Pre-Hospital Emergency Care Council

Governance Validation Framework

Site Assessment Report

Beaumont Private Ambulance Ltd

July 2022

“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.”

Pre-Hospital Emergency Care Council

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Executive Summary

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 Beaumont Private Ambulance Ltd prior to the assessment and any evidence provided on assessment day(s) is reviewed and considered by the assessment team for assessment purposes. GVF concentrates on a series of Standards related to specific themes and identifies the supporting components that service providers should have in place to ensure the formation of a quantifiable quality improvement plan. The framework incorporates 6 Themes and encompasses 43 Standards, that service providers must comply with, and provide evidence on, to the external assessment team. Council published the GVF in July 2017.

The Licensed CPG Service Provider that is the subject of this report is Beaumont Private Ambulance Ltd, a private provider of pre-hospital emergency care services based in Charlestown, Co Mayo. The on-site GVF assessment visits for this report were conducted during June and July 2022 by an assessment team drawn from a panel of subject matter experts selected and trained by PHECC to conduct the on-site assessments.

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

The framework combines six Themes which are — Person Centred Care and Support, Effective Care and Support, Safe Care and Support, Leadership Governance and Management, Workforce and Use of Information. The specific findings and comments of the assessment team are outlined for each of the six Themes, and the individual Standards, under the three headings of Assessment Panel Findings, Areas of Best Practice and Areas for Improvement.

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

Overview of Licensed CPG Provider

Established in 2009, Beaumont Private Ambulance Limited is a private ambulance service based at Ballagh Street, Charlestown, Co. Mayo, F12 Y027. Beaumont Private Ambulance Limited provide services in the western, midland and south-eastern counties of Ireland, and its declared company focus is on the provision of acute and non-acute ambulance transport services. The service provides patient transfers to the healthcare/nursing home and the private insurance sectors. Beaumont Private Ambulance Limited also provides pre-hospital emergency care services to the event sector.

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

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

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	Beaumont Private Ambulance Ltd
Type of Visit	Full GVF Assessment - GVFREP BPA 002_0722
Licensed CPG Provider Lead	GVFA5966
Date of Review	Practitioner Engagement - 28/06/2022 Site Assessment - 08/07/2022
Assessment Team	GVFA5966 - Team Lead GVFA9122 - Site GVFA6916 - Practitioner Engagement
Circumstances of this Site Assessment	GVF Assessment
Relevant Recent Visits	On-site assessment conducted July 2022.

Assessment Details (continued):

Licensed CPG Provider Participants

General Manager
Finance & Administration Manager
HR & Clinical Manager
Education & Quality Assurance Officer
Medical Director (Medical Council Reg No 180691)
Emergency Medical Technician x 2

Onsite Feedback

Verbal feedback related to the Assessment Team's initial findings was provided to the Senior Management Team of Beaumont Private Ambulance Ltd by the PHECC GVF Assessment Team Lead at the closing meeting.

Several areas were highlighted as being example of good practice. A number of items were identified as areas of potential improvement: Infection Prevention Control (IPC) practices, use of cleaning chemicals, equipment use/safety, and patient handover procedures. There was agreement by all in attendance regarding the relevance and substance of the Assessment Team's comments and indicative findings.

Judgement Framework

Level & Scoring	Descriptor
Not Applicable	• The standard is not applicable to this organisation/base location
Not Met	• Does not meet expectations • No evidence of compliance anywhere in the organisation with the requirements set by the statement/standard
Minimally Met	• 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	• 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	• 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	• 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	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.

PHECC Statement	The Licensed CPG Provider has appropriate arrangements in place to ensure screening and prioritisation of calls.
PHECC Requirements	1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.1.1 The Assessment Team were provided with evidence of local staff levels using appropriate staffing software and telephone contact systems for short notice availability shift. There is a policy outlining responsibilities of duty rota and staffing levels including short notice absence. The Provider employs EMT, Paramedics, and occasionally Nurses for escorting ambulance patients and does not employ Advanced Paramedics.
No recent major incident response planning activity was carried out by the Provider due to COVID-19 restricting business activities.

1.1.2 There is a policy outlining the call taking and dispatch procedure, which appears appropriate for the Provider's activities. All ambulance call bookings are taken by telephone and details transferred onto hard copy, then populated into dispatch software by a designated call taker.

The PHECC EMS Priority Dispatch Standard (STN001) does not apply to this organisation.
The Provider has made significant investments recently in a software package to enhance several aspects of service delivery, which includes dispatch software and live call monitoring. Appropriate training from the software company was provided to relevant staff.

The application of dispatch software (App) on a portable tablet device assigned to the ambulance crew was observed. Patient transport calls are notified through this App, which has inbuilt security software to ensure patient data and other sensitive information cannot be accessed by unauthorised persons.

Dispatch and ambulance arrival times are monitored live via a software package, and this data is reviewed by senior management.

The Provider has a system whereby Practitioners can phone HQ and be put in touch with specific language translator services. This process is made clear to staff in the relevant policy.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

1.1.2 The Assessment Team observed evidence of efficient use of modern software systems for dispatch and workload planning. Practitioners were observed to be proficient in the use of tablet devices and electronic dispatch software.

Areas for Improvement

No specific observation noted by the Assessment Team.

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

Pre-Hospital Emergency Care Council

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.

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.2.1 The Assessment Team observed Practitioners greeting a patient through personal introduction, verifying the patient's name verbally and verifying identification using the hospital wrist band. This practice was compliant with the Provider's Patient Consent policy, which Practitioners demonstrated awareness of.

1.2.2 The process for patient refusal of treatment is clearly documented within the Provider's policies and states that patient consent must be recorded on the electronic PCR.
Practitioners demonstrated an awareness of the need for documenting refusal issues on the ePCR.

It was noted that the Provider has experienced difficulties in obtaining Do Not Attempt Resuscitation (DNAR) documents from other healthcare staff related to patients. These difficulties are resolved through a direct phone call to senior management.

Specific audits of patients refusing treatment are not carried out, but recorded in regular general PCR audits. Refusal of transport/treatment instances are rare in the nature of the organisation's workload.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

1.2.2 Practitioners demonstrated courteous and empathetic behaviours towards patients. They ensured correct identification of patients in their care, and were aware that patients were entitled to refuse treatment and/or transport.

Areas for Improvement

1.2.2 The Provider should consider seeking advice or guidance on specific difficulties with Practitioners witnessing or being able to verify a patient's DNAR documents prior to onward transport. The Provider may wish to seek advice from the Medical Director for assistance on this issue, and that of increased awareness of Assisted Decision Making legislation.

The Provider should update the Patient Consent policy with relevant recent references. The Provider should increase awareness of the pending Assisted Decision Making legislation and consider how it may impact on the Provider's organisational policies and procedures, and on clinical practice.

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

Pre-Hospital Emergency Care Council

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.

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.3.1 The Provider has embedded the PHECC Code of Professional conduct and Ethics for registrants within its Clinical Practice Guidelines Policy. The Assessment Team observed Practitioners behaving in an exemplary manner while caring for and communicating with their patients.

The Assessment Team observed a number of examples of a commitment to organisational leadership and protecting the dignity, privacy and confidentiality of its service users.

1.3.2 The Assessment Team learned of a monthly programme where senior managers observe Practitioners in operational and clinical care, however, no records were able to be verified for specific areas of training regarding communication and interpersonal skills training.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

1.3.1 /1.3.2 Practitioners demonstrated caring and professional behaviours. It was evident to the Assessment Team that a culture of caring, consideration and respect exists within the Provider's organisation.

Areas for Improvement

1.3.2 The Provider should consider developing specific modules in staff induction training, and ongoing continuous professional development, specifically regarding patient communication and interpersonal skills.

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

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.4.1 During Practitioner Engagement, Practitioners advised that an information leaflet regarding patient satisfaction/experience was available on all ambulances for patients or service users. They also advised that patients could have an option of verbalising any complaint and that it would be recorded on the ePCR. Company contact details can also be given to patients directly.

There is evidence of senior management conducting regular telephone surveys with appropriate patients or their carer(s) regarding their experience with the Provider.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

1.4.1 There is evidence of direct and timely communication from senior management to Practitioners regarding compliments on care and service received.

The Provider employs an effective proactive approach to gaining patient feedback.

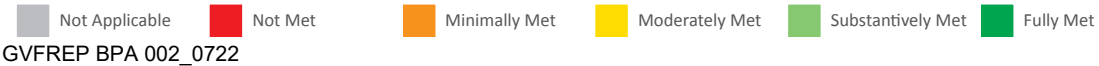
Areas for Improvement

1.4.1 The Provider may benefit from an update to its company website to enable additional methods of contact or communication regarding complaints and compliments by service users.

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

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider has an internal complaints/concern handling process.
PHECC Requirements	1.5.1 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.
PHECC Requirements	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.



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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.5.1 The Assessment Team reviewed a complaints policy and procedure. This policy clearly sets out the process of how to make a complaint, investigation, feedback and appeals procedure. The process for learning lessons was discussed with the senior management team: lessons learned would be discussed at board meetings and change of policy or practice enacted if necessary. Any staff bulletins regarding lessons learned are communicated electronically to staff.

The Assessment Team verified evidence that a small number of complaints have been received and how clinical and non-clinical complaints were dealt with.

The Assessment Team found evidence of a culture of transparency with service users, including the procedure on reporting incidents, and/or remedial action processes.

1.5.2 Practitioners showed an awareness of the complements/complaints process and demonstrated how a complaint or compliment may be entered using the electronic patient software App. The App also allows for the signature of the complainant. Various other methods of how to make a complaint or compliment were verified.

The Assessment Team were unable to verify specific examples of training records on complaints management although some evidence exists that training has taken place.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

1.5.1 Following the receipt of non-clinical related complaints the Provider implemented relevant assessment and education for all Practitioners.

1.5.2 Practitioners were effective with the management of the software that would enable a complaint to be made in real time.

Areas for Improvement

1.5.2 The Provider should ensure they document specific training in relation to complaints management and keep records of such training.

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.

Pre-Hospital Emergency Care Council

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	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.

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

2.1.1 The Assessment Team verified evidence of a random sample of Practitioners on their current PHECC registration status using a local registry of employees.

The Assessment Team were able to verify evidence of upskilling for Practitioners in this organisation. The Medical Director has oversight on this and there are a small number of Practitioners yet to upskill before the deadline occurs. A process of upskilling verification is to be completed by the Medical Director when all practitioners are upskilled.

Anecdotal evidence was provided by senior BPAS management that revised clinical practice guidelines and updates are forwarded to Practitioners in an electronic format. The Assessment Team were unable to verify examples of this.

Senior management stated that there is a regular programme of clinical supervision carried out by their Education and Quality Assurance Officer, who has received no formal training for this role, and uses their own experience, judgement, and knowledge to carry out this function. The clinical supervision programme encompasses a wide range of monitoring such including health and safety, clinical and IPC compliance. No clinical supervision records were verified by the Assessment Team.

There was observational evidence of good patient care, which was generally compliant with relevant CPG.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

2.1.1 The Provider shall ensure that all patients that require cardiac monitoring are monitored from bed-to-bed handover.

The Provider would benefit from provision of formal training for staff employed in a clinical or operational supervisory role.

The Provider should ensure that Practitioners comply with the CPGs and avoid deviating from standard clinical practice.

The Provider shall retain records of clinical supervision or audit.

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

Pre-Hospital Emergency Care Council

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

2.2.1 The Assessment Team verified that verbal handovers were given to relevant healthcare staff using the IMIST-AMBO format, but some elements of comprehensive handover were not practiced.

The Assessment Team verified that there is no system in place where healthcare staff, in the receiving medical care facility, can be given a copy of the patient care records at the point of patient handover, however, the senior management team stated that they are exploring possible solutions to this issue.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

2.2.1 The Provider shall ensure that staff verbalise identification procedures and provide an overview of vital signs in the handover process.

The Provider shall provide a mechanism where PCR records can be shared with the receiving medical facility on patient handover.

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.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider must ensure that ambulances are fit for purpose.
PHECC Requirements	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.

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

Standard 2.3 Healthcare is provided in a physical environment, which supports the delivery of high-quality, safe, reliable care and protects the health and welfare of patients.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

2.3.1 The Assessment Team verified a random sample of a vehicle servicing contract, servicing record, and certificate of road-worthiness.

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.

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

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.

Pre-Hospital Emergency Care Council

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	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).

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	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.

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

2.4.1 The Assessment Team verified the Annual Medical Directors Report, which confirmed that Practitioners are compliant with 2017 CPGs and includes evidence of a Learning and Development Plan plus a calendar of upcoming training events.

2.4.2 There is some evidence that monthly and annual clinical audits take place, however, the Assessment Team were unable to verify specific examples of monthly and annual audits, although a summary of clinical audit was verified within the Annual Medical Director's report.
Outcomes from clinical audits are reviewed by senior management and action/feedback issued in the form of face-to-face meetings, newsletter, and staff emails. The Assessment Team were able to verify some evidence of audit feedback on non-clinical issues.
The Assessment Team found evidence of some Practitioners not being fully aware of the clinical audit process.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

2.4.2 The Provider would benefit from ensuring all staff are fully aware of the audit process.

The Provider should ensure accessible clinical audit programme records.

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.

Pre-Hospital Emergency Care Council

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	3.1.1 The Licensed CPG Provider has a reliable system in place to prevent and protect patients and staff from healthcare associated infections.
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	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.
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	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.

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

3.1.1 The Assessment Team were provided with an Infection Prevention and Control policy and evidence exists of clinical waste collection by a recognised waste disposal company.

The Assessment Team evidenced suitable PPE was used during practitioner/patient engagement. It was observed that the Provider does not carry out fit testing for FFP2/3 masks and viral filters for ventilation circuit are not included on the equipment list.

The Assessment Team evidenced the Provider's ambulance was clean and well-presented, and there was evidence of equipment cleaning after use. There were concerns regarding the use of cleaning chemical.

3.1.2 The Provider has a Medicines Management policy that documents storage, ordering, administration, audit and security of medicines. The Assessment Team evidenced records of the procedure for ordering and stocking medicines. The suitability of the processes and procedures in use were verified as were the medicines audit and medicine stock control audits, and the adverse medicine incident management procedures. Appropriate medications were evidenced as available for patient use, however, some administration devices were not available.

3.1.3 Equipment was clean and in good working order although some equipment was noted as unavailable. The Assessment Team evidenced that the service records for specific pieces of equipment were up to date. No spare equipment is stocked at base level. To obtain replacement equipment, the Practitioners contact the Provider's HQ and a replacement item is arranged, usually with a rendezvous at an agreed location.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

3.1.1 Practitioners were aware of FFP2 guidance and the requirements for wearing the masks especially in the context of COVID-19.

Areas for Improvement

3.1.1 The Provider should establish a service level agreement with the clinical waste company regarding collection and safe disposal of sharps bins.

The Provider shall review their procedures in relation to the use of cleaning chemical products and ensure staff competency in this.

The Provider would benefit from a review of its procedures for cleaning after each patient contact and from conducting hand hygiene audits.

The Provider shall ensure a training programme for FFP2/3 mask fitting and wearing for Practitioners, and training records shall be maintained. A standard operations procedure should also be developed.

3.1.2 The Provider should ensure all standard equipment is available to conduct safe airway management during resuscitation.

3.1.3 The Provider shall ensure that all stretchers are fitted with 5-point harness straps.
The Provider should ensure appropriate equipment for intra-nasal administration of medications are available.

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

Pre-Hospital Emergency Care Council

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	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.
PHECC Statement	The Licensed CPG Provider has arrangements in place to identify, assess and respond appropriately to patients' safety incidents and complaints.
PHECC Requirements	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.

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

3.2.1 The Assessment Team were provided with a Risk Management policy, which includes Incident Management procedures. The Assessment Team evidenced Practitioners being familiar with the incident management reporting procedure. Practitioners were aware of how to report an incident and incident report forms are filed electronically on the Provider's specific software, which Practitioners receive training on. Incident reporting is easily accessible and operates in a 'live' context by reporting through ePCR software and mobile electronic tablet. Senior managers become aware of incidents immediately on submission via software. The Assessment Team noted that a small number of incidents had been reported within the organisation.

Incidents are investigated by experienced senior management staff. There was no evidence of any staff having received training on incident investigation.

3.2.2 Evidence of non-clinical incidents and one safeguarding incident were verified and appropriate action was taken and recorded. The Assessment Team verified evidence of an action plan to reduce further incidents.

While there is an organisational policy and procedure for reporting incidents, the Assessment Team could not verify any examples of lessons learned, newsletters or published documents that could be shared with employees. Instances of lessons learned are shared with staff on an individual basis.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

3.2.1 The electronic software App within the tablet device enables reports such as adverse events to be reported in a timely manner.

Areas for Improvement

3.2.1 The Provider should remove the reference to incident management procedures from the Risk Management policy and develop an Incident Management policy. Any review of these policies/procedures should include reference to open disclosure.

The Provider should consider providing specific training for staff or a designated person to investigate clinical and or safety related incidents.

3.2.2 The Provider should consider developing a mechanism that disseminates lessons learned to all Practitioners, whilst being mindful to protect individual Practitioners.

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

3.3.1 The Provider has two safeguarding policies in place - Child safeguarding and Safeguarding Vulnerable Adults, with the General Manager having overall responsibility for safeguarding.

Practitioners indicated that they have completed the Children First module on the TUSLA eLearning platform and were aware that they have a requirement for mandatory reporting of concerns. Verification of training was evidenced by the Assessment Team.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

No specific observation noted by the Assessment Team.

Theme 4

Leadership, Governance and Management

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

Pre-Hospital Emergency Care Council

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.

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

4.1.1 The Assessment Team were provided with an organisational diagram detailing the reporting structure within the organisation. The Medical Director has overall responsibility for clinical governance, and the HR/Clinical Manager reports relevant clinical issues to the Medical Director.

The reporting structure of quality and safety issues are outlined within the Provider's submitted documents and were discussed with the Assessment Team during the onsite assessment.

During discussions with the senior management team, it was identified that a culture of incident reporting exists within the Provider's organisation and following the introduction of an electronic PCR and operational software, incident reporting had increased. A low level of clinical incidents was reflected in the documentation provided to the Assessment Team.

4.1.2 The Provider submitted documents that outlined the role of the Medical Director. In reviewing the documented Medical Director's job description it was noted that the Medical Director's substantive role had changed to a different clinical service since initial engagement by the Provider. The Medical Director is available to the Provider for clinical advice at all times.

There is evidence of clinical oversight and engagement from the Medical Director who engages in continuous professional education with the Provider's Practitioners on an annual basis. The topics of choice for annual training are frequently dictated by themes identified by Practitioners.

Evidence exists within the organisation of Practitioners being aware of who the Medical Director is, although there is some evidence that Practitioners do not routinely interact with the Medical Director.

4.1.3 The Provider is tax compliant.

4.1.4 Documentation was provided that evidenced appropriate insurance is held by the Provider.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

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.

Pre-Hospital Emergency Care Council

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	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.

Not Applicable Not Met Minimally Met Moderately Met Substantively Met 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.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

4.2.1 The Provider has a low number of complaints from service users, and such complaints usually relate to non-clinical issues. The Assessment Team verified evidence of complaints/issues and subsequent action points.

Since the introduction of live reporting systems on the software App, the number of reporting incidents and near-misses have increased although they remain low. It is difficult to identify the transfer of reported incident data to significant change and improvement due to a lack of evidence of analysis and implementation.

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.

Pre-Hospital Emergency Care Council

Areas of Best Practice

4.2.1 The Provider has introduced a new assessment and education role (Driving Officer) within the organisation.

Areas for Improvement

4.2.1 The Provider would benefit from reviewing internal organisational patient safety systems and practices to drive the patient safety agenda.

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

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider is compliant with all relevant laws and regulations.
PHECC Requirements	4.3.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure compliance with statutory legislation relating to the provision of safe and effective care.

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

4.3.1 The Assessment Team were provided with a Risk Management Strategy document. Although the Provider was proactive in promoting their business model there was little evidence of proactive risk assessments being undertaken around new services, projects or practices. The Risk Management Strategy document states that the Provider maintains a general risk register that is reviewed at monthly meetings. The Assessment Team were unable to verify a corporate risk register or notes from risk register meetings.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

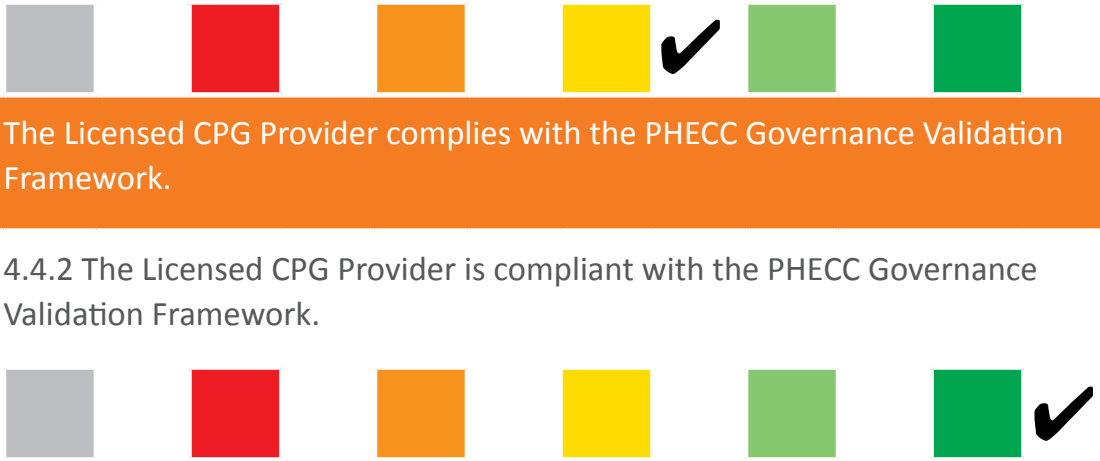
Areas for Improvement

4.3.1 The Provider should strengthen their risk management structures and processes, and promote robust risk assessments to identify business, financial, resource, cyber and clinical risks.

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.

Pre-Hospital Emergency Care Council

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	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.
PHECC Statement	The Licensed CPG Provider complies with the PHECC Governance Validation Framework.
PHECC Requirements	4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation Framework.



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.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

4.4.1 The Assessment Team received anecdotal evidence that safety alerts and clinical updates were sent to Practitioners through personal emails. There is some evidence that such information may not be received by all Practitioners.

The Provider stated safety bulletins are issued but no examples were provided to the Assessment Team. There is some evidence that the Provider's Education and Quality Assurance Officer conducts regular visits, however, the Assessment Team were unable to verify specific records of quality assurance visits.

4.4.2 The Provider submitted a self-assessment and quality improvement plan with relevant timescales for review of this plan. One of the major organisational changes from a previous GVF assessment was a policy review, which resulted in significantly reducing the number of internal policies.

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.

Pre-Hospital Emergency Care Council

Areas of Best Practice

4.4.2 The Provider is making significant ongoing efforts to review organisational policies to ensure relevance to their organisation and structure.

Areas for Improvement

4.4.1 The Provider shall ensure a process to ensure all Practitioners are informed, in a timely manner, of any clinical updates issued by relevant agencies and bodies.

The Provider should improve its ability to evidence and record its quality assurance activities.

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.

Pre-Hospital Emergency Care Council

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	5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.

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

Standard 5.1 Licensed CPG Providers plan, organise and manage their workforce (volunteers, contractors and/or employees) to achieve the service objectives for high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

5.1.1 The Assessment Team verified evidence of workforce planning activities to ensure sufficient staffing levels within the organisation. The Provider deals with several hundred patients per month and rarely has to refuse patient transports due to under staffing. If a patient transport cannot be accommodated, the patient request is redirected to other PHECC recognised CPG Service Providers.

The current skill mix is EMT and Paramedic level, and agency nurses are used occasionally for patient escorts. The management team's knowledge and skills appear to be flexible and adaptive to support the organisation. The business of the organisation is planned and the introduction of the company software facilities allocation of resources on a case-by-case requirement.

During discussion with the senior management team, they stated that succession planning is considered within the organisation. Practitioner staff turnover is a concern, however, to date, this has not had a significant impact on the Provider's business.

The Assessment Team were informed that the senior management team have been working together for some years, and there is no projected change in the current management structure.

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.

Pre-Hospital Emergency Care Council

Areas of Best Practice

5.1.1 The Provider has proactive arrangements for resource management with the management team providing 24/7 support to Practitioners and healthcare organisations.

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.

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CGP 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.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

5.2.1 The Provider has an English language policy and procedure in place. A process exists where, if required by the HR manager, English language proficiency test such as IELTS and TOEFL may be requested through an external agency. Currently the Provider has not required an employee to undertake these tests.

5.2.2 The Assessment Team verified the process/procedure for pre-employment/pre-engagement checking of identity and registration for employees/contractors in place. There is evidence of a policy and procedure for checking Practitioners' status on the PHECC register for privileging purposes, and a procedure where non-renewal or suspension of PHECC registration occurs.

Original certification documents and personnel records were verified by the Assessment Team, however, they were unable to verify examples of contracts of employment.

5.2.3 A random sample record of privilege status for employees was verified by the Assessment Team. The Provider has a documented process of recruitment and induction outlined in the relevant policy, however, specific records of recruitment and induction for employees could not be verified.

5.2.4 The Provider has a documented vetting process in line with National Vetting Bureau (Children & Vulnerable Persons) in place. The assessment team sampled and verified records of Garda vetting.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

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.

Pre-Hospital Emergency Care Council

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	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.

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.

5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students (If applicable).

Not Applicable | Not Met | Minimally Met | Moderately Met | Substantively Met | 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.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

5.3.1 The Provider has a documented programme of induction for new and existing employees. A sample of records of induction training was evidenced by the Assessment Team. The Provider has an adapted induction programme which affords a prospective employee a deeper insight into the required roles and responsibilities of the position.

A mentoring programme for new employees is in place within the organisation.

During the year 2020/21 a small number of new employees were inducted and records of attendance were evidenced by the Assessment Team.

Anecdotal evidence exists of a programme of peer mentorship and occasional visits to newly recruited staff from senior managers.

The staff code of conduct is incorporated within the Provider's Clinical Practice Guidelines policy.

5.3.2 There is a documented procedure for training needs analysis and staff development plan for the year 2022.

The Assessment Team were able to verify a sample of Practitioners having completed the EMT 2021 CPG upskilling. Senior management advised that a small number of staff are yet to complete current CPG upskilling and once this is complete the Medical Director intends to privilege all staff for current CPGs.

5.3.3 Not applicable.

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.

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

5.3.2 The Provider should ensure all Practitioners are upskilled and privileged at the earliest opportunity.

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

Pre-Hospital Emergency Care Council

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.

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.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

5.4.1 The Provider has a staff welfare and critical incident stress management policy. The policy outlines measures staff can take, and the Provider has use of an external counsellor should staff require this service. Staff can access the counselling service by contacting the HR & Clinical Manager who makes an appointment on behalf of the staff member. An employee assistance programme is also available for staff for most work/life balance issues, and this can be used directly and anonymously.
During Practitioner Engagement, Practitioners stated they were aware of the procedure of the CISM programme and how to access it.

5.4.2 The Provider has a Fitness to Practice policy and there is evidence of a procedure to be followed should an incident arise where fitness to practice should occur. Fitness to practice issues are overseen by the Provider's Medical Director in partnership with the senior management investigation team.
The Provider did not indicate that there were any staff specifically trained in fitness to practice/investigation issues, however, the HR & Clinical Manager is formally qualified in HR related issues and ultimately takes clinical advice and guidance from the Medical Director.

5.4.3 A formal staff appraisal process has not been established. The Assessment Team were advised that an upcoming process to support staff during the probation period is being established.

The Provider has a programme of clinical audit and feedback is given to staff directly and through a monthly newsletter. The team were advised that action plans for Practitioners' practice are addressed directly with the clinical manager and individual Practitioner.
The Assessment Team were unable to review examples of specific detailed audits or feedback of audits.

The Assessment Team discussed the process of monitoring staff performance and any complaints with the senior management team and also the processes outlined within the Complaints Management policy and Fitness to Practice policy. Evidence exists where incidents are reviewed and acted on accordingly. Feedback on actions taken are given to staff directly and/or via internal newsletters.

5.4.4 The Provider does not have a whistleblowing or protected disclosure policy. The Provider encourages staff to have honest and open discussions with senior management without fear of reprisal. The senior management team stated they actively encourage a reporting culture to help improve safety. Managers state that reporting of incidents have increased since the introduction of new software.

5.4.5 A relevant policy exists outlining the reporting mechanism using the new electronic software App. The Assessment Team verified that Practitioners are aware of how to report incidents. The senior management team stated that reporting of incidents has increased since the introduction of the new live reporting software.

There does not appear to be a regular formal staff survey mechanism in place.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

5.4.5 The introduction of live reporting software has resulted in increased reporting of incidents to senior management.
During Practitioner Engagement, Practitioners advised that staff feedback was encouraged and prior to COVID-19 restrictions an annual upskilling training day was held, which also facilitated feedback to the Provider.

Areas for Improvement

5.4.1 The Provider should make provision for staff to access the CISM programme directly.

5.4.2 The Provider should consider formal training for appropriate supervisory staff in fitness to practice and/or supervision training.

5.4.3 The Provider would benefit from developing a formal staff appraisal process.

5.4.4 The Provider would benefit from implementing a specific policy covering whistleblowing and protected disclosure.

5.4.5 The Provider should consider regular staff surveys to gain open and honest feedback. This may highlight potential issues for senior management that they may not be aware of.

Theme 6

Use of Information

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

Pre-Hospital Emergency Care Council

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	6.1.1 The Licensed CPG Provider implements the PHECC clinical information standards and associated patient reports.

6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

6.1.1 The Assessment Team verified Practitioners utilising electronic patient care record (PCR) and software App to capture patient data. This App incorporates the PHECC PCR.

The Provider has a Data Protection policy in place, which outlines clinical records management, and their General Manager is the designated person responsible for data protection and information management. Additional information and procedures regarding completion of PCRs are outlined in other policies.

Retention of older PCRs is facilitated at a secure location off site from the Provider's HQ therefore the Assessment Team were unable to verify this. It was brought to the attention of the Assessment Team that some older records (PCRs) have been stored for an unnecessary length of time.

The General Manager advised the Assessment Team that any request by patients to access their records will come through them, and records released as appropriate. Records may be requested via the Provider's email, phone, or HQ address.

There is no mechanism in place for receiving medical staff/departments to receive a copy of the ePCR.

6.1.2 The Provider stated they have a programme of regular audits of clinical records audits and a summary of a recent audit was included in the submitted Annual Medical Director's Report. Regular clinical audit feedback is given to Practitioners via a monthly clinical newsletter, however, the Assessment Team were unable to view examples of clinical newsletters. The senior management team stated that any specific issues with completing PCRs are dealt with in a face-to-face meeting with senior managers and Practitioners.
Through observation during Practitioner Engagement, the Assessment Team verified that Practitioners were trained in the use of ePCR software.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

6.1.2 The Provider utilises software systems that enable live auditing of electronic PCRs.

Areas for Improvement

6.1.1 The Provider shall commence implementing a standardised process whereby the PCR data is shared with the receiving hospital or medical facility for each patient handover.

The Provider shall review POL046 Council Policy on PHECC Patient Reports Usage available on the PHECC website, which outlines recommended retention period for PCR.

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 Beaumont Private Ambulance Ltd are as follows:

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	1	2.3%
Not Met	0	0%
Minimally Met	1	2.3%
Moderately Met	8	18.6%
Substantively Met	18	41.9%
Fully Met	15	34.9%

GVF Site Assessment Summary - Beaumont Private Ambulance Ltd

	PHECC Requirement	Compliance level
Theme 1: Person-Centred Care and Support	**Standard 1.1 Patients have equitable access to healthcare services based on their assessed needs.**	
	1.1.1 The Licensed CPG Provider has systems, processes and procedures for the timely and clinically appropriate response to provide safe care and treatment to patient population they serve.	**Fully Met**
	1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.	**Fully Met**
	Standard 1.2 Patients' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.	
	1.2.1 The Licensed CPG Provider has systems, processes and procedures, developed in line with best practice for patient consent and/or patient identification (which includes guidance for practitioners) in line with the PHECC Code of Professional Conduct & Ethics.	**Fully Met**
	1.2.2 The Licensed CPG Provider has a policy/procedure in place in relation to the refusal of treatment and/or transport.	**Moderate**
	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.	**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.	**Substantive**
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.	**Moderate**
	Standard 2.2 Patients receive integrated care, which is coordinated effectively within and between services.	
	2.2.1 The Licensed CPG Provider has a standardised handover process in place to ensure the safe, timely, and structured exchange of information during handover of patients.	**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).	**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.	**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.	**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.	**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.	**Substantive**
	Standard 3.3 Licensed CPG Providers ensure all reasonable measures are taken to protect patients from abuse.	
	3.3.1 The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise.	**Fully Met**
Theme 4: Leadership, Governance and Management	**Standard 4.1 Licensed CPG Providers have clear accountability arrangements to achieve the delivery of high-quality, safe and reliable healthcare.**	
	4.1.1 The Licensed CPG Provider has an established reporting and accountability structure for clinical governance.	**Fully Met**
	4.1.2 The Licensed CPG Provider has an identified Medical Director who is registered with the Medical Council and who is based in this jurisdiction and who oversees the service.	**Substantive**
	4.1.3 The 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.	**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.	**Moderate**
	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.	**Fully Met**
	5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status.	**Substantive**
	5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students (if applicable).	**Not Applicable**
	Standard 5.4 Licensed CPG Providers support their workforce (volunteers, contractors and/or employees) in delivering high-quality, safe and reliable healthcare.	
	5.4.1 The Licensed CPG Provider has a Critical Incident Stress Management process in place.	**Substantive**
	5.4.2 The Licensed CPG Provider has a Fitness to Practice Policy/Procedure, which makes reference to the PHECC Fitness to Practice processes.	**Substantive**
	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.	**Moderate**
	6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.	**Fully Met**

Report Summary

Report Status

In accordance with the Council rules this GVF site-assessment does not trigger a requirement for PHECC to issue an improvement notice, attach conditions or withdraw recognition.

Council Rules for pre-hospital emergency care service Providers who apply for recognition to implement Clinical Practice Guidelines (POL003 V7) outlines that, where appropriate, full recognition to implement CPGs will be awarded for a three (3) year period. This approval will apply from the last approval date.

Quality Improvement Plan

Beaumont Private Ambulance Ltd 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 Beaumont Private Ambulance Ltd in the upcoming licensing period.

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