



Governance Validation Framework

Site Assessment Report

Blue Screen Medics Ltd

September 2021

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



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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 Blue Screen Medics Ltd prior to the assessment and any evidence provided on assessment day(s) is reviewed and considered by the assessment team for assessment purposes.

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

The Licensed CPG Provider that is the subject of this report is Blue Screen Medics Ltd, a private provider of pre-hospital emergency care services within Ireland. The on-site GVF assessment visits for this report were conducted during September 2021 by an assessment team drawn from a panel of subject matter experts selected and trained by PHECC to conduct the on-site assessments.

It is important to note that the provision of pre-hospital emergency care is constantly evolving, and quality improvement within service providers is a continuous process. Therefore, this report documents the external assessment team's observations related to the time when the assessment was undertaken, and the material supplied by the Provider for the assessment. Documentation and/or evidence submitted by the Provider post assessment cannot be considered by the assessment team to amend assessment outcome(s). This report is intended to support the ongoing quality improvement process within Blue Screen Medics Ltd's organisation.

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

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

Overview of Licensed CPG Provider

Blue Screen Medics Ltd, based in Bray, Co Wicklow, is a private provider of pre-hospital care services to the film industry and event organisers. They provide medical care to the clinical levels of Emergency Medical Technician and Paramedic.

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

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	Blue Screen Medics Ltd
Type of Visit	Full GVF Assessment - GVFREP BSM 001_0921
Licensed CPG Provider Lead	GVFA9122
Date of Review	Practitioner Engagement - 22/09/2021 Site Assessment - 22/09/2021
Assessment Team	GVFA9122 - Team Lead GVFA4532 - Site Assessor GVFA4532 - 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 September 2021.

Overview of Licensed CPG Provider

Assessment Details (continued):

Licensed CPG Provider Participants

Managing Director
Medical Director (Medical Council Reg No 180691)
Emergency Medical Technician

Onsite Feedback

The Assessment Team provided the following feedback to the Managing Director:
A further list of documentation was requested at the site visit. Concerns were noted on the following:
Inadequate or absent equipment;
On-site oxygen placement;
Medication management processes and procedures;
Design and use of the clinical practice premises;
Inadequate documented processes for Critical Incident Stress Management ;
Policies and procedures relating to risk management, infection prevention and control, staff communication and open disclosure;
Absence of training and induction processes and records.

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	<p>1.1.1 The Licensed CPG Provider has systems, processes and procedures for the timely and clinically appropriate response to provide safe care and treatment to patient population they serve.</p> <div>        </div>
PHECC Statement	The Licensed CPG Provider has appropriate arrangements in place to ensure screening and prioritisation of calls.
PHECC Requirements	<p>1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.</p> <div>        </div>

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

Assessment Panel Findings

1.1.1 The staffing compliment includes part time paramedics, EMT and Medical Director. The Provider maintains a bank of staff that they utilise as demand increases. There are no KPIs in use relating to staffing and skills mix.

1.1.2 The service provided is for pre-booked calls for static medical cover for production company, on-site walk-in service and Covid-19 related processes. Duty rotas are organised in response to bookings. All bookings are taken by the Managing Director or nominated person in their absence. A proforma for taking bookings was not provided. Translation services have not been required to date, due to the nature of the service being provided. Documentation submitted by the Provider for booking requirements identified a variance in the number of paramedics required versus the privileged list of those attending.

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

Areas of Best Practice

1.1.2 The Assessment Team observed good evidence of timely response at walk-in service.

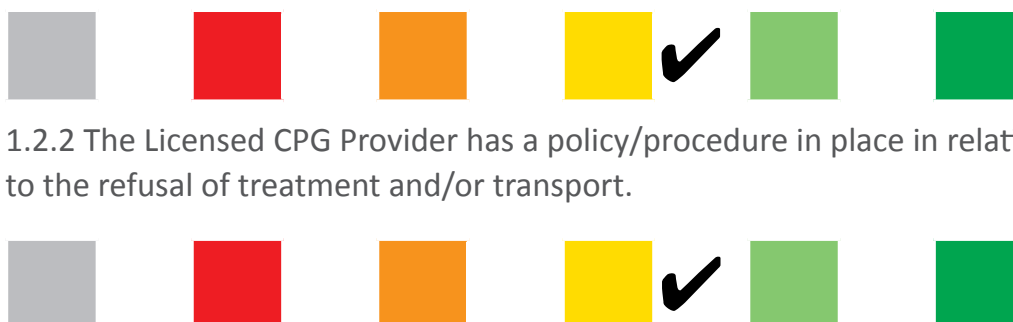
Areas for Improvement

1.1.1 The Provider should introduce a repository of planning documents for all event types, which would support the event planning arrangements.

1.1.2 The Provider shall review the requirements of cover for each event, as indicated on the event organiser safety sheet, to ensure that the privilege level of staff provided for bookings is in line with the privilege status of the staff requested.

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

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



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



Assessment Panel Findings

1.2.1 Consent policy in place. Policy/ procedure in place for refusal of treatment. The brevity of the consent policy denotes a lack of detail in relation to issues around capacity assessment and consent.

1.2.2 During on-site discussions, the stated actions for refusal of treatment did not match the Provider's policy. There were no reports of refusal of treatment available to the Assessment Team

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 Assessment Team.

Areas for Improvement

1.2.2 The Provider shall review the requirements for documenting practitioners' PIN numbers on PCRs if patients refuse transport or treatment.

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	<p>1.3.1 The Licensed CPG Provider has arrangements in place to promote patients' privacy, dignity and autonomy.</p> <div>       </div>
PHECC Requirements	<p>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.</p> <div>       </div>

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

Assessment Panel Findings

1.3.1 There was no code of conduct/behaviour policy in place. The Provider's clinical records management policy references confidentiality and privacy of service users. The Assessment Team observed a patient interaction during the on-site engagement, which was carried out with the patient's dignity and privacy taken into account.

1.3.2 Communication and interpersonal skills training is not provided as there is no formal induction or training programme in place.

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








Areas of Best Practice

1.3.1 Practitioners were observed at the on-site engagement to undertake their duties in a manner that promoted respect for the dignity and privacy of patients

Areas for Improvement

1.3.2 The Provider should provide induction training for all staff to include organisational communications and interpersonal skills training.

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 A service user feedback form was available. No completed forms were provided to the Assessment Team.

A patient experience survey had not been undertaken.

No complaints or compliments had been received by the Provider.

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













Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

1.4.1 The service user feedback form should be updated to simplify the questions to reflect areas for measurement against improvement indicators. The feedback form should be freely available to all service users. Feedback should be encouraged following all patient interactions and responses collated to highlight areas of good experience and those requiring attention.

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 complaints policy in place. The Assessment Team were not provided with any complaints and were informed that none had been received.

1.5.2 No training records were available. An informal goodwill arrangement was in place with another Provider to undertake the complaints appeals process if required.

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

1.5.1 There is a comprehensive complaints policy in place.

Areas for Improvement

1.5.1 The Provider would benefit from ensuring that all staff receive training on the complaints process.

1.5.2 A formal Memorandum of Understanding (MOU) should be in place with the external provider in relation to appeals. This would support good governance arrangements for the process.

Theme 2

Effective Care
and Support



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



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

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

Assessment Panel Findings

2.1.1 The Provider relies on practitioners completing CPG upskilling in their substantive post within their own organisation. Evidence is then provided by the practitioner to the Provider. Evidence of CPG upskilling was not provided for all practitioners in the requested sample. Updates that the Provider receives from PHECC, related to PHECC matters, are emailed to the practitioners. A read receipt is the only evidence to confirm dissemination.

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

Areas of Best Practice

No specific observation noted by the Assessment Team.






Areas for Improvement

2.1.1 All relevant policies and procedures should be updated to reflect evidence-based best practice and engagement with practitioners would benefit compliance and understanding.

The Provider should maintain evidence of CPG upskilling completed.

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. <div>       </div>					



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



Assessment Panel Findings

2.2.1 The Provider uses PHECC patient care report forms. There is no formal handover protocol in use. There was no evidence that staff received training in effective communication or handover processes.

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



Areas of Best Practice







2.2.1 Provider uses PHECC patient care report and ambulatory care report forms to record patient treatment.

Areas for Improvement

2.2.1 The Provider should provide training in relation to communication and handover processes for all practitioners that operate on its behalf.

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



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

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



Assessment Panel Findings

2.3.1 The Assessment Team found that the vehicle registered as 131MH2XXX had a valid in date CRVT certificate valid until November 2021. The Provider stated that there was a service contract in place for servicing and maintenance of the vehicle.
The provider has a vehicle management policy in place.

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

2.3.1 The Provider has a vehicle management policy in place.

Areas for Improvement

No specific observation noted by the Assessment Team.

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

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

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

Assessment Panel Findings

2.4.1 The Assessment Team viewed the Annual Medical Director's Report. The report highlighted low levels of clinical activity, during COVID-19 restrictions, resulting in an absence of clinical audit, and PHECC KPI reports. The Assessment Team engaged with the Medical Director by phone.

2.4.2 The Assessment Team viewed the clinical audit policy, which detailed the annual programme of work. The clinical audit activity was curtailed due to low clinical activity.

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



Areas of Best Practice

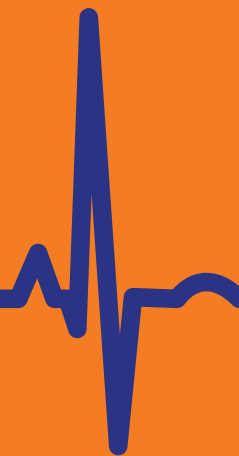
No specific observation noted by the Assessment Team.

Areas for Improvement



















2.4.2 The Provider would benefit by identifying relevant topics for audit based on the expected clinical activity.

Theme 3

Safe Care and Support



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

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

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

Assessment Panel Findings

3.1.1 The Assessment Team had access to the Infection Prevent and Control 2019 policy. Training records were not available. Elements such as Hand Hygiene processes and products were noted to be different to the policy document. Information on Covid-19 while cited, omitted reference to Covid-19 Vaccination. Decontamination processes were not comprehensive.

The care delivery area (recently relocated) was not clean and clutter free. Access to hand hygiene facilities were obstructed and the hand sink was not fully plumbed. A fridge located in the care delivery area was utilised as a domestic fridge and storage area for medicines and medical devices. An ozone system was utilised to decontaminate the care delivery area daily. No training records were available or risk assessment for its use. The Provider stated that mask fit testing did not work and that double masking was recommended, which was not observed. The Provider has a healthcare risk waste contract in place with an external provider. Evidence of this contract was viewed by the Assessment Team. The main clinical waste bin is located at an external site, which was not visited by the Assessment Team.

3.1.2 A Medications Policy was available. The Assessment Team were unable to verify stated stock control records and did not visit the stated secure lock up, which was located off site. Training records were not available. The Provider is awaiting HPRA assessment for their licence. Medication bags, while presented as being stocked to paramedic level, were not in line with what was required to deliver the CPG at paramedic clinical level. The processes for obtaining specific supplies of medications were not in compliance with best practice.

3.1.3 The Assessment Team examined the availability of medical device equipment, which was presented as being in line with PHECC requirements. However, significant discrepancies were noted, which were brought to the attention of the Provider. On a subsequent visit the Provider's ambulance was also noted to have variances. These included absence of essential equipment, post expiry dates on single use equipment, the absence of engineering service certification required on specific equipment, metal fatigue, and the absence of alcohol gels, and waste management facilities for staff and service users.

Training records were not available.

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

No specific observation noted by the Assessment Team.

Areas for Improvement

3.1.1 Training should be provided to staff on infection prevent and control practices. The language used in the policy to reference the patient/ service user needs to be reconsidered.















The policy needs to be aligned with best practice in areas such as hand hygiene, decontamination and Covid-19 vaccination information.

A medicines refrigerator is required for the storage of medicines. Domestic fridges should not be placed in care delivery areas. Facilities for tea / coffee should be relocated to a more appropriate environment. The ozone device should have a risk assessment undertaken to ensure safe and effective use and training provided to staff.

3.1.2 Training should be provided to all staff. Adverse Clinical Events reporting processes as outlined in the Provider's policy document requires revision. The Medical Director should provide oversight for medication management processes. The Provider should, in association with the Medical Director, complete a comprehensive risk assessment of medication processes and stocks required to operationalise the CPGs.

3.1.3. The Provider should, in association with the Medical Director, undertake a comprehensive risk assessment of medical equipment required to operationalise the CPGs. Appropriate storage facilities should be considered within the care delivery area to enable all equipment to be stored above floor level to allow for effective cleaning.

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 An Incident Reporting policy was evidenced. No training records were available. Open disclosure was not referenced in the policy. An incident report form was evidenced. No incidents had been reported.

3.2.2 A complaint's policy was evidenced by the Assessment Team. No training records were available. The Provider stated that no complaints have been received. An informal goodwill arrangement is in place with an external provider for a complaint's appeals process.

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

Areas of Best Practice

No specific observation noted by the Assessment Team.







Areas for Improvement

3.2.1 Training on incident and near miss reporting should be provided to staff.

3.2.2 The Provider should improve their system for recording training and formalise arrangements for managing complaints and appeals.

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



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

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

Assessment Panel Findings

3.3.1 A child protection 2019 policy was evidenced. Staff training records were not available. Children First training certificates were available. Chaperones are in place for all children as per industry policy. An overall Safeguarding policy was not available.

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

Areas of Best Practice

3.3.1 Children First training certificates were available.

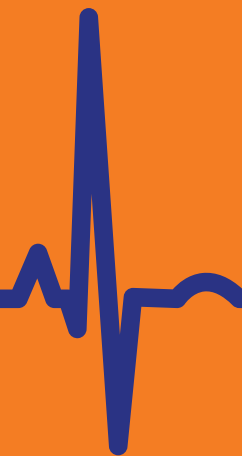
Areas for Improvement

3.3.1 The 'Relevant Person' referred to in the policy should be named to facilitate ease of contact for staff.

























A safeguarding policy should be available and disseminated to all staff with appropriate training.

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 A named Clinical Director is available to the Provider. No minutes of meetings were available to evidence clinical governance discussions. Low evidence of reporting of quality and safety throughout the organisational governance structures.

4.1.2 The named Medical Director is registered with the Medical Council. The Assessment Team engaged with the Medical Director by phone. Discussion centered around medication processes, privileging, compliance, education and future engagement plans and restrictions. The substantive role of the Medical Director has changed due to them engaging in different clinical discipline since initial engagement.

4.1.4 PHECC executive have engaged with the Provider regarding levels of insurance cover present. The Provider should continue to engage with its insurer to ensure that the patient is fully protected.

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

Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

4.1.2 Challenges that may arise regarding service oversight need to be considered in the context of the Medical Director's substantive post. The Provider would benefit from ongoing engagement with the Medical Director around medication processes, privileging, clinical audit and education programmes.

4.1.4 The Provider shall ensure that the patient is fully protected and the organisation is indemnified to the appropriate levels of cover.

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



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

4.2.1 There is minimal evidence of use of quality and safety information to highlight areas of improvement within the organisation. Risk management processes were generally absent in respect of data to improve patient safety processes.

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

Areas of Best Practice

4.2.1 Policies and processes are in place for incident and complaint management.

Areas for Improvement

4.2.1 The Provider should review how organisational patient safety system processes and practices could be improved to drive the patient safety agenda.

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



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



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



Assessment Panel Findings

4.3.1 The Provider has a risk management policy. While the Provider is in receipt of completed risk assessments from the event organisers, the Provider does not complete a further risk assessment to determine the level of equipment or capacity/ capability of practitioners required. No evidence of proactive risk assessments being undertaken around new services, projects or practices. No Risk Register available for the Assessment Team to evidence.

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













Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

4.3.1 The Provider should consider using proactive risk management processes to identify areas of risk that require mitigation. This should include the maintenance of a risk register.

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 While there is no communication policy in place, there was evidence of alerts on Covid-19 being issued by the Provider. Communication channels include the use of personal emails for staff.

4.4.2 The Provider submitted a GVF self-assessment report.

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 Assessment Team.

Areas for Improvement








4.4.1 The Provider should consider developing a communication policy with monitoring arrangements to ensure disseminated information is received and understood by staff.

Theme 5

Workforce



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

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

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



Assessment Panel Findings

5.1.1 Workforce planning is based on a number of temporary bank staff being available for projects. Skill mix is at Emergency Medical Technician and Paramedic level. There is no process for succession planning provided.

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



























Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

5.1.1 The Provider would benefit from developing definitive standardised records for each practitioner to include attendance at standardised induction training. The Provider would benefit from proactive workforce planning processes to ensure capacity is aligned with Provider 's needs.

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 an English language policy in place. This references IELTS and TOEFL. The current staff complement have English as their first language.

5.2.2 There are processes/procedures for pre-employment/pre-engagement checking of identity and registration for employees, contractors in place.

5.2.3 There is a procedure and process for pre-employment checks of privileging status for employees in place. The record of privileging status for all employees was evidenced by the Assessment Team.

5.2.4 There is a documented vetting process in line with National Vetting Bureau (Children & Vulnerable Persons) in place.

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



















Areas of Best Practice

5.2.4 There is good documentation and records relating to Garda vetting.

Areas for Improvement

No specific observation noted by the Assessment Team.

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

PHECC Statement	The Licensed CPG Provider provides, or provides access to, on-going training to ensure that volunteers, contractors and/or employees' CPG skill levels are maintained commensurate with their current CPG privileged status.
PHECC Requirements	<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 no standardised induction programme in place. Evidence of practitioner prior learning is recorded for hand hygiene, children first guidelines, and CPGs. There are no records of attendance at induction training provided by the Provider.

5.3.2 There was no evidence of CPG upskilling, or manual handling training held by the Provider.

5.3.3 Not applicable as the Provider does not have students.

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

No specific observation noted by the Assessment Team.

Areas for Improvement

5.3.1 The Provider should establish an induction programme and training records should be kept.

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	<p>5.4.1 The Licensed CPG Provider has a Critical Incident Stress Management process in place.</p> <p>     ✓   </p> <p>5.4.2 The Licensed CPG Provider has a Fitness to Practice Policy/Procedure, which makes reference to the PHECC Fitness to Practice processes.</p> <p>      ✓  </p> <p>5.4.3 The Licensed CPG Provider has processes for the identification of poor or variable staff performance.</p> <p>     ✓   </p> <p>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).</p> <p>     ✓   </p>
PHECC Requirements	<p>5.4.5 The Licensed CPG Provider creates opportunities for staff to feedback on the quality and safety of the service they work in.</p> <p>     ✓   </p>

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 A Critical Incident Stress Management Programme is available to staff, which has not been utilised to date.

5.4.2 The Provider has a fitness to practice policy.

5.4.3 An appraisal process has not been established by the Provider.

5.4.4 / 5.4.5 There is no protected disclosure policy in place.

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

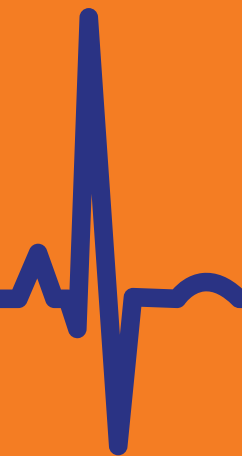
No specific observation noted by the Assessment Team.

Areas for Improvement













- 5.4.1 The CISM programme needs to be formally established and promoted by the Provider.
- 5.4.3 Performance monitoring should be established.
- 5.4.4 Protected disclosure policy and mechanism to be established by the Provider.

Theme 6

Use of Information



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

PHECC Statement	The Licensed CPG Provider is compliant with Council Policy for implementation timeframes for clinical information standards and associated reports – V1. (POL043)
PHECC Requirements	<p>6.1.1 The Licensed CPG Provider implements the PHECC clinical information standards and associated patient reports.</p> <div data-bbox="379 678 1401 768">       </div> <p>6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.</p> <div data-bbox="379 907 1401 996">       </div>

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

Assessment Panel Findings

6.1.1 There is a clinical records management policy in place. There is a PCR/ACR return box available on site, however, the Assessment Team were unable to verify the process for storage of PCRs as this is managed at the Provider's residence, which was not visited due to COVID-19 considerations. The process for security of PCRs prior to their return to the onsite drop box following the management of a patient was unverified.

6.1.2 An external company undertake audit of ACRs and PCRs. No report was available to the Assessment Team.

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 Assessment Team.

Areas for Improvement

6.1.1 The process for security of PCR's prior to returning to the onsite drop box needs to be documented and monitored.

6.1.2 The completed documentation audit should be made available and discussed with staff.

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 Blue Screen Medics Ltd are as follows:

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	1	2.3%
Not Met	0	0%
Minimally Met	6	14%
Moderately Met	20	46.5%
Substantively Met	13	30.2%
Fully Met	3	7%

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.	Moderate
	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.	Substantive
	1.3.2 The Licensed CPG Provider demonstrates a commitment to develop a culture where volunteers, contractors and/or employees involve and treat people with compassion, kindness, dignity and respect.	Substantive
	Standard 1.4 Licensed CPG Providers promote a culture of kindness, consideration and respect.	
	1.4.1 The Licensed CPG Provider undertakes Patient Satisfaction and/or Patient Experience Surveys to help shape and improve services and culture.	Moderate
	Standard 1.5 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.	
	1.5.1 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.	Moderate
	1.5.2 The Licensed CPG Provider provides training to all front-line volunteers, contractors and/or employees in handling a patient or family member's complaint or concern.	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 privileged status to deliver and ensure safe and appropriate care.	Moderate
	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).	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.	Minimal
	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.	Minimal
	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.	Minimal
	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.	Minimal
	Standard 3.3 Licensed CPG Providers ensure all reasonable measures are taken to protect patients from abuse.	
	3.3.1 The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise.	Substantive
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 Licensed CPG Provider is compliant with tax laws.	Fully Met
	4.1.4 The Licensed CPG Provider has documentary evidence of the required insurance policies.	Moderate
	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.	Moderate
	4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation framework.	Substantive

Theme 5: Workforce	Standard 5.1 Licensed CPG Providers plan, organise and manage their workforce (volunteers, contractors and/or employees) to achieve the service objectives for high-quality, safe and reliable healthcare.	
	5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.	Substantive
	Standard 5.2 Licensed CPG Providers recruit/engage with practitioners with the required competencies to provide high-quality, safe and reliable healthcare.	
	5.2.1 The Licensed CPG Provider has a process in place to satisfy itself that the English language competence of its Responders and Practitioners, whose first language is not English, is appropriate to the clinical/ professional activities to be carried out by that person i.e. Responder or Practitioner levels.	Substantive
	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.	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.	Minimal
	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).	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.	Substantive
	5.4.3 The Licensed CPG Provider has processes for the identification of poor or variable staff performance.	Moderate
	5.4.4 The Licensed CPG Provider improves patient safety by encouraging and supporting employees, contractors and/or volunteers in the reporting and learning from patient safety incidents (including adverse incidents, near misses and no-harm events).	Moderate
	5.4.5 The Licensed CPG Provider creates opportunities for staff to feedback on the quality and safety of the service they work in.	Moderate
Theme 6: Use of Information	Standard 6.1 Licensed CPG Providers have effective arrangements in place for clinical information governance.	
	6.1.1 The Licensed CPG Provider implements the PHECC clinical information standards and associated patient reports.	Substantive
	6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.	Substantive

Report Summary

Report Status

In accordance with the Council rules this GVF site-assessment does trigger a requirement for PHECC to issue an improvement notice regarding the Provider's service.

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

Blue Screen Medics Ltd is required to submit their Quality Improvement Plan to gvf@phecc.ie. This Quality Improvement Plan will encompass any areas highlighted in the 'Areas for Improvement' and will identify and outline improvements to be actioned or planned at Blue Screen Medics Ltd in the upcoming licensing period.

Report Summary

Improvement Notice

This section highlights specific actions to be taken by Blue Screen Medics Ltd with immediate effect.

PHECC require an update on the organisation's plans to address the items listed and be advised that all other recommendations, made in the body of the report, should also be addressed in the Quality Improvement Plan, which is due three weeks after receipt of this report.

Blue Screen Medics Ltd shall:

1. Review its Infection prevention and control policy and significantly improve the arrangements and practices associated with delivery of care (Std 3.1.1).
2. Conduct a comprehensive risk assessment of medication processes in conjunction with its Medical Director. The medication management and storage arrangements and associated processes shall be reviewed in line with recommendations to achieve best practice (Std 3.1.2 and 4.1.2).
3. Cease the transporting of patients and shall ensure that all equipment is fully serviceable. Equipment that requires certification shall be certified immediately and IPC arrangements reviewed and established. A follow up inspection of the vehicle will be arranged prior to any further patient transport (Std 3.1.3).



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