



Governance Validation Framework

Assessment Report

Pre-Hospital
Emergency Care
Council



Mission Statement

The Pre-Hospital Emergency Care Council protects the public by independently co-ordinating, developing, reviewing, regulating, and governing standards of excellence for the safe provision of quality pre-hospital emergency care.

QUALITY ASSURANCE PROGRAMME

*Governance Validation Framework
Quality Review Framework*


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1. Quality Assurance at The Pre-Hospital Emergency Care Council

2. Assessment Report Overview and Validation

Organisation Name	<p>Emergency Medical Technician</p> <p>Paramedic</p> <p>Advanced Paramedic</p> <p>Organisation also provides responder level services</p>
Assessment Type	<p>Planned Reactive</p>
Process	<p>Desktop Review</p> <p>Online Management Engagement</p> <p>Onsite Management Engagement</p> <p>Practitioner Engagement</p>
Outcome Rating Technical Weighting Applied Yes No	<div data-bbox="644 1214 1302 1525" style="border: 1px solid black; padding: 20px; text-align: center;"> IMAGE HERE </div>
Follow Up Action Required	<p>Continue with normal quality improvement activities</p> <p>Improvement notice - follow up evidence required</p> <p>Conditional Approval</p> <p>Suspension notice</p> <p>Delisting process initiated</p>
Reassessment Costs	
Validated and Approved for Publication Director Signature Date	<div data-bbox="624 1886 1345 2074" style="border: 1px solid black; padding: 20px; text-align: center;">  </div>

3. Assessment Participants

Organisation	PHECC Assessment Team

4. Initial Feedback Given

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5. Rating Scale and Outcome Rating

The rating scale that PHECC will use during assessment quantifies the compliance with the criteria. Each criterion will be assessed and assigned a rating that carries points 0-4.

Rating Scale	Rationale
N/A	Not Applicable. The Standard is not applicable.
0	Not Met: No Evidence of a low degree of organisation-wide compliance.
1	Minimally Met: Evidence of a low degree of organisation-wide compliance.
2	Moderately Met: Evidence of a moderate degree of organisation-wide compliance.
3	Substantively Met: Substantive evidence of organisation-wide compliance.
4	Fully Met: Evidence of full compliance across the organisation.

6. Weighting Tolerance

To ensure that standards are maintained above certain levels a technical weighting will be applied in situations where rating scores are deemed to be below acceptable levels. When this is completed, with the assigned scores from the Assessment Team, the requirements of the rating application and weighting automatically determines the overall outcome rating.

7. Outcome Rating

The outcome rating is determined by the rating scores applied by the Assessment Team to each criterion and includes the application of any associated technical weighting that may apply. An outcome rating is created using a rating matrix that brings the components of the assessment rating system together and calculates the assessment outcome rating based upon the combined rating achieved in the criteria and Standards, expressed as a percentage of the maximum available (100%). * An outcome rating is applied and the follow up and impact of the achieved rating on the organisation's recognition status is determined accordingly.

**Not applicable criterion will not be considered in these calculations.*

Rating	Outcome	Recognition Status Impact
Acceptable	Outcome rating of $\geq 88\%$ of max available	<ul style="list-style-type: none"> • Unaffected
Moderately Acceptable	Outcome rating of $\geq 63\%$ <88% of max available	<ul style="list-style-type: none"> • Unaffected
Conditionally Acceptable	Outcome rating of $\geq 38\%$ <63% of max available Outcome score is <u>within</u> the weighted tolerance	<ul style="list-style-type: none"> • Immediate conditional approval
Not Acceptable	Outcome rating of $\geq 25\%$ <38% of max available *Outcome score is <u>outside</u> the weighted tolerance = Technically Not Acceptable	<ul style="list-style-type: none"> • Notice of intention to suspend. • Improvement Notice will be issued (risk assessment dependent)
Unacceptable	Outcome rating of < 25% of max available	<ul style="list-style-type: none"> • Removal of PHECC recognition status (Delisting)

8. Assessment Findings

Standard 1

Person-Centred Care and Support

The intent is to ensure the Provider has a patient-centred focus by providing services that protect the rights of patients, including empowering them to make informed decisions about the services they receive. The views of patients should be sought and analysed. Sources of this information include complaints, compliments, and patient feedback surveys. The feedback system needs to be transparent, and the information should be used to make improvements. Patients should be provided with instructions that are clear and relevant to their special needs and ethnicity.



Standard 1

Criterion

1.1 Patients have access to pre-hospital emergency care based on their identified needs and the Provider's scope of services.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 1

Criterion

1.2 Access to pre-hospital emergency care is not affected by discrimination.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 1

Criterion

1.3 The Provider ensures information from calls / activation is recorded accurately and dispatched according to priority.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 1

Criterion

1.4 The Provider develops and implements a process to ensure best practice for patient identification.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 1

Criterion

1.5 The Provider has a policy for informed consent.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 1

Criterion

1.6 The Provider has a policy in place in relation to the patient's refusal of treatment and/or transport.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 1

Criterion

1.7 The Provider ensures all patients are treated with compassion, respect, and dignity.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 1

Criterion

1.8 The Provider seeks feedback from patients and carers to improve services.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 1

Criterion

1.9 Patients' complaints and concerns are responded to within an agreed timeframe and openly with clear support provided throughout this process.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 2

Effective Integrated Care and Safe Environment

The intent here is to evaluate if the Provider's environment supports safe services. Fire safety, security, and planned preventative maintenance programmes are some of the topics covered. Safe clinical care is evaluated including identifying high risk patients. Pre-hospital emergency care Providers have a crucial part to play in major incident planning and testing.



Standard 2

Criterion

2.1 The Provider has systems in place to ensure Practitioners utilise the PHECC CPG (Clinical Practice Guidelines) appropriate to their scope of practice.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 2

Criterion

2.2 The Provider has a standardised handover process in place to ensure the safe, timely, and structured exchange of information during handover of patients.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 2

Criterion

2.3 The Provider has a system in place to ensure the safety of their vehicles in line with legislation.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 2

Criterion

2.4 Training is provided for staff to transport patients safely, including during emergency situations.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 2

Criterion

2.5 The Provider has a policy on the use of emergency lights and sirens.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 2

Criterion

2.6 The Provider has a fire safety plan for any physical environments owned or used by their organisation.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 2

Criterion

2.7 The Provider ensures there is a business continuity plan for their organisation.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 2

Criterion

2.8 The Provider ensures plans are in place to deal with major incidents.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 2

Criterion

2.9 The Provider has a 3-year programme of clinical and environmental audits in line with the services provided.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 2

Criterion

2.10 The Provider submits a CPG Service Provider Annual Report,* which informs PHECC of clinical and other activities in their organisation. (*Calendar year).

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 3

Safe Care and Support

The intent here is to evaluate risk management and reporting systems. Other safety issues are measured: Infection prevention and control (IPC), waste management, safeguarding, and medication management are patient safety issues that require specific attention in this standard. The sudden outbreak of transmissible diseases means practices have to rapidly adapt existing emergency plans to manage services and reduce the transmission of infection. Utilising PHECC CPGs provide important sources of best practice.



Standard 3

Criterion

3.1 The Provider describes in a plan or policy the content of the infection prevention and control programme.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 3

Criterion

3.2 The Provider segregates and manages waste according to hazard level and disposes of same, according to best practice.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 3

Criterion

3.3 The Provider ensures that medications are administered in accordance with the relevant laws and regulation.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 3

Criterion

3.4 The Provider has systems and processes to ensure safe medication practices including, but not limited to, availability, storage, administration, expiration, disposal, and recall alert.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 3

Criterion

3.5 The Provider ensures that there are systems in place to ensure the availability of medical devices and consumables.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 3

Criterion

3.6 Employees, volunteers and/or contractors with the relevant competencies receive training on the safe use of the Provider's diagnostic and therapeutic equipment.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 3

Criterion

3.7 The Provider has a safeguarding policy to deal with children and vulnerable adults.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 3

Criterion

3.8 The Provider can demonstrate follow-up and actions taken as a result of audit and monitoring findings.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 4

Leadership and Governance

The Provider is responsibly governed to its defined purpose. A clear understanding of responsibilities and accountabilities lead to role clarity and will support the implementation of appropriate policies. Clinical and corporate governance are distinguished and the leaderships commitment to patient safety is evaluated. Risk management is included as it is a significant part of any governance framework and should include a reporting system. A robust communication policy can mitigate a number of adverse events and both internal and external systems should be in place.



Standard 4

Criterion

4.1 The Provider has a documented structure and accountability for corporate governance.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 4

Criterion

4.2 The Provider has a documented structure and accountability for clinical governance.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 4

Criterion

4.3 The Medical Director shall be registered with the Medical Council on the Specialist or General Register and have the competencies and experience to fulfil this role.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 4

Criterion

4.4 Written documents, including policies and procedures are managed in a consistent and uniform way.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 4

Criterion

4.5 The Provider has a system for monitoring and circulating new recommendations issued by PHECC, other regulatory bodies, and public health alerts.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 4

Criterion

4.6 The Provider develops a risk management plan that includes a reporting system and a process for identifying potential risks.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 5

Workforce Planning

The intent here is to ensure staff are registered and trained to provide care appropriate to their role. Staff need to be trained on safety issues at the onset of employment and at regular intervals during their employment. Orientation, both organisational and role specific, should be provided to all new staff. Staff learning and professional development needs, specific to pre-hospital emergency care should be identified, documented, and addressed. A health and safety programme is concerned with protecting the wellbeing, health, and safety of people employed by the Provider.



Standard 5

Criterion

5.1 There is a staffing structure developed for the Provider that identifies the number, types, and required qualifications of staff required to provide the service.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 5

Criterion

5.2 The Provider ensures that Practitioners are Licensed by PHECC, Credentialed, and Privileged prior to delivering pre-hospital care.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 5

Criterion

5.3 The Provider has a process in place to satisfy itself of the Practitioner's English language competency where English is not the Practitioner's first language.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 5

Criterion

5.4 The Provider ensures employees volunteers, and/or contractors understand their responsibilities in relation to the safety and quality of services.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 5

Criterion

5.5 The Provider has an ongoing training and development programme in place to ensure employees, volunteers, and/or contractors have the required competencies to undertake their duties in line with their scope of practice.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 5

Criterion

5.6 The Provider has appropriate arrangements for the management and supervision of students (if applicable).

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 5

Criterion

5.7 The Provider has systems in place to promote and protect the wellbeing, health, and safety of employees, volunteers and/or contractors.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 5

Criterion

5.8 The Provider has processes for the performance management of employees, volunteers, and/or contractors.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 5

Criterion

5.9 The Provider creates opportunities for employees, volunteers and/or contractors to feedback on all aspects of the service.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 6

Use of Information

The intent here is to ensure that there are information management policies in place to support the Provider providing best practice patient care. All episodes of patient care should be documented, and these records audited to measure compliance.



Standard 6

Criterion

6.1 The Provider ensures appropriate documentation is maintained for all patient care in accordance with the current PHECC Clinical Information Standards.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 6

Criterion

6.2 The Provider ensures confidentiality and security of data is protected.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

Standard 6

Criterion

6.3 The Provider has systems in place to measure the quality of healthcare records.

Rating

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

Assessment Findings

Area(s) of Good Practice

Area(s) for Improvement

9. Report Outcome and Rating Summary

The table below reports the scores achieved in each individual standard, and a total score plus the outcome rating in each individual standard.

IMAGE HERE

The table below communicates the GVF assessment outcome rating, which is expressed as a percentage, and its associated result expressed on a scale of acceptableness as outlined in Section 7, page 7 of this report.

IMAGE HERE

Assessment Outcome Rating

Moderately Acceptable

Standard 1: Person-Centred Care and Support

Statement – The intent here is to ensure the Provider has a patient-centred focus by providing services that protect the rights of patients, including empowering them to make informed decisions about the services they receive. The views of patients should be sought and analysed. Sources of this information include complaints, compliments, and patient feedback surveys. The feedback system needs to be transparent, and the information should be used to make improvements. Patients should be provided with instructions that are clear and relevant to their special needs and ethnicity.

Criteria		Rating Score
1.1	Patients have access to pre-hospital emergency care based on their identified needs and the Provider's scope of services.	3
1.2	Access to pre-hospital emergency care is not affected by discrimination.	4
1.3	The Provider ensures information from calls / activation is recorded accurately and dispatched according to priority.	4
1.4	The Provider develops and implements a process to ensure best practice for patient identification.	3
1.5	The Provider has a policy for informed consent.	4
1.6	The Provider has a policy in place in relation to the patient's refusal of treatment and/or transport.	3
1.7	The Provider ensures all patients are treated with compassion, respect, and dignity.	4
1.8	The Provider seeks feedback from patients and carers to improve services.	2
1.9	Patients' complaints and concerns are responded to within an agreed timeframe and openly with clear support provided throughout this process.	3

Standard 2: Effective Integrated Care and Safe Environment

Statement – The intent here is to evaluate if the Provider's environment supports safe services. Fire safety, security, and planned preventative maintenance programmes are some of the topics covered. Safe clinical care is evaluated including identifying high risk patients. Pre-hospital emergency care Providers have a crucial part to play in major incident planning and testing.

Criteria		Rating Score
2.1	The Provider has systems in place to ensure Practitioners utilise the PHECC CPG (Clinical Practice Guidelines) appropriate to their scope of practice.	4
2.2	The Provider has a standardised handover process in place to ensure the safe, timely, and structured exchange of information during handover of patients.	3
2.3	The Provider has a system in place to ensure the safety of their vehicles in line with legislation.	4
2.4	Training is provided for staff to transport patients safely, including during emergency situations.	3
2.5	The Provider has a policy on the use of emergency lights and sirens.	2
2.6	The Provider has a fire safety plan for any physical environments owned or used by their organisation.	3
2.7	The Provider ensures there is a business continuity plan for their organisation.	3
2.8	The Provider ensures plans are in place to deal with major incidents.	4
2.9	The Provider has a 3-year programme of clinical and environmental audits in line with the services provided.	3
2.10	The Provider submits a CPG Service Provider Annual Report,* which informs PHECC of clinical and other activities in their organisation. (*Calendar year).	4

Standard 3: Safe Care and Support

Statement – The intent here is to evaluate risk management and reporting systems. Other safety issues are measured: Infection prevention and control (IPC), waste management, safeguarding, and medication management are patient safety issues that require specific attention in this standard. The sudden outbreak of transmissible diseases means practices have to rapidly adapt existing emergency plans to manage services and reduce the transmission of infection. Utilising PHECC CPGs provide important sources of best practice.

Criteria		Rating Score
3.1	The Provider describes in a plan or policy the content of the infection prevention and control programme.	3
3.2	The Provider segregates and manages waste according to hazard level and disposes of same, according to best practice.	2
3.3	The Provider ensures that medications are administered in accordance with the relevant laws and regulation.	3
3.4	The Provider has systems and processes to ensure safe medication practices including, but not limited to, availability, storage, administration, expiration, disposal and recall alert.	3
3.5	The Provider ensures that there are systems in place to ensure the availability of medical devices and consumables.	3
3.6	Employees, volunteers and/or contractors with the relevant competencies receive training on the safe use of the Provider's diagnostic and therapeutic equipment.	4
3.7	The Provider has a safeguarding policy to deal with children and vulnerable adults.	3
3.8	The Provider can demonstrate follow-up and actions taken as a result of audit and monitoring findings.	3

Standard 4: Leadership and Governance

Statement – The Provider is responsibly governed to its defined purpose. A clear understanding of responsibilities and accountabilities lead to role clarity and will support the implementation of appropriate policies. Clinical and corporate governance are distinguished and the leaderships commitment to patient safety is evaluated. Risk management is included as it is a significant part of any governance framework and should include a reporting system. A robust communication policy can mitigate a number of adverse events and both internal and external systems should be in place.

Criteria		Rating Score
4.1	The Provider has a documented structure and accountability for corporate governance.	3
4.2	The Provider has a documented structure and accountability for clinical governance.	2
4.3	The Provider has a Medical Director, who is registered with the Medical Council, with general or specialist registration who provides oversight and support for Clinical Governance.	2
4.4	Written documents, including policies and procedures are managed in a consistent and uniform way.	1
4.5	The Provider has a system for monitoring and circulating new recommendations issued by PHECC, other regulatory bodies, and public health alerts.	4
4.6	The Provider develops a risk management plan that includes a reporting system and a process for identifying potential risks.	3

Standard 5: Workforce Planning

Statement – The intent here is to ensure staff are registered and trained to provide care appropriate to their role. Staff need to be trained on safety issues at the onset of employment and at regular intervals during their employment. Orientation, both organisational and role specific, should be provided to all new staff. Staff learning and professional development needs, specific to pre-hospital emergency care should be identified, documented, and addressed. A health and safety programme is concerned with protecting the wellbeing, health, and safety of people employed by the Provider.

Criteria		Rating Score
5.1	There is a staffing structure developed for the Provider that identifies the number, types, and required qualifications of staff required to provide the service.	4
5.2	The Provider ensures that Practitioners are Licensed by PHECC, Credentialed, and Privileged prior to delivering pre-hospital care.	4
5.3	The Provider has a process in place to satisfy itself of the Practitioner's English language competency where English is not the Practitioner's first language.	4
5.4	The Provider ensures employees volunteers, and/or contractors understand their responsibilities in relation to the safety and quality of services.	3
5.5	The Provider has an ongoing training and development programme in place to ensure employees, volunteers, and/or contractors have the required competencies to undertake their duties in line with their scope of practice.	4
5.6	The Provider has appropriate arrangements for the management and supervision of students (if applicable).	4
5.7	The Provider has systems in place to promote and protect the wellbeing, health, and safety of employees, volunteers and/or contractors.	3
5.8	The Provider has processes for the performance management of employees, volunteers, and/or contractors.	3
5.9	The Provider creates opportunities for employees, volunteers and/or contractors to feedback on all aspects of the service.	3

Standard 6: Use of Information

Statement – The intent here is to ensure that there are information management policies in place to support the Provider providing best practice patient care. All episodes of patient care should be documented, and these records audited to measure compliance.

Criteria		Rating Score
6.1	The Provider ensures appropriate documentation is maintained for all patient care in accordance with the current PHECC Clinical Information Standards.	3
6.2	The Provider ensures confidentiality and security of data is protected.	4
6.3	The Provider has systems in place to measure the quality of healthcare records.	4



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