



Governance Validation Framework

Site Assessment Report

Dublin Airport Authority

November 2020

“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.”



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

The Governance Validation Framework (GVF) has been developed by Council as an evidence-based methodology designed to improve quality and safety in pre-hospital emergency care services. Setting and implementing standards and monitoring of compliance are important levers for driving service improvements. The framework combines a system of self-assessment, on-site review and validation of evidence presented, and staff and management engagement in addition to quality improvement planning and support during the licensing cycle. Documentation submitted by Dublin Airport Authority 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 Dublin Airport Authority, an auxiliary provider of pre-hospital emergency care services in Dublin Airport. The Practitioner Engagement and site GVF assessment for this report was conducted during November 2020 by an assessment team drawn from a panel of subject matter experts selected and trained by PHECC to conduct the on-site assessments. Previously, in December 2019, a Practitioner Engagement and on-site assessment had been carried out due to an application from Dublin Airport Authority for a change of recognition status. The application was successful and they are now recognised to implement CPG at Advanced Practitioner level. The GVF assessment team had access to the change of recognition assessment report.

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). The report is intended to support the ongoing quality improvement process within Dublin Airport Authority'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.

Dublin Airport Authority's Governance Validation Framework assessment report concludes with a Report Summary, which includes a tabular format that provides an overview to Dublin Airport Authority'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

Dublin Airport Authority is based at Dublin Airport and provides Airport Fire & Rescue Service. This Service provides fire cover to both the entire airport campus, aircraft operations and to surrounding areas on request from their respective local authority fire service, which is Dublin Fire Brigade.

The Service also provides an emergency ambulance service, with Paramedics and Advanced Paramedics trained to Pre-Hospital Emergency Care Council (PHECC) standard.

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

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	Dublin Airport Authority
Type of Visit	Full GVF Assessment - GVFREP DAA 001_1120
Licensed CPG Provider Lead	GVFA4970
Date of Review	Practitioner Engagement - 19/11/2020 Site Assessment - 19/11/2020
Assessment Team	GVFA4970 - Team Lead GVFA4988 - Site Assessor GVFA3572 - Practitioner Engagement
Circumstances of this Site Assessment	Establishment of GVF programme - Transition to 3-year licensing cycle.
Relevant Recent Visits	Practitioner Engagement and Site Assessment conducted November 2020.

Overview of Licensed CPG Provider

Assessment Details (continued):

Licensed CPG Provider Participants

Emergency Medical Services Support Officer
Emergency Medical Services Training Officer
Medical Director (Medical Council Reg No 7741)
Advanced Paramedic
Paramedic

Onsite Feedback

Verbal feedback related to the Assessment Team’s initial findings was provided to the Senior Management Team of Dublin Airport Authority by the PHECC GVF 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 GVF Assessment Team’s comments and indicative findings.

Judgement Framework

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

Theme 1

Person Centred
Care and Support



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

PHECC Statement	The Licensed CPG Provider has appropriate arrangements in place to ensure patients have equitable access to services based on assessed needs.
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PHECC Requirements	<p>1.1.1 The Licensed CPG Provider has systems, processes and procedures for the timely and clinically appropriate response to provide safe care and treatment to patient population they serve.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
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PHECC Statement	The Licensed CPG Provider has appropriate arrangements in place to ensure screening and prioritisation of calls.
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PHECC Requirements	<p>1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
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Standard 1.1 Patients have equitable access to healthcare services based on their assessed needs.

Assessment Panel Findings

Calls to the Provider come from multiple sources within the complex, including Airport police/security, passengers, airline staff or from 999 calls diverted from a statutory CPG service provider's ambulance control centre, if appropriate. Calls are handled centrally in the watch tower and a tannoy system is used to alert crews. One ambulance is crewed full-time with minimum Paramedic level. A second (fully equipped) ambulance remains on standby in case of mechanical failure and is a source of replacement equipment if required.

The service is staffed with 15 Paramedics, 2 Advanced Paramedics, 5 Advanced Paramedic/Paramedic interns and 3 EMTs. In 2019, the Provider was granted permission to Advanced Paramedic clinical level by PHECC in line with their evolving needs.

The Assessment Team observed evidence of

- a comprehensive Dispatch Policy to reflect the skill set available on each shift. An agreed version of this was described during interviews with management team and frontline staff.
- a thorough Call Handling Policy. Assessors observed audit sheets of all calls handled on a given day, which are collated into monthly spreadsheets.

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



Areas of Best Practice

A well-functioning call management and dispatch system.
Robust auditing of calls and dispatch processes.

Areas for Improvement

It was not clear how management assessed the staffing needs of the organisation on a day-to-day basis. The Provider should consider a system to identify in advance where a gap in the roster may appear due to unavailability of appropriate skills mix.

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 management team reported patient consent was obtained on the patient care report (PCR). An audit of this had been undertaken recently but was not made available to the Assessment Team.

1.2.2 While there was no Refusal of Treatment Policy on file, both management and frontline staff spoke extensively of how this aspect was managed. Examination of data submitted and the specific nature of their work dealing with passengers identified that refusal of some/all treatment was a common occurrence. All such refusals are recorded on the PCR and this is audited. Patients sign the PCR if refusing treatment.

The situation is often complicated by the refusal of a particular airline to carry a passenger who has triggered a response from the Provider.

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



Areas of Best Practice

The Provider has an efficient patient consent procedure using the PCR, which was regularly audited. Extensive experience in dealing with refusal of treatment issues.

Areas for Improvement

1. The Provider should formalise the current excellent practice regarding refusal of treatment into a policy and provide thorough training to staff in this regard. This will guard against loss of current frontline skills due to loss/changes in personnel.
2. The Provider should consider guidance to staff on the scenario in which an airline refuses to carry a person who has triggered an ambulance call but wishes to travel.
3. The Provider should consider the development of patient information leaflets to encourage patients to seek required medical input/GP appointment at the earliest opportunity. This might be developed to include some specific overview information for patients to take with them if appropriate.

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 The Assessment Team observed evidence and examples, through conversation with management, of the code of conduct of the organisation and the broader parent company code of conduct. The Provider also complies with PHECC Code of Professional Conduct.

1.3.2 The Assessment Team observed a courteous and experienced liaison with the management team and the same with the frontline staff interview. There was a sense that the conduct of staff was viewed as very important. An observation of interaction with patients was not possible due to pandemic restrictions.

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



Areas of Best Practice

No specific observation noted by the Assessment Team.

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.



<p>PHECC Statement</p>	<p>The Licensed CPG Provider has systems in place to promote and measure positive patient experience.</p>
<p>PHECC Requirements</p>	<p>1.4.1 The Licensed CPG Provider undertakes Patient Satisfaction and/or Patient Experience Surveys to help shape and improve services and culture.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>

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



Assessment Panel Findings

1.4.1 The Provider does not carry out any patient satisfaction/experience surveys. The Assessment Team recognise that the nature of their work, which includes a very limited number of hospital transfers or repeat users, makes this somewhat challenging.

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



Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

The Provider shall consider ways in which they might survey patient satisfaction, using novel methods such as survey cards or online platforms, to explore areas where improvement may be required.

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



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

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



Assessment Panel Findings

- 1.5.1 A comprehensive Complaints Policy is in place within the organisation, however there were no examples of any complaints for the Assessment Team to review.
- 1.5.2 Frontline staff expressed knowledge of the complaints procedure and how and when to report a complaint. They could not give any examples of complaints made to the Provider.

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 the Assessment Team.

Areas for Improvement

1. The Provider should stress the importance of feedback and encourage staff to develop and use agreed methods to gather complaints, compliments, and suggestions for improvement.
2. The Provider should view staff as an important source of feedback.

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 style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>

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



Assessment Panel Findings

2.1.1 There was evidence of all Practitioners' status along with renewal dates. The Assessment Team observed a clear structure in terms of responsibilities for upskilling and training, with management team undertaking these roles. Training records were observed and complete. Dissemination of guidelines and information is multi-faceted. Information is shared verbally at the three shift changes each day, updates are emailed to all staff with a 'Read' notification and follow up, and all updates are filed in a folder in the Office, and on a noticeboard for practitioners to view at any time.

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

No specific observation noted by the Assessment Team.

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



PHECC Statement	The Licensed CPG Provider promotes a structured but flexible handover process that optimises patient safety and quality of care.
PHECC Requirements	<p>2.2.1 The Licensed CPG Provider has a standardised handover process in place to ensure the safe, timely, and structured exchange of information during handover of patients.</p> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>

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



Assessment Panel Findings

2.2.1 The Provider uses IMIST AMBO for patient handover to emergency departments. PCRs are completed for every patient interaction and audited in real time at the end of each day. There was no evidence observed of training for handover processes.

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



Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

The Provider should ensure that (i) training for handover is delivered and (ii) practitioner training is recorded.

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



PHECC Statement	The Licensed CPG Provider must ensure that ambulances are fit for purpose.
PHECC Requirements	<p>2.3.1 The Licensed CPG Provider has processes, systems and procedures in place to ensure the road-worthiness of their patient transport vehicles in line with legislation.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 30px; height: 30px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #f4a460; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ffff00; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #90ee90; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #008000; border: 1px solid #000; position: relative;"> ✓ </div> </div>

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



Assessment Panel Findings

2.3.1 The Provider has access to the mechanical services of the parent company for regular servicing and maintenance of vehicles. This service is available onsite and appears to be very efficient.

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.



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

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



Assessment Panel Findings

2.4.1 The Assessment Team were provided with the Medical Director’s Annual Report (AMDR) 2019. The Medical Director did not have a copy of this report at assessment and was unable to discuss some of the detail.

2.4.2 The Assessment Team did not view evidence of a clear audit plan based on training needs of the organisation. The KPIs were identified in the AMDR, which stated that these were the areas in which audits were completed. The Assessment Team did not see any results or other outputs from these audits.

Dissemination of information occurs at practitioner meetings held three times per year and during the daily briefings with staff. The Assessment Team had a sense that perhaps the culture around audits is one of blame rather than of education/improvement.

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

The Provider should develop a structure for the audit programme that best addresses the training needs of the organisation, with guidance from the Medical Director. Involvement of practitioners on audit topics and processes would help foster an inclusive approach to the audit process. Feedback from audits should be based on a communal presentation and discussion that can be backed up, if necessary, with other modalities of communication.

Theme 3

Safe Care and Support



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



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

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



Assessment Panel Findings

3.1.1 A robust Infection Control Policy is in place. Each day checks, which includes infection control checks, are recorded using an iPad and sent centrally to the parent company.

A private company collects waste, including sharps, which is centralised with the parent company. Deep cleaning and swabbing of the vehicles are undertaken on a regular schedule and when necessary; logs of this were available.

3.1.2 Appropriate arrangements for availability, storage, management and administration of medications (including controlled drugs) is in place. There was a robust system to disseminate medicines alert communications, medication error, suspected adverse reaction and incident reporting. The Medical Director was in charge of medicines management and restocking arrangements for medicines. There were no reports of medication incidents or adverse drug reactions. In discussion with the Medical Director there were no formal mechanisms identified to prevent the potential inappropriate over-ordering of medications.

3.1.3 While there is no document referencing an Equipment Policy, both management team and frontline staff have an excellent working knowledge of equipment including checks/servicing. There is an overall Services Manager on the team and service records are available for each piece of equipment.

An electronic checking system on an iPad (see 3.1.1 above) is used each day to check equipment and is submitted centrally to the parent company. This includes vehicle check, equipment checks and infection control checks. Any faults found are actioned immediately by the maintenance team. The second ambulance has a full set of equipment and this is used as a back-up and replaces any faulty or broken equipment in the primary ambulance until repaired. Equipment training records for practitioners were viewed.

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

The Provider has a robust Infection Control Policy with real-time collection of frontline checks. The Provider has an effective practical Equipment Policy with robust collection of training records and service schedules.

Areas for Improvement

While the occurrence may be unlikely, the Provider should explore mechanisms to limit opportunity for inappropriate ordering of medication.

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



<p>PHECC Statement</p>	<p>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.</p>
<p>PHECC Requirements</p>	<p>3.2.1 The Licensed CPG Provider has structured incident reporting and investigation mechanisms, which support and encourage volunteers, contractors and/or employees to report adverse events, near-misses and no-harm events.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
<p>PHECC Statement</p>	<p>The Licensed CPG Provider has arrangements in place to identify, assess and respond appropriately to patients' safety incidents and complaints.</p>
<p>PHECC Requirements</p>	<p>3.2.2 The Licensed CPG Provider has a process for the sharing of lessons learned from patient safety incidents (including adverse events, near-misses and no-harm events) and complaints, which have occurred locally, nationally or internationally with volunteers, contractors and/or employees.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>

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



Assessment Panel Findings

3.2.1 The organisation has an Adverse Incident Policy in place. However, there was no evidence of any reported adverse events or near misses for the Assessment Team to review. There is an Open Disclosure Policy, which was mentioned by frontline staff. There appears to be good communication channels available within the organisation and in discussion it appeared that some “near misses” and “incidents” may be dealt with in real time and not recorded and escalated. Thus repeating patterns and some risks may remain unrecognised.

3.2.2 As there was no evidence of any adverse incidents or near misses being reported, there were no audits of such incidents or dissemination of findings. There was no evidence that the lack of such reports was viewed as surprising or a cause for concern.

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

3.2.1 The Provider should review the organisation's approach to adverse events and near misses and view them as an opportunity for learning and improvement. A change in the organisation's culture regarding adverse incidents and near misses would aid such reporting and allow for more effective tracking and review of such events leading to overall organisational improvement. In addition to this cultural change, it would be important to introduce (i) education and training so that such events are better recognised and (ii) an appropriate reporting system.

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	<p>3.3.1 The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff9900; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000; display: flex; align-items: center; justify-content: center;"> ✓ </div> <div style="width: 20px; height: 20px; background-color: #99cc99; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #009966; border: 1px solid #000;"></div> </div>

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



Assessment Panel Findings

3.3.1 The assessment team saw evidence of Child Protection and Safeguarding Policies. The relevant training is covered during staff Induction. However, formal records of such training could not be verified.

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



Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

The Provider should ensure all staff receive the above training and that records of such training exist for individual members of staff.

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 Emergency Medical Services Manager has overall responsibility for Clinical Governance assisted by the Medical Director. A policy exists for Clinical Governance for Advance Paramedics. There was no evidence of minutes from Clinical Governance meetings.

4.1.2 The Medical Director's role was identified and a description of the role available. The current Medical Director fulfils all PHECC criteria. He stated that he viewed education as his most important contribution to the Provider.

The Medical Director stated that feedback from audits were emailed to practitioners and this was often augmented with face-to-face meetings. He would attend some but not all these meetings.

The Medical Director agreed that the lack of adverse incident reports/near misses/complaints almost certainly did not reflect reality and that it resulted in a lack of awareness of weaknesses in the service. He stated that he had "an open-door approach" to change in this area.

The Medical Director seemed to be heavily involved in the choice, conduct and analysis of audits but input from others seemed uncommon.

The Medical Director seemed unfamiliar with the introduction of an automated compression vest for those in cardiac arrest (mentioned in an earlier session as an example of improvement by another member of the leadership team).

4.1.3 Tax clearance certificate identified.

4.1.4 Insurance certificate identified.

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

1. The Assessment Team felt that the interface between the Provider and the Medical Director could have been stronger and this has not been helped by the challenges of the current pandemic. The Medical Director should pro-actively lead the change required on reporting incidents/near misses (supported by other organisational senior leaders) as outlined under 3.2.1
2. The audit programme would benefit from a more intentional approach influenced by frontline experience of weaknesses and challenges. The design, conduct and analysis of such audits should be shared across the service and not fall almost exclusively to the Medical Director.

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



PHECC Statement	The Licensed CPG Provider has systems, processes and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.
PHECC Requirements	<p>4.2.1 The Licensed CPG Provider has systems, processes and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>

Standard 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 could not discern evidence of organisational change as a result of safety and quality information due to the lack of such information. Currently there are no records of patient satisfaction / complaints, near misses or adverse events involving equipment or medication.

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

1. The Provider should develop more robust arrangements that result in a flow of information (see Panel Findings 4.2.1) to facilitate improvement and ensure ongoing quality and safety of the service.
2. While a same-day response to incidents and issues (see Panel Findings 3.2.1) is admirable, the Provider should also formally record these and regularly review to detect patterns or themes.
3. The Provider should develop systems that ensure dissemination of the analysis and learning from the above to all staff.

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	<p>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.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #f4a460; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #90ee90; border: 1px solid #000; display: flex; align-items: center; justify-content: center;"> ✓ </div> <div style="width: 20px; height: 20px; background-color: #008000; border: 1px solid #000;"></div> </div>

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 reviewed a robust Organisational Risk Assessment Policy. As previously mentioned, while there is a policy for adverse incident reporting, there is no evidence of incidents or complaints. The parent body has a comprehensive safety statement under which the Provider operates.

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 style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
PHECC Statement	The Licensed CPG Provider complies with the PHECC Governance Validation Framework.
PHECC Requirements	<p>4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation Framework.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>

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



Assessment Panel Findings

4.4.1 A Staff Communications Policy is in place. Both management team and frontline staff report a multifaceted approach to dissemination of information. Verbal communication at daily briefings, noticeboard and filing of updated documents in the office. In addition, information is sent by email to all practitioners with a follow up if 'unread', which ensures robust sharing of information and updates. Safety briefings occur on a regular basis in line with fire training.

4.4.2 The Assessment Team reviewed the Provider's Quality Improvement Plan 2019. The motivation behind the areas chosen for improvement was unclear e.g. call outs (data easily available and no perceived issues); call prioritisation (relevance?); complaints policy/handling (no complaints received); English language competency (relevance?); compliance with law/regulation (not a quality improvement matter). The Assessment Team felt that currently the Quality Improvement Plan is not viewed as a key strategic document to guide the development of the service.

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

The Provider has a multi-faceted approach to critical communication that seeks feedback regarding receipt of alerts and messages. The Assessment Team felt the Provider has a strong safety ethic, as evidenced by training, checks and communication strategies.

Areas for Improvement

The Assessment Team felt that a Quality Improvement Plan with fewer elements (3-4), focused on areas of weakness suggested by data/feedback/views of frontline staff, would be of great help to the Provider. This requires success in changing the current weaknesses in audit/feedback/complaints/reporting.

Theme 5

Workforce



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



PHECC Statement	The Licensed CPG Provider effectively manages its workforce (volunteers, contractors and/or employees) to meet the current and projected service needs.
PHECC Requirements	<p>5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.</p> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>

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



Assessment Panel Findings

5.1.1 As part of workforce planning the Provider applied for and underwent an assessment to achieve Advance Practitioner clinical level PHECC recognition status in November 2019. The Provider continues to train Paramedics to Advanced Paramedic level and maintains their skills with a shadow programme with a PHECC Recognised Institution.

Overtime rosters are monitored, and recruitment undertaken in line with this. The Assessment Team were informed that most staff recruitment comes from within the parent company.

Discussion with the Medical Director revealed pressure at times in providing appropriate skill mix for all shifts.

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

The Provider should review incidents when staffing is challenging and use the information to develop methods to (i) best use the existing staff and (ii) identify as early as possible the point where recruitment of additional staff is needed.

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



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

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



Assessment Panel Findings

5.2.1 An English Language Policy is available within the organisation.

The Assessment Team observed a more significant need for a Foreign Language Policy given that practitioners are involved with frequent interactions with non-English speaking patients.

At present there is widespread knowledge and experience in this field, confirmed by both management and frontline staff. Methods include use of the Immigration Department translator service, recognised phrase books, google translate or requesting help from other airport staff proficient in a particular language. There is no formal policy or training in this regard.

5.2.2 A system of recording and monitoring CPG status was observed to be in place. The Emergency Medical Services Manager assumes overall responsibility for this. The Provider has a policy regarding practitioner privilege status and procedures in place to follow up on any change in a practitioner's status.

5.2.3 The Assessment Team viewed the practitioner register and system to ensure registration renewals. Job descriptions were made available to the Assessment Team.

5.2.4 There was evidence of a Garda Vetting Policy and record keeping and monitoring of same.

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

5.2.1- 5.2.4 The Assessment Team observed policies regarding English language competence, privileged status and Garda vetting. Accurate record keeping and monitoring of practitioner status and Garda vetting is in place.

Areas for Improvement

The Provider shall develop a policy and training programme in dealing with patients who communicate only in a foreign language, given the important role this plays when treating their specific patient population.

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



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

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



Assessment Panel Findings

5.3.1 The Assessment Team were shown evidence of an Induction Portal under the parent company. This portal contains procedures and policies for all aspects of employee induction at the Provider's site.

5.3.2 The Provider has a clear Training and Development Policy as well as appointed training officers. Training is held on an almost daily basis and includes structured and planned topics to maintain PHECC standards of training as well as the opportunity to address any topical issues that may have occurred in recent shifts.

The Emergency Medical Services Manager, Support Officer and Training Officer are responsible for ensuring all upskilling of CPGs takes place and there is a robust system in place for this.

Training records were observed, which include evidence of training in infection control, medications, equipment, and medical devices.

There was no apparent link to training and the Provider's audit programme.

5.3.3 A policy exists in relation to management of students on placement within the organisation, with links to a PHECC Recognised Institution.

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 Assessment Team observed evidence of frequent and comprehensive training and development within the organisation. There is evidence of structured training for compulsory elements alongside the opportunity for reactive type training when real time events occur. The use of down time to provide training daily was noted favourably.

Areas for Improvement

The Provider should ensure logs of induction programme completion are maintained. It would be helpful to identify the elements of the 14-week training that are aimed specifically at the airport ambulance service role.

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. <div style="display: flex; justify-content: space-around; margin-top: 10px;"> ✓ </div>
	5.4.2 The Licensed CPG Provider has a Fitness to Practice Policy/Procedure, which makes reference to the PHECC Fitness to Practice processes. <div style="display: flex; justify-content: space-around; margin-top: 10px;"> ✓ </div>
	5.4.3 The Licensed CPG Provider has processes for the identification of poor or variable staff performance. <div style="display: flex; justify-content: space-around; margin-top: 10px;"> ✓ </div>
	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). <div style="display: flex; justify-content: space-around; margin-top: 10px;"> ✓ </div>
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. <div style="display: flex; justify-content: space-around; margin-top: 10px;"> ✓ </div>

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



Assessment Panel Findings

5.4.1 The Assessment Team saw evidence of a comprehensive CISM policy. Training is performed alongside a PHECC Recognised Institution with assigned CISM Officers within the organisation. The parent company offer support through an external company with access to doctor, psychiatrist or psychologist. There was anecdotal evidence of a staff member accessing the service with a positive outcome.

5.4.2 A Fitness to Practice Policy exists within the organisation outlining the PHECC Fitness to Practice Committee system. Reference is also made to an internal Disciplinary Policy under the parent company to deal with non-clinical issues.

There were no examples to evidence how this system works in practice. Frontline staff were aware of the policy but had no experience of this.

5.4.3 The Assessment Team did not observe any direct evidence of how the Provider deals with poor performance other than the Fitness to Practice Policy. There were no records of any complaints or incidents against staff.

Evidence of upskilling training records were observed. There was no direct link to clinical audit programmes and staff training.

Frontline staff commented on their first meeting with the Medical Director and the plans for this to be a more regular occurrence and an opportunity for practitioners to receive feedback on performance.

5.4.4 The Assessment Team did not observe any evidence of a Protected Disclosure Policy. Both management and frontline staff commented on an open-door strategy.

5.4.5 Both management and frontline staff report the daily briefings to be the most likely setting where staff can offer feedback before and after shifts. The training sessions are often based on such feedback if an issue is topical.

There was no evidence of staff surveys or formal feedback process.

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 A robust CISM policy is observed to be in place with support from the parent company and an external option.

Areas for Improvement

1. The Provider, in line with advice given earlier, should incorporate (i) their plans to review how near misses and adverse incidents are reported and (ii) a proactive approach to gaining patient feedback, into a regular staff appraisal process.
2. The Provider should have a Protected Disclosure Policy and ensure staff are aware of same.
3. The Provider should encourage feedback from staff in the form of surveys and/or a more confidential route rather than relying on verbal feedback at briefings alone.

Theme 6

Use of Information



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



PHECC Statement	The Licensed CPG Provider is compliant with Council Policy for implementation timeframes for clinical information standards and associated reports – V1. (POL043)
PHECC Requirements	<p>6.1.1 The Licensed CPG Provider implements the PHECC clinical information standards and associated patient reports.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 30px; height: 30px; background-color: #cccccc;"></div> <div style="width: 30px; height: 30px; background-color: #ff0000;"></div> <div style="width: 30px; height: 30px; background-color: #ff9900;"></div> <div style="width: 30px; height: 30px; background-color: #ffff00;"></div> <div style="width: 30px; height: 30px; background-color: #99cc66;"></div> <div style="width: 30px; height: 30px; background-color: #009966;"></div> <div style="font-size: 2em;">✓</div> </div>
	<p>6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 30px; height: 30px; background-color: #cccccc;"></div> <div style="width: 30px; height: 30px; background-color: #ff0000;"></div> <div style="width: 30px; height: 30px; background-color: #ff9900;"></div> <div style="width: 30px; height: 30px; background-color: #ffff00;"></div> <div style="width: 30px; height: 30px; background-color: #99cc66;"></div> <div style="width: 30px; height: 30px; background-color: #009966;"></div> <div style="font-size: 2em;">✓</div> </div>

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



Assessment Panel Findings

6.1.1 There is a Clinical Records Policy in place within the organisation and in compliance with data protection. PCRs are stored after each shift in a locked letter box in the office.

6.1.2 Management describe a robust system with daily audits of PCRs performed (during the following night shift), allowing efficient management. This is possible because daily numbers of PCR are typically 10 or less and always below 20.

Frontline staff report training in PCR completing and auditing.

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



Areas of Best Practice

Real time auditing of PCRs.

Areas for Improvement

No specific observation noted by the Assessment Team.

Report Summary



Report Summary

The PHECC Governance Validation Framework consists of six (6) Themes that encompasses forty-three (43) Standards, which have been assessed by the external team of PHECC GVF Assessors during this assessment. The overall PHECC standards compliance ratings for Dublin Airport Authority are as follows:

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	0	0%
Not Met	3	7%
Minimally Met	3	7%
Moderately Met	6	14%
Substantively Met	14	32.5%
Fully Met	17	39.5%

	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.	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.	Minimal
	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.	Moderate
	Theme 2: Effective Care and Support	Standard 2.1 Healthcare reflects national and international evidence of what is known to achieve best outcomes for patients.
2.1.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure Responders/Practitioners utilise the evidence-based CPG appropriate to their privileged status to deliver and ensure safe and appropriate care.		Fully Met
Standard 2.2 Patients receive integrated care, which is coordinated effectively within and between services.		
2.2.1 The Licensed CPG Provider has a standardised handover process in place to ensure the safe, timely, and structured exchange of information during handover of patients.		Substantive
Standard 2.3 Healthcare is provided in a physical environment, which supports the delivery of high-quality, safe, reliable care and protects the health and welfare of patients.		
2.3.1 The Licensed CPG Provider has process, systems and procedures in place to ensure the road-worthiness of their patient transport vehicles in line with legislation.		Fully Met
Standard 2.4 The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.		
2.4.1 The Licensed CPG Provider submits an Annual Medical Director Report annually,* which informs the PHECC of clinical activities in the organisation and includes a CPG report (*Calendar year).		Substantive
2.4.2 The Licensed CPG Provider has a systematic programme of clinical audit in line with the PHECC standards (STN019), which is used to monitor quality and outcomes and promote learning.	Moderate	

Theme 3: Safe Care and Support	Standard 3.1 Licensed CPG Providers protect patients from the risk of harm associated with the design and delivery of healthcare services.	
	3.1.1 The Licensed CPG Provider has a reliable system in place to prevent and protect patients and staff from healthcare associated infections.	Fully Met
	3.1.2 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure medicines availability, storage, stocking and disposal processes for the administration of pre-hospital emergency care.	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.	Fully Met
	Standard 3.2 Licensed CPG Providers effectively identify, manage, respond to and report on patient-safety incidents.	
	3.2.1 The Licensed CPG Provider has structured incident reporting and investigation mechanisms, which support and encourage volunteers, contractors and/or employees to report adverse events, near-misses and no-harm events.	Not 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.	Not 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.	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.		Moderate
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.		Not Met
Standard 4.3 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.		
4.3.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure compliance with statutory legislation relating to the provision of safe and effective care.		Substantive
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.		Substantive
4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation framework.		Substantive

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.	Substantive
	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.	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).	Substantive
	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.	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).	Minimal
	5.4.5 The Licensed CPG Provider creates opportunities for staff to feedback on the quality and safety of the service they work in.	Minimal
Theme 6: Use of Information	Standard 6.1 Licensed CPG Providers have effective arrangements in place for clinical information governance.	
	6.1.1 The Licensed CPG Provider implements the PHECC clinical information standards and associated patient reports.	Fully Met
	6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.	Fully Met

Report 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

Dublin Airport Authority is required to adjust and re-submit their quality improvement plan to PHECC. This adjustment of the quality improvement plan will encompass the findings outlined in this report and any other planned quality improvement or organisational development initiatives to be undertaken in the upcoming licensing period.



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