



Governance Validation Framework

Site Assessment Report

Order of Malta Ireland Ambulance Corps

July 2019

“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 Order of Malta Ireland Ambulance Corps 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 the Order of Malta Ireland Ambulance Corps (Order of Malta), a voluntary provider of pre-hospital emergency care services throughout Ireland. The on-site GVF assessment visits for this report were conducted during July 2019 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). The report is intended to support the ongoing quality improvement process within the Order of Malta.

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.

The Order of Malta's Governance Validation Framework assessment report concludes with a Report Summary, which includes a tabular format that provides an overview to Order of Malta'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

The Order of Malta Ireland Ambulance Corps (Order of Malta) is a national organisation that is recognised by Pre-Hospital Emergency Care Council (PHECC) as a Licensed Clinical Practice Guidelines (CPG) Provider.

The Order of Malta reports operating in 74 communities, under eight regions, throughout Ireland and provides first aid and emergency medical ambulance services to organisations, festivals, and sports and community events. The organisation provides a range of clinical services to the community through its PHECC certified and registered personnel. It identifies its primary aim as the provision of first aid services, training, ambulance transport and social care services to the communities in which they operate.

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

For more information visit: <https://orderofmaltaireland.org/ambulance-corps/>

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	Order of Malta Ireland Ambulance Corps
Type of Visit	Full GVF Assessment GVFREP OMAC 001_0719
Licensed CPG Provider Lead	GVFA4970
Date of Review	Practitioner Engagement - 30/05/2019 & 22/06/2019 Site Assessment - 09/07/2019
Assessment Team	GVFA4970 - Team Lead GVFA4532 - Site Assessor GVFA8205 - Practitioner Engagement
Circumstances of this Site Assessment	Establishment of GVF programme - Transition to 3-year licensing cycle.
Relevant Recent Visits	On-site Assessment conducted July 2019.

Overview of Licensed CPG Provider

Assessment Details (continued):

Licensed CPG Provider Participants

National Director of Ambulance Corps
Assistant National Director Inspectorate
Medical Director (Medical Council Reg No 400239)
Assistant National Director - Operations
Assistant National Director - Training

Onsite Feedback

Verbal feedback related to the Assessment Team's initial findings was provided to the Senior Management Team of Order of Malta Ireland Ambulance Corps by the PHECC GVF 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	<ul style="list-style-type: none"> The standard is not applicable to this organisation/base location
Not Met	<ul style="list-style-type: none"> Does not meet expectations No evidence of compliance anywhere in the organisation with the requirements set by the statement/standard
Minimally Met	<ul style="list-style-type: none"> Evidence of a low degree of organisation-wide compliance with the requirements set by the statement/standard Demonstrable evidence that a start has been made towards compliance in some or all parts of the organisation
Moderately Met	<ul style="list-style-type: none"> Evidence of a moderate degree of organisation-wide compliance with the requirements set by the statement/standard Demonstrable evidence that work is ongoing across most parts of the organisation to achieve compliance Confident in management's ability to deliver full compliance within a reasonable timeframe
Substantively Met	<ul style="list-style-type: none"> Substantive evidence of organisation-wide compliance with the requirements set by the statement/standard Demonstrable evidence that most parts of the organisation are meeting most of the requirements set by the statement/standard Only minor non-compliance issues requiring, in the main, minor action(s) Confident in management's ability to deliver full compliance within a reasonable timeframe
Fully Met	<ul style="list-style-type: none"> Meets or exceeds expectations Evidence of full compliance across the organisation with the requirements set by the statement/standard

Theme 1

Person Centred
Care and Support



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

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



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.

Assessment Panel Findings

1.1.1 The Provider has a twin approach to providing cover for events.

Small events are managed locally and unit officers are responsible for ensuring the correct staffing levels (numbers and skill mix) and equipment are available. Duty assessment forms are completed but kept locally and are not routinely reviewed.

Larger events (concerts and racecourse duties) are managed at a regional and national level and there is engagement with event organisers to agree the level of cover and equipment provided. There is good evidence of planning to ensure the correct number of trained Practitioners and required equipment are in place.

Community Care is provided informally on a local level (by request to local groups). This fills a gap in the ability of the statutory services to help families with patient transport issues, particularly around seasonal holidays. This service applies only to “stable patients”. This was an informal service, which would not be provided if resources were not available.

Practitioners are not aware of any local KPI with regards to staff and skills mix.

1.1.2 Dispatch of calls at events is managed through the Communications Officer on-site.

Each practitioner team communicates via tetra radio and there are pre-assigned callsigns that reflect the type of response, i.e. Papas = posts, Tangos= roaming teams, and ambulances use their existing call signs. The communications room in the Order of Malta headquarters is a step down facility for a joint voluntary control centre in the event of a major emergency. Training is provided to communication officers, who are required to complete a radio operators course.

Practitioners seemed unaware of any translation services available to them.

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

Areas of Best Practice

Very good experience and management of racecourse and large events with evidence of good planning. There is a culture of reviewing events for future improvements.













From discussion during Practitioner Engagements it was clear that feedback is actively sought from Practitioners to help improve organisational response.

Areas for Improvement

Regular review/audit of the duty assessment forms would ensure that local decisions regarding level of response are appropriate for the needs of the event. This would provide greater oversight of decisions made by (local) unit officers and contribute to their development.

Community care transports require a guidance policy to allow for correct assessment and documentation of patients' individual requirements/risks. A review or audit of this service would be beneficial to the organisation.

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

Practitioners are aware of requirements for checking identity/obtaining patient consent in line with the PHECC code of conduct. Throughout the time of Practitioner Engagements Practitioners were witnessed actively seeking consent during patient contacts. Practitioners record the patient refusal of treatment/transport on the ACR/PCR in line with best practice but were unaware of a specific organisational policy/procedure relating to patient refusal of treatment. Practitioners are unaware of any metrics associated with patient refusal.

For patients not transported an ACR is completed and held at division (local) level. There did not appear to be any review or audit of these. For transported patients, a PCR is completed, which is returned to headquarters.

If there is any issue with ascertaining capacity or consent, there is a clear policy directing escalation to a higher clinical level. There does not appear to be any means of highlighting PCRs of patients with consent and capacity issues.

ACR/PCR storage on-site at events consisted of a locked box, no evidence of local long term storage was assessable during these engagements.

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

Areas of Best Practice













No specific observation noted by the GVF Assessment Team.

Areas for Improvement

The Provider should develop a policy and training around PCR's that are marked for clinical audit. Currently these PCRs may be missed by the organisation. An organisational policy on refusal of treatment as per PHECC PCR information standard should also be developed.

ACR's are stored locally and are not routinely audited, this is a missed opportunity to use valuable information in relation to patient demographics.

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 There are clear policies in place regarding conduct and behaviour. Induction training includes familiarisation with organisational policies, history, ethos and reporting structure. This information is available for each practitioner to review on the online learning management system (LMS). New members are mentored and assessed on their first duty and an assessment form is completed and held locally as evidence.

1.3.2 Organisational culture is maintained through circulated bulletins, emails and unit training. There is an annual general assembly, which is also a platform to ensure that the ethos of the organisation is communicated to Practitioners.

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








Areas of Best Practice

There is a clear message of dignity and respect underlying the organisational culture. This message is regularly communicated through training, events and general assemblies. Group discussions, which took place during Practitioner Engagement, reflected this message.

Areas for Improvement

No specific observation noted by the GVF Assessment Team.

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

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

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

Assessment Panel Findings

1.4.1 The organisation relies on informal feedback from patients (rare) and event organisers. There are no proactive patient satisfaction/experience surveys carried out and therefore a deficit of evidence to help improve service. However, the organisation does seek feedback from clients and Practitioners following major events.

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















Areas of Best Practice

No specific observation noted by the GVF Assessment Team.

Areas for Improvement

The Provider should be proactive in establishing a programme of regular patient satisfaction and/or patient experience surveys and analysis of same.

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

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

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



Assessment Panel Findings

1.5.1 There is a documented policy/procedure in relation to complaints. There was no evidence available of organisational learning from the complaints process.

1.5.2 There is a documented policy/procedure for complaints. There is ambiguity between Practitioners regarding advice to patients on how to make a complaint.

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

Areas of Best Practice

There is considerable extra time allotted to each EMT programme for training on clear unambiguous communication. This excellent practice should be continued and refined to help manage patients and improve outcomes.

Areas for Improvement

Training should be provided in relation to complaint advice for patients.
Developing organisational processes on using complaints analysis as a means for improvement would be beneficial to the Provider.

Theme 2

Effective Care
and Support



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



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

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

Assessment Panel Findings

2.1.1 There is a local register of Practitioners and their level of privileges.

The local unit officers ensure that upskilling is achieved and communicate this to the Medical Director for inclusion in the annual report.

There are effective mechanisms in place to communicate new clinical directives and changes to policies: through the unit officer, by email or through the LMS, which can include a mandatory confirmation feature.

Feedback from clinical audits to Practitioners does take place, however, the format could be improved to make such information more relevant to the practice of individuals.

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

Areas of Best Practice

Good communications network for dissemination of information.

Areas for Improvement

The Provider could formalise the structure /agenda of local unit meetings to allow for reliable, clear and unambiguous handover of information. This would allow for documenting the receipt of information.

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



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



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.



Assessment Panel Findings

There is training provided at unit level on the IMIST AMBO handover protocol, although there is no regular clinical supervision to ensure that this format is correctly being applied. The format is included as part of the national competitions, which helps encourage its use amongst staff. The IMIST AMBO handover protocol is included on the LMS for continuous use.

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

Areas of Best Practice







Promoting the use of handover protocol in competitions to help embed correct use.

Areas for Improvement

Clinical supervision/audit would help measure how well the PCR completion/handover protocol is being used.

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



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

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



Assessment Panel Findings

The Provider furnishes annual self-declaration of road worthiness for all vehicles (excluding insurances). All vehicles are registered through the RSA portal and this is managed centrally. There is a cross check app but this system does not automatically raise a red flag if a vehicle is unserviceable. During Practitioner Engagement, all vehicles viewed complied with legislative requirements. Vehicle walk around checks are all done digitally on an app.

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













New key fob system on trial in one unit to identify driver and provide information on vehicle location.

Areas for Improvement

The Provider would benefit from having an improved system for communication from local units to regional/national level relating to the serviceability/availability of vehicles.

The Provider should develop a process to retain report(s) of any defects on inspection with a review mechanism.

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

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

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

Assessment Panel Findings

2.4.1 The Provider publishes an Annual Medical Director's Report that is in line with PHECC requirements.

2.4.2 Currently, audit fulfils the PHECC requirements. However, without many recognised adverse events and a lack of complaints, it lacks a strong connection with everyday work. Audit information is disseminated to members via officers in charge, which in turn is passed on to members at meetings. Audit information is also published to the LMS, which is accessible by all members. Information relating to annual clinical audit is given only on a national (or event) level. Individual divisions do not receive specific audit information or metrics specific to their own members/division or region.

However, completing documents does include the need to insert an individual's PIN, which would allow tracking of performance by unit or by individuals.

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

Areas of Best Practice

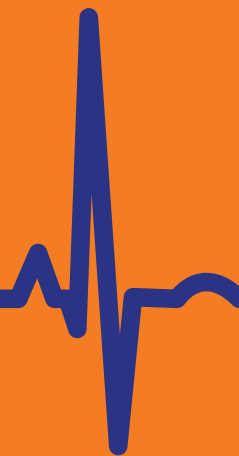
No specific observation noted by the GVF Assessment Team.

Areas for Improvement



















The audit programme should be informed by better information on adverse events and complaints (see above) and the format of analysis and presentation should allow individual Practitioners and/or local units to identify their strengths and opportunities for improvement.

Theme 3

Safe Care and Support



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

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

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

Assessment Panel Findings

3.1.1 Practitioners were aware of an infection prevention and control policy/strategy within the organisation and demonstrated good infection prevention and control practice with awareness of hand hygiene and availability of infection control equipment. Staff were unaware of specific training in infection control outside of formal FAR/EFR/EMT training. A clean and clutter free care delivery area was evident and vehicles are deep cleaned monthly by each division. There are hand gels available on the ambulance and a provision for hot/cold running water at events. Training is on initial EMT programmes and students are registered for the infection control module, which they are required to complete.

There is currently a contract in place with a commercial operator for disposal of clinical waste but the evidence of activity against this is stored locally and was not available for viewing.

While the current uniform meets with required standards, there is a new uniform in development.

Safety shoes and PPE will be sourced as part of the project. There is no regular hygiene audit.

High visibility jackets are shared and there is no policy/advice around storage, transport or cleaning of PPE to Practitioners. Cleaning and disinfection of ambulance is included as part of training but the organisation is often reliant on using a statutory ambulance service's bases as a site to carry out this task on an ad-hoc basis.

3.1.2 There is one standard order form for medications and routine ordering of stock is through one pharmacy nationally. There is an organisational policy to ensure that there is little excess stock.

At large events an arrangement is made with a local pharmacy to provide extra medications and the doctor on-site will manage the prescriptions. Nationally, prescriptions are written by the Chief Medical Officer. In relation to Misuse of Drugs Act medications, there is an identified responsible person and a policy in place, although the responsible person was not fully conversant with all procedures. Methods of recording and procedures for signing medications in and out are robust and Practitioners are aware of the governance and security requirements. Good safety/security measures were evidenced by the sign in/out process demonstrated in headquarters. Although there is an annual audit programme for medications and Practitioners are aware of the Adverse Clinical Events policy, there were no reported ACE incidents/forms available to view. There appeared to be a tendency to view medication events as the only form of ACE.

Medication or equipment alerts are communicated through the unit officers by email - examples of this were provided during the GVF assessment.

3.1.3 There is a Standards Equipment Committee and an Equipment Introduction Committee to help direct standards of equipment introduced nationally into the organisation. Training is provided at unit level and restock is also managed locally. Manuals for equipment are stored and available to crews locally.

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 existence of the above named committees help to develop excellence in relation to the relevant standards within the organisation.

Areas for Improvement















The Provider would benefit from improved oversight centrally of activities relevant to disposing of clinical waste.

The Provider should put a formal arrangement in place to allow for deep cleaning as required for each region.

The Provider should develop and disseminate policies for storage, transport (and disposal) of PPE.

There needs to be improved education around what constitutes adverse clinical events and the benefits to practice of analysis of such events.

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

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

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

Assessment Panel Findings

3.2.1 There is a serious incident protocol within the organisation yet there was a lack of clarity of the extent/range of instances that this may be applied to. The Provider was clear on the requirement to report relevant incidents to the relevant regulatory authorities, however, Practitioners engaged understanding of near miss or adverse event related solely to the use of medications. Practitioners were aware of the need to report adverse events to the duty officer or officer in charge promptly and it is clear they feel they can report adverse events without the fear of repercussion. Practitioners appeared to have little or no understanding of the investigation process or resources allocated to investigations. They could not recall information or feedback from specific adverse events nor any change in practice as a result of an adverse event. Staff engaged were unaware of any adverse events that had been reported within the organisation.

3.2.2 Information is passed on through the normal communication channels, unit officers, emails, and LMS where applicable. The Provider manages alerts from HPRA and had evidence of alerts that have been communicated. They are aware of the requirement to report incidents to HPRA as well.

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 GVF Assessment Team.

Areas for Improvement

With regard to adverse clinical event reporting, the Provider should further encourage a culture of being more active in reporting of events - particular events other than medication issues. There is a need to highlight the value of such events in providing signals for improvement. A process of analysis of such events needs to be developed and highlighted to Practitioners.

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



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

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

Assessment Panel Findings

There is an updated safeguarding policy and associated statement.

New members complete an initial two hours of safeguarding training and must complete a four hour course within eighteen months. There is good organisational awareness of the safeguarding responsibilities.

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



Areas of Best Practice

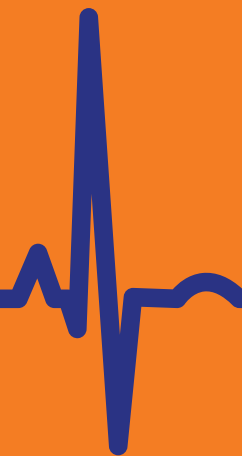
The Provider is strong in this area as evidenced by their policies, procedures and the training provided.

Areas for Improvement

























No specific observation noted by the GVF Assessment Team.

Theme 4

Leadership, Governance and
Management



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

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

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

Assessment Panel Findings

4.1.1 – 4.1.2 The acting Medical Director discussed her new and evolving role with the organisation. Traditionally the Provider has had a Chief Medical Officer position that has additional roles and responsibilities not normally part of the MD role. The acting MD fulfils PHECC requirements and showed evidence of significant engagement in terms of time and commitment.

4.1.3 – 4.1.4 All appropriate certification was furnished.

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 GVF Assessment Team.

Areas for Improvement

The Provider should develop a formal job description for the role of Medical Director and set out clearly how this interfaces with the Chief Medical Officer role.

As alluded to in 5.1.1 there are many decisions and processes completed at unit level, which rely on the good judgement of the local officer in charge but that are “invisible” to HQ. A more robust system of training and oversight would give more support to these officers and more assurance to the organisation.

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	<div>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.</div> <div><div></div><div></div><div></div><div></div><div>✓</div><div></div><div></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

The lack of formal robust processes for capturing complaints and adverse events means the Provider has few signals regarding any changes needed to improved safety or quality.

Learning is gained from review of services provided to events but this is sometimes done only at local level.

Many of the decisions taken are made at unit level and the system relies heavily on the good judgement and practices of local officers-in-charge.

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 GVF Assessment Team.

Areas for Improvement

The Provider should develop systems that provide better information on safety and quality of services (audit, complaints, ACEs).
Better support and oversight of the role, activities and decision-making at local-level would reduce variations and over-reliance on individuals.

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



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



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

Assessment Panel Findings

The Provider demonstrated appropriate knowledge of PHECC requirements.

The Provider did not provide or mention the existence of a risk register, nor was it mentioned by the Medical Director. There did not appear to be any centrally held information on perceived weaknesses or vulnerabilities of the Provider. The GVF Assessment Team acknowledge the difficulties given the organisational structures.

The Provider supports Practitioners in adherence to dress code policy, infection prevention and control, and health and safety.

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 GVF Assessment Team.

Areas for Improvement

The Provider needs to create a centrally held risk register, which is to be reviewed regularly by the senior team including the Medical Director. This should include a management plan to mitigate identified risk.

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

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

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

Assessment Panel Findings

4.4.1 There are multiple communication channels used within the organisation for information cascade. Email directly to unit Officers, Annual Assemblies and LMS all contribute to good communication. However, there is no robust process to record confirmation that information has been received and understood by each Practitioner.

Training and assessment during an upskilling programme is the exception at practitioner levels.

4.4.2 The Provider meets all relevant requirements.

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

No specific observation noted by the GVF Assessment Team.

Areas for Improvement

The local meetings could be better used to communicate important information reliably and to document receipt of information. This would require a uniform, centrally mandated agenda to cover at least part of local meetings and a system to report the outcomes of such meetings to HQ.

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

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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 There are mechanisms in place to ensure organisational needs are aligned with the level of resources available. Locally, the unit officer manages workload and if they cannot meet the resourcing, they can escalate to regional level.

Locally members seemed unaware of any process to assess the clinical grades required for events or a risk assessment methodology for clinical level selection/required resources.

Regional and national resourcing are capably managed by the National Director of Operations, the Deputy and Assistant Directors. The incumbent team is in place and assumes responsibility for a defined period (typically 3 years). They must then be reappointed if they wish to continue in the position at the end of their term. This approach may initially encourage an enthusiastic approach to work but may have implications for long term/strategic planning.

There is an Assistant Director of Training and Development who oversees regular training for Practitioners and leadership training /programmes for management level staff.

The organisation incentivises Practitioners by granting access to programmes in line with their level of commitment.

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

Organised, motivated workforce with a volunteerism ethos that is supported by an experienced management structure. Training features strongly in the organisation and the weekly unit meeting greatly contributes to the success of the organisation.

Areas for Improvement

The Provider would benefit from a risk assessment process for smaller locally run events. This would improve quality and safety locally and provide better oversight at national level.

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

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

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

Assessment Panel Findings

5.2.1 There is a policy in place for assessment of English Language competency.

5.2.2 There is evidence of privileging in the Annual Medical Director's Report. There are mechanisms in place to ensure that upskilling is completed. If Practitioners have not upskilled to the latest guidelines within a specified timeframe, the Practitioner is removed from the privileging list. Evidence of this was provided.

There was also a check against the PHECC register.

5.2.3 Many records are kept locally and information is communicated by the Unit Officer. For audit purposes and easy access to information, this process could be improved.

5.2.4 Garda vetting is completed for each member and records are retained.

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

No specific observation noted by the GVF Assessment Team.

Areas for Improvement

A more centralised and accessible solution for storage of some documents currently held at unit level e.g. ACRs, training related documents and (potentially in future) appraisals/personal development plans would benefit the Provider.

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

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 There is a comprehensive induction programme detailed by the Provider. This programme covers history, ethos, policies and training, code of conduct, volunteer charter and progression matrix. Each new member is mentored and assessed for their first duty.

5.3.2 There is evidence of training carried out but there is no formal recording of how organisational training needs are passed down to unit level. It was unclear how the training needs for individuals were identified and satisfied.

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

The regular training provided and competitions run at unit, regional and national level, which emphasise and embed good practice.

Areas for Improvement

Individual training plans could benefit the individual and the Provider by helping unlock their potential and progression. This might be best delivered by a system of practitioner appraisal with a personal development plan.

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

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

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



Assessment Panel Findings

5.4.1 The concept of CISM is well integrated into the organisation. During group interviews there was clear evidence of how and when to contact the CISM team and it is easily accessible. There is evidence that the CISM team has been activated on several occasions.

5.4.2 Identifying problems regarding competence or fitness to practice relies on the mentoring system and the judgement of the local officer. No members engaged had any memory of a fitness to practice issue being raised within the organisation.

5.4.3 Other than training at unit level and feedback there is no formal measurement in place for unacceptable performance

5.4.4 There is a strong culture of addressing issues through the Officer in Charge or failing that, to the directorate team. There are open forums at the general assembly, which allows for transparency and open discussion of any issue. There is also a section in the complaints policy to allow for serious issues to be quickly escalated.

5.4.5 Concerns can be emailed to the duty officer. This also allows for suggestions for improvement and discussion, and feedback. Members stated they felt able to report on any issues encountered during a duty to the duty officer or at the post duty debrief.

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

CISM is an area of best practice.

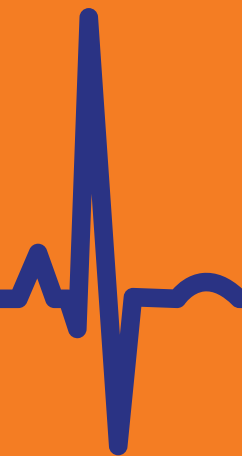
Areas for Improvement

More robust procedures and training required in relation to identifying and managing performance deficit.













Recommend improved training on management of issues around competence and fitness to practice.

Theme 6

Use of Information



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

PHECC Statement	The Licensed CPG Provider is compliant with Council Policy for implementation timeframes for clinical information standards and associated reports – V1. (POL043)					
PHECC Requirements	6.1.1 The Licensed CPG Provider implements the PHECC clinical information standards and associated patient reports.					
					 ✓	
PHECC Requirements	6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.					
				 ✓		

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

Assessment Panel Findings

6.1.1 Practitioners fully understood the chain of custody issues with PCRs and patient confidentiality. PCRs are returned to HQ and ACRs are stored locally. While CPC patient contacts are required, each of these records are anonymised.

6.1.2 PCRs stored are indexed on a excel spreadsheet. However, many PCR indexed had no stored incident number.

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

Areas of Best Practice

No specific observation noted by the GVF Assessment Team.

Areas for Improvement

Audit of PCR numbers and completeness should improve. It is important to recognise those PCRs that are marked for clinical audit.

PCRs stored are indexed on a excel spreadsheet. However, many PCR indexed had no stored linked incident number, which was explained as being due to a “technical problem”. On further enquiry it was clear this problem has existed for a considerable period of time. It should be rectified as a matter of urgency.

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 The Order of Malta are as follows:

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	0	0%
Not Met	0	0%
Minimally Met	1	2.3%
Moderately Met	14	32.6%
Substantively Met	17	39.5%
Fully Met	11	25.6%

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.	Substantive
	1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.	Substantive
	Standard 1.2 Patients' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.	
	1.2.1 The Licensed CPG Provider has systems, processes and procedures, developed in line with best practice for patient consent and/or patient identification (which includes guidance for practitioners) in line with the PHECC Code of Professional Conduct & Ethics.	Substantive
	1.2.2 The Licensed CPG Provider has a policy/procedure in place in relation to the refusal of treatment and/or transport.	Moderate
	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.	Minimal
	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.	Substantive
	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.	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.	Substantive
	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.	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.	Fully Met
Theme 4: Leadership, Governance and Management	Standard 4.1 Licensed CPG Providers have clear accountability arrangements to achieve the delivery of high-quality, safe and reliable healthcare.	
	4.1.1 The Licensed CPG Provider has an established reporting and accountability structure for clinical governance.	Moderate
	4.1.2 The Licensed CPG Provider has an identified Medical Director who is registered with the Medical Council and who is based in this jurisdiction and who oversees the service.	Substantive
	4.1.3 The CPG Provider is compliant with taxation 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.	Moderate
	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.	Substantive
	4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation framework.	Fully Met

Theme 5: Workforce	Standard 5.1 Licensed CPG Providers plan, organise and manage their workforce (volunteers, contractors and/or employees) to achieve the service objectives for high-quality, safe and reliable healthcare.	
	5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.	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.	Fully Met
	5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status.	Moderate
	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.	Moderate
	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).	Substantive
	5.4.5 The Licensed CPG Provider creates opportunities for staff to feedback on the quality and safety of the service they work in.	Substantive
Theme 6: Use of Information	Standard 6.1 Licensed CPG Providers have effective arrangements in place for clinical information governance.	
	6.1.1 The Licensed CPG Provider implements the PHECC clinical information standards and associated patient reports.	Substantive
	6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.	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 V6) 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

The Order of Malta are 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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