applicable
Standard 2.4 The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.		
2.4.1 The Licensed CPG Provider submits an Annual Medical Director Report annually,* which informs the PHECC of clinical activities in the organisation and includes a CPG report (*Calendar year).		Substantive
2.4.2 The Licensed CPG Provider has a systematic programme of clinical audit in line with the PHECC standards (STN019), which is used to monitor quality and outcomes and promote learning.	Substantive	

Theme 3: Safe Care and Support	Standard 3.1 Licensed CPG Providers protect patients from the risk of harm associated with the design and delivery of healthcare services.	
	3.1.1 The Licensed CPG Provider has a reliable system in place to prevent and protect patients and staff from healthcare associated infections.	Moderate
	3.1.2 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure medicines availability, storage, stocking and disposal processes for the administration of pre-hospital emergency care.	Moderate
	3.1.3 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure equipment/medical device availability, storage, stocking and disposal for the administration of pre-hospital emergency care.	Substantive
	Standard 3.2 Licensed CPG Providers effectively identify, manage, respond to and report on patient-safety incidents.	
	3.2.1 The Licensed CPG Provider has structured incident reporting and investigation mechanisms, which support and encourage volunteers, contractors and/or employees to report adverse events, near-misses and no-harm events.	Moderate
	3.2.2 The Licensed CPG Provider has a process for the sharing of lessons learned from patient safety incidents (including adverse events, near misses and no-harm events) and complaints, which have occurred locally, nationally or internationally with employees, contractors and/or volunteers.	Moderate
	Standard 3.3 Licensed CPG Providers ensure all reasonable measures are taken to protect patients from abuse.	
	3.3.1 The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise.	Substantive
Theme 4: Leadership, Governance and Management	Standard 4.1 Licensed CPG Providers have clear accountability arrangements to achieve the delivery of high-quality, safe and reliable healthcare.	
	4.1.1 The Licensed CPG Provider has an established reporting and accountability structure for clinical governance.	Fully Met
	4.1.2 The Licensed CPG Provider has an identified Medical Director who is registered with the Medical Council and who is based in this jurisdiction and who oversees the service.	Fully Met
	4.1.3 The Licensed CPG Provider is compliant with tax 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.	Fully Met
	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.	Substantive
	5.2.3 The Licensed CPG Provider conducts checks to confirm that all employees, contractors and/or volunteers have the appropriate qualifications and registrations.	Substantive
	5.2.4 The Licensed CPG Provider ensures that employees, contractors and/or volunteers are subject to Garda Vetting in line with the National Vetting Bureau (Children & Vulnerable Persons) Act 2012 prior to patient contact.	Fully Met
	Standard 5.3 Licensed CPG Providers ensure their workforce (volunteers, contractors and/or employees) have the competencies required to deliver high-quality, safe and reliable healthcare.	
	5.3.1 The Licensed CPG Provider has developed and implemented a comprehensive induction programme to ensure volunteers, contractors and/or employees understand their responsibilities in relation to the safety and quality of services.	Moderate
	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).	Moderate
	Standard 5.4 Licensed CPG Providers support their workforce (volunteers, contractors and/or employees) in delivering high-quality, safe and reliable healthcare.	
	5.4.1 The Licensed CPG Provider has a Critical Incident Stress Management process in place.	Fully Met
	5.4.2 The Licensed CPG Provider has a Fitness to Practice Policy/Procedure, which makes reference to the PHECC Fitness to Practice processes.	Fully Met
	5.4.3 The Licensed CPG Provider has processes for the identification of poor or variable staff performance.	Substantive
5.4.4 The Licensed CPG Provider improves patient safety by encouraging and supporting employees, contractors and/or volunteers in the reporting and learning from patient safety incidents (including adverse incidents, near misses and no-harm events).	Substantive	
5.4.5 The Licensed CPG Provider creates opportunities for staff to feedback on the quality and safety of the service they work in.	Substantive	
Theme 6: Use of Information	Standard 6.1 Licensed CPG Providers have effective arrangements in place for clinical information governance.	
	6.1.1 The Licensed CPG Provider implements the PHECC 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.	Substantive

Report Summary

Report Status

In accordance with the Council rules this GVF 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

Event Medical Services is required to submit their Quality Improvement Plan to gvf@phecc.ie. This Quality Improvement Plan will encompass any areas highlighted in the 'Areas for Improvement' and will identify and outline improvements to be actioned or planned at Event Medical Services in the upcoming licensing period.



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

Tel: +353 (45) 882042
E-mail: gvf@phecc.ie
Web: www.phecc.ie
