Pre-Hospital Emergency Care Council

Governance Validation Framework

Site Assessment Report

Motorsport Rescue Services CLG

October 2021

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

Pre-Hospital Emergency Care Council

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Executive Summary

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

The Governance Validation Framework (GVF) has been developed by Council as an evidence-based methodology designed to improve quality and safety in pre-hospital emergency care services. Setting and implementing standards and monitoring of compliance are important levers for driving service improvements. The framework combines a system of self-assessment, on-site review and validation of evidence presented, and staff and management engagement in addition to quality improvement planning and support during the licensing cycle. Documentation submitted by Motorsport Rescue Services CLG 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 Provider that is the subject of this report is Motorsport Rescue Services CLG, a provider of pre-hospital emergency care services in Co Kildare. The on-site GVF assessment visit(s) for this report were conducted during October 2021 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 Motorsport Rescue Services CLG'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.

Motorsport Rescue Services CLG's Governance Validation Framework assessment report concludes with a Report Summary, which includes a tabular format that provides an overview to Motorsport Rescue Services CLG'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

Motorsport Rescue Services exists to provide specialist medical and rescue intervention teams for motorsport events run under the control of Motorsport Ireland and Motorcycling Ireland primarily at Mondello Park in Ireland.

The team currently consists of 15 personnel with a variety of skills from motorsport extrication specialists to PHECC responder and practitioners at all clinical levels up to and including Advanced Paramedic.

Information used to create this overview was supplied by the Provider.

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	Motorsport Rescue Services
Type of Visit	Full GVF Assessment - GVFREP MSRS 001_1021
Licensed CPG Provider Lead	GVFA5966
Date of Review	Practitioner Engagement - 31/10/2021 Site Assessment - 31/10/2021
Assessment Team	GVFA5966 - Team Lead GVFA8205 - Site Assessment and Practitioner Engagement
Circumstances of this Site Assessment	Establishment of GVF programme - Transition to 3-year licensing cycle.
Relevant Recent Visits	Practitioner Engagement and On-site Assessment conducted October 2021.

Assessment Details (continued):

Licensed CPG Provider Participants

Director of Training
Director (PHECC Liaison)
Operations Manager

Onsite Feedback

Verbal feedback related to the Assessment Team's initial findings was provided to the Senior Management Team of Motorsport Rescue Services CLG by the Assessment Team Lead at the closing meeting. A number of items were identified as areas of potential improvement. There was agreement by all in attendance regarding the relevance and substance of the Assessment Team's comments and indicative findings.

Judgement Framework

Level & Scoring	Descriptor
Not Applicable	• The standard is not applicable to this organisation/base location
Not Met	• Does not meet expectations • No evidence of compliance anywhere in the organisation with the requirements set by the statement/standard
Minimally Met	• Evidence of a low degree of organisation-wide compliance with the requirements set by the statement/standard • Demonstrable evidence that a start has been made towards compliance in some or all parts of the organisation
Moderately Met	• Evidence of a moderate degree of organisation-wide compliance with the requirements set by the statement/standard • Demonstrable evidence that work is ongoing across most parts of the organisation to achieve compliance • Confident in management's ability to deliver full compliance within a reasonable timeframe
Substantively Met	• Substantive evidence of organisation-wide compliance with the requirements set by the statement/standard • Demonstrable evidence that most parts of the organisation are meeting most of the requirements set by the statement/standard • Only minor non-compliance issues requiring, in the main, minor action(s) • Confident in management's ability to deliver full compliance within a reasonable timeframe
Fully Met	• Meets or exceeds expectations • Evidence of full compliance across the organisation with the requirements set by the statement/standard

Theme 1

Person Centred
Care and Support

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

PHECC Statement	The Licensed CPG Provider has appropriate arrangements in place to ensure patients have equitable access to services based on assessed needs.
PHECC Requirements	1.1.1 The Licensed CPG Provider has systems, processes and procedures for the timely and clinically appropriate response to provide safe care and treatment to patient population they serve.

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.1.1 The Provider provided documented evidence of performance indicators relating to staffing and skills mix. For a specific sporting event, staff and skills cover is requested through the use of an instant messaging app. The Assessment Team identified that specific skill mixes of practitioners are allocated to different types of sports / race event, for example, at motorcycle road races, the Provider will endeavour to always have advanced paramedic practitioners working alongside critical care doctors. Other motor sports events may require practitioners of a lower clinical grade.

No documented reviews of vacancy rates were found, but the Provider is currently recruiting volunteer practitioners. The Provider stated that they have concerns regarding personnel cover levels. They encourage and mentor new members into the organisation, however, attrition levels can be high with members moving to new employment.
The Provider has conducted no major incident response training and intends to place this on a future training agenda, working with other Providers and organisations.

1.1.2 The Provider does not require a recognised ambulance dispatch system due to the nature of its service at motorsport events. The current dispatch system is via radio communications with the Race Marshall(s) and Control Tower should an activation be required. This system was observed and deemed to be efficient and appropriate for a Provider of this type and location at motorsport race circuit.

There is no specific training programme for call dispatch and new members of the organisation are mentored through this process by observation from established members of the team.
Translation services may not be appropriate for this Provider's dispatch system.

Performance levels of each aspect of every incident are conducted using the 'hot debrief' method after each incident but not routinely documented in a specific form or procedure. An outline of such a debrief is contained within the Provider's 'Clinical Case Review Policy'.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

1.1.2 The Assessment Team observed evidence of adequate rostering and a varied practitioner level mix. Communications and relations were observed to be good between practitioners and race officials, with good safety and general information briefs being shared at the start of the race event.

Areas for Improvement

1.1.1 The Provider shall engage with the relevant organisations to provide a major incident response plan and training exercises to support this plan. The nature of motorsports activity and the attendance of large numbers of the public would suggest a level of risk for a major incident occurring and therefore deem planning and training for major incidents necessary.

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.2.1 There is an organisational procedure for checking patient identity, assessing capacity and gaining consent. This procedure is documented in the Provider's Communications Policy. The initial training of PHECC registered practitioners in capacity, consent, and refusal of transport procedures is carried out by a PHECC recognised training institution. The Provider does not operate an ambulance and will hand over a patient to an ambulance provider for transport when required. The Provider occasionally encounters patients who refuse treatment and/or transport, which is then documented on the Patient Care Report (PCR). Additional to documenting patient refusal to travel/treatment, the medical practitioner on site will examine and, if deemed necessary, refer the patient to a suitable hospital or GP for treatment or further investigation.
The Assessment Team did not observe any patients being treated, and no completed PCRs were reviewed.

1.2.2 Information on the procedure for patients refusing care or transport is shared through an instant messaging app and on the race medical centre noticeboard. Practitioners stated they were aware of this procedure. No patient information is shared via the instant messaging app.
The Assessment Team was informed that patients who refuse transport must be cleared by the Race Chief Medical Officer.
The Assessment Team could not evidence an organisational policy for the refusal of treatment and/or transport.
No audit and analysis of patients refusing treatment/transport were carried out although each patient encounter is debriefed within the team after the event.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

1.2.1 The Provider has a good system for patient care and safety netting. Where a patient declines further examination or transport, they are given a referral form by the Race Doctor on scene and can present themselves to a local Emergency Department or GP at a later date. The Assessment Team observed evidence in the Provider's Communication Policy to support this process.

Areas for Improvement

1.2.2 The Provider should document the number of patients receiving treatment and/or transport, as well as those who did not wish to receive treatment or transport. While a general summary of this information was provided in the Annual Medical Director's Report 2020/21, documenting a detailed breakdown of patient numbers/refusals/transports should be part of an audit and review process, thus informing the Provider and other organisations they engage with of specific workloads and patient encounters.

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.3.1 The Assessment Team observed evidence of practitioners undertaking their duties in a manner that promotes dignity and privacy for patients. They also observed organisational leadership and commitment to protecting the dignity, confidentiality and privacy of service users, which was further evidenced through several of the Provider's policies, such as the Fitness to Practice Policy and Communications Policy.

1.3.2 The Assessment Team observed a culture of kindness, consideration and respect for patients through conversations with the practitioners on site. No direct observation of patient care was able to be observed during the assessment.
The Assessment Team could not verify evidence of interpersonal skills training inclusion within an induction programme.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

1.3.2 The Assessment Team observed a culture of kindness, consideration and respect.

Areas for Improvement

1.3.2 The Provider should consider providing, and documenting, specific communication training in induction and ongoing training programmes. The 'Induction Training Policy refers to 'consent' and 'refusal of treatment', but provides no further detail on the content of the training for these areas.

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

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.4.1 The Provider does not formally obtain service user satisfaction data. The Provider did outline that due to the nature of their service and familiarisation with racers they regularly receive walk-in visits from service users following treatment. The Provider does not currently document this feedback from service users in a formal way.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

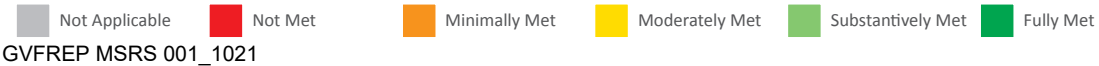
Areas for Improvement

1.4.1 The Provider should consider a formal procedure for obtaining service user satisfaction and a system for storing and sharing this data with all volunteers and other service users.

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

Pre-Hospital Emergency Care Council

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



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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.5.1 The Provider has a Complaints Policy in place. There is no documented procedure for a complainant to follow if they cannot resolve the complaint with the Provider. The Complaints Policy states that personnel will be 'provided with the necessary skills and knowledge' to appropriately manage any complaints.
The Provider stated that they have received no complaints to date.

1.5.2 The Assessment Team did not evidence complaints handling training occurring. During the assessment it was evident that practitioners had a good working knowledge of how to appropriately deal with complaints from within and outside the organisation.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

1.5.1 The Provider's practitioners displayed a good knowledge of how to deal with a complaint within their current policy.

Areas for Improvement

1.5.1 The Provider should consider revising the wording of its complaints policy to reflect current procedures.

1.5.2 The Provider should consider providing complaints handling training to staff to reflect current or a future revised complaints policy.

Theme 2

Effective Care and Support

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

2.1.1 The Assessment Team evidenced a local register of responders/practitioners. The Provider does not have a formal mechanism to obtain CPG upskilling, however the Provider does seek proposals from PHECC Recognised Institutions to meet this requirement. Revised guidelines and updates are communicated to members through an instant messaging app, which requires practitioners to respond accordingly.
The Provider also has noticeboards with relevant guidelines and updates for practitioners.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

2.1.1 The Provider maintains records of practitioner status and has a mechanism to disseminate information to practitioners.

Areas for Improvement

2.1.1 The Provider should consider utilising I.T. such as a shared online cloud based system that will centralise all documents, updates, audits, feedback and messages. This system may safeguard against loss of information and prove useful for future audits.
The Provider should document their procedures regarding the development of policies, procedures and guidelines.

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

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider promotes a structured but flexible handover process that optimises patient safety and quality of care.
PHECC Requirements	2.2.1 The Licensed CPG Provider has a standardised handover process in place to ensure the safe, timely, and structured exchange of information during handover of patients.

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

2.2.1 The Assessment Team verified the use of the PCR in the handover process through discussion with practitioners.
The Provider states, in their internal policies, that training for new members occurs. The Assessment Team did not evidence training records in communication or handover processes. These elements of training would have been delivered through PHECC Recognised Training Institutions.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

2.2.1 The Provider make use of a PCR in all patient handovers to another service provider or Emergency Department staff. Practitioners displayed good knowledge of handover processes.

Areas for Improvement

2.2.1 The Provider should consider documenting their handover process to ensure continuity for all staff and include this in future induction and ongoing training.

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

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider must ensure that ambulances are fit for purpose.
PHECC Requirements	2.3.1 The Licensed CPG Provider has processes, systems and procedures in place to ensure the road-worthiness of their patient transport vehicles in line with legislation.

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

2.3.1 The Provider does not operate an ambulance or other patient carrying vehicle. Patient transport is dealt with by external CPG providers such as a voluntary or private ambulance service.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

Not applicable.

Areas for Improvement

Not applicable.

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

2.4.1 The Provider submitted an annual Medical Director's report (2020-21), which outlined a number of activities including CPG activity, number of patients cared for and staff training activity.

2.4.2 The Provider conducts 'hot debriefs' after each patient encounter and lessons learned are shared verbally. These types of debriefs are appropriate for an organisation of this size, however, there was no evidence of recording and review or follow up of debriefs.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

2.4.2 The Provider provided evidence of debriefs after each patient encounter. Debriefs are verbal and communicated within the patient care team. Practitioners stated that based on one reviewed incident a future training plan was developed.

Areas for Improvement

2.4.2 The Provider should consider documenting these debriefs and any lessons learned and possible future action points. This information could be held on hard copy or electronically for all practitioners to review, and would be helpful for future audit, training and organisational planning and development. Any possible future system of recording need not be onerous given the small size of the organisation.

Theme 3

Safe Care and Support

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

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider identifies aspects of the delivery of care associated with possible increased risk of harm to service users and has structured arrangements to minimise these risks.
PHECC Requirements	3.1.1 The Licensed CPG Provider has a reliable system in place to prevent and protect patients and staff from healthcare associated infections.
PHECC Statement	The Licensed CPG Provider ensures that there are systems in place to ensure the effective, efficient and safe use of medicines for the administration of pre-hospital emergency care.
PHECC Requirements	3.1.2 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure medicines availability, storage, stocking and disposal processes for the administration of pre-hospital emergency care.
PHECC Statement	The Licensed CPG Provider ensures that there is systems place to ensure the effective, efficient and safe use of medical devices and equipment for the administration of pre-hospital emergency care.
PHECC Requirements	3.1.3 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure the equipment/medical device availability, storage, stocking and disposal for the administration of pre-hospital emergency care.

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

3.1.1 The Provider has an infection control policy suitable for the organisation. The Assessment Team evidenced a policy containing mandatory dress code requirements for practitioners within the organisation.
The Assessment Team observed a clutter free care area and evidence of good infection control processes. Some medical consumables/stores were stored on open shelves, and appeared to be in a clean and orderly state. There was evidence of inappropriate storage of mops and damaged high level shelving units that pose a potential infection control risk within the medical centre. This may have been due to the medical centre undergoing a refurbishment.

3.1.2 The Assessment Team evidenced the Provider's medicines management policy, and observed availability of medicines to enact CPGs fully. Records for controlled drug stock and use were provided and the Assessment Team verified checking procedures for medicines.
The Assessment Team observed a documented audit programme for controlled drugs and this was confirmed through discussion with the Provider. The Provider identified a person responsible for medicines management.
The Assessment Team evidenced the Provider's adverse clinical events reporting policy.

3.1.3 The Assessment Team verified the availability of equipment to enact CPGs fully. The Provider identified a person responsible for equipment management.
The Assessment Team did not evidence a documented policy/procedure for the maintenance of medical devices, however, service records for medical devices were up to date and verified.
All equipment used for the treatment of patients was observed to be clean, easily available and free from excessive wear or damage. The cleaning procedure for equipment is contained within the infection control policy.

At the assessment site, the medical centre is a shared site with other organisations and clinical waste is the responsibly of the race track organisation. However, the Provider has a service level agreement (SLA) with a separate CPG provider to remove clinical waste if required. There is no procedure or process detailed within the SLA.
Restocking of medical consumables takes place from the medical centre, which is run by the race track organisation. The Assessment Team did not evidence a documented process of minimal stock levels or the procedures for restocking consumable products.
Medical device warnings are disseminated through an instant messaging app from director level to all staff. This is also supplemented through the medical noticeboard on site.
The Assessment Team verified documentation of the Provider having an account with a supplier for the provision of medical gases.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

3.1.1/2/3 The Assessment Team verified that the equipment and medical area is of a good standard and well stocked. Practitioners displayed good knowledge of infection, prevention and control procedures reflective of the Provider's policy.

Areas for Improvement

3.1.1 The Provider shall liaise with the owners of the medical centre to replace damaged shelving that may pose an infection control risk. The Provider may wish to consider alternative methods of storing medical consumables and resuscitation equipment within the medical centre, such as enclosed shelving, or a hospital crash trolley type of storage unit.

3.1.2 The Provider should consider documenting its restocking procedure for medical consumables and equipment.

3.1.3 The Provider should consider providing a more detailed service level agreement regarding its healthcare related waste service level agreement. This may include sections such as background, procedure, process and named responsible persons within the service level agreement. This will provide clarity to the Practitioners of each organisation on what the processes, procedures and responsibilities are to enact the service level agreement.

The Provider should consider documenting its training on medical devices. This should include personnel trained, dates and confirmation of competence.

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

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider has a patient safety incident (which includes adverse events, near-misses and no-harm events) reporting system with an open disclosure and non-punitive reporting ethos.
PHECC Requirements	3.2.1 The Licensed CPG Provider has structured incident reporting and investigation mechanisms, which support and encourage volunteers, contractors and/or employees to report adverse events, near-misses and no-harm events.
PHECC Statement	The Licensed CPG Provider has arrangements in place to identify, assess and respond appropriately to patients' safety incidents and complaints.
PHECC Requirements	3.2.2 The Licensed CPG Provider has a process for the sharing of lessons learned from patient safety incidents (including adverse events, near-misses and no-harm events) and complaints, which have occurred locally, nationally or internationally with volunteers, contractors and/or employees.

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

3.2.1 The Assessment Team verified that Practitioners understand their responsibilities to raise concerns, record patient safety incidents (including adverse events, near-misses and no-harm events) and subsequently report them in a timely manner.

The Assessment Team evidenced an adverse events policy, which appears suitable for the organisation. This policy lacks some of the detailed steps and timeframes for the associated procedures for investigation/review. The Assessment Team verified that the organisational policy includes the requirement to report appropriate adverse events to national regulators.

The Assessment Team did not evidence a documented process for screening of near-misses and patient safety incidents, however the Provider attests to no near-misses or patient safety incidents being reported. The Provider has several pre-event risk assessment checklists to ensure safety measures are provided for each event.

The Assessment Team did not evidence training in incident reporting for Practitioners, and did not verify relevant staff trained in incident investigation techniques.

3.2.2 The Assessment Team is satisfied that the Provider conducts debriefs and training for the dissemination of lessons learned from incidents. However, the Provider does not currently document these mechanisms.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

3.2.1 The Provider should consider amendments to its Adverse Events Reporting Policy to include information such as timeframes for investigation and an algorithm or stepwise process for dealing with the investigation process.
The Provider should consider documenting its training for incident reporting and incident investigation.
The Provider should consider investing in training programmes for near-miss and accident/incident investigation for relevant staff within their organisation.

3.2.2 The Provider should document its briefings and change of practice as a result from lessons learned.

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

3.3.1 The Assessment Team evidenced an organisational safeguarding policy and safeguarding statement – (Child Protection and Safeguarding Policy). The policy was extensive and suitable for the organisation.
No documented training in safeguarding was verified by the Assessment Team, although, through engagement, noted practitioners were knowledgeable on aspects of the safeguarding policy and procedures.
The Provider identified a person responsible for safeguarding.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

3.3.1 The Provider should consider amending their existing safeguarding policy to include all vulnerable persons, including adults, and maintain records of training in this area.

Theme 4

Leadership, Governance and Management

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

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider has an established governance structure with clear accountability arrangements for clinical and corporate governance.
PHECC Requirements	4.1.1 The Licensed CPG Provider has an established reporting and accountability structure for clinical governance.

4.1.2 The Licensed CPG Provider has an identified Medical Director who is registered with the Medical Council and who is based in this jurisdiction and who oversees the service.

4.1.3 The CPG Provider is compliant with taxation laws.

4.1.4 The Licensed CPG Provider has documentary evidence of the required insurance policies.

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

4.1.1 The Assessment Team verified the Medical Director as the appointed person responsible for clinical governance, which was evidenced in the Provider's clinical governance policy.
The Assessment Team verified the organisational structure as appropriate for the needs of the Provider.
The Provider does not have sub-contractor agreements for clinical governance.

4.1.2 The Assessment Team verified through existing policies, Practitioner Engagement and telephone interview, that the appointed Medical Director is based in the jurisdiction and registered with the Medical Council, engages with practitioners, and provides service oversight.

The Assessment Team verified a Medical Director's documented role descriptor and evidence of engagement/oversight in the form of Medical Director's report and privileging letters.

4.1.3/4 The Assessment Team verified appropriate documentation under this subsection.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

4.1.1 The Provider should consider providing a date and/or version number for its existing clinical governance policy to track changes and aid any audit processes.

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

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider has systems, processes and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.
PHECC Requirements	4.2.1 The Licensed CPG Provider has systems, processes and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

4.2.1 The Assessment Team verified through discussion that organisational change occurs as a result of incident debriefing and other informal methods. There was no documented evidence that the Provider is enacting change through incident monitoring and reporting.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

4.2.1 The Provider has a good system of verbal debriefing after every patient encounter, and through discussion with the Provider they state that change can occur through these debriefs.

Areas for Improvement

4.2.1 The Provider should document incidents of lessons learned, performance or safety indicators, and any subsequent change to practice, policy or procedure as a result of their review.

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

4.3.1 The Provider has a robust system to assess risks to personnel and patients at race events. The Assessment Team verified checklists for various procedures including fire risk, slips,trips and falls, and driving at speed. The risk assessment checklists seemed to be appropriate for the risks encountered within the race track environment.

The Provider does not have a corporate risk register.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

4.3.1 It would benefit the Provider to develop a corporate risk register to highlight any gaps or risks to their organisation.

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

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider has systems in place to ensure actions are taken/ issues communicated on new recommendation(s) and guidance issued by the PHECC and other regulatory bodies.
PHECC Requirements	4.4.1 The Licensed CPG Provider has a process in place to ensure the appropriate communication and adoption of new recommendation(s) and guidance issued by the PHECC and other regulatory bodies.
PHECC Statement	The Licensed CPG Provider complies with the PHECC Governance Validation Framework.
PHECC Requirements	4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation Framework.

Not Applicable Not Met Minimally Met Moderately Met Substantively Met 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.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

4.4.1 The Assessment Team verified appropriate communication channels for alerts and updates. These took the form of an instant messaging app and subsequent notifications on the medical centre noticeboard. Practitioners advised that confirmation of a message being received by staff is via the same messaging application.
The Provider has regular safety briefings and engagement with Practitioners demonstrated a robust safety culture.

4.4.2 The Assessment Team verified the Provider's self-assessment document.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

4.4.1 It is evident that there is a high standard of safety compliance and risk awareness within the Provider's organisation.

Areas for Improvement

4.4.1 The Provider should employ a more robust procedure of information and alert confirmation status. This may possibly take the form of cloud-based software where this information can be populated, stored, and scrutinised for review at any time by practitioners or external agencies for audit purposes.

4.4.2 The Provider should document debriefs and actions that have taken place after a patient encounter. These should help form part of a future quality improvement plan.

Theme 5

Workforce

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

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider effectively manages its workforce (volunteers, contractors and/or employees) to meet the current and projected service needs.
PHECC Requirements	5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

5.1.1 The Provider informed the Assessment Team that they are almost continually recruiting suitable volunteers but suffer a high attrition rate from staff leaving for other substantial employment. The Provider recognises risks in succession planning and recruitment but to date no medical event cover has had to be cancelled due to lack of qualified practitioners.
The Assessment Team did not observe a documented process for succession planning.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

5.1.1 The Provider should document its process for succession planning and consider the use of technology to support this.

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

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CGP Provider has in place robust processes to assure English language competency for all volunteers, contractors and/or employees whose first language is not English.
PHECC Requirements	5.2.1 The Licensed CPG Provider has a process in place to satisfy itself that the English language competence of its Responders and Practitioners, whose first language is not English, is appropriate to the clinical/professional activities to be carried out by that person i.e. Responder or Practitioner levels. 
PHECC Statement	The Licensed CPG Provider ensures all volunteers, contractors and/or employees providing care on behalf of the organisation are currently on the PHECC register.
PHECC Requirements	5.2.2 The Licensed CPG Provider has a process in place to check registration on appointment and on-going renewals of registration for volunteers, contractors and/or employees. 
PHECC Statement	The Licensed CPG Provider ensures that all volunteers, contractors and/or employees are subject to the appropriate pre-employment checks to ensure delivery of safe care.
PHECC Requirements	5.2.3 The Licensed CPG Provider conducts checks and confirms that all volunteers, contractors and/or employees have the appropriate qualifications and registrations. 
PHECC Statement	The Licensed CPG Provider has robust security clearance processes in place for volunteers, contractors and/or employees.
PHECC Requirements	5.2.4 The Licensed CPG Provider ensures that volunteers, contractors and/or employees are subject to Garda Vetting in line with the National Vetting Bureau (Children & Vulnerable Persons) Act 2012 prior to patient contact. 

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

5.2.1 The Assessment Team did not evidence an English language competency assessment process that takes place within the organisation, however, the Provider has a suitable English Language Policy that details the level of English language competency required. The Provider does not currently have any active members/volunteers for whom English is not their first language.

5.2.2 The Assessment Team could not verify a documented process for pre-engagement checking of details, although they verified evidence of registration records, vetting and maintenance of records including certification records.

5.2.3 All practitioners within the Provider's organisation are volunteers and as such have no employment contract. The provider verifies practitioner status on the PHECC register by cross checking registration of their PIN on the register.

5.2.4 The Assessment Team verified all practitioners within the Provider's organisation have valid up to date Garda vetting records, which are held by the Provider.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

5.2.2 The Provider should document its process of verification of pre-engagement checking of individuals within its relevant policies.

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

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider provides, or provides access to, on-going training to ensure that volunteers, contractors and/or employees' CPG skill levels are maintained commensurate with their current CPG privileged status.
PHECC Requirements	5.3.1 The Licensed CPG Provider has developed and implemented a comprehensive induction programme to ensure volunteers, contractors and/or employees understand their responsibilities in relation to the safety and quality of services.

5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status.

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

5.3.1 The Assessment Team were informed that a programme for the induction of volunteers occurs and this was further evidenced by the volunteer induction policy. This is carried out informally on race days with a Team Leader providing mentorship for new recruits. While the Assessment Team could not verify records of attendance at induction due to the nature in which it is conducted, attendance at events are documented. The Assessment Team did not verify a documented induction programme additional to the induction policy.
The Provider has a policy containing a volunteer code of conduct.

5.3.2 The Assessment Team were informed that identification of training and development needs to support volunteers is dynamic based on discussion and observation at events. The Assessment Team did not verify a documented training and development needs identification plan.

The Assessment Team verified training records for individuals, and verified confirmation that Practitioner upskilling had taken place within 18 months of 2017 CPG publications.

The Assessment Team did not verify a volunteer appraisal scheme is in place although through discussion this was identified to be done informally through the induction and further training and/or mentoring.

The Assessment Team verified evidence of training on manual handling.

5.3.3 Not applicable. The Provider do not facilitate student practitioners.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

5.3.1 The Provider should document its induction training programme (additional to existing policy) and its attendance records for induction.

5.3.2 The Provider should document a training and development plan. The Provider should consider developing and documenting a staff appraisal system.

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

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider supports volunteers, contractors and/or employees to exercise their personal, professional and collective responsibility for the provision of high quality, safe and reliable healthcare.
PHECC Requirements	5.4.1 The Licensed CPG Provider has a Critical Incident Stress Management process in place.

5.4.2 The Licensed CPG Provider has a Fitness to Practice Policy/Procedure, which makes reference to the PHECC Fitness to Practice processes.

5.4.3 The Licensed CPG Provider has processes for the identification of poor or variable staff performance.

5.4.4 The Licensed CPG Provider improves patient safety by encouraging and supporting volunteers, contractors and/or employees in the reporting and learning from patient safety incidents (including adverse events, near-misses and no-harm events).

PHECC Requirements	5.4.5 The Licensed CPG Provider creates opportunities for staff to feedback on the quality and safety of the service they work in.

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

5.4.1 The Provider has a critical incident stress management policy with detailed information and advice for all staff on how to utilise the CISM resources available.
All Practitioners onsite were aware of how to make use of CISM resources if required and an informal process exists on follow up and feedback with staff who may need to use this service.
The Provider has a service level agreement with another licensed CPG provider to make use of its CISM provisions. This document was evidenced within the Provider's GVF submission documents.

5.4.2 The Assessment Team verified a fitness to practice policy containing instances when unacceptable variation in individual practice is identified or concerns exist about the fitness to practice of a volunteer. These are discussed within the Provider's fitness to practice policy, but specific steps to initiate investigations and a flowchart of investigation is not included. The Provider's fitness to practice policy recognises the primacy of the PHECC fitness to practice policy, and that any matters that cannot be dealt with by the Medical Director will be referred to PHECC.
The Assessment Team could not verify that training in fitness to practice investigation is provided for investigators.

5.4.3 The process for managing poor or unacceptable staff performance was not evidenced by the Assessment Team. Through discussion with Practitioners it was stated that if variation from practice was found, it would be dealt within the fitness to practice policy.

The Provider does not have a staff appraisal scheme, however, this is conducted informally as a group in post event debriefs.

5.4.4 The Provider's volunteers are aware of who they report concerns to, and can do so without fear of adverse consequences to themselves. Concerns of poor clinical practice are to be forwarded to the Medical Director. The Provider has a whistleblowing procedure contained within its adverse clinical events policy.

5.4.5 The Assessment Team verified through discussion that Practitioner feedback and identification of areas of improvement happen dynamically through discussion, usually at incident debriefs.

The Assessment Team could not verify a documented mechanism for Practitioners to propose areas of improvement or provide documented feedback on safety/quality, although this may be carried out informally in the verbal debrief of incidents.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

5.4.1 The Provider demonstrates good working knowledge of CISM and the small number of personnel within the Provider's organisation compliments the informal follow up and feedback element of CISM.

Areas for Improvement

5.4.2 The Provider should review its fitness to practice policy to include a detailed account of what instigates a clinical investigation and the stepwise process of the investigation/procedure.
The Provider should also consider investing in staff training for clinical investigations.

5.4.3 The Provider should document the procedure for managing poor practitioner performance. This may include a detailed action plan for the relevant Practitioner.

5.4.5 The Provider should consider methods of collecting Practitioner feedback from incidents or propose areas for improvement within their organisation. The use of technology based solutions may be helpful in collecting, retaining and auditing this data.

Theme 6

Use of Information

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

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider is compliant with Council Policy for implementation timeframes for clinical information standards and associated reports – V1. (POL043)
PHECC Requirements	6.1.1 The Licensed CPG Provider implements the PHECC clinical information standards and associated patient reports.

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

6.1.1 The Assessment Team evidenced the Provider's clinical records management policy.
The policy referred to storage of clinical records aligning with PHECC guidelines. The management, transport and secure storage of patient clinical records was verified through discussion and review of this policy. The Assessment Team were satisfied that clinical records were managed appropriately, however, the Provider stated that there is no secure storage facility at the race circuit. The Provider stated that during a race event any completed PCR is kept within the medical centre unlocked until the end of the day until they are transported for secure storage.
The Assessment Team verified through discussion that volunteers are aware of their responsibilities with respect to data protection.
The Assessment Team verified an appointed person responsible for data protection.
The Provider did not provide any documented evidence on the procedure of a patient wanting to retrieve their medical record.

6.1.2 The Assessment Team were informed through discussion that PCRs are checked for legibility and completeness on two separate occasions, however, there is no documented evidence of this. Peer feedback on clinical care, including records quality, to staff is conducted during incident debriefing to improve quality.
PCRs are audited quarterly according to the Medical Director's Report, but there is no mention of who conducts this audit. The Assessment Team could not verify documented evidence of a formal detailed PCR audit.
The Assessment Team could not verify that staff receive formal training in clinical records management.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

6.1.1 The Assessment Team verified that Practitioners had good knowledge of medical records management and the importance of data protection.

Areas for Improvement

6.1.1 The Provider shall ensure facilities exist for secure storage of PCRs during a race event until such times as they can be transported for final secure storage. The Provider may wish to consider secure storage in the form of a locked box either in the rescue vehicle, or the medical centre itself.
Within the Provider's records management policy, or an additional policy, the Provider shall detail the procedure of how a patient may retrieve their own medical record.

6.1.2 The Provider shall produce a documented audit of specific clinical audits of PCRs. Due to the small number of PCRs generated, this system of audit should best suit the Provider, however, provision for clear evidence of feedback to improve quality should be included.

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 Motorsport Rescue Services CLG are as follows:

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	2	4.65%
Not Met	0	0%
Minimally Met	0	0%
Moderately Met	17	39.53%
Substantively Met	14	32.56%
Fully Met	10	23.26%

GVF Site Assessment Summary - Motorsport Rescue Services

	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.	**Moderate**
	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.	**Substantive**
	Standard 1.4 Licensed CPG Providers promote a culture of kindness, consideration and respect.	
	1.4.1 The Licensed CPG Provider undertakes Patient Satisfaction and/or Patient Experience Surveys to help shape and improve services and culture.	**Moderate**
	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.	**Moderate**
	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.	**Moderate**
	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.	**Not Applicable**
	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.	**Substantive**
	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.	**Moderate**
	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.	**Moderate**
	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.	**Moderate**
Theme 4: Leadership, Governance and Management	**Standard 4.1 Licensed CPG Providers have clear accountability arrangements to achieve the delivery of high-quality, safe and reliable healthcare.**	
	4.1.1 The Licensed CPG Provider has an established reporting and accountability structure for clinical governance.	**Substantive**
	4.1.2 The Licensed CPG Provider has an identified Medical Director who is registered with the Medical Council and who is based in this jurisdiction and who oversees the service.	**Fully Met**
	4.1.3 The Licensed CPG Provider is compliant with tax laws.	**Fully Met**
	4.1.4 The Licensed CPG Provider has documentary evidence of the required insurance policies.	**Fully Met**
	Standard 4.2 Licensed CPG Providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.	
	4.2.1 The Licensed CPG Provider has systems, process and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.	**Substantive**
	Standard 4.3 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.	
	4.3.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure compliance with statutory legislation relating to the provision of safe and effective care.	**Moderate**
	Standard 4.4 Licensed CPG Providers act on standards and alerts and take into account recommendation(s) and guidance, as formally issued by relevant regulatory bodies as they apply to their service.	
	4.4.1 The Licensed CPG Provider has a process in place to ensure the appropriate communication and adoption of new recommendation(s) and guidance issued by the PHECC and other regulatory bodies.	**Moderate**
	4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation framework.	**Moderate**

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.	**Moderate**
	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.	**Moderate**
	5.2.3 The Licensed CPG Provider conducts checks to confirm that all employees, contractors and/or volunteers have the appropriate qualifications and registrations.	**Substantive**
	5.2.4 The Licensed CPG Provider ensures that employees, contractors and/or volunteers are subject to Garda Vetting in line with the National Vetting Bureau (Children & Vulnerable Persons) Act 2012 prior to patient contact.	**Fully Met**
	Standard 5.3 Licensed CPG Providers ensure their workforce (volunteers, contractors and/or employees) have the competencies required to deliver high-quality, safe and reliable healthcare.	
	5.3.1 The Licensed CPG Provider has developed and implemented a comprehensive induction programme to ensure volunteers, contractors and/or employees understand their responsibilities in relation to the safety and quality of services.	**Substantive**
	5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status.	**Substantive**
	5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students (if applicable).	**Not Applicable**
	Standard 5.4 Licensed CPG Providers support their workforce (volunteers, contractors and/or employees) in delivering high-quality, safe and reliable healthcare.	
	5.4.1 The Licensed CPG Provider has a Critical Incident Stress Management process in place.	**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.	**Substantive**
	5.4.3 The Licensed CPG Provider has processes for the identification of poor or variable staff performance.	**Moderate**
	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.	**Moderate**
Theme 6: Use of Information	**Standard 6.1 Licensed CPG Providers have effective arrangements in place for clinical information governance.**	
	6.1.1 The Licensed CPG Provider implements the PHECC clinical information standards and associated patient reports.	**Moderate**
	6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.	**Moderate**

Report Summary

Report Status

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

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

Quality Improvement Plan

Motorsport Rescue Services CLG is required to submit their Quality Improvement Plan to gvf@phecc.ie. This 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 Motorsport Rescue Services CLG in the upcoming licensing period.

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