



Governance Validation Framework

Site Assessment Report

CHC Ireland DAC Ltd

May 2022

“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 CHC Ireland DAC 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 CHC Ireland DAC Ltd (CHC), an auxiliary provider of pre-hospital emergency care services in Ireland. The on-site GVF assessment visits for this report were conducted during May 2022 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 CHC'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's governance Validation Framework assessment report concludes with a Report Summary, which includes a tabular format that provides an overview to CHC'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, Paramedic and Advanced Paramedic in Ireland.

In Ireland CHC operate services from four base locations on behalf of 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 Ltd
Type of Visit	Full GVF Assessment - GVFREP CHC 002_0522
Licensed CPG Provider Lead	GVFA6916
Date of Review	Practitioner Engagement - 26/05/2022 Site Assessment - 26/05/2022
Assessment Team	GVFA6916 - Team Lead/Site Assessor GVFA4352 - Practitioner Engagement
Circumstances of this Site Assessment	GVF Assessment.
Relevant Recent Visits	Practitioner Engagement and Onsite Assessment conducted in May 2022.

Overview of Licensed CPG Provider

Assessment Details (continued):

Licensed CPG Provider Participants

Medical Director (Medical Council Reg No 19297)
Accountable Manager (Paramedic)
Audit Safety and Compliance Monitoring Manager

Onsite Feedback

Verbal feedback related to the Assessment Team's initial findings was provided to the Senior Management Team of CHC by the PHECC GVF Assessment Team Lead at the closing meeting. A number of items were identified as areas of potential improvement including: patient surveys, audit, safeguarding statement, induction training, and investigation process. There was agreement by all in attendance regarding the relevance and substance of the Assessment Team's comments and indicative findings.

Judgement Framework













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

Theme 1

Person Centred
Care and Support



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

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

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

Assessment Panel Findings

1.1.1 The deployment model is specified by the Department of Transport and Marine as part of a contract. The principle clinical level of response is that of Paramedic. There is a small number of 'legacy' EMTs employed, however, they are always rostered with a Paramedic or Advanced Paramedic who is the clinical lead.

1.1.2 CHC does not take calls directly from the public; they are tasked by the Coast Guard who receive the primary call from the public or other agencies, therefore, PHECC's EMS Priority Dispatch Standard (STN001) does not apply. The Assessment Team found that CHC has a standardised 'callout sheet' for logging the outline details received from the Coast Guard in preparation for the tasking. These details enable the crew to commence the response and are frequently updated via radio with additional details pertinent to the incident. The Provider has a manual that outlines call taking procedures.

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













Areas of Best Practice

1.1.2 The call taking process is clear and concise and enables tasking and deployment to occur without delay.

Areas for Improvement

1.1.2 Based on the evidence presented, the Assessment Team consider that there may be an opportunity to improve the 'callout sheet' by adding a section for pertinent incident details received from the Coast Guard.

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

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

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

Assessment Panel Findings

1.2.1 The Assessment Team evidenced an organisational procedure for consent/checking of patient identity contained within the Provider's Medical Manual.

1.2.2 The Assessment Team evidenced an organisational procedure for refusal of treatment and/or transport contained within the Provider's Medical Manual. During Practitioner Engagement it was confirmed that Practitioners are aware of the procedure to follow when a patient refuses treatment and/or transport.

The assessment of a patient's mental capacity, however, is not referred to in the Medical Manual, although Practitioners were aware of recording it on the Patient Care Report (PCR).

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













Areas of Best Practice

1.2.1 The Provider carried out a structured audit of PCRs to identify percentage of recording of patient's identity i.e. name and date of birth.

Areas for Improvement

1.2.2 The assessment of a patient's capacity should be included in the Provider's Medical Manual and included in CPC training.

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

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

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

Assessment Panel Findings

1.3.1 The Assessment Team identified reference to patient confidentiality in the Provider's Medical Manual, however, there was no reference to dignity and autonomy of the patient. In discussion, the Management Team were adamant about protecting the dignity and autonomy of patients. During Practitioner Engagement it was identified that Practitioners are aware of patient confidentiality requirements.

1.3.2 During discussions with both management and staff the Assessment Team identified an organisational culture of kindness, consideration and respect for patients.

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







Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

1.3.1 The Provider should insert a reference to dignity and autonomy of the patient within their Medical Manual.

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

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

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

Assessment Panel Findings

1.4.1. The Self-assessment submitted by the Provider identified this Standard as non-applicable to their organisation. During discussions with the Management Team it became clear that, although a satisfaction survey with the patients encountered may be difficult, there are other methods of quantifying this requirement. The Medical Director identified that a complaints to compliments ratio may be a measurement worth considering. Staff are informed of compliments and complaints that are received thus the Management Team is aware of the value of monitoring these.

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 Provider should consider and implement ways to measure 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.

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 The Assessment Team found evidence of a complaints process and procedure. The Management Team gave an example of a complaint about noise levels that culminated in a no-fly zone over the complainant's property.

1.5.2 During Practitioner Engagement it was noted that Practitioners were aware of the organisational complaints process and know how to advise a patient on how to make a complaint.

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

Areas of Best Practice

1.5.2 Practitioners demonstrated good knowledge about the complaints process.

Areas for Improvement

No specific observation noted by the Assessment Team.

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>

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 has a robust staff monitoring process to ensure monitoring and competency levels. There is a local database of Practitioners with their status and currency. The Provider has introduced an internal guideline for IM morphine administration. It was noted that no specific dose of Morphine was specified on the guideline, however, the Management team explained that the Practitioners are required to contact an external medical advisory service in Cork for guidance. The training programme to implement the guideline was developed by a PHECC Recognised Institution.

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 The Provider should amend the internal guideline for Morphine IM to include an initial dose.

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.					
						✓

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

Assessment Panel Findings

2.2.1 The Provider's Medical Manual specifies the IMIST-AMBO handover process. During Practitioner Engagement Practitioners confirmed this handover process.

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

Areas of Best Practice







2.2.1 The Provider implements the IMIST-AMBO handover process.

Areas for Improvement

No specific observation noted by the Assessment Team.

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 Irish Aviation Authority (IAA) governs the safety of aircraft in Ireland. Each helicopter utilised by the Provider has an Airworthiness Review Certificate issued by the IAA. Due to the nature of the Provider's business, there is considerable systems in place to ensure patient transportation is conducted in as safe a manner as possible. All legal and regulatory requirements appear to be in place. There is a dedicated in-house maintenance team to address any issues.

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 complies with national transport safety guidance.

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 Provider submitted a Medical Director's report that complies with PHECC requirements.

2.4.2 While there was a clinical audit submitted, the Assessment Team found that it was a structure audit on completion of PCRs.

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

Areas of Best Practice

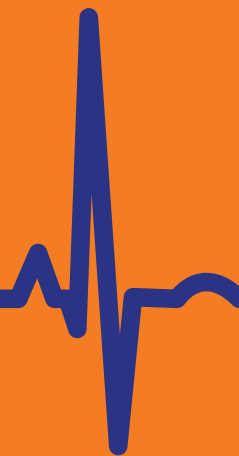
No specific observation noted by the Assessment Team.

Areas for Improvement











2.4.2 The Provider would benefit from implementing an audit plan, which involves a variation in audit subject matter i.e. structure, process and/or outcome audits.

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 Provider has an infection prevention and control policy that includes a deep cleaning of aircraft following 1,500 hours of operation. The reference to type of gloves utilised within the policy is not in line with current standards.

During Practitioner Engagement good infection prevention and control practice was evidenced.

3.1.2 During Practitioner Engagement it was confirmed that the required medications were available for EMT and Paramedic levels. The Assessment Team were unable to verify the medication arrangements for Advanced Paramedics as these Practitioners operate from a different base to the assessment location.

3.1.3 During Practitioner Engagement it was noted that there is an equipment and consumables store on site. It is adequately stocked and has capacity for failed equipment and replenishment, including medications.

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 The Provider should consider changing the Infection Prevention and Control policy to reflect the current standard of gloves to be utilised during patient care.

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 The Assessment Team identified a culture of open disclosure and Practitioner understanding of their responsibilities to raise concerns, record patient safety incidents. This was supported by a policy document.

The Incident recording procedure is robust utilising an internally developed management system, Safety and Quality Integrated Database (SQID), where all incidents, including patient related incidents, are recorded.

3.2.2 All staff are sent a SQID generated weekly e-mail report of incidents and outcomes.

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

Areas of Best Practice

3.2.1 The SQID management system is a robust record management system.

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.



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

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

Assessment Panel Findings

3.3.1 While there is a Child Safeguarding Statement in place it makes no reference to mandatory reporting as required by the Children First Act 2015. Mandatory reporting is, however, referred to in the Provider's Medical Manual. The Provider's Child Safeguarding Statement was due to be renewed on 1st January 2020, however, there was no evidence that it was reviewed on that date. During Practitioner Engagement it was noted that an awareness of child safeguarding responsibilities was lacking among Practitioners as they failed to identify TUSLA as an organisation to whom reports of concerns should be addressed.

The Safeguarding Statement is limited to children, as defined by the Child Care Act 1991, however, there is no reference to 'vulnerable adults' in the documentation provided.

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

Areas of Best Practice

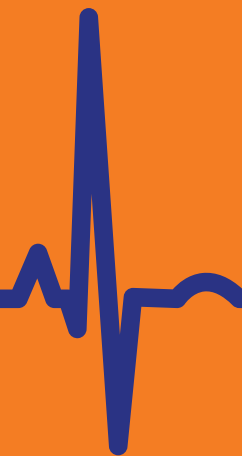
No specific observation noted by the Assessment Team.

Areas for Improvement

























3.3.1 The Provider should update their Safeguarding Statement to include vulnerable adults, mandatory reporting and review time frames. The Provider would also benefit from informing Practitioners of their individual reporting responsibilities in the area of safeguarding of children and vulnerable adults in accordance with statutory requirements..

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 While the Provider has engaged a Medical Director, they are not included in the Provider's submitted organisational chart, therefore, there is no clear clinical governance pathway outlined.

4.1.2 The Assessment Team met with the Provider's Medical Director and verified his role and responsibilities within the organisation.

4.1.3 The Provider is tax compliant.

4.1.4 Documentation was provided that evidenced appropriate insurance is held by the Provider.

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

4.1.1 The Provide should update their organisational chart to include the Medical Director with identified relationship to the Practitioners.

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>

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



Assessment Panel Findings

4.2.1 The Provider has extremely robust processes in place (SQID) to measure safety and clinical quality matrices. An area of weakness identified, however, is clinical audits as they have been limited to structure audits to date.

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

Areas of Best Practice







No specific observation noted by the Assessment Team.

Areas for Improvement

4.2.1 The Provider should expand the level of clinical audit to include process and outcome audits.

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 very strong focus on Irish and EU aviation legislation. However, it was noted that reference to PHECC legislation is lacking in documentation. The Provider's Medical Manual refers to 'Clinical Practice Guidelines version 2' and not the 'current version' which would be more generic.

The assessment team discussed the process of reporting the death of a patient during operations.

Evidence was presented of a corporate risk register, which is regularly reviewed to mitigate risk to the Provider.

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 would benefit and increase clarity for all by updating the Medical Manual to specify the use of 'current CPGs' and also that by the inclusion of a 'legal mandatory' requirement advice document for Practitioners to advise of their responsibilities for such things as the reporting of a patient's death in accordance with the statutory requirement of the Coroner's (amendment) Act 2019.

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 The Provider has a messaging system (Flight Operations Software) in place to ensure staff receive alerts and updates in a timely manner. The Provider hosts regular staff meetings/briefings.

4.4.2 The Provider has endeavoured to be compliant with all aspects of the PHECC GVF.

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








No specific observation noted by the Assessment Team.

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 The Provider demonstrated ongoing workforce planning activity to ensure sufficient staffing with appropriate skills and competencies are available to cover shifts, however, there was no policy in place to support this important activity.

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 shall develop a policy for workforce planning to support this ongoing activity and its continuity.

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 The Provider utilises the aviation language proficiency standard as set by ICAO/EASAS for English language competency for all Practitioners whose first language is not English. A policy is in place to support this.

5.2.2 The Provider has processes to check qualifications and registration of all Practitioners.

5.2.3 The Provider ensures that all staff have the appropriate qualifications and registrations. The Medical Director has issued a global privileging letter for all Paramedics and Advanced Paramedics with respect to Morphine IM use.

5.2.4 Garda vetting is carried on all Practitioners prior to employment and on a rolling three-year basis.

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





















Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

5.2.3 The Provider is advised to issue staff with individual letters of privileging that outlines their specific scope of practice.

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 data-bbox="379 763 1401 853">       </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 data-bbox="379 1077 1469 1167">       </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 data-bbox="379 1350 1469 1440">       </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 The Assessment Team noted evidence of a comprehensive process for induction and orientation for new practitioners, however, no policy was in place to support this.
- 5.3.2 The Assessment Team noted evidence of a comprehensive system for managing training and development needs within the Provider's organisation, which includes three days CPD training for each Practitioner annually, one of which is self-directed learning.
- 5.3.3 The Provider does not normally accept practitioner students for placements, however, they currently have a member of staff who is a post graduate intern paramedic and have in place the appropriate arrangements to manage and supervise this student during internship.

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 develop a policy to support and maintain continuity of induction training for new employees.

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

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

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



Assessment Panel Findings

5.4.1 The Provider has a CISM programme in place supported by staff and management. This programme has access to external support.

5.4.2 The Provider's Medical Manual is comprehensive in outlining the requirements for addressing poor compliance/fitness to practice (FTP) of Practitioners, however, one anomaly related to the Chief Crewman Standards – Medical was identified that may require an operational Practitioner to potentially have to investigate a FTP issue against himself or a crew mate attending an incident that he was directly involved in.

5.4.3 Within the Provider's organisation every incident responded to prompts an option to raise a concern or appraisal of the incident.

5.4.4 The Assessment Team noted a culture of reporting poor performance, which is standard in the aviation industry. Post incident de-briefing is a standard procedure, and any issues are reported via the ISAR system.

5.4.5 The Assessment Team noted that the SQID (bespoke system) is a robust system for reporting and follow up on issues identified. During Practitioner Engagement Practitioners confirmed that they were aware of who they report concerns to and that they can do so without fear of adverse consequences to themselves.

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













5.4.2 The Provider shall update the investigation process and the Medical Manual to address and eliminate an anomaly whereby a crew member may be required to investigate an incident they were directly involved in.

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 1469 996">       </div>

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

Assessment Panel Findings

6.1.1 The Provider's clinical records are accurate, complete and stored securely, however, there is no destruction policy to support disposal of clinical records that have exceeded their required storage time frames.

6.1.2 The Provider's PCRs were legible and audited quarterly. The submitted structure audit of PCRs was of high standard

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 Provider should consider developing a document destruction policy prior to destroying clinical records that have surpassed their storage requirement timeframes.

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 CHC Ireland DAC Ltd are as follows:

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	0	0%
Not Met	0	0%
Minimally Met	1	2.3%
Moderately Met	1	2.3%
Substantively Met	12	28%
Fully Met	28	67.4%

PHECC Requirement		Compliance level
Theme 1: Person-Centred Care and Support	Standard 1.1 Patients have equitable access to healthcare services based on their assessed needs.	
	1.1.1 The Licensed CPG Provider has systems, processes and procedures for the timely and clinically appropriate response to provide safe care and treatment to patient population they serve.	Fully Met
	1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.	Fully Met
	Standard 1.2 Patients' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.	
	1.2.1 The Licensed CPG Provider has systems, processes and procedures, developed in line with best practice for patient consent and/or patient identification (which includes guidance for practitioners) in line with the PHECC Code of Professional Conduct & Ethics.	Fully Met
	1.2.2 The Licensed CPG Provider has a policy/procedure in place in relation to the refusal of treatment and/or transport.	Substantive
	Standard 1.3 Patients' dignity, privacy and autonomy are respected and promoted.	
	1.3.1 The Licensed CPG Provider has arrangements in place to promote patients' privacy, dignity and autonomy.	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.	Fully Met
	Standard 1.4 Licensed CPG Providers promote a culture of kindness, consideration and respect.	
	1.4.1 The Licensed CPG Provider undertakes Patient Satisfaction and/or Patient Experience Surveys to help shape and improve services and culture.	Minimal
	Standard 1.5 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.	
	1.5.1 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.	Fully Met
	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.	Fully Met
Theme 2: Effective Care and Support	Standard 2.1 Healthcare reflects national and international evidence of what is known to achieve best outcomes for patients.	
	2.1.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure Responders/Practitioners utilise the evidence-based CPG appropriate to their privileged status to deliver and ensure safe and appropriate care.	Substantive
	Standard 2.2 Patients receive integrated care, which is coordinated effectively within and between services.	
	2.2.1 The Licensed CPG Provider has a standardised handover process in place to ensure the safe, timely, and structured exchange of information during handover of patients.	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.	
	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.	Substantive

Theme 3: Safe Care and Support	Standard 3.1 Licensed CPG Providers protect patients from the risk of harm associated with the design and delivery of healthcare services.	
	3.1.1 The Licensed CPG Provider has a reliable system in place to prevent and protect patients and staff from healthcare associated infections.	Substantive
	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.	Fully Met
	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.	Moderate
	Standard 4.1 Licensed CPG Providers have clear accountability arrangements to achieve the delivery of high-quality, safe and reliable healthcare.	
Theme 4: Leadership, Governance and Management	4.1.1 The Licensed CPG Provider has an established reporting and accountability structure for clinical governance.	Substantive
	4.1.2 The Licensed CPG Provider has an identified Medical Director who is registered with the Medical Council and who is based in this jurisdiction and who oversees the service.	Fully Met
	4.1.3 The Licensed CPG Provider is compliant with tax laws.	Fully Met
	4.1.4 The Licensed CPG Provider has documentary evidence of the required insurance policies.	Fully Met
	Standard 4.2 Licensed CPG Providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.	
	4.2.1 The Licensed CPG Provider has systems, process and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.	Substantive
	Standard 4.3 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.	
	4.3.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure compliance with statutory legislation relating to the provision of safe and effective care.	Substantive
	Standard 4.4 Licensed CPG Providers act on standards and alerts and take into account recommendation(s) and guidance, as formally issued by relevant regulatory bodies as they apply to their service.	
	4.4.1 The Licensed CPG Provider has a process in place to ensure the appropriate communication and adoption of new recommendation(s) and guidance issued by the PHECC and other regulatory bodies.	Fully Met
	4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation framework.	Fully Met

Theme 5: Workforce	Standard 5.1 Licensed CPG Providers plan, organise and manage their workforce (volunteers, contractors and/or employees) to achieve the service objectives for high-quality, safe and reliable healthcare.	
	5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.	Substantive
	Standard 5.2 Licensed CPG Providers recruit/engage with practitioners with the required competencies to provide high-quality, safe and reliable healthcare.	
	5.2.1 The Licensed CPG Provider has a process in place to satisfy itself that the English language competence of its Responders and Practitioners, whose first language is not English, is appropriate to the clinical/ professional activities to be carried out by that person i.e. Responder or Practitioner levels.	Fully Met
	5.2.2 The Licensed CPG Provider has a process in place to check registration on appointment and on-going renewals of registration for volunteers, contractors and/or employees.	Fully Met
	5.2.3 The Licensed CPG Provider conducts checks to confirm that all employees, contractors and/or volunteers have the appropriate qualifications and registrations.	Fully Met
	5.2.4 The Licensed CPG Provider ensures that employees, contractors and/or volunteers are subject to Garda Vetting in line with the National Vetting Bureau (Children & Vulnerable Persons) Act 2012 prior to patient contact.	Fully Met
	Standard 5.3 Licensed CPG Providers ensure their workforce (volunteers, contractors and/or employees) have the competencies required to deliver high-quality, safe and reliable healthcare.	
	5.3.1 The Licensed CPG Provider has developed and implemented a comprehensive induction programme to ensure volunteers, contractors and/or employees understand their responsibilities in relation to the safety and quality of services.	Substantive
	5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status.	Fully Met
	5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students (if applicable).	Fully Met
	Standard 5.4 Licensed CPG Providers support their workforce (volunteers, contractors and/or employees) in delivering high-quality, safe and reliable healthcare.	
	5.4.1 The Licensed CPG Provider has a Critical Incident Stress Management process in place.	Fully Met
	5.4.2 The Licensed CPG Provider has a Fitness to Practice Policy/Procedure, which makes reference to the PHECC Fitness to Practice processes.	Substantive
	5.4.3 The Licensed CPG Provider has processes for the identification of poor or variable staff performance.	Fully Met
	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 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.	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 V7) outlines that, where appropriate, full recognition to implement CPGs will be awarded for a three (3) year period. This approval will apply from the last approval date.

Quality Improvement Plan

CHC Ireland DAC Ltd is required to adjust and re-submit their Quality Improvement Plan to gvf@phecc.ie. This adjustment of the 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 CHC Ireland DAC Ltd in the upcoming licensing period.



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