

Pre-Hospital
Emergency Care
Council



Governance Validation Framework

Site Assessment Report

**Medilink Ambulance Limited
T/A Medilink Ambulance Service**

March 2023

“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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Introduction

Executive Summary	04
Overview of Licensed CPG Provider	05

Assessment Report

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

Report Summary

Report Summary	78
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The Pre-Hospital Emergency Care Council (PHECC) is the statutory agency responsible for setting standards in Ireland for the provision of pre-hospital emergency care. PHECC's primary role is to protect the public by independently specifying, reviewing, maintaining, and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care.

The Governance Validation Framework (GVF) has been developed by Council as an evidence-based methodology designed to improve quality and safety in pre-hospital emergency care services. Setting and implementing standards and monitoring of compliance are important levers for driving service improvements. The framework combines a system of self-assessment, on-site review and validation of evidence presented, and staff and management engagement in addition to quality improvement planning and support during the licensing cycle. Documentation submitted by Medilink Ambulance Service 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 Service Provider that is the subject of this report is Medilink Ambulance Ltd T/A Medilink Ambulance Service, a private provider of pre-hospital emergency care services in Leinster. The onsite GVF assessment visits for this report were conducted during February and March 2023 by an Assessment Team drawn from a panel of subject matter experts selected and trained by PHECC to conduct the onsite assessments.

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

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

Medilink Ambulance Service operates out of their corporate headquarters in Co Meath and provides a multi-faceted service to private clients, health insurance companies, and to the public sector within healthcare facilities.

Information used to create this overview was supplied by the Provider.
For more information visit: www.medilink999.ie

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	Medilink Ambulance Limited T/A Medilink Ambulance Service
Type of Visit	Full GVF Assessment - GVFREP MAL 002_0323
Licensed CPG Provider Lead	GVFA4532
Date of Review	Practitioner Engagement - 28/02/2023 Site Assessment - 23/03/2023
Assessment Team	GVFA4532 - Team Lead GVFA9122 - Site Assessor GVFA3572 - Practitioner Engagement Sites visited by the PHECC GVF Assessment Team during the assessment process were as follows: Site 1 - Unit 3 Block 3, City North Business Park, Stamullen, Co. Meath, K32 XD88.
Circumstances of this Site Assessment	Scheduled GVF Assessment
Relevant Recent Visits	Onsite assessment conducted 23/03/2023

Overview of Licensed CPG Provider

Assessment Details (continued):

Licensed CPG Provider Participants

Compliance Manager
Managing Director
Operations Manager
Medical Director (Medical Council Reg No 128286)
EMT x 1
Paramedic x 2
Advanced Paramedic x 1

Onsite Feedback

Verbal feedback related to the Assessment Team’s initial findings was provided to the Management Team of Medilink Ambulance Service by the PHECC GVF Assessment Team Lead at the assessment closing meeting. A number of items were identified as areas of potential improvement including the audit process, patient handover, infection control processes, standardising the induction programme, equipment servicing, and the need for external influence in the Provider's appeal process. Specific items and areas of note are expanded on 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> <p>        </p>
PHECC Statement	The Licensed CPG Provider has appropriate arrangements in place to ensure screening and prioritisation of calls.
PHECC Requirements	<p>1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.</p> <p>        </p>

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



Assessment Panel Findings

1.1.1 The Provider has processes in place to ensure sufficient capacity within current staffing resources are available to meet service requirements. There is evidence of compliance with key performance indicators (KPI) in this area. The Provider has successfully recruited international practitioners. Staffing for events is well planned and there is evidence of inter-agency co-operation in advance of events. The Provider offers a repatriation ambulance service via ferry.

1.1.2 The Provider has a system in place to verify patient identification, infection history, medical needs and medical record number when booking calls. The Provider uses a cloud-based system for records with a Computer Aided Dispatch (CAD) system and a proprietary electronic Patient Care Report (ePCR).

There is a verified training programme for call handlers. Crews may receive supporting information for calls through the CAD system linked to a secure app on their personal mobile phones. The Provider supplies a tablet device for each vehicle. Information is secure as a username and password is required to access the platform.

There are no translation services available at present.

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 good use of technology to enhance call taking and verification of patient history and requirements. Staff engaged with patients professionally and appropriately at all times.













Areas for Improvement

1.1.2 The Provider should document call takers training to support consistency in supervision and training.

The Provider would benefit from access to translation services.

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



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

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



Assessment Panel Findings

1.2.1 The Assessment Team verified a patient identification policy.

1.2.2 The Provider demonstrated knowledge in capacity assessment and recording of information, however, their policy requires further development.

The Provider does not transport patients who do not consent to transport/treatment. During the Practitioner Engagement, Paramedics were observed appropriately engaging with patients, confirming identity and gaining consent. The Provider reported no instances of refusal to travel.

Staff are required to verify if "Do Not Attempt Resuscitation" and "advanced care directives" are in place in advance of transporting. There is no available audit of refusal of transport/treatment and no incidents of this type reported.

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

1.2.1 The Provider should further develop consent, capacity, refusal of treatment transport policies and improve staff awareness of policies and procedures. The Provider is advised to consider how the pending Assisted Decision-Making (Capacity) Act 2015 may affect their processes, and put in place the necessary proactive arrangements to support the implementation of the Act.

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	1.3.1 The Licensed CPG Provider has arrangements in place to promote patients’ privacy, dignity and autonomy.					
						 ✓
PHECC Requirements	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.					
						 ✓

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

Assessment Panel Findings

1.3.1 The Provider has a code of conduct in place. All practitioners were observed being respectful, treating patients with dignity and ensuring privacy whenever possible. Staff are aware of patient confidentiality requirements.

1.3.2 Induction training is of one day duration and conducted by the Operations Manager. Records of completion are kept for each employee. Additionally, there is a 3-day supernumerary period on ambulance to ensure familiarisation with equipment and processes. Driver training is separate from induction training. Practitioners complete manual handling training every two years. All staff drive except those who are still novices. All patients and staff engaged with were treated with kindness, consideration and respect.

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



Areas of Best Practice

1.3.2 There is a culture of respect and dignity within the Provider's organisation.

Areas for Improvement

1.3.1 The Provider's induction programme would benefit from the inclusion of standardised material to ensure consistency.

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: #009900; 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 Patient satisfaction and feedback forms are available for patients, hardcopy and on the Provider's website. Complaints are categorised as either Informal or formal, which dictates how they are addressed and managed. Formal complaints are acknowledged within 3 days and resolved within 21 days. Complaints are investigated and if remedial action is required it is usually addressed through training. The Provider stated that the appeals process is managed internally by the Managing Director.

Practitioners reported regularly receiving compliments via email.

Crew have identified and logged issues in advance of the complaints being received. There is no external reviewer engaged in the appeals process. Complaints are reviewed at the middle and end of the year. The Provider stated that there are few formal complaints. Complaints are logged electronically, and these are monitored for trends and may be discussed at governance meetings. There were no meeting minutes available for the Assessment Team to confirm this.

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















Areas of Best Practice

Areas for Improvement

1.4.1 The Provider would benefit from promoting their website to enable patient’s feedback on a range of categories. The feedback form should be freely available to all service users. Feedback should be encouraged following patient interactions, and responses collated to highlight experiences by service users and those requiring attention.

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 has a complaints policy in place. The Provider stated their policy is to issue an apology if required but to date this has not been required.

1.5.2 The Provider completes pre-employment checks for all staff and the Assessment Team evidenced their pre-employment and registration policy.

The Provider outsources their Human Resources (HR) service, however they contribute to the organisational policies. HR manages the employee handbook, policies, the disciplinary code, and provide templates for notices in relation to discipline and anti-bullying.

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 Practitioners were fully aware of the complaints policy and processes.

Areas for Improvement

1.5.1 The Provider would benefit from external reviewer involvement in the complaint appeals process. This may be achieved by developing a formal Memorandum of Understanding (MOU) to support good governance arrangements.







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 Provider uses spreadsheets and a proprietary records system to record practitioner status. The system is not automated and requires a manual search for practitioners' respective expiry dates.

The Assessment team evidenced compliance with privileging, Clinical Practice Guidelines (CPG) training status and Garda vetting.

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 The Provider has a system in place to monitor practitioner records.

Areas for Improvement

2.1.1 Automating the system for alerts of expiry dates would benefit the Provider's ability to monitor credentialing of practitioners.

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



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

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



Assessment Panel Findings

2.2.1 The Assessment Team verified there is a clinical handover policy in place.

The Assessment Team identified a patient safety risk relating to transfer of ePCR information during patient handover to the hospital ward. Interventions / medications provided en-route are recorded on the back leaf of the nursing transfer letter as on occasion ward staff have not facilitated handover of the PCR. There is a significant risk that information may not be verified or transferred, and the episodes of care are not recorded correctly as the PCR is not physically handed over with the patient. The Provider identified an issue with receiving hospitals not willing to sign or facilitate the pre-hospital ePCR format.

Where patients are transferred to Emergency Department, the paper form of the PCR is used for handover and details are additionally recorded on ePCR. The Provider does not encourage use of paper PCR. A structured patient handover format is encouraged by the Provider. There is no formal monitoring of this format of handover.

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



Areas of Best Practice







No specific observation noted by the Assessment Team.

Areas for Improvement

2.2.1 The documented handover should be standardised, and the Provider shall ensure that it is provided automatically to the receiving hospital in a timely fashion to support continuity of care. The Provider should provide training in relation to communication and handover processes for all practitioners that operate on their behalf. The clinical handover policy requires further development, which should include handover of the PCR as a requirement of the patient 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.



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 verified evidence that all vehicles inspected were compliant with CVRT certification. Vehicle daily inspection checklists are completed through logging into app on practitioner's phone. This system ensures that vehicles faults are identified at the beginning of the practitioner's shift.

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 Provider is compliant with this requirement.

Areas for Improvement

No specific observation noted by the Assessment Team.

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



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 Provider submitted a CPG annual report in line with PHECC requirements.

2.4.2 The Provider's activity was limited in relation to clinical audit. The Provider does not currently complete an audit of PRC in relation to Clinical Practice Guidelines (CPG) usage. There was no relevant evidence of audit available to the Assessment Team.

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



Areas of Best Practice

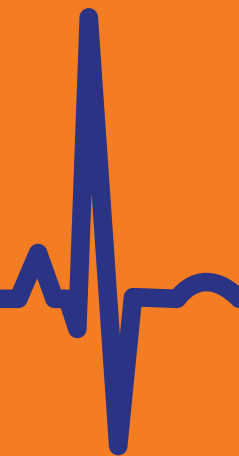
No specific observation noted by the Assessment Team.

Areas for Improvement

2.4.2 The clinical audit programme should be agreed with the Medical Director and include structure, process and outcome audits.


















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 evidenced the Provider’s infection prevention and control policy. It was identified that there were issues with hand hygiene compliance during Practitioner Engagement. The Provider does not carry out fit testing for FFP2 face masks to ensure protection for practitioners, instead they utilise the statutory services video for donning and doffing Personal Protective Equipment.

Health Care Risk Waste collection is completed when sufficient waste is generated. A licensed waste collector is sourced to manage this waste

3.1.2 The Provider’s medicines management policy was evidenced by the Assessment Team. During Practitioner Engagement the assessor observed separate drugs lockers for each clinical grade. The Provider has a process in place regarding the availability of drugs bag. There is an issue with availability of some new medications that have recently been introduced with the latest PHECC Clinical Practice Guidelines (CPG). The Provider stated they are liaising with their Medical Director to assist with the introduction of these medications. Medication stock levels were checked by the Assessment Team and all stock levels were correct.

3.1.3 The Assessment Team verified the Provider’s equipment management policy. This document contains a table of service intervals for biomedical devices, however, it does not reference stretchers, carrying chairs and other equipment that may require servicing. It was evidenced that service dates for some equipment was not visible. Medical device service records were examined, and it was identified that the recording process requires improvement.

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 The Provider has good processes in place for drugs bag availability.

Areas for Improvement

3.1.1 The Provider's hand hygiene programme should be strengthened, and the process subjected to regular audits.

3.1.3 The Provider's medical device service records process should be strengthened to ensure all devices are asset tagged with serviceability dates displayed and key data recorded.

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



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

Practitioners verbalised understanding of their responsibility to raise concerns and to report incidents including adverse events, near-miss and no-harm events. Practitioners recounted incidents that they had recently reported. Incidents are recorded using online software.

Practitioners were unsure of an open disclosure policy, however, they stated that they felt comfortable approaching management with issues and concerns.

3.2.2 The Assessment Team noted there were a limited number of complaints and incidents recorded that could inform learning, however, practitioners stated that they receive emails with updates to policies/procedures. A newsletter was reported to be in place periodically, which practitioners identified as not being issued since the beginning of COVID-19.

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



Areas of Best Practice

3.2.1 A staff survey has been conducted on patient safety, which indicated a positive patient safety culture within the Provider's organisation.

Areas for Improvement

3.2.1 The Provider should separate the risk management and incident management processes. There should be a separate Adverse Clinical Event reporting process that drives the patient safety agenda rather than litigation or insurance claims. Open disclosure should be included, and training provided for all staff in the process. Incident reporting should be encouraged, and training provided.

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: #00cc66; 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 Assessment Team verified there is an organisational safeguarding policy/procedure and a child safeguarding statement in place. There are six procedures that relate to the safeguarding statement: these are listed as separate documents.

The Managing Director is identified as the responsible person.

Practitioners could not identify an executive with responsibility for safeguarding and were unaware of the term “designated liaison person”.

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



Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

3.3.1 The Provider should ensure that all associated Child and Adult safeguarding policy and process documents are readily available to practitioners. Child first training, and the promotion of Child and Adult safeguarding processes, including how to access the designated person, should be regularly revised with staff.

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 evidenced the Provider’s governance policy, which details the roles and responsibilities of key personnel including the Medical Director and the Medical Director’s management team.

There were no minutes of governance meetings available for verification by the Assessment Team.

4.1.2 The Medical Director has overall responsibility for clinical governance and is aware of their role and responsibilities as they relate to the Provider as a PHECC Recognised CPG Service Provider. The Medical Director has been recently appointed by the Provider, however, there is evidence of oversight and engagement with the Provider’s processes and policies. There is sufficient dedicated clinical time apportioned to the role and they provide advice on patient repatriation, clinical governance and policy creation. They provide clinical oversight at events and festivals. The Medical Director is actively involved with crew performance reviews.

The Medical Director communicated an intention to be accessible to practitioners and encourage open communication.

4.1.3 The Provider is tax compliant.

4.1.4 The Provider submitted evidence of medical indemnity, employer and public liability insurance.

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



Areas of Best Practice

4.1.2 The Provider has provided the Medical Director with clear roles and responsibilities in relation to governance.

Areas for Improvement

4.1.1 The Provider would benefit from recording meeting minutes, and outcomes of governance meetings.

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: #ffa500; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ffff00; border: 1px solid #000; display: flex; align-items: center; justify-content: center;"> ✓ </div> <div style="width: 30px; height: 30px; background-color: #90ee90; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #008000; border: 1px solid #000;"></div> </div>

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



Assessment Panel Findings

4.2.1 There is a governance policy in place. Monitoring of quality indicators such as complaints, incidents and audits were limited. Therefore, there was minimal evidence of use of quality and safety information to highlight areas of improvement within the Provider's organisation.

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 Provide should promote incident reporting. A robust programme of audit is required. The Provider should review how organisational patient safety system, processes and practices could be improved to drive the patient safety agenda.

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>

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's risk assessment process is limited. There was no risk register presented to the Assessment Team. There is no evidence of proactive risk assessments being undertaken around new services, projects or practices.

Health & Safety assessments are undertaken by an external company. No documentation regarding the process was made available for verification by the Assessment Team.

Practitioners reported they had received training in dress code policy, infection control, health and safety, and safe driving. The Provider underwent an external accreditation process for medical transport organisations.

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 Assessment Team note that the Provider underwent an external accreditation process for medical transport organisations.

Areas for Improvement

4.3.1 The Provider should strengthen the management process of risk identification, assessment and use of a risk register. They should consider using proactive risk management processes to identify areas of risk that require mitigation.

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 a Safety Alert process in place. The current process involves emailing individual practitioners and looking for a read receipt. The Provider advised the Assessment Team of a plan to use surveys to confirm the practitioner has received and read the alert notification. This confirmation may be included as part of the shift sign-in system.

4.4.2 The Assessment Team evidenced the Provider's submitted self-assessment and quality improvement plan.

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 include the response to the safety alert process in a formal audit programme.

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="display: flex; gap: 10px;"> <div style="width: 30px; height: 30px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ff9900; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ffff00; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #99cc99; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #009966; border: 1px solid #000; position: relative;"> ✓ </div> </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 Workforce planning is in place within the Provider's organisation, which includes a new five-week roster for staff. The Provider does not currently use bank staff.

The Provider has a detailed breakdown of clinical levels and the number of staff per shift including sick leave days.

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 has good planning in place to ensure there is sufficient staff and clinical levels in place to meet current demand.

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 an English language policy in place, which makes reference to external certifications of English language skills. English language competency assessment is undertaken prior to application process with the onus for completion on the applicant. The current staff complement have English as first language.

5.2.2 There is a process/procedure in place for pre-employment/pre-engagement checking of identity and registration for employees and contractors.

5.2.3 The Provider has a procedure and process for pre-employment checks of privileged status for employees. The Assessment Team evidenced records of privilege status for employees.

5.2.4 The Provider has a documented vetting process in line with National Vetting Bureau (Children & Vulnerable Persons) Act 2012.

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 robust pre-employment checks in place.

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> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc;"></div> <div style="width: 20px; height: 20px; background-color: #ff0000;"></div> <div style="width: 20px; height: 20px; background-color: #ff9900;"></div> <div style="width: 20px; height: 20px; background-color: #ffff00;"></div> <div style="width: 20px; height: 20px; background-color: #99cc66;"></div> <div style="width: 20px; height: 20px; background-color: #008000;"></div> <div style="font-size: 2em; margin-left: 10px;">✓</div> </div>
	<p>5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc;"></div> <div style="width: 20px; height: 20px; background-color: #ff0000;"></div> <div style="width: 20px; height: 20px; background-color: #ff9900;"></div> <div style="width: 20px; height: 20px; background-color: #ffff00;"></div> <div style="width: 20px; height: 20px; background-color: #99cc66;"></div> <div style="width: 20px; height: 20px; background-color: #008000;"></div> <div style="font-size: 2em; margin-left: 10px;">✓</div> </div>
	<p>5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students (If applicable).</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc;"></div> <div style="width: 20px; height: 20px; background-color: #ff0000;"></div> <div style="width: 20px; height: 20px; background-color: #ff9900;"></div> <div style="width: 20px; height: 20px; background-color: #ffff00;"></div> <div style="width: 20px; height: 20px; background-color: #99cc66;"></div> <div style="width: 20px; height: 20px; background-color: #008000;"></div> <div style="font-size: 2em; margin-left: 10px;">✓</div> </div>

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



Assessment Panel Findings

5.3.1 The Provider has an induction programme and a employee handbook in place. Practitioners confirm a programme for induction of new employees including a period of mentorship where a new employee joins an already established crew as a third person to gain experience. The mentoring process in place has been recently developed. A logbook is maintained to record this. Mentoring is provided by experienced staff, however, these practitiioners have not received formal training.

Driving assessment is undertaken; all staff drive unless they have not yet completed their period as a Novice drives (N plates).

5.3.2 Practitioners confirm annual training is provided by an external training company to include manual handling and CFR-A training. Practitioners advise they have received CPG 2021 upskilling.

5.3.3 The Provider facilitates observational student placements from the PHECC Recognised Training Institute that provide their training requirements. Student placements are covered in a Memorandum of Understanding.

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

5.3.1 The Provider has a documented induction process in place that includes a supernumerary placement.

Areas for Improvement

5.3.1 The Provider would benefit from strengthening the induction programme by setting out the specific detail of what was provided to the employee during the process.

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.							✓

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

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



Assessment Panel Findings

5.4.1 A Critical Incident Stress Management Programme (CISM) is available and accessible to staff. There was evidence that staff were aware of the CSM programme, however, their knowledge was limited.

5.4.2 The Provider has a fitness to practice policy in place. There are no current fitness to practice concerns.

5.4.3 There is an annual staff appraisal process in place.

5.4.4 The Provider has a protected disclosure policy in place.

5.4.5 Practitioners did not voice any concerns to the Assessment Team regarding the reporting of issues to management.

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

5.4.3 The Provider has a staff appraisal process in place.

Areas for Improvement

5.4.1 The Provider and its practitioners may benefit by increasing awareness of the Critical Incident Stress Management Programme throughout the organisation.

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 style="width: 30px; height: 30px; background-color: #cccccc;"></div> <div style="width: 30px; height: 30px; background-color: #ff0000;"></div> <div style="width: 30px; height: 30px; background-color: #ff9900;"></div> <div style="width: 30px; height: 30px; background-color: #ffff00;"></div> <div style="width: 30px; height: 30px; background-color: #99cc99;"></div> <div style="width: 30px; height: 30px; background-color: #009966;"></div> <div style="font-size: 2em; margin-left: 10px;">✓</div> </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 style="width: 30px; height: 30px; background-color: #cccccc;"></div> <div style="width: 30px; height: 30px; background-color: #ff0000;"></div> <div style="width: 30px; height: 30px; background-color: #ff9900;"></div> <div style="width: 30px; height: 30px; background-color: #ffff00;"></div> <div style="width: 30px; height: 30px; background-color: #99cc99;"></div> <div style="width: 30px; height: 30px; background-color: #009966;"></div> <div style="font-size: 2em; margin-left: 10px;">✓</div> </div>

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



Assessment Panel Findings

6.1.1 Practitioners are aware of their responsibilities in relation to data protection. A password protected computer is provided on the ambulance.

6.1.2 There is a process in place for auditing of clinical records.

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



Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

No specific observation noted by the Assessment Team.

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 Medilink Ambulance Service are as follows:

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	0	0%
Not Met	0	0%
Minimally Met	1	2.3%
Moderately Met	3	7%
Substantively Met	10	23.3%
Fully Met	29	67.4%

	PHECC Requirement	Compliance level
Theme 1: Person-Centred Care and Support	Standard 1.1 Patients have equitable access to healthcare services based on their assessed needs.	
	1.1.1 The Licensed CPG Provider has systems, processes and procedures for the timely and clinically appropriate response to provide safe care and treatment to patient population they serve.	Fully Met
	1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.	Substantive
	Standard 1.2 Patients' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.	
	1.2.1 The Licensed CPG Provider has systems, processes and procedures, developed in line with best practice for patient consent and/or patient identification (which includes guidance for practitioners) in line with the PHECC Code of Professional Conduct & Ethics.	Substantive
	1.2.2 The Licensed CPG Provider has a policy/procedure in place in relation to the refusal of treatment and/or transport.	Fully Met
	Standard 1.3 Patients' dignity, privacy and autonomy are respected and promoted.	
	1.3.1 The Licensed CPG Provider has arrangements in place to promote patients' privacy, dignity and autonomy.	Fully Met
	1.3.2 The Licensed CPG Provider demonstrates a commitment to develop a culture where volunteers, contractors and/or employees involve and treat people with compassion, kindness, dignity and respect.	Fully Met
	Standard 1.4 Licensed CPG Providers promote a culture of kindness, consideration and respect.	
	1.4.1 The Licensed CPG Provider undertakes Patient Satisfaction and/or Patient Experience Surveys to help shape and improve services and culture.	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.	Substantive
	1.5.2 The Licensed CPG Provider provides training to all front-line volunteers, contractors and/or employees in handling a patient or family member's complaint or concern.	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.		Minimal
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.	Fully Met
	3.1.3 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure equipment/medical device availability, storage, stocking and disposal for the administration of pre-hospital emergency care.	Substantive
	Standard 3.2 Licensed CPG Providers effectively identify, manage, respond to and report on patient-safety incidents.	
	3.2.1 The Licensed CPG Provider has structured incident reporting and investigation mechanisms, which support and encourage volunteers, contractors and/or employees to report adverse events, near-misses and no-harm events.	Substantive
	3.2.2 The Licensed CPG Provider has a process for the sharing of lessons learned from patient safety incidents (including adverse events, near misses and no-harm events) and complaints, which have occurred locally, nationally or internationally with employees, contractors and/or volunteers.	Fully Met
	Standard 3.3 Licensed CPG Providers ensure all reasonable measures are taken to protect patients from abuse.	
	3.3.1 The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise.	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.	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 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.	Moderate
	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.	Moderate
	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.	Fully Met
	5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status.	Fully Met
	5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students (if applicable).	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 CPG will be awarded for a three (3) year period. This approval will apply from the last approval date.

Quality Improvement Plan

Medilink Ambulance Service is required to adjust and re-submit their Quality Improvement Plan to gvf@phecc.ie. This adjustment of the 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 Medilink Ambulance Service in the upcoming licensing period.



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