



Governance Validation Framework

Site Assessment Report

Medicall Ambulance Ltd

March 2023

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



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

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

Introduction

Executive Summary	04
Overview of Licensed CPG Provider	05

Assessment Report

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

Report Summary

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

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

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

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

The Licensed CPG Service Provider that is the subject of this report is Medicall Ambulance Ltd, a private ambulance service provider of pre-hospital emergency care services nationwide. The on-site GVF assessment visits for this report were conducted during March 2023 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 Medicall Ambulance Ltd's organisation.

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

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

Overview of Licensed CPG Provider

Established in 1993, Medcall Ambulance Limited is a private ambulance service providing a nationwide service, with a number of bases around Ireland. Medcall's headquarters is based in the IDA Business & Technology Park, Clonsillaugh, Dublin 17.

Medcall are recognised by PHECC to deliver pre-hospital emergency care services at the clinical levels of Emergency Medical Technician, Paramedic and Advanced Paramedic.

Medcall provides planned transfers to and from a variety of healthcare locations under contract the Health Service Executive (HSE) and private insurance companies. They also provide pre-hospital emergency care at a wide range of events, including sporting and social events and operate services to support repatriation and provide land/sea transport for patients within the European Union.

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

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	Medicall Ambulance Ltd
Type of Visit	GVF Assessment - GVFREP MEDI 002_0323
Licensed CPG Provider Lead	GVFA5966
Date of Review	Practitioner Engagement - 01/03/2023 Site Assessment - 29/03/2023
Assessment Team	<p>GVFA5966- Team Lead GVFA6916 - Site Assessor GVFA6815 - Practitioner Engagement</p> <p>Sites visited by the PHECC GVF assessment team during the assessment process were as follows:</p> <p>Site 1 IDA Business & Technology Park, Clonshaugh, D17 C651</p> <p>Site 2 IDA Business & Technology Park, Clonshaugh, D17 C651</p>
Circumstances of this Site Assessment	Scheduled GVF Assessment
Relevant Recent Visits	Onsite assessment conducted 29/03/2023

Overview of Licensed CPG Provider

Assessment Details (continued):

Licensed CPG Provider Participants

Operations Director
General Manager
Operations Manager
Medical Director (Medical Council Reg No 22936)
EMT x 2

Onsite Feedback

Verbal feedback related to the Assessment Team's initial findings was provided to the Senior Management Team of Provider Name by the PHECC GVF Assessment Team Lead at the closing meeting. A number of items were identified as areas of potential improvement, such as, infection prevention control, records management, Medical Director involvement and updating of policies. There was agreement by all in attendance regarding the relevance and substance of the Assessment Team's comments and indicative findings. Specific items of note are expanded within their relevant sections in this report.

Judgement Framework













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

Theme 1

Person Centred
Care and Support



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

PHECC Statement	The Licensed CPG Provider has appropriate arrangements in place to ensure patients have equitable access to services based on assessed needs.					
PHECC Requirements	1.1.1 The Licensed CPG Provider has systems, processes and procedures for the timely and clinically appropriate response to provide safe care and treatment to patient population they serve.					
						 ✓
PHECC Statement	The Licensed CPG Provider has appropriate arrangements in place to ensure screening and prioritisation of calls.					
PHECC Requirements	1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.					
						 ✓

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

Assessment Panel Findings

1.1.1 The Provider uses a monthly rolling roster to fill duty rotas of shifts, which range from 8 - 12 hours in duration. The majority of rotas require EMT practitioners for the workload type (non-emergency) and other grades of practitioners are available on a daily basis. Short term absences are managed by using 'bank' practitioners and existing staff who indicate availability for short notice shifts.

The Provider has clear policies stating that staff may also be required to work at any locations within their network of ambulance stations to fill staff absences.

1.1.2 A modern dispatch software system is used to collect patient details, origin and destination details for each call. The Assessment Team were able to verify this procedure through a documented policy and direct observation on visiting the dispatch centre.

The Provider ensures a resilient system is in place for call handling using a spreadsheet transcription of each call and the use of an 'after hours' call centre to collect requests for transport when the dispatch centre is closed after 22:00 hours.

Quality monitoring and training for dispatchers are provided by senior managers who are available on a 24hrs basis.

Additional to the Provider's normal activities, they provide under contract, a number of crewed ambulances to a statutory service provider to support their workload.

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

Areas of Best Practice

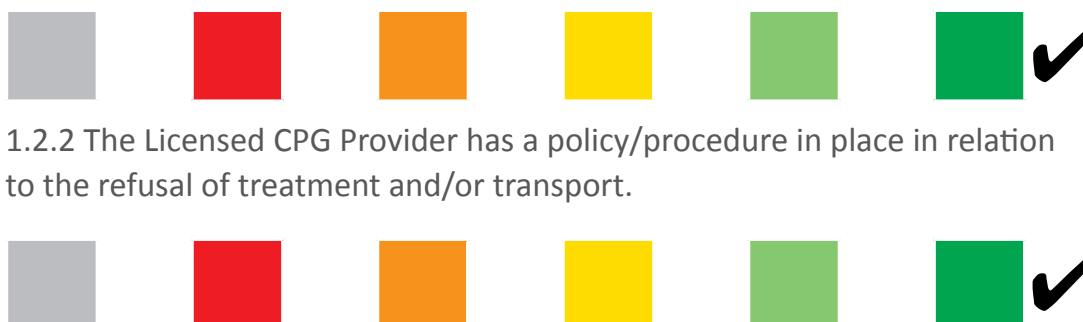
1.1.2 The Provider has a robust call dispatch system that ensures accurate clinical and non-clinical data required for each ambulance call. There are an additional two layers of backup systems to ensure resilience in case of disruption.

Areas for Improvement

No specific observation noted by the Assessment Team.

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

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 dispatch centre uses a modern software system to assist in patient identification that includes three patient identifiers, which are then forwarded to the ambulance crew on the electronic dispatch software app.

There is a documented organisational procedure (Call Cycle Guide) outlining the patient journey that includes the process for patient identification, relevant medical documents and information and destination. There was evidence of patient consent and capacity compliance and refusal of transport procedures during practitioner engagement.

1.2.2 Practitioners advised they would document on patient care reports (PCR), and verbally advise the dispatch centre through radio communication if a patient refused transport. There was no evidence of a policy for the procedure/process when patients may refuse transport even though a process of recording and informing the dispatch centre would be followed. The Assessment Team was informed that the incidence of patients refusing transport are rare given the nature of the Provider's workload.

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 The Provider has a clearly structured process for easy reference on how a patient journey should flow – the 'Call Cycle Guide'. This shows practitioners and service users what to expect when engaging with the Provider.

Areas for Improvement

1.2.2 Whilst training in the area of consent is noted and occurs during practitioner induction, the Provider would benefit from clarifying 'refusal or care' in the appropriate policy and the patient care journey flowchart.

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

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

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

Assessment Panel Findings

1.3.1, 1.3.2 The Provider does not appear to have a specific document relating to code of conduct, however, conduct and performance issues are outlined in the 'Fitness to Practice' and 'Care of Patients' policies. The Provider may find benefit in clearly outlining the staff code of conduct / behaviour in a separate document, or by amending existing documents to clarify the contents.

Practitioners were observed to be very professional, courteous and kind to patients and other service users. Practitioners confirmed that they are aware of the importance of patient confidentiality being maintained at all times.

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







Areas of Best Practice

1.3.1, 1.3.2 There is documented and observed evidence of the Provider committing to patient dignity and respect. Practitioners were observed to treat patients with kindness and had a professional demeanour.

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>       </div>

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

Assessment Panel Findings

1.4.1 The Provider has a documented policy and procedure to seek service user satisfaction. Electronic and paper-based methods are used to offer service users feedback options. The Assessment Team observed evidence of these methods of feedback, it was noted the Provider's website option for service user feedback was not functioning correctly at the time of assessment.

The Provider submitted documentation on two recent patient satisfaction surveys that looked at areas of general care, condition of ambulance and handwashing. The surveys returned high scoring results and specific comments by service users, which rated the service as being of a high standard.

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















Areas of Best Practice

1.4.1 The provider has multiple methods of contact for service user feedback including direct telephone, website, and email contact.

Areas for Improvement

1.4.1 The Provider should correct the website I.T. issue to facilitate feedback from service users. The Provider may find it beneficial to focus on specific areas identified within feedback surveys for improvement by initiating audits and action plans.

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

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



Assessment Panel Findings

1.5.1 The Provider has a documented policy on complaints handling and documentary evidence exists that patients and service users are informed when something is not of the expected standard in service delivery.

1.5.2 Practitioners confirmed that they are aware of the complaints process and stated that complaints policies were available online via the Provider's mobile electronic software system.

Complaint training for staff/practitioners is provided at induction training.

The Provider's complaints policy refers to practitioners being able to resolve complaints at the point of origin, however there are also statements within the policy that seem to contradict this. In discussion with practitioners there was a lack of clarity if they could personally resolve a complaint at point of origin, or if they should escalate it immediately to senior managers.

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

No specific observation noted by Assessment Team.

Areas for Improvement

1.5.2 Whilst the complaints policy document covers all necessary areas, the Provider should review the complaints policy to reflect a clear process of complaints handling and remove any ambiguity. The Provider may wish to consider inclusion of a complaints process flowchart algorithm for increased clarity.

Theme 2

Effective Care
and Support



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



PHECC Statement	The Licensed CPG Provider must ensure that privileged Responders/ Practitioners administer specific medications and perform specific clinical interventions in keeping with their CPG status.
PHECC Requirements	<p>2.1.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure Responders/Practitioners utilise the evidence-based CPG appropriate to their status to deliver and ensure safe and appropriate care.</p> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>

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

Assessment Panel Findings

2.1.1 The Provider has a register of practitioners that identifies their current status, which was sampled and reviewed by the Assessment Team.

There appears to be a monitoring system of upskilling requirements and the Provider is currently active in providing training ,which aims to have all EMT practitioners upskilled by Q2 of this year.

The majority of Paramedic and Advanced Paramedic staff have yet to be upskilled to 2021 CPG and an extension to the upskilling period by the Regulator was acknowledged by the Assessment Team.

The process for dissemination of revised guidelines and updates is provided via the online software platform.

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

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

2.1.1 The Provider must endeavour to upskill all practitioners as soon as reasonably practicable in 2021 CPG.

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

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



Assessment Panel Findings

2.2.1 Practitioners within the Provider's organisation were observed to use a structured handover process that resulted in safe professional communication and handover of patient care given. Use of the PHECC standard patient care reports was verified for recording of patient details, presentation and care provided.

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



Areas of Best Practice







2.2.1 A good standard of communication between practitioners and medical professionals was noted in all observed patient handovers.

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	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.					
						

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



Assessment Panel Findings

2.3.1 The Provider has a documented process for the routine maintenance and repair of ambulance vehicles. The Assessment Team were facilitated to sample the system for current CVRT, tax and insurance certificates.

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

No specific observation noted by the Assessment Team.

Areas for Improvement

No specific observation noted by the Assessment Team.

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

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

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

Assessment Panel Findings

2.4.1 The Provider submitted an annual report of its general activities and within this is the Medical Director's report, which briefly describes their role and activity within the organisation.

2.4.2 As an appendix to the annual report, the Provider submitted evidence of a recent clinical audit examining patient assessment pre and post medication administration. Minor numerical errors in the audit figures were pointed out to the Provider. Learning points from the audit were evident, however the recommendations and future action plans lacked clear goal, structure and a timeframe. In an interview with the Medical Director, it was acknowledged that more oversight from his role would benefit future clinical audits.

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

Areas of Best Practice

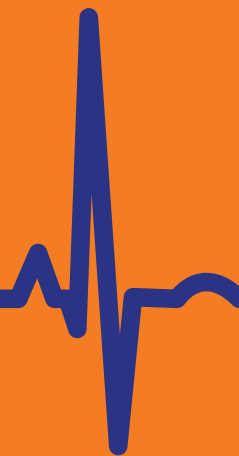
No specific observation noted by the Assessment Team.

Areas for Improvement



















2.4.2 The Provider should establish a specific programme or cycle of clinical audit to focus on areas they believe are relevant to their clinical activities. Within this programme of audit, increased involvement from the Medical Director would be beneficial.

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> <div>       </div>
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> <div>       </div>
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> <div>       </div>

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

Assessment Panel Findings

3.1.1 The Provider has policies and procedures for infection prevention and control. Ambulances appeared to be very clean, clutter free, of a good standard and fit for purpose. The Provider has a programme where a regular deep clean takes place at its HQ building. This is undertaken by a dedicated staff member who specialises in this. However, there was no evidence of a dedicated area for cleaning containing a sluice sink/area, cleaning process signage or equipment. There was some specific evidence of poor IPC practice, which was highlighted to the Provider as a concern and was acknowledged by the senior management team.

Practitioners were observed to wash hands regularly and clean down ambulance equipment after each patient encounter. The Assessment Team observed one instance of non-compliance regarding ambulance laundry, which was mentioned to the Provider and rectified. Within infection control documentation there is some outdated practice regarding PPE, this referred to 'latex' gloves and frequency and instances of glove being worn. This issue was discussed with senior management who acknowledged that this policy and procedure would be updated.

The provider submitted documentary evidence of clinical waste disposal contracts and outlined the process for clinical waste management.

3.1.2 The Provider has a medicines management policy and all appropriate medicines were observed to be available for patient care. The process of security, checking, documentation and traceability of medicines were noted to be very robust within the Provider's organisation. The Assessment Team were advised by managers that the Health Products Regulatory Authority (HPRA) recently visited the Provider's premises and found the management of controlled medications to be satisfactory.

3.1.3 The Assessment Team verified that the Provider has all appropriate equipment to fulfil relevant ambulance practice and procedures. Service records for equipment were checked and verified to be within service date.

The Assessment Team verified that access to replacement equipment was readily available for practitioners by use of a 'pick' store for consumable items. For equipment that may not be readily available, the Assessment Team were informed that this would be sourced for the ambulance within 24 hours by a senior manager.

The Assessment Team noted in one ambulance there was an item not stocked within an airway kit, which would be considered essential for advanced airway management. It is acknowledged that advanced airway management is not routinely undertaken by practitioners within the Provider's organisation, however it is a requirement of advanced airway procedures to have all pieces of equipment present.

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



Areas of Best Practice

3.1.2 The Provider has a robust medicines management process that ensures appropriate medicines are available, traceable and secure.















Areas for Improvement

3.1.1 The Provider shall review and update its policies and operational systems and processes related to the improvement of IPC.

3.1.2 The Provider may find benefit in any future review of the medicines management policy to include an algorithm of the medicines management process.

3.1.3 The Provider must ensure that all required equipment for advanced airway management are present in airway management kits.

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>        </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>        </div>

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

Assessment Panel Findings

3.2.1 The Provider has a documented policy and process for reporting and investigation of near-misses and adverse incidents. This policy applies to both clinical and non-clinical incidents. The Assessment Team verified that incidents can be reported both verbally to senior managers and via an online software platform.

There appears to be a culture of open disclosure where staff are aware that they may freely inform patients of adverse incidents. This culture of open disclosure is supported by senior managers who encourage staff to report incidents.

Investigation of incidents takes place within the organisation by senior managers and may include the Medical Director if required. The Provider's senior managers advise they would utilise external agencies for expertise in investigations where necessary.

3.2.1 There is evidence of feedback to practitioners of safety related incidents and or complaints using face-to-face feedback and online software platforms.

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



Areas of Best Practice







No specific observation noted by the Assessment Team.

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.



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

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



Assessment Panel Findings

3.3.1 The Provider has two separate policies regarding safeguarding. One policy covers children, and the other covers adult safeguarding. The policies appear to be fit for purpose and the Assessment Team reviewed evidence of staff training in child protection and safeguarding.

The Provider may wish to consider reviewing both policies to possibly amalgamate them to ensure safeguarding issues are considered in the whole, and not just related to children.

The Assessment Team identified some minor errors in review dates and version numbers in the current child safeguarding policy.

Practitioners were familiar with the process of reporting child or adult safeguarding issues.

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

Areas of Best Practice

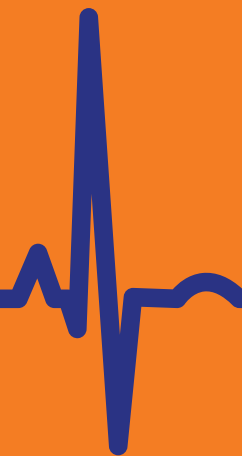
3.3.1 The Provider has a documented process of safeguarding reporting and ensure that all staff are safeguarding trained. Within the Provider's organisation the procedure for reporting issues is straightforward.

Areas for Improvement

























3.3.1 The Provider should amend their safeguarding policies to reflect accurate version numbers and review dates.

Theme 4

Leadership, Governance and
Management



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

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

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



Assessment Panel Findings

4.1.1 The Provider has a Medical Director who assumes overall responsibility for clinical governance, however, within submitted documents and policies it is unclear who the Medical Director reports to within the organisation.

4.1.2 The Assessment Team reviewed the Medical Director job description and verified that he is registered at the acceptable level with the Medical Council. There is some evidence of involvement and oversight from the Medical Director within the organisation. Some of the practitioners stated they knew who the Medical Director was but never had any direct involvement with him. Other practitioners stated that they had never met the Medical Director.

4.1.3 The Provider is tax compliant.

4.1.4 The Provider has the required insurance in place.

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

No specific observation noted by the Assessment Team.


Areas for Improvement

4.1.1 The Provider should review their policies and documents related to the Medical Director reporting structure to ensure clarity of structure and reporting mechanisms within the organisation. Reporting relationships should be accurately reflected in the Provider's organogram.

4.1.2 The Provider should consider involving the Medical Director more widely within the organisation such as at training events, in organisation wide communications or video conferences etc.

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>        </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 Assessment Team reviewed evidence of quality and safety records and reporting systems. Evidence of organisational change was reviewed regarding incident reporting and complaints, however, there was little evidence of change processes related to clinical audits.

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

Areas of Best Practice







No specific observation noted by the Assessment Team.

Areas for Improvement

4.2.1 The Provider should consider using audits as a tool to implement change and/or improvement both in clinical and non-clinical aspects of its service.

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 Assessment Team verified evidence submitted regarding risk within the organisation. The Provider discussed current and future risks and how they are managed within the organisation to comply with statutory legislation. In discussion with the Assessment Team the Provider identified its biggest risks to the organisation and how those risks were mitigated and dealt with within the organisation.

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















Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

No specific observation noted by the Assessment Team.

Standard 4.4 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>        </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>        </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 A modern mobile software programme is utilised within the organisation to provide both clinical and safety alerts to practitioners. This programme provides evidence that staff have received alerts and updates on an individual basis.

The Assessment Team were unable to establish if the Provider has a specific safety related bulletin or newsletter for staff information.

4.4.1 The Assessment Team verified the receipt of a GVF submission and the organisation's quality improvement plan (QIP). It was acknowledged by the Assessment Team that the organisation is engaging with the GVF process and acting on areas identified for improvement in previous GVF assessment and subsequent QIP.

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



Areas of Best Practice

4.4.1 The Provider has made ongoing efforts to act on areas identified for improvement since the previous GVF assessment.

Areas for Improvement

4.4.1 The Provider would benefit from the development of a specific safety related bulletin/newsletter for staff information.







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

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 Provider appears to have an appropriate system of recruitment and staff retention for the organisation. Monthly staff rotas for ambulance shifts are planned and allocated ensuring appropriate skill mix on each ambulance for the workload anticipated. Capacity gaps in workload and skill mix are anticipated and planned for using bank staff, flexible work location allocation and overtime availability.

The Provider appears to have adequate staff resources to manage current workload and to provide additional contracted resources for a statutory service provider.

The Provider indicates that they have regular staff turnover at practitioner level, and this appears to be successfully mitigated by recruitment and retention planning.

Succession planning is considered at a senior management level and there is evidence within the organisation of staff development and future workforce planning using existing staff within the organisation and externally.

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

No specific observation noted by the Assessment Team.

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	<p>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.</p> <div>        </div>
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	<p>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.</p> <div>        </div>
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	<p>5.2.3 The Licensed CPG Provider conducts checks and confirms that all volunteers, contractors and/or employees have the appropriate qualifications and registrations.</p> <div>        </div>
PHECC Statement	The Licensed CPG Provider has robust security clearance processes in place for volunteers, contractors and/or employees.
PHECC Requirements	<p>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.</p> <div>        </div>

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 English language competency is a requirement to employment within the Provider's organisation. The Provider has a suitable policy for English language competency, and where necessary may use external organisations if language competency testing is required as part of the recruitment process.

5.2.2 The Assessment Team verified evidence of identity and registration checks prior to employment, and there is a process within the organisation to report to PHECC of any suspension of privileging status.

5.2.3 The Provider conducts pre-employment checks, including mandated National Vetting Bureau safeguarding vetting on individuals prior to employment. The Assessment Team verified that the Provider keeps copies of original certificates and relevant privileging documentation.

5.2.4 Within the Provider's organisation there is a documented Garda vetting procedure and process for all employees, and records of a random sample of staff were verified by the Assessment Team. All records checked by the Assessment Team were found to be current.

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

5.2.3, 5.2.4 The Provider has a good record keeping system, which is mostly digitised making safeguarding verification and checking of records easily accessible.

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	5.3.1 The Licensed CPG Provider has developed and implemented a comprehensive induction programme to ensure volunteers, contractors and/or employees understand their responsibilities in relation to the safety and quality of services.					
						 ✓
	5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status.					
						 ✓
	5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students (If applicable).					
						 ✓

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 is a PHECC recognised training institution that has documented programmes of appropriate training courses. The Assessment Team were given a tour of the training institution, which was a modern facility and appeared fit for purpose. Practitioners are given induction training that includes a driving assessment, responsibilities within the organisation, instructions on fitness to practice, and professional conduct.

5.3.2 The Assessment Team verified a sample of staff training records. The Provider has a continuous professional competency policy, which outlines various programmes of training for clinical and non-clinical staff. All employees are encouraged to engage with continuous professional competency (CPC) activities including mandating those activities required for registration.

There is a process for identification of staff training within the organisation and the Provider also has an e-learning classroom to assist in ongoing education and training.

The Provider uses a mobile digital software programme to inform practitioners of any required upcoming training/education programmes. Practitioners are required to have completed mandatory training programmes to enable them to log in for allocated shifts.

5.3.3 The Provider has a specific policy for management and supervision of students within clinical/ambulance operations.

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

































Areas of Best Practice

5.3.2 The Provider uses a modern software programme to track training requirements for practitioners and establishes records of training activity.

Areas for Improvement

No specific observation noted by the Assessment Team.

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

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

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

Assessment Panel Findings

5.4.1 Practitioners are aware of the critical incident stress management (CISM) programme availability. The Provider has posters within their facilities informing staff of contact details for CISM and there is documentary evidence in the Provider's CISM policy encouraging staff to use this and other stress management resources, including speaking to managers if required. Practitioners informed the Assessment Team that senior managers were supportive and approachable and felt they could bring to their attention any stress related incident. CISM resources are mentioned within a COVID-19 policy document.

5.4.2 The Provider has a documented fitness to practice procedure/policy and a fitness to practice committee within the organisation. Where necessary, the Medical Director will be involved in fitness to practice investigations/issues. The Assessment Team discussed with senior managers confusing wording within the policy - 'remain on the PHECC register at the level of which they were originally employed'. There appears to be no specific training given to investigators for fitness to practice issues. The Provider advised that given the level of experience within the senior management structure this was deemed unnecessary, and, if required, they would utilise external agencies in the investigation of incidents or fitness to practice issues.

5.4.3 The Provider has a process for managing poor performance of staff. Clinically this is monitored by managers with periodic face to face meetings, PCR audit and review of complaints. Senior managers make efforts to meet with staff as often as possible, however, regularly scheduled live clinical monitoring (ride-along) are not custom within the organisation. Managers indicate that where deficiencies have been identified, an observation of staff in the ambulance may take place.

5.4.4 There is a strong reporting culture within the Provider's organisation and practitioners are encouraged to report near-misses, complaints, and untoward incidents to senior managers without fear of consequence. There are appropriate systems and procedures for reporting and escalation of concerns internally and externally for practitioners and other employees. Although a Whistleblowing/ Open Disclosure' policy was referred to in the Quality Improvement Plan, the Assessment Team did not evidence it. There are elements of open disclosure and whistleblowing procedures outlined within the 'Complaints' and 'Communications' policies.

5.4.5 Practitioners stated that they find it easy to report issues to managers, who are available on a 24-hour basis, via telephone and or the mobile software platform. Senior managers endeavour to meet with staff as regularly as possible to feedback PCR audits, and, where required, any other issues arising regarding performance, which may include compliments received.

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



Areas of Best Practice

5.4.1 Practitioners confirmed that senior management is a supportive and approachable management team.

Areas for Improvement

5.4.1 CISM resources are mentioned within a COVID-19 policy document. The Provider may wish to consider placing this information in additional relevant policy documents.

5.4.2 The Provider may wish to consider strengthening the wording of the Fitness to Practice policy to provide clarity for all concerned i.e. by inserting references to 'acts of commission or omission'. The wording 'remain on the PHECC register at the level of which they were originally employed' should also be clarified.













5.4.3 The Provider may wish to consider implementing a regularly scheduled appraisal or supervision process within the ambulance operations environment to assist with clinical audit and best practice.

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 data-bbox="379 678 1401 768">       </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 data-bbox="379 907 1401 996">       </div>

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

Assessment Panel Findings

6.1.1 A comprehensive records management system, policy and procedure is in place within the organisation. The Assessment Team noted concerns regarding records management.

When a PCR is generated, the procedure is to keep it in a secure area within the ambulance until it is deposited into a locked box within the ambulance station. The Assessment Team acknowledge this process is satisfactory, however it is not without risk as the ambulance is not locked. Senior managers advised that the use of electronic PCR was currently under consideration.

Storage of PCR in the Provider's HQ building does not align with the PHECC records management process. Although the system of management is compliant, specific areas regarding storage areas and types of storage containers are not considered to be current practice.

6.1.2 The Provider has a process of clinical records audit whereby the Operations Director randomly selects PCR for inspection and monitors the quality of the data. Practitioners receive feedback on the quality of individual PCR and audit data of PCR are also fed back to staff via email.

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

Areas of Best Practice

No specific observations noted by the Assessment Team.

Areas for Improvement

6.1.1 The Provider should consider adopting a strategy to improve security of hard copy PCR within the ambulance environment e.g. installing lockable PCR boxes within each ambulance.

The Provider must ensure compliance with current methods of secure storage containers of all PCR.

6.1.2 Whilst it is acknowledged that there is a random selection of PCR audited for quality, the Provider would benefit from introducing a process whereby a nominated percentage of PRC are reviewed.

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 Medical Ambulance Ltd are as follows:

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	0	0%
Not Met	0	0%
Minimally Met	0	0%
Moderately Met	1	2.3%
Substantively Met	12	27.9%
Fully Met	30	69.8%

GVF Site Assessment Summary - Medical Ambulance Limited

PHECC Requirement		Compliance level
Theme 1: Person-Centred Care and Support	Standard 1.1 Patients have equitable access to healthcare services based on their assessed needs.	
	1.1.1 The Licensed CPG Provider has systems, processes and procedures for the timely and clinically appropriate response to provide safe care and treatment to patient population they serve.	Fully Met
	1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.	Fully Met
	Standard 1.2 Patients' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.	
	1.2.1 The Licensed CPG Provider has systems, processes and procedures, developed in line with best practice for patient consent and/or patient identification (which includes guidance for practitioners) in line with the PHECC Code of Professional Conduct & Ethics.	Substantive
	1.2.2 The Licensed CPG Provider has a policy/procedure in place in relation to the refusal of treatment and/or transport.	Substantive
	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.	Substantive
	Standard 2.2 Patients receive integrated care, which is coordinated effectively within and between services.	
	2.2.1 The Licensed CPG Provider has a standardised handover process in place to ensure the safe, timely, and structured exchange of information during handover of patients.	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.	Substantive

Theme 3: Safe Care and Support	Standard 3.1 Licensed CPG Providers protect patients from the risk of harm associated with the design and delivery of healthcare services.	
	3.1.1 The Licensed CPG Provider has a reliable system in place to prevent and protect patients and staff from healthcare associated infections.	Moderate
	3.1.2 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure medicines availability, storage, stocking and disposal processes for the administration of pre-hospital emergency care.	Fully Met
	3.1.3 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure equipment/medical device availability, storage, stocking and disposal for the administration of pre-hospital emergency care.	Substantive
	Standard 3.2 Licensed CPG Providers effectively identify, manage, respond to and report on patient-safety incidents.	
	3.2.1 The Licensed CPG Provider has structured incident reporting and investigation mechanisms, which support and encourage volunteers, contractors and/or employees to report adverse events, near-misses and no-harm events.	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.	Substantive
	Standard 4.1 Licensed CPG Providers have clear accountability arrangements to achieve the delivery of high-quality, safe and reliable healthcare.	
Theme 4: Leadership, Governance and Management	4.1.1 The Licensed CPG Provider has an established reporting and accountability structure for clinical governance.	Substantive
	4.1.2 The Licensed CPG Provider has an identified Medical Director who is registered with the Medical Council and who is based in this jurisdiction and who oversees the service.	Substantive
	4.1.3 The Licensed CPG Provider is compliant with tax laws.	Fully Met
	4.1.4 The Licensed CPG Provider has documentary evidence of the required insurance policies.	Fully Met
	Standard 4.2 Licensed CPG Providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.	
	4.2.1 The Licensed CPG Provider has systems, process and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.	Substantive
	Standard 4.3 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.	
	4.3.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure compliance with statutory legislation relating to the provision of safe and effective care.	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.	Fully Met
	5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status.	Fully Met
	5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students (if applicable).	Fully Met
	Standard 5.4 Licensed CPG Providers support their workforce (volunteers, contractors and/or employees) in delivering high-quality, safe and reliable healthcare.	
	5.4.1 The Licensed CPG Provider has a Critical Incident Stress Management process in place.	Fully Met
	5.4.2 The Licensed CPG Provider has a Fitness to Practice Policy/Procedure, which makes reference to the PHECC Fitness to Practice processes.	Fully Met
	5.4.3 The Licensed CPG Provider has processes for the identification of poor or variable staff performance.	Substantive
	5.4.4 The Licensed CPG Provider improves patient safety by encouraging and supporting employees, contractors and/or volunteers in the reporting and learning from patient safety incidents (including adverse incidents, near misses and no-harm events).	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.	Substantive
	6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.	Substantive

Report Summary

Report Status

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

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

Quality Improvement Plan

Medicall Ambulance Ltd is required to adjust and re-submit their Quality Improvement Plan to gvf@phecc.ie. This adjustment of the Quality Improvement Plan will encompass any areas highlighted in the 'Areas for Improvement' and will identify and outline improvements to be actioned or planned at Medicall Ambulance 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
