

Pre-Hospital
Emergency Care
Council



Governance Validation Framework

Site Assessment Report

Murray Ambulance Service Ltd

June 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.”



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

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

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

The Governance Validation Framework (GVF) has been developed by Council as an evidence-based methodology designed to improve quality and safety in pre-hospital emergency care services. Setting and implementing standards and monitoring of compliance are important levers for driving service improvements. The framework combines a system of self-assessment, on-site review and validation of evidence presented, and staff and management engagement in addition to quality improvement planning and support during the licensing cycle. Documentation submitted by Murray Ambulance Service Ltd prior to the assessment and any evidence provided on assessment day(s) is reviewed and considered by the assessment team for assessment purposes.

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

The Licensed CPG Service Provider that is the subject of this report is Murray Ambulance Service Ltd, a private provider of pre-hospital emergency care services with headquarters in Castlebar, Co Mayo. The on-site GVF assessment visits for this report were conducted during June 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 Murray Ambulance Service 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.

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

Overview of Licensed CPG Provider

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

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

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

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	Murray Ambulance Service Ltd
Type of Visit	Full GVF Assessment - GVFREP MAS 002_0622
Licensed CPG Provider Lead	GVFA7460
Date of Review	Practitioner Engagement - 25/05/2022 Site Assessment - 23/06/2022
Assessment Team	GVFA7460 - Team Lead GVFA8205 - Site GVFA4352 - Practitioner Engagement
Circumstances of this Site Assessment	GVF Assessment
Relevant Recent Visits	On-site Assessment conducted June 2022.

Overview of Licensed CPG Provider

Assessment Details (continued):

Licensed CPG Provider Participants

Chief Executive Officer
Operations Manager
HR Manager
Accounts Manager
Medical Director (Medical Council Reg No 121993)
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 Murray Ambulance Service Ltd by the PHECC GVF Assessment Team Lead at the closing meeting.

Several areas were highlighted as being examples of good practice. A number of items were identified as areas of potential improvement: Call taker training, capturing service user complaints/compliments, hand hygiene audits, and development of a corporate risk register. 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	<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 Assessment Team evidenced a system for the monitoring of duty rotas and a procedure for managing absences. The Provider has a process for skills mix based on the requirements of clients/service users. As a result of COVID-19 a three-person pod system was introduced and this has significantly improved rostering and managing absences. It also provides for an improved work life balance for Practitioners.

1.1.2 The Assessment Team evidenced a policy for call handling and the dispatch system in place used within the organisation. There is evidence of accurate information relayed to crews. There is evidence of staff training occurring, however, there is no documented programme of call handling training as identified by the Provider in their Quality Improvement Plan. Evidence of call taking performance review and feedback were observed and the Provider has a translation service in place.

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



Areas of Best Practice

1.1.1 The Assessment Team observed evidence of an appropriate staff mix based on the needs of the Provider, with evidence of rostering, vacancy management and planning.

1.1.2 The Assessment Team observed evidence of accurate dispatch information and a robust process for call management. There was evidence of performance review for call taking and dispatch.

Areas for Improvement

1.1.2 The Provider would benefit from the implementation of a call handler training programme.

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 Provider has in place a policy and procedure for consent/checking patient identity. During Practitioner Engagement crews were witnessed checking identity and patient consent prior to transport.

1.2.2 It was verified during the Practitioner Engagement that Practitioners were aware of the Provider's policy and procedure to manage patients who refuse treatment or transport. The Provider's Medical Director reviews specific information for clinical audit purposes and refusal of care is one element assessed by the Medical Director.

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



Areas of Best Practice

1.2.1 There is evidence of good compliance with best practice guidance on patient identification and consent.















1.2.2 There is good staff awareness and ongoing audit related to patients refusing treatment and/or transport.

Areas for Improvement

No specific observation noted by the Assessment Team.

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



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

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

Assessment Panel Findings

1.3.1 The Assessment Team evidenced organisational leadership and commitment to protecting patient confidentiality through the code of conduct outlined in the Employee Handbook. Strict management of patient confidentiality and patient data was also evidenced.

During Practitioner Engagement crews managing patients with dignity and respect was evidenced during a variety of patient interactions.

1.3.2 Communication and interpersonal skills training is included in the Provider's induction training programme.

During Practitioner Engagement it was evidenced that Practitioners demonstrated a culture of kindness and consideration towards their patients. Also witnessed was clear, appropriate and respectful communication between Practitioners and patients.

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



Areas of Best Practice

1.3.2 Practitioners were observed to be considerate and respectful of patients in their care. The Assessment Team reviewed evidence from service users that they experienced good communication and pleasant interactions with Practitioners.

Areas for Improvement

No specific observation noted by the Assessment Team.

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



PHECC Statement	The Licensed CPG Provider has systems in place to promote and measure positive patient experience.
PHECC Requirements	<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 Staff provided anecdotal evidence of user satisfaction, which was sent to the Provider via text messages and verbally expressed at bill paying stage. The Assessment Team evidenced a feedback form on the Provider's website for service user satisfaction reporting, however, the Provider does not have a formal process for documenting feedback from these sources.

The Senior Management Team have introduced a scheme to recognise Practitioners when positive feedback and compliments are fed back by service users thus acknowledging good practice and user satisfaction.

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



Areas of Best Practice













1.4.1 The Provider has introduced a scheme for staff, recognising positive patient /user satisfaction with their service.

Areas for Improvement

1.4.1 The Provider would benefit from collating all service user feedback sources into one central repository for audit and training purposes.

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 policy in place for managing complaints. The HR Manager or CEO manages all complaints as they arise and patients are offered an apology and remedial action as swiftly as possible. Complaints are discussed at weekly management meetings and Board of Management meetings every quarter. There is evidence that the Provider communicates with staff in a timely manner regarding complaints, outlines remedial action taken, and lessons learned.

1.5.2 During Practitioner Engagement it was noted that Practitioners were unaware of how to advise a patient or third party about making a complaint. The Practitioners did acknowledge that there were complaint forms, however, none were available for inspection. Practitioners stated they would inform management immediately of any potential issues or if they encountered a service user/third party who was likely to make a complaint.

The Provider acknowledged that complaint forms were removed from vehicles during COVID-19 as an Infection Prevention and Control risk. Specific complaints management training is not currently provided in the Provider's induction training programme.

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

There is strong evidence of a quality culture and a transparent approach to complaints management and resolution.

Areas for Improvement

1.5.2 (a) The Provider should incorporate a specific complaints management training module into their induction programme and ongoing staff training programmes.

1.5.2 (b) The Provider should consider a mechanism to aid staff in informing service users on how to make a complaint or offer a compliment.







Theme 2

Effective Care
and Support



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



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

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



Assessment Panel Findings

2.1.1 The Assessment Team evidenced a local register of Practitioners that was up to date and reflective of the levels of EMT, Paramedic and Advanced Paramedic. The Provider utilises a robust communication platform on an app, which disseminates revised guidelines as and when they are issued by PHECC and other relevant agencies. There was evidence provided of a process for monitoring Practitioner status and upskilling of competencies from which the HR manager can schedule reminders or training days to ensure all staff are up to date with Clinical Practice Guidelines (CPGs) and mandatory training requirements.

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



Areas of Best Practice







2.1.1 There is strong evidence provided that demonstrates robust processes to ensure compliance with this Standard.

Areas for Improvement

No specific observation noted by the Assessment Team.

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



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

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



Assessment Panel Findings

2.2.1 The Provider has a policy and training programme for standardised safe and effective handover of patients.
During Practitioner Engagement appropriate, structured patient handover to clinical staff using the patient care report was evidenced.

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



Areas of Best Practice







2.2.1 There is evidence to suggest Practitioners receive training and mentoring in communication to ensure safe and effective patient handover.

Areas for Improvement

No specific observation noted by the Assessment Team.

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;"> <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 During Practitioner Engagement it was noted that crews are required to undertake a visual inspection of their vehicle at the start of each shift. The vehicle check is documented electronically and becomes part of the vehicle maintenance record. The process was verified and demonstrated by the Assessment Team.

The Assessment Team evidenced CVRT for all vehicles registered to the Provider.

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



Areas of Best Practice















2.3.1 The Provider has a robust system of vehicle inspection that is carried out by Practitioners at each change of shift; this compliments the scheduled maintenance and repair regime in compliance with statutory agency requirements.

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.



<p>PHECC Statement</p>	<p>The Licensed CPG Provider provides an annual CPG report to the PHECC, which includes all the core components outlined in PHECC Council Rules POL003 (Section 23.1-23.10).</p>
<p>PHECC Requirements</p>	<p>2.4.1 The Licensed CPG Provider submits an Annual Medical Director report annually,* which informs the PHECC of clinical activities in the organisation and includes a CPG report (*Calendar year).</p> <p>        </p>
<p>PHECC Statement</p>	<p>The Licensed CPG Provider undertakes an ongoing programme of clinical audit, as appropriate, which involves an appropriate combination of structure, process and outcome audits and implements the full audit cycle to support the quality improvement.</p>
<p>PHECC Requirements</p>	<p>2.4.2 The Licensed CPG Provider has a systematic programme of clinical audit in line with PHECC standards (STN019), which is used to monitor quality and outcomes and promote learning.</p> <p>        </p>

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



Assessment Panel Findings

2.4.1 The Assessment Team evidenced an Annual Medical Director's Report (AMDR) in line with PHECC requirements

2.4.2 There is evidence of a programme of clinical audit based on the needs of the Provider, which is led by their Medical Director.
The Assessment Team verified evidence of learning from clinical audit disseminated to Practitioners and staff through the organisation's communication app.
Senior management and the Medical Director described a schedule of staff training that is tailored to incorporate deficits identified through the clinical audit process, which was evidenced by the Assessment Team.

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



Areas of Best Practice

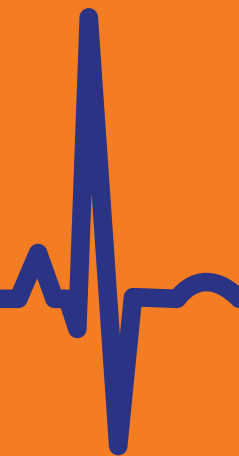
2.4.2 There is evidence of an audit process led by the Provider's Medical Director, which is used to monitor quality of clinical care and improve patient outcomes.

Areas for Improvement

No specific observation noted by the Assessment Team.

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 During Practitioner Engagement it was verified that Practitioners were allocated time at the start of each shift to check and clean their vehicle.

The Assessment Team evidenced a contract the Provider has in place with respect to management of clinical waste. The Provider has an infection control policy and associated procedures, including a dress code, which was verified and evidenced in the employee handbook. Records of infection control and hand hygiene training were also evidenced.

3.1.2 There is a documented process for medication management and there is an appointed person with respect to medication management within the Provider's organisation.

There is evidence of digital recording of drug usage, which allows for real time restocking. The Assessment Team observed evidence of appropriate storage, management, and administration of controlled drugs.

The Provider has a process in place for reporting adverse events or near-misses in relation to the administrations of medicines.

3.1.3 The Assessment Team observed evidence of adequate and appropriate equipment required for the delivery of clinical practice. The equipment and medical devices inventory was inspected and there was evidence of up-to-date maintenance checks and schedules for a random selection of equipment. Staff training records were also evidenced.

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



Areas of Best Practice

3.1.2/3.1.3 All medical and equipment pouches contain a contents list and are sealed and dated to indicate compliance with the list.

3.1.3 The Provider employs a software app for ordering consumables in real-time.

Areas for Improvement

3.1.1 The Provider could enhance Infection Prevention and Control training in hand hygiene by implementing a hand hygiene audit to assess the effectiveness of the training programme and compliance of Practitioners in practice.

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 Assessment Team evidenced a third-party health and safety provider contract to support the Provider in investigation and remediation of patient safety incidents. Practitioners verified that there is an open disclosure policy within the Provider's organisation. The Assessment Team evidenced documented processes relating to adverse events, near-misses and no-harm events.

3.2.2 The Provider has a re-induction process for all staff following a period of furlough due to COVID-19 prior to CPG 2021 upskilling training. The Assessment Team evidenced a policy for handling complaints that includes dissemination of lessons learned to Practitioners and other staff.

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



Areas of Best Practice






3.2.1 The Assessment Team evidenced a strong culture of openness, transparency, and willingness to promote service improvements related to patient safety.

Areas for Improvement

No specific observation noted by the Assessment Team.

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



<p>PHECC Statement</p>	<p>The Licensed CPG Provider is committed to safeguarding vulnerable members of the community.</p>					
<p>PHECC Requirements</p>	<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="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 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 that the Provider has a policy and procedure for staff training with respect to child safeguarding. There is evidence of a child safeguarding statement and documented approach to safeguarding. The Provider has an identified person with responsibility for safeguarding.

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



Areas of Best Practice

3.3.1 The Provider demonstrated full compliance with this Standard.

Areas for Improvement

No specific observation noted by the Assessment Team.

Theme 4

Leadership, Governance and
Management



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



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

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



Assessment Panel Findings

4.1.1 The Provider has an identified individual responsible for clinical governance. The Assessment Team evidenced a structure for clinical governance that meets the needs and fits with the size and complexity of the Provider's organisation.

4.1.2 The Assessment Team evidenced documentation for the Provider's Medical Director who is registered with the Medical Council and practices at consultant level in emergency medicine. The Assessment Team evidenced a job description that detailed the roles and responsibilities of the Medical Director.

Through discussion with the Medical Director the Assessment Team verified that that the roles and responsibilities of the post were well understood by him and he outlined the nature and level of engagement between himself and the Provider.

4.1.3 The Provider is tax compliant.

4.1.4 The Provider submitted evidence of the appropriate insurance cover.

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



Areas of Best Practice

4.1.1 The Provider has in place a robust clinical governance structure.

4.1.2 There is evidence of appropriate engagement and clinical oversight provided by the Medical Director.

Areas for Improvement

No specific observation noted by the Assessment Team.

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



PHECC Statement	The Licensed CPG Provider has systems, processes and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.
PHECC Requirements	<p>4.2.1 The Licensed CPG Provider has systems, processes and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 30px; height: 30px; background-color: #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: #00cc66; border: 1px solid #000; position: relative;"> ✓ </div> </div>

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



Assessment Panel Findings

4.2.1 The Provider has a system in place for monitoring safety and organisational performance Indicators across a broad spectrum of processes.
The Provider demonstrated the quality/safety dashboard that informs the Senior Management Team and Board of Management of risks, incidents and remediation.

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

No specific observation noted by the Assessment Team.

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



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

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



Assessment Panel Findings

4.3.1 The Provider has a contract in place for Health & Safety support with a specialist provider. The Assessment Team evidenced a suite of risk assessments relevant to the risks of the organisation. However, the Assessment Team did not evidence a formalised risk register.

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 There is a robust process in place for risk assessment.

Areas for Improvement

4.3.1 The Provider should consider formalising a corporate risk register to highlight possible gaps in compliance.

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



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

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



Assessment Panel Findings

4.4.1 The Provider has in place robust communication channels suitable for review alerts and the circulation of updates and reviews to staff.

The Assessment Team verified that the Provider maintains an audit trail to ensure disseminated communication is received and acknowledged by Practitioners.

4.4.2 The Assessment Team evidenced submissions required under the Governance Validation Framework appropriate to this Standard.

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



Areas of Best Practice

4.4.1 There was strong evidence of a robust communication system within the Provider's organisation.

Areas for Improvement

No specific observation noted by the Assessment Team.







Theme 5

Workforce



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



PHECC Statement	The Licensed CPG Provider effectively manages its workforce (volunteers, contractors and/or employees) to meet the current and projected service needs.
PHECC Requirements	<p>5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>

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



Assessment Panel Findings

5.1.1 The Assessment Team observed documented evidence of workforce planning and sufficient staffing levels with an appropriate skill mix to meet the requirements of the Provider's organisation. There was robust evidence of HR monitoring of staff turnover, identification of capacity gaps and a planned process for succession planning.

The Assessment Team evidenced a documented approach to recruitment and bank staff resourcing.

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 places strong emphasis on workforce planning to resource current and projected service needs.

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 a procedure for English language competence testing in place. A third-party contract for independent testing for English language competence was evidenced by the Assessment Team.

The Provider has a mentoring system for new recruits within the organisation.

5.2.2 and 5.2.3 The Assessment Team observed a HR system that provides evidence of pre-employment checks, contracts of employment, maintenance of personnel records, copies of original certificates and renewal date management, and in addition, they evidenced the privileging status for all levels of Practitioners.

5.2.4 The Provider has a policy in place and a documented approach to Garda Vetting. The Assessment Team evidenced appropriate vetting records for all staff.

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

5.2.2/5.2.3/5.2.4 The Provider has a HR system that maintains up-to-date records for all Practitioners.

Areas for Improvement

No specific observation noted by the Assessment Team.

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



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

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



Assessment Panel Findings

5.3.1 The Provider has a documented process for the induction of new staff and a documented code of conduct included in the employee handbook.

The Assessment Team did not evidence a documented induction training programme for new staff.

5.3.2 The Assessment Team verified a documented process for the identification of training and development needs to support staff with their continuous professional competency (CPC). During Practitioner Engagement Practitioners stated that they were encouraged to engage in training and professional development.

The Assessment Team observed evidence of a staff training records and staff appraisal system.

5.3.3 The Provider does not currently facilitate students.

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



Areas of Best Practice

5.3.2 There is a robust HR system in place, which records staff training needs, upskilling and appraisals. Practitioners value the opportunities presented by the Provider for CPC.

Areas for Improvement

5.3.1 The Provider should develop and implement a comprehensive induction training programme for new staff.

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



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

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



Assessment Panel Findings

5.4.1 The Assessment Team evidenced a critical incident stress management programme within the Provider's organisation. During Practitioner Engagement Practitioners verified that there is good access to CISM should they require it.

5.4.2 The Provider has a process that supports the initiation and management of investigations when unacceptable variation in an individual's practice is identified.

The Provider has a Fitness to Practice policy in line with PHECC standards.

The Senior Management Team and the Medical Director stated that there have been no instances of fitness to practice within the Provider's organisation.

5.4.3 The Assessment Team evidenced a documented approach to the management of poor performance along with a process for retraining and/or upskilling.

The Senior Management Team and the Medical Director described a staff appraisal scheme, staff upskilling and a programme of clinical audit, which was evidenced by the Assessment Team.

5.4.4 The Assessment Team observed a documented process for open disclosure and evidenced an open transparent culture within the Provider's organisation in which staff could report concerns without fear of adverse consequences.

5.4.5 The Provider has a documented whistleblowing/protected disclosure policy.

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

5.4.4 The Provider supports staff in delivering high quality patient care through a culture of openness and transparency.

Areas for Improvement

No specific observation noted by the Assessment Team.

Theme 6

Use of Information



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



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

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



Assessment Panel Findings

6.1.1 The Provider has a clinical record management policy and has a designated person responsible for data protection and information governance.

The Assessment Team verified a system of clinical record management that is secure and is compliant with data protection legislation.

6.1.2 During Practitioner Engagement it was observed that PCRs were legible, complete and accurate. In discussion with the Assessment Team the Provider's Medical Director outlined a scheduled programme of clinical record auditing. The results of clinical record audit inform staff training programmes while data captured from the audit process is fed back to staff as a mechanism to improve quality.

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



Areas of Best Practice

- 6.1.1 The Provider has effective arrangements for clinical information governance.
- 6.1.2 The Provider utilises the results of clinical record audit to target staff training programmes.

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 Murray Ambulance Service Ltd are as follows:

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	1	2.33%
Not Met	0	0%
Minimally Met	0	0%
Moderately Met	0	0%
Substantively Met	4	9.30%
Fully Met	38	88.37%

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.	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.	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.	Fully Met
	1.5.2 The Licensed CPG Provider provides training to all front-line volunteers, contractors and/or employees in handling a patient or family member's complaint or concern.	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.		Fully Met
Standard 2.2 Patients receive integrated care, which is coordinated effectively within and between services.		
2.2.1 The Licensed CPG Provider has a standardised handover process in place to ensure the safe, timely, and structured exchange of information during handover of patients.		Fully Met
Standard 2.3 Healthcare is provided in a physical environment, which supports the delivery of high-quality, safe, reliable care and protects the health and welfare of patients.		
2.3.1 The Licensed CPG Provider has process, systems and procedures in place to ensure the road-worthiness of their patient transport vehicles in line with legislation.		Fully Met
Standard 2.4 The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.		
2.4.1 The Licensed CPG Provider submits an Annual Medical Director Report annually,* which informs the PHECC of clinical activities in the organisation and includes a CPG report (*Calendar year).		Fully Met
2.4.2 The Licensed CPG Provider has a systematic programme of clinical audit in line with the PHECC standards (STN019), which is used to monitor quality and outcomes and promote learning.	Fully Met	

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.	Fully Met
	3.1.2 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure medicines availability, storage, stocking and disposal processes for the administration of pre-hospital emergency care.	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.	Fully Met
	Standard 3.2 Licensed CPG Providers effectively identify, manage, respond to and report on patient-safety incidents.	
	3.2.1 The Licensed CPG Provider has structured incident reporting and investigation mechanisms, which support and encourage volunteers, contractors and/or employees to report adverse events, near-misses and no-harm events.	Fully Met
	3.2.2 The Licensed CPG Provider has a process for the sharing of lessons learned from patient safety incidents (including adverse events, near misses and no-harm events) and complaints, which have occurred locally, nationally or internationally with employees, contractors and/or volunteers.	Fully Met
	Standard 3.3 Licensed CPG Providers ensure all reasonable measures are taken to protect patients from abuse.	
	3.3.1 The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise.	Fully Met
	Theme 4: Leadership, Governance and Management	Standard 4.1 Licensed CPG Providers have clear accountability arrangements to achieve the delivery of high-quality, safe and reliable healthcare.
4.1.1 The Licensed CPG Provider has an established reporting and accountability structure for clinical governance.		Fully Met
4.1.2 The Licensed CPG Provider has an identified Medical Director who is registered with the Medical Council and who is based in this jurisdiction and who oversees the service.		Fully Met
4.1.3 The Licensed CPG Provider is compliant with tax laws.		Fully Met
4.1.4 The Licensed CPG Provider has documentary evidence of the required insurance policies.		Fully Met
Standard 4.2 Licensed CPG Providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.		
4.2.1 The Licensed CPG Provider has systems, process and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.		Fully Met
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.		Fully Met
Standard 4.4 Licensed CPG Providers act on standards and alerts and take into account recommendation(s) and guidance, as formally issued by relevant regulatory bodies as they apply to their service.		
4.4.1 The Licensed CPG Provider has a process in place to ensure the appropriate communication and adoption of new recommendation(s) and guidance issued by the PHECC and other regulatory bodies.		Fully Met
4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation framework.		Fully Met

Theme 5: Workforce	Standard 5.1 Licensed CPG Providers plan, organise and manage their workforce (volunteers, contractors and/or employees) to achieve the service objectives for high-quality, safe and reliable healthcare.	
	5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.	Fully Met
	Standard 5.2 Licensed CPG Providers recruit/engage with practitioners with the required competencies to provide high-quality, safe and reliable healthcare.	
	5.2.1 The Licensed CPG Provider has a process in place to satisfy itself that the English language competence of its Responders and Practitioners, whose first language is not English, is appropriate to the clinical/ professional activities to be carried out by that person i.e. Responder or Practitioner levels.	Fully Met
	5.2.2 The Licensed CPG Provider has a process in place to check registration on appointment and on-going renewals of registration for volunteers, contractors and/or employees.	Fully Met
	5.2.3 The Licensed CPG Provider conducts checks to confirm that all employees, contractors and/or volunteers have the appropriate qualifications and registrations.	Fully Met
	5.2.4 The Licensed CPG Provider ensures that employees, contractors and/or volunteers are subject to Garda Vetting in line with the National Vetting Bureau (Children & Vulnerable Persons) Act 2012 prior to patient contact.	Fully Met
	Standard 5.3 Licensed CPG Providers ensure their workforce (volunteers, contractors and/or employees) have the competencies required to deliver high-quality, safe and reliable healthcare.	
	5.3.1 The Licensed CPG Provider has developed and implemented a comprehensive induction programme to ensure volunteers, contractors and/or employees understand their responsibilities in relation to the safety and quality of services.	Substantive
	5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status.	Fully Met
	5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students (if applicable).	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.	Fully Met
	5.4.2 The Licensed CPG Provider has a Fitness to Practice Policy/Procedure, which makes reference to the PHECC Fitness to Practice processes.	Fully Met
	5.4.3 The Licensed CPG Provider has processes for the identification of poor or variable staff performance.	Fully Met
5.4.4 The Licensed CPG Provider improves patient safety by encouraging and supporting employees, contractors and/or volunteers in the reporting and learning from patient safety incidents (including adverse incidents, near misses and no-harm events).	Fully Met	
5.4.5 The Licensed CPG Provider creates opportunities for staff to feedback on the quality and safety of the service they work in.	Fully Met	
Theme 6: Use of Information	Standard 6.1 Licensed CPG Providers have effective arrangements in place for clinical information governance.	
	6.1.1 The Licensed CPG Provider implements the PHECC clinical information standards and associated patient reports.	Fully Met
	6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.	Fully Met

Report Summary

Report Status

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

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

Quality Improvement Plan

Murray Ambulance Service 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 Murray Ambulance Service Ltd in the upcoming licensing period.



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

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