Pre-Hospital Emergency Care Council

Governance Validation Framework

Site Assessment Report

CHC Ireland DAC Limited

May 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.”

Pre-Hospital Emergency Care Council

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Executive Summary

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

The Governance Validation Framework (GVF) has been developed by Council as an evidence-based methodology designed to improve quality and safety in pre-hospital emergency care services. Setting and implementing standards and monitoring of compliance are important levers for driving service improvements. The framework combines a system of self-assessment, on-site review and validation of evidence presented, and staff and management engagement in addition to quality improvement planning and support during the licensing cycle. Documentation submitted by CHC Ireland DAC Limited 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 CHC Ireland DAC Limited, an auxiliary provider of pre-hospital emergency care services in Shannon Airport. The on-site GVF assessment visits for this report were conducted during May 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 CHC Ireland DAC Limited'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.

CHC Ireland DAC Limited's Governance Validation Framework assessment report concludes with a Report Summary, which includes a tabular format that provides an overview to CHC Ireland DAC Limited'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

CHC Ireland DAC Limited, with its headquarters at Shannon Airport, Co Limerick, provide rescue services and is part of an larger organisation that operates search and rescue services globally.

CHC holds an Air Operators Certificate as issued by Irish Aviation Authority and is recognised by PHECC to deliver pre-hospital emergency care services at the clinical levels of Emergency Medical Technician and Paramedic in Ireland.

In Ireland CHC operate services from four base locations on behalf of the The Irish Coast Guard. CHC also assists a statutory ambulance service with their Helicopter Emergency Medical Services (HEMS).

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

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	CHC Ireland DAC Limited
Type of Visit	Full GVF Assessment - GVFREP CHC 001_0519
Licensed CPG Provider Lead	GVFA1496
Date of Review	Practitioner Engagement - 23/05/2019 Site Assessment - 23/05/2019
Assessment Team	GVFA1496 - Team Lead/Site Assessor GVFA8306 - Practitioner Engagement
Circumstances of this Site Assessment	Establishment of GVF programme - Transition to 3-year licensing cycle.
Relevant Recent Visits	Practitioner Engagement and On-site Assessment conducted May 2019.

Assessment Details (continued):

Licensed CPG Provider Participants

Medical Director (Medical Council Reg No 19297)
Accountable Manager
Safety Manager
Audit Safety and Compliance Monitoring Manager
Lead Paramedic
3 x Operational Practitioners

Onsite Feedback

Verbal feedback related to the Assessment Team's initial findings was provided to the Senior Management Team of CHC Ireland DAC Limited by the PHECC GVF Team Leader at the closing meeting. A number of items were identified as areas of potential improvement. There was agreement by all in attendance regarding the relevance and substance of the assessment team's comments and indicative findings.

Judgement Framework

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

Theme 1

Person Centred
Care and Support

Pre-Hospital Emergency Care Council

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

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

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.1.1 The Provider's role is to provide Search and Rescue (SAR) services from four base locations on behalf of their customer, The Irish Coast Guard. The Provider also assists a statutory ambulance service with Helicopter Emergency Medical Services (HEMS). The Provider receives calls from their customer who receives the initial emergency call or external call. The Provider utilises an extensive rostering management system that evidenced future planning in place for annual leave and training. The rostering system in place ensures staffing levels are sufficient to cover short notice absences. The Assessment Team found that organisational staffing levels were in keeping with the Provider's CPG approval level. Emergency Response Planning (ERP) procedures were viewed by the Assessment Team and found to be robust. An ERP manual has also been published. Key time metrics were recorded as part of the overall mission details on the database but the Assessment Team did not find any evidence of audit of key time metrics.

1.1.2 The Assessment Team found no evidence of a specific call-taking policy at local level. The Provider stated that this was due to all calls being taken via coast guard control centres. Post-mission, task information is entered into a database and debriefing occurs.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

The Provider's rostering management system is robust and emphasises long-term planning, thus ensuring safe and effective access to services.

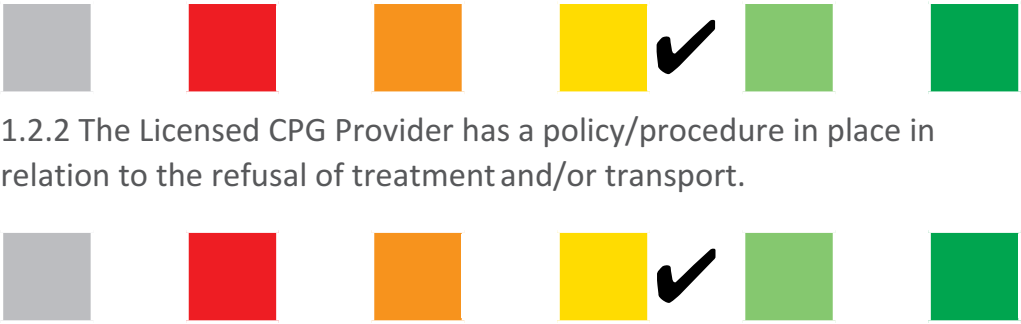
Areas for Improvement

The Provider should consider developing a policy to ensure the systematic structure of call taking from the customer with the aim of increasing the availability and accuracy of information prior to dispatch. The Provider should undertake audit of key time metrics with a view to improving call responsiveness and timeliness.

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

Pre-Hospital Emergency Care Council

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



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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.2.1 The Provider has recently published a Medical Manual, which identifies the requirements expected of all Practitioners with regard to obtaining patient consent to treatment. The Medical Manual distinguishes between verbal and implied consent. Technical crew members verbalised their awareness of their duty to obtain consent as per the PHECC Code of Professional Conduct and Ethics to the Assessment Team. There was no structured mechanism of analysing complaints or incidents or obtaining patient feedback in relation to consent.

1.2.2 The Assessment Team found that the technical crew were aware of their responsibilities to follow when a patient refuses transport, including assessing capacity and documenting the refusal in the relevant section of the Patient Care Record (PCR). The Provider stated that due to the nature of their caseload they rarely experience an occurrence of refusal. There is currently no organisation-specific policy or procedure in place for the refusal of treatment and/or transfer in place.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

The Provider has outlined the responsibility and the requirements of Practitioners with regard to seeking patient consent.

Areas for Improvement

The Provider should develop and implement a specific policy for refusal of treatment and/or transport.

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.3.1 The Provider's expectations with regard to staff conduct and behaviour are in place within the recently published Medical Manual, which should ensure that Practitioners undertake their duties in a manner that promotes respect for the dignity and privacy of patients. The Provider advised the Assessment Team of plans to disseminate the Medical Manual to all staff and to familiarise new staff with the manual during induction. The Assessment Team viewed records of induction training, which demonstrated that Practitioners had completed basic communication skills training. Within the organisation's policies and procedures, confidentiality is referred to in terms of PCR recording and storage. The Provider does not have a specific Confidentiality Policy.

1.3.2 The Assessment Team were satisfied that the organisation displayed a commitment to developing a culture of kindness and respect. The Provider has an internal policy based on attitudes towards customers. Practitioners reported that any issues identified with regard to staff conduct are discussed during mission debrief. However, mission debriefings are not currently recorded.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

The Assessment Team observed a strong organisation-wide commitment to the development of a culture of kindness and respect towards service-users.

Areas for Improvement

The Provider should develop and implement a Confidentiality Policy.
The Provider should implement a system of mission debriefing that facilitates Practitioner specific input and ensures the recording of any identified actions or Practitioner-based requests or agreements reached during mission debriefings.

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

Pre-Hospital Emergency Care Council

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

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

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

Assessment Panel Findings

1.4.1 The Provider does not actively undertake patient satisfaction or patient experience surveys. The Provider stated that the nature of SAR/HEMS missions does not allow for the capture of patient feedback. The Provider meets with their main service users annually to discuss performance. Feedback from these meetings is used to further develop services.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

The Provider undertakes high-level engagement with service users on a regular basis.

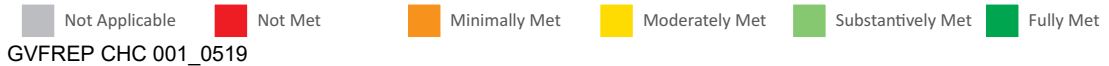
Areas for Improvement

The Provider should consider the implementation of a mechanism to capture patient experience and patient satisfaction rates.
The Provider should collate and audit this feedback to develop its service and promote patient satisfaction.

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

Pre-Hospital Emergency Care Council

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



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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.5.1 The Provider has a sophisticated online electronic system for the recording and management of complaints. Staff are actively encouraged to record all complaints within this system. The Medical Manual contains basic guidance for Practitioners on responding to complaints, conflicts and differences of opinion. This guidance document specifically endorses a culture of open disclosure. The Assessment Team established that Practitioners were aware of this document, however, they were unsure regarding the procedures and the chain of reporting following a complaint.

1.5.2 There is a low level of documented complaints. The Provider's guidance document does not provide supporting procedures to advise patients or those who engage with the service on how to make a complaint. The Assessment Team were advised that a new CPD training programme was being devised, which would include instruction to staff on the company complaints processes and the process of dissemination of lessons learned from complaints.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

The robust electronic management system, which allows for investigation of complaints within specified timeframes.

Areas for Improvement

The Provider should update their complaints policy to include specific systems for Practitioners to advise patients on the complaints process.
The Provider should include complaint management training as part of their induction programme for new staff.

Theme 2

Effective Care and Support

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

2.1.1 The Assessment Team viewed an electronic register of all Practitioners, which included PHECC registration and CPG upskilling details. Hard copies of employee files are kept in each base. The Provider conducts pre-employment checks to verify current PHECC registration. Practitioners are required to supply evidence of PHECC registration annually. Designated staff have been allocated to the collection of registration certificates. The Assessment Team verified the registration of Practitioners and the individual training log in the random sample of employee files viewed.

The Provider has a structured approach to the development of policies, procedures and guidelines, which follows the wider organisation's corporate template and includes document management information. Policies reviewed by the Assessment Team referred to PHECC policies and procedures and a national and international evidence base. New and updated policies and procedures are circulated to staff via email. Receipt and understanding of these emails is provided by a read and sign memo.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

Assurance of receipt and understanding of policies and procedures ensures staff have been provided with the most up-to-date evidence based information.

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.

Pre-Hospital Emergency Care Council

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

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

Assessment Panel Findings

2.2.1 Practitioners informed the Assessment Team that they had been advised by the Provider to follow a structured handover format as recommended by PHECC. Practitioners identified the importance of a structured handover but were unable to identify if the Provider had a documented policy in this regard. Handover process is included as part of CPG upskilling. Audit of Patient Care Records (PCR) are undertaken by the Provider and information gained regarding completion is disseminated to staff.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

The Provider promotes a recognised structured handover format.

Areas for Improvement

The Provider should consider documenting a Patient Transfer Policy detailing the organisational approach to structured handover.

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

2.3.1 The Assessment team observed evidence of aircraft airworthiness certification in compliance with Irish Aviation Authority (IAA) regulations.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

The maintenance and serviceability of fleet appears to be rigorously adhered to and extensively documented in order to comply with IAA regulations.

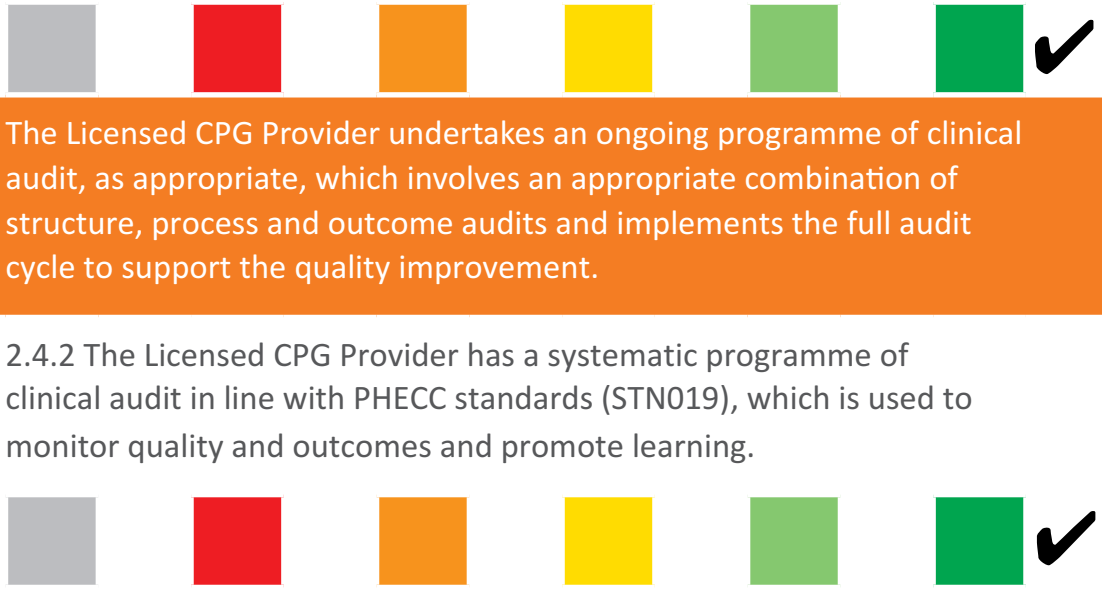
Areas for Improvement

No specific observation noted by the Assessment Team.

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

Pre-Hospital Emergency Care Council

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



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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

2.4.1 The Provider submits an Annual Medical Director's Report in line with PHECC requirements

2.4.2 The Provider has a structured clinical audit programme in place. The Assessment Team reviewed the outcome of recent clinical audits, which addressed vital sign completion within the PCR. Recommendations for improvements in practice were clearly identified. Practitioners reported that results of audit were disseminated to them both verbally and electronically. The Provider had conducted re-audit, which evidenced improvements made.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

The annual Medical Director's report outlines the Provider's clinical activities and strategies for continuous quality improvement.

The outcome of audit is acted upon in a responsive manner, providing learning opportunities that strengthen the quality of the service provided.

Areas for Improvement

No specific observation noted by the Assessment Team.

Theme 3

Safe Care and Support

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

3.1.1 The Provider has an extensive SOP detailing the procedure for aircraft decontamination. The Assessment Team observed the vehicles to be visibly clean. The vehicle base was clean and had sufficient facilities for appropriate decontamination and hand hygiene practices. The Provider enlists the services of a specialist decontamination service provider for regularly scheduled deep cleaning of aircraft. The Provider advised that this company also provided a 24-hour on-call service. The Provider evidenced the contractual agreement to the Assessment Team. Training for Practitioners on decontamination protocols and biohazard risk and mitigation was also provided as part of this agreement. Practitioners identified their understanding of infection control practices within the service. Individual training files evidenced up-to-date training certificates. The Assessment Team viewed the detailed Risk Assessment for decontamination of aircraft.

3.1.2 The Provider has a Controlled Drugs Policy in place. The policy outlines the procedure for requisition, storage and disposal of medications. The Assessment Team observed Practitioners to be aware of their roles with regard to medication management. A review of medication bags found that they were sealed and appropriately stored when not in use. The Assessment Team reviewed the process for checking inventory expiry dates of medications and a visual inspection of the register confirmed that regular checks were completed. Medication storage facilities on site were secure and in line with best practice guidelines. The Provider is registered for Health Product Regulation Alerts. Practitioners advised that these alerts are disseminated to them electronically. The Provider is registered to operate to Paramedic level. A service-level agreement is in place with an emergency tele-medical support unit who can be contacted during missions to advise on administration of medications outside of the approved CPG level. There were no medication related incidents recorded, however the online incident reporting system allows for the capture of such incidents should they arise.

3.1.3 The Assessment Team observed evidence of contractual agreements with equipment service providers. Equipment management files demonstrated that equipment was serviced, calibrated and maintained. The Provider has a robust equipment management process in place. The Assessment Team observed evidence that equipment and device checking is completed at commencement of every shift. The Assessment team established the presence of equipment appropriate to the clinical level outlined. Training records evidenced that Practitioners had received up-to-date training in both new and existing equipment.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

The Provider has evidenced a commitment to infection prevention and control by encouraging the regular scheduled deep cleaning of aircraft and the availability of an on-call decontamination service provider following an infection control incident.
Policies and procedures on infection prevention and control, medication and equipment management are robust and evidence-based.

Areas for Improvement

The Provider should establish and maintain clear lines of accountability with regard to all instances of emergency medication administration or clinical processes undertaken during missions. PHECC are cognisant of the difficulties encountered during missions and the availability of consultation with a Telemedicine service. The Medical Director's engagement and advice regarding any exemptions or supplementary clinical activities authorised should be sought, documented and disseminated to staff.

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

3.2.1/3.2.2 The Provider has detailed organisation-wide policy and procedures to support the reporting of incidents and adverse events. The Provider emphasised that they promote an open and non-punitive approach to incident reporting and investigation due to the high level of risk associated with the nature of their missions. Practitioners outlined that they are encouraged to report all clinical incidents and near-misses. The Assessment Team viewed the sophisticated online incident reporting software, which is managed daily by senior management. There was a low-level of clinical incidents recorded. The Assessment Team viewed one incident involving medical equipment. An extensive investigation process was evidenced with clear communication, defined timelines and regular updates. The outcome of the investigation was clearly documented. The Assessment Team observed a Medical Memo sent to all Practitioners identifying the improvements made following the initial incident report. Training in incident management software is provided for all Practitioners during their induction period.

The electronic incident management system in use allows for all globally recorded incidents to be viewed during the investigation process. Management stated that this allows for full transparency within the organisation and endorses a culture of positive reporting. There is a low level of documented complaints.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

The incident reporting system is managed robustly, with outcomes identified and lessons learned disseminated to all employees.
The Provider specifically endorses open disclosure.

Areas for Improvement

No specific observation noted by the Assessment Team.

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

3.3.1 The Provider has a detailed Child Safeguarding Statement that is aligned to national legislation. This statement outlines the procedures to be taken when a Practitioner suspects a child is at risk of harm or abuse. The Assessment Team found that Practitioners were familiar with their responsibilities with regard to child safeguarding. The Safeguarding Statement identifies the requirement for all Practitioners to complete a Children First e-learning programme. The Safeguarding Statement identifies the individual with responsibility for Safeguarding. The Provider identified that they receive visits to the base site from groups of children i.e schools and clubs. The Assessment Team identified that a small number of the Management Team and Practitioners had completed the relevant training.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

The Provider shall ensure full compliance with the Children First Act 2015 and ensure that all staff should undertake training and are aware of their mandated status and particular responsibilities under the Act. The Provider should consider amending their Safeguarding Statement to include the protection of vulnerable adults.

Theme 4

Leadership, Governance and Management

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

Pre-Hospital Emergency Care Council

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

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

4.1.3 The CPG Provider is compliant with taxation laws.

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

4.1.1 The Provider has a well-defined governance structure, which identifies clear lines of overall and individual responsibility for clinical governance. The Assessment Team saw evidence of a high level of engagement at all levels with regard to quality and safety monitoring. The Provider holds daily safety updates that are accessible to all Practitioners.

4.1.2 The Provider has an identified Medical Director who is registered with the Medical Council and has a strong background in Emergency Medicine. The roles and responsibilities of the Medical Director are clearly outlined. The Assessment Team established that there is sufficient engagement from the Medical Director. The Medical Director participates in clinical audit reviews and provides clinical direction to Practitioners. The Medical Director identified that an external tele-medical support company had overall responsibility for one aspect of emergency medication administration.

4.1.3 The Assessment Team reviewed evidence of compliance with relevant taxation law.

4.1.4 The Assessment Team reviewed the Provider's insurance policies, which included Medical Malpractice and Employers Liability Insurance.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

The Provider has a strong overarching clinical governance framework with clear lines of accountability at all levels.

Areas for Improvement

No specific observation noted by the Assessment Team.

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

4.2.1 The Provider has robust systems of electronic incident reporting and clinical risk management. The Assessment Team viewed the processes in place to highlight issues raised through this reporting system. A suite of Key Performance Indicators had been developed internationally. Local Performance Indicators were clearly defined, collated and reported on.
The Provider had completed clinical audits on vital sign completion within PCRs. Practitioners identified that audit outcomes were disseminated to them electronically and discussed at base level.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

The Provider has identified areas for improvement through audit. Deficiencies were addressed with Practitioners and further audits showed improvements in the identified areas.

The organisation promotes a culture of Quality and Safety by encouraging incident reporting.

Areas for Improvement

No specific observation noted by the Assessment Team.

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

4.3.1 In addition to the Medical Director, the Provider has an Accountable Manager who is responsible for the oversight of clinical activities nationally. Due to the nature of the service provided, the Provider utilises a sophisticated risk matrix to continuously monitor and improve on the quality and safety of the overall service. The Assessment Team saw evidence of a high level of risk assessment at Practitioner level.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

A risk-aware culture is actively promoted throughout the organisation.

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.

Pre-Hospital Emergency Care Council

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

4.4.1 The Provider has subscribed to the Health Product Regulatory Authority's alerts. Clinical information is received directly from PHECC. The Lead Paramedic has responsibility for the appropriate cascading of information from these alerts and updates to Practitioners. The Assessment Team was advised by Practitioners that this was done electronically as Medical Update Memo or Staff Advisory Notice, which requires Practitioners to acknowledge receipt of information.

4.4.2 The Provider has engaged actively with the PHECC Governance Validation Framework. The Provider has completed the self-assessment summary. The Provider facilitated the Assessment Team during the site assessment. Practitioner engagement was held at the base site due to the nature of the HEMS and SAR missions, which does not allow for observation of patient interaction.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

The Provider has proactively engaged with the PHECC Governance Validation Framework.

Areas for Improvement

The Provider should document the current communication process to ensure a clear and consistent pathway for the adoption of recommendations.

Theme 5

Workforce

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

5.1.1 The Provider advised the Assessment Team that the recruitment process for new staff is managed by the HR Department and Senior Management. The Provider advised that new members of staff had been recruited recently. The Assessment Team saw evidence of the induction programme for these new recruits. Crewing levels are small and fluid. Due to strict standards from other regulators, staff are limited with regard to their workload within a specific timeframe. The Assessment Team saw evidence of capacity analysis and future planning to ensure a fully operational service. The use of short term contractors is not frequently used as the company favours direct recruitment.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

The Provider conducts annual meetings with customers, which provides a mechanism to identify customer needs.
The Provider maintains a constant review of calls to ensure staff utilisation is not excessive.

Areas for Improvement

No specific observation noted by the Assessment Team.

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

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CGP Provider has in place robust processes to assure English language competency for all volunteers, contractors and/or employees whose first language is not English.
PHECC Requirements	5.2.1 The Licensed CPG Provider has a process in place to satisfy itself that the English language competence of its Responders and Practitioners, whose first language is not English, is appropriate to the clinical/ professional activities to be carried out by that person i.e. Responder or Practitioner levels.
PHECC Statement	The Licensed CPG Provider ensures all volunteers, contractors and/or employees providing care on behalf of the organisation are currently on the PHECC register.
PHECC Requirements	5.2.2 The Licensed CPG Provider has a process in place to check registration on appointment and on-going renewals of registration for volunteers, contractors and/or employees.
PHECC Statement	The Licensed CPG Provider ensures that all volunteers, contractors and/or employees are subject to the appropriate pre-employment checks to ensure delivery of safe care.
PHECC Requirements	5.2.3 The Licensed CPG Provider conducts checks and confirms that all employees, contractors and/or volunteers 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 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.

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

5.2.1 The Provider follows the PHECC Registration Application document with regard to English language proficiency. The job description outlines the English communication requirements. An identified English Language Competency Test is used if required. An external recruitment company undertakes initial screening of applicants.

5.2.2/5.2.3 The Provider has a system in place whereby the HR Department conducts pre-employment checks of PHECC Registration and National Qualifications. Individual Practitioner training files are established at base level. Designated senior staff have responsibility for ensuring accurate and up-to-date record keeping. The Assessment Team observed current and previous evidence of PHECC Registration and CPG upskilling certificates in a random sample of personnel files. Practitioners advised the Assessment Team that they are responsible for providing evidence of their upskilling and registration to Management. The Provider utilises an electronic rating system that identifies Practitioners who are approaching re-registration, those currently registered and those who have become overdue. The staff who are overdue on their certs are checked online via the Regulator's website.

5.2.4 Garda Vetting is managed by the HR Department. The Provider stated that all employees would be vetted on a five-yearly cycle. The Assessment Team were provided with a letter from the external HR Headquarters that all Practitioners were vetted. Assurance of individual Practitioner Garda Vetting could not be evidenced either at base level or electronically.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

Detailed historical and current training and qualification records are securely stored and managed effectively at base level.
There is a robust system of managing PHECC registration and CPG upskilling status thereby ensuring that Practitioners hold the required competencies to deliver quality care.

Areas for Improvement

The Provider should fulfil the regulatory requirements in regard to Garda Vetting by obtaining individual Practitioner Garda Vetting Clearance certificates and maintaining availability of these at local level for regulatory purposes.

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

Pre-Hospital Emergency Care Council

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

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

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

5.3.1 The Provider advised the Assessment Team that the recruitment process for new staff is managed by the HR Department and Senior Management. The Provider advised that new members of staff had been recruited recently. The Assessment Team saw evidence of the induction programme for these new recruits, which included both on and off-site modules. The induction programme included familiarisation with policies and procedures and the use of the electronic database. The Provider advised that following commencement of employment there is no structured programme for the provision of mentorship or supervision.

5.3.2 The Provider has a designated individual with responsibility for overseeing the training requirements of Practitioners. The Assessment Team viewed evidence of training needs analysis that resulted in the implementation of further training modules. Training records are held within personnel files and a random sample were viewed by the Assessment Team. All records viewed evidenced recent CPG upskilling certificates. Attendance records were provided for various courses delivered by the base Medical Trainer. Practitioners advised that they were supported to identify their continuing professional competency requirements on an informal basis. The Assessment Team could not find evidence of a formalised appraisal system.

5.3.3 The Provider does not accept student Practitioners on observational or experiential basis.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

The Provider enforces the rule that Practitioners cannot be operational until the induction process has been completed fully.

Areas for Improvement

The Provider should implement a system to include the mentorship of new recruits following commencement of employment to ensure the maintenance of competencies required to deliver safe and efficient care.
The Provider should implement a formalised appraisal system to allow for the clear identification of practitioner training and development needs.

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

Pre-Hospital Emergency Care Council

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

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

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

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

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

5.4.1 The Provider outlined that they now utilise an industry-based stress management process as opposed to a pre-hospital focused Critical Incident Stress Management (CISM) policy and process. Practitioners identified that they were more familiar with the previous process and identified shortcomings in the current process.

5.4.2 The Provider advised that it follows the PHECC Code of Professional Conduct and Ethics and the PHECC Fitness to Practice process. The Assessment Team were satisfied that Practitioners were familiar with PHECC Fitness to Practice process. The Assessment team found no evidence of a current organisation-specific policy or procedure.

5.4.3 The Provider operates an annual appraisal scheme for all Practitioners. The Assessment Team were advised that appraisals are conducted by the Lead Paramedic. A Clinical Practice Guidelines Upskilling programme is in place. Practitioners identified that an informal peer review takes place during mission debrief. Practitioners identified that they can report to line management, in confidence, any concerns with regard to poor performance. The Provider advised that a confidential incident report with regard to poor performance can be utilised if deemed appropriate.

5.4.4/5.4.5 Practitioner engagement with the Assessment Team identified that Practitioners are fully supported and encouraged to identify and report all patient safety incidents. There is a range of mechanisms available for Practitioners to feed back on the quality of the service. This includes the online reporting system whereby confidential and anonymous reporting processes are available if required. The Assessment Team were satisfied that the organisation embodies a strong culture of open disclosure.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

The organisation actively promotes patient safety by encouraging the identification and reporting of all incidents, near-misses and complaints.

Areas for Improvement

The Provider should consider Practitioners' preference for a pre-hospital focused CISM programme.
The Provider should develop and implement an organisation-specific Fitness to Practice policy and procedure
The Lead Paramedic is a dual role with Management and Practitioner responsibilities. The Provider should consider including another member of Management in annual appraisals to ensure full transparency.

Theme 6

Use of Information

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

Pre-Hospital Emergency Care Council

PHECC Statement	The Licensed CPG Provider has implemented PHECC 'Clinical Records Management Guidelines'.
PHECC Requirements	6.1.1 The Licensed CPG Provider has systems, processes and procedures in place to assure the full implementation of the information governance and effective management of healthcare records requirements as outlined in the PHECC Clinical Records Management Guidelines.

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

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

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

Assessment Panel Findings

6.1.1. The Provider has developed a Records Management Policy and a corresponding Standard Operating Procedure (SOP) for the management of PCRs, which reflects the PHECC Clinical Records Management Guidelines. This SOP outlines the requirements for the completion and subsequent storage of PCRs. The Assessment Team viewed the storage arrangements in place for PCRs at base level and found it to be secure and in line with policy guidelines. The Assessment Team found that all staff were required to read and verify their understanding of the company IT Security Policy in compliance with European General Data Protection Regulations (GDPR). The Assessment Team were informed that GDPR compliance was managed nationally by a nominated person.

6.2.2 The Provider conducted regular audit of PCRs to identify trends and issues. Practitioners stated that results of audit were shared with them and they identified that lessons were learned from the results of audit. The Assessment Team saw evidence of re-audit. Practitioners undertook online training modules in PCR completion to ensure that all staff are compliant with PHECC guidelines and the company's SOP.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

Utilisation of Clinical Audit data to influence training thus improving the standards of clinical record keeping.
Robust clinical records storage.

Areas for Improvement

No specific observation noted by the Assessment Team.

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 GVA assessors during this assessment. The overall PHECC standards compliance ratings for CHC Ireland DAC Limited are as follows:

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	1	2.3%
Not Met	0	0%
Minimally Met	3	7%
Moderately Met	11	25.6%
Substantively Met	7	16.3%
Fully Met	21	48.8%

GVF Site Assessment - CHC Ireland DAC Limited

	PHECC Requirement	Compliance level
Theme 1: Person-Centred Care and Support	**Standard 1.1 Patients have equitable access to healthcare services based on their assessed needs.**	
	1.1.1 The Licensed CPG Provider has systems, processes and procedures for the timely and clinically appropriate response to provide safe care and treatment to patient population they serve.	**Substantive**
	1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.	**Moderate**
	Standard 1.2 Patients' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.	
	1.2.1 The Licensed CPG Provider has systems, processes and procedures, developed in line with best practice for patient consent and/or patient identification (which includes guidance for practitioners) in line with the PHECC Code of Professional Conduct & Ethics.	**Moderate**
	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.	**Moderate**
	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.	**Moderate**
	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.	**Moderate**
	1.5.2 The Licensed CPG Provider provides training to all front-line volunteers, contractors and/or employees in handling a patient or family member's complaint or concern.	**Minimal**
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 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.	**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.	**Fully Met**
	Standard 2.4 The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.	
	2.4.1 The Licensed CPG Provider submits an Annual Medical Director Report annually,* which informs the PHECC of clinical activities in the organisation and includes a CPG report (*Calendar year).	**Fully Met**
	2.4.2 The Licensed CPG Provider has a systematic programme of clinical audit in line with the PHECC standards (STN019), which is used to monitor quality and outcomes and promote learning.	**Fully Met**

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.	**Fully Met**
	3.2.2 The Licensed CPG Provider has a process for the sharing of lessons learned from patient safety incidents (including adverse events, near misses and no-harm events) and complaints, which have occurred locally, nationally or internationally with employees, contractors and/or volunteers.	**Fully Met**
	Standard 3.3 Licensed CPG Providers ensure all reasonable measures are taken to protect patients from abuse.	
	3.3.1 The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise.	**Minimal**
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.	**Fully Met**
	4.1.2 The Licensed CPG Provider has an identified Medical Director who is registered with the Medical Council and who is based in this jurisdiction and who oversees the service.	**Fully Met**
	4.1.3 The 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.	**Fully 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.	**Fully Met**
	Standard 4.4 Licensed CPG Providers act on standards and alerts and take into account recommendation(s) and guidance, as formally issued by relevant regulatory bodies as they apply to their service.	
	4.4.1 The Licensed CPG Provider has a process in place to ensure the appropriate communication and adoption of new recommendation(s) and guidance issued by the PHECC and other regulatory bodies.	**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.	**Fully Met**
	Standard 5.2 Licensed CPG Providers recruit/engage with practitioners with the required competencies to provide high-quality, safe and reliable healthcare.	
	5.2.1 The Licensed CPG Provider has a process in place to satisfy itself that the English language competence of its Responders and Practitioners, whose first language is not English, is appropriate to the clinical/ professional activities to be carried out by that person i.e. Responder or Practitioner levels.	**Fully Met**
	5.2.2 The Licensed CPG Provider has a process in place to check registration on appointment and on-going renewals of registration for volunteers, contractors and/or employees.	**Substantive**
	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.	**Moderate**
	Standard 5.3 Licensed CPG Providers ensure their workforce (volunteers, contractors and/or employees) have the competencies required to deliver high-quality, safe and reliable healthcare.	
	5.3.1 The Licensed CPG Provider has developed and implemented a comprehensive induction programme to ensure volunteers, contractors and/or employees understand their responsibilities in relation to the safety and quality of services.	**Substantive**
	5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status.	**Substantive**
	5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students (if applicable).	**Not Applicable**
	Standard 5.4 Licensed CPG Providers support their workforce (volunteers, contractors and/or employees) in delivering high-quality, safe and reliable healthcare.	
	5.4.1 The Licensed CPG Provider has a Critical Incident Stress Management process in place.	**Moderate**
	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).	**Fully Met**
	5.4.5 The Licensed CPG Provider creates opportunities for staff to feedback on the quality and safety of the service they work in.	**Fully Met**
Theme 6: Use of Information	**Standard 6.1 Licensed CPG Providers have effective arrangements in place for clinical information governance.**	
	6.1.1 The Licensed CPG Provider implements the PHECC 2018 Clinical Information Standards and associated reports and will ensure compliance with Council Policy for implementation timeframes for clinical information standards and associated reports – V1. (POL043)	**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 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

CHC Ireland DAC Limited 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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