

Pre-Hospital
Emergency Care
Council



Governance Validation Framework

Site Assessment Report

Lifeline Ambulance Service Ltd

September 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.”



2nd Floor
Beech House
Millennium Park
Osberstown
Naas
Co Kildare
W91 TK7N

Tel: +353 (45) 882042
E-mail: gvf@phecc.ie
Web: www.phecc.ie

Introduction

Executive Summary	04
Overview of Licensed CPG Provider	05

Assessment Report

Judgement Framework	08
<i>Guide to Rating Descriptor</i>	
Theme 1	09
<i>Person Centred Care and Support</i>	
Theme 2	25
<i>Effective Care and Support</i>	
Theme 3	38
<i>Safe Care and Support</i>	
Theme 4	49
<i>Leadership, Governance and Management</i>	
Theme 5	62
<i>Workforce</i>	
Theme 6	75
<i>Use of Information</i>	

Report Summary

Report Summary	79
-----------------------------	----

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 Lifeline Ambulance Service 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 Service Provider that is the subject of this report is Lifeline Ambulance Service Ltd, a private provider of pre-hospital emergency care services based in Co Kildare. The on-site GVF assessment visits for this report were conducted during August and September 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 Lifeline Ambulance Service 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.

Lifeline Ambulance Service Ltd Governance Validation Framework assessment report concludes with a Report Summary, which includes a tabular format that provides an overview to Lifeline Ambulance Service 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

Lifeline Ambulance Service, established in 1999, is a private ambulance service that is headquartered in Leixlip Co Kildare. Lifeline employs over one hundred and fifty staff (150) and are licensed by the Pre-Hospital Emergency Care Council (PHECC) to deliver pre-hospital emergency care service at the clinical level of Emergency Medical Technician, Paramedic and Advanced Paramedic. The service provides planned transfers to and from a variety of healthcare locations and nursing homes.

Lifeline Ambulance Service are primarily engaged in planned patient transport services and is a provider of organ transport to and from transplant centres in Ireland. Lifeline Ambulance Service provides medical cover and support at sporting, motoring, social and corporate events.

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

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	Lifeline Ambulance Service Limited
Type of Visit	Full GVF Assessment - GVFREP LAS 002_0922
Licensed CPG Provider Lead	GVFA7460
Date of Review	Practitioner Engagement - 24th and 25th August 2022 Onsite Assessment - 27th September 2022
Assessment Team	GVFA7460 - Team Lead GVFA4988 - Practitioner Engagement GVFA6815 - Site Assessor Site visited by the PHECC GVF assessment team during the assessment process were as follows: Unit 4/5 Ryebrook Industrial Park, Leixlip, Co. Kildare, W23 FH96
Circumstances of this Site Assessment	GVF Assessment
Relevant Recent Visits	Practitioner Engagement and Onsite Assessment conducted in August and September 2022.

Overview of Licensed CPG Provider

Assessment Details (continued):

Licensed CPG Provider Participants

CEO
Deputy CEO
Head of Ambulance Operations
Clinical Manager
Medical Director (Medical Council Reg No 22381)
Board Member
Practitioners x 5

Onsite Feedback

Verbal feedback related to the Assessment Team's initial findings was provided to the Senior Management Team of Lifeline Ambulance Service Limited by the PHECC GVF Assessment Team Lead at the closing meeting. Several areas were highlighted as being examples of best practice while a number of items were identified as areas of potential improvement. There was agreement by all in attendance regarding the relevance and substance of the Assessment Team's comments and indicative findings.

Judgement Framework

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

Theme 1

Person Centred
Care and Support



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

PHECC Statement	The Licensed CPG Provider has appropriate arrangements in place to ensure patients have equitable access to services based on assessed needs.
------------------------	---

PHECC Requirements	<p>1.1.1 The Licensed CPG Provider has systems, processes and procedures for the timely and clinically appropriate response to provide safe care and treatment to patient population they serve.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
---------------------------	--

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

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



Assessment Panel Findings

1.1.1 The Provider employs EMT (predominantly), Paramedic and Advanced Paramedic levels on a mix of full-time and bank hours contracts. There is one central base located in Co Kildare with five additional satellite locations around the country.

There are robust processes in place to manage rostering, staffing levels and skill mix by utilising a comprehensive web-based EMS IT system. Workforce planning is strong due to the nature of the business with 95% of calls being pre-booked through contractual arrangements with specific organisations. This pre-determined activity allows for planning rotas at least three weeks ahead of time but also supports administrators in managing the challenges of sick leave or unplanned absences on a day-to-day basis.

Each vehicle is staffed by two EMT with Paramedics and Advanced Paramedics being available when and where required by a contracting organisation. The majority of calls involve patient transfer and require EMT level practitioners, however, the Provider has contractual arrangements to cover events such as Motor Sport events that require a higher-level practitioner such as Paramedic or Advanced Paramedic. The Assessment Team evidenced an audit on roster predictions and a roster review that was completed in 2022, in addition, administrative staff keep a record of rejected calls, which allows for further monitoring of case load and potential future workforce planning needs for the organisation.

1.1.2 The Provider has a policy for taking calls, verifying addresses and dispatch. Call taking is managed by a team in one central call centre. The Assessment Team evidenced, in real-time, how the call centre is managed. Demographic details of each patient are electronically captured on the EMS system and linked to the patient ePCR. Crews are notified of calls through an EMS system App on their mobile phone or tablet and this allows Practitioners to view pre-populated information regarding patients arriving into their care.

Additional information such as pick up and drop off locations and tracking of vehicle location is also captured and made available through the EMS IT system.

In discussion with the Assessment Team, the Provider described the process for call-taker training as a 'learning on the job' approach with mentoring provided by experienced call takers. Recruits are promoted along a continuum of learning until they are deemed competent. The majority of call-takers are also EMT level Practitioners and can rotate through both roles supporting continuing professional development and succession planning elements of workforce planning.

Due to the nature of the business the Provider asserts that there is little requirement for translation services, particularly for call handling. A number of employees are multilingual and can fulfil the requirement for a translator if required. The Provider will support specific requests by an organisation to facilitate patients who are been transferred from a facility whose first language is not English.

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



Areas of Best Practice

- 1.1.1 The Assessment Team observed evidence of a robust EMS IT System capable of handling rosters, assisting in workforce planning, call handling and dispatch.
- 1.1.2 The EMS IT system provides accurate dispatch and supporting information to be received by crews, facilitating the provision of safe care and treatment to the patient population they serve.

Areas for Improvement

No specific observation noted by the Assessment Team.

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 Provider has a comprehensive policy regarding patient consent, including refusal of treatment and capacity issues.

Policies are in place regarding Vulnerable Adults, Patient Dignity, Child Protection / Safeguarding. Procedures for checking patient identity were observed during the Practitioner Engagement and supported by the EMS IT system, which has patient data pre-populated on ePCR.

1.2.2 During Practitioner Engagement it was observed that staff were knowledgeable about procedures for refusal of treatment or transport, and the Assessment Team were provided with evidence of yearly audits on patient transport / treatment refusal.

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 and 1.2.2 The Provider annually audits the checking of patient identity and the management of refusal of treatment or transport.

Areas for Improvement

No specific observation noted by the Assessment Team.

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

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



Assessment Panel Findings

1.3.1 The Assessment Team were provided with evidence of organisational leadership and commitment to protecting the dignity and privacy of its service users.

The Provider has in place policies and procedures regarding staff code of conduct and upholding patient confidentiality.

1.3.2 During Practitioner Engagement it was observed that Practitioners were very professional, with good patient rapport and treated everyone with dignity and respect. It was also observed that there was kindness and empathy demonstrated throughout patient encounters.

The Provider has communication and interpersonal skills training included in induction and on-going staff training programmes.

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



Areas of Best Practice

1.3.1 The Provider supports a culture whereby patients' dignity, privacy and autonomy are respected.

Areas for Improvement

No specific observation noted by the Assessment Team.

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



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 style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff9900; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #99cc99; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #009966; border: 1px solid #000; position: relative;"> ✓ </div> </div>

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



Assessment Panel Findings

1.4.1 The Provider has implemented recommended improvements from previous GVF assessment to facilitate the gathering of patient satisfaction/patient experience data to further improve services and organisational culture.

The Assessment Team verified that the Provider has processes in place to gather information from service users regarding their satisfaction with the service.

A paper and web-based survey has been developed for service user feedback and information regarding same is given to patients.

Staff induction and training programmes now include units of learning on patient satisfaction and information on how staff can support patients to make a complaint or give a compliment.

Audit of patient feedback surveys are carried out by the Clinical Manager and results are a standing item on the monthly clinical governance meeting agenda. An internal staff communication bulletin is also published quarterly and contains results of a number of audit topics including patient feedback, highlighting complaints and compliments made by service users.

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



Areas of Best Practice













1.4.1 The Provider has implemented recommended improvements from previous GVF assessment to facilitate the gathering of patient satisfaction/patient experience data to further improve services and organisational culture.

Areas for Improvement

No specific observation noted by the Assessment Team.

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



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

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



Assessment Panel Findings

1.5.1 The Assessment Team verified that the Provider has a documented process for managing complaints. The Provider stated that complaints are dealt with promptly and escalated to the appropriate level.

The Provider verified that they have an open-door policy and hands-on approach to managing complaints. A member of the Senior Management Team takes responsibility for communicating with the staff involved, as well as the service user, and endeavours to resolve the issue in the most efficient manner. Following the findings of investigation, remedial action is taken swiftly where indicated and lessons learned are shared with staff throughout the organisation.

1.5.2 Practitioners confirmed to the Assessment Team that they are aware of the Provider's complaints policy. They stated that complaints come from a variety of sources, and would be managed by either the Head of Operations or the Clinical Manager depending on the nature of complaint.

Staff are aware of how to advise a patient to make a complaint as induction training, and other training programmes, contain a unit of learning on managing complaints and how to guide patients should they wish to make a complaint.

The Assessment Team did not evidence staff complaints training records although it was clear that staff were knowledgeable regarding the complaints process.

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 The Provider has appropriate feedback and learning in place when a complaint is made by a service user.

Areas for Improvement

1.5.2 The Provider should maintain training records and should consider having a separate sign off process for staff undertaking this specific unit of learning (complaints/compliments).







Theme 2

Effective Care
and Support



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



PHECC Statement	The Licensed CPG Provider must ensure that privileged Responders/Practitioners administer specific medications and perform specific clinical interventions in keeping with their CPG status.
PHECC Requirements	<p>2.1.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure Responders/Practitioners utilise the evidence-based CPG appropriate to their status to deliver and ensure safe and appropriate care.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>

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



Assessment Panel Findings

2.1.1 The Provider keeps up to date records of all PHECC registered Practitioners and their privileging status on the EMS IT system. The system enables accurate record keeping of all certificates, training and upskilling linked to each member of staff.

The Provider employs an Advanced Paramedic (AP) to work alongside the Clinical Manager to assist with upskilling and planned training requirements. The AP also provides 'real time' training and assessments by regularly joining Practitioners while they are on duty.

During Practitioner Engagement, focus group meeting and on-site assessment there was substantial evidence that the Provider has a very robust process for dissemination of revised guidelines and updates from PHECC and other regulatory agencies.

On receipt of relevant information, the EMS system requires that each Practitioner sign in through their mobile phone or tablet and verify that the information has been received and read. Reminders are automatically generated at timed intervals by the system and these are sent to Practitioners until such time as a document has been read and acknowledged - failure to complete the process will render the Practitioner unable to sign on for duty.

The Assessment Team evidenced a process for the development and updating of guidelines, policies and procedures. A repository of previous versions of all documents was also verified.

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



Areas of Best Practice







2.1.1 The Provider has in place a sophisticated EMS IT system that ensures Practitioners utilise the most up to date evidence-based CPG appropriate to their status in order to deliver and ensure safe and appropriate care.

Areas for Improvement

No specific observation noted by the Assessment Team.

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



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

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



Assessment Panel Findings

2.2.1 The Provider has in place a handover protocol in line with national EMP standards for patient handover.

During Practitioner Engagement it was observed that Practitioners were familiar with the handover procedure utilising the IMIST - AMBO mnemonic.

It was further observed that a Practitioner received a detailed handover from a staff nurse, which was recorded and inputted into the ePCR.

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



Areas of Best Practice







2.2.1 The Provider has a standardised handover process in place to ensure the structured exchange of information during handover of all patients.
Use of ePCR, which has pre-populated information regarding the patient, further supports safe and timely handover processes.

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	<p>2.3.1 The Licensed CPG Provider has processes, systems and procedures in place to ensure the road-worthiness of their patient transport vehicles in line with legislation.</p> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>

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



Assessment Panel Findings

2.3.1 The Provider has processes, systems, and procedures in place to ensure the roadworthiness of their patient transport vehicles in line with legislation.

During Practitioner Engagement crews were observed carrying out a comprehensive examination and visual inspection of their vehicle at the start of each shift. The software programme on the EMS IT system (accessed by tablet or mobile phone) allows for information to be relayed immediately to relevant administration and operations personnel regarding roadworthiness of the vehicle (major and minor faults), the condition of the equipment and stock levels of disposable items.

It was also reported by staff that each vehicle has an on-board surveillance system that tracks driver behaviour, collects information regarding drivers' physical wellbeing and records adverse activity involving other road users.

The Assessment Team were satisfied that relevant documentation is in place for every vehicle in the fleet.

A paper-based system was evidenced for vehicle tax, insurance and CVRT Certificates, while full-service history, vehicle maintenance and repair records for each vehicle were verified by the Assessment Team on the EMS IT system.

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 comprehensive processes and procedures in place to ensure the roadworthiness of the fleet in line with legislation. Enhanced IT based monitoring programmes further support staff and patient welfare and safety.

Areas for Improvement

No specific observation noted by the Assessment Team.

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



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

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



Assessment Panel Findings

2.4.1 The Provider has submitted an Annual Medical Director's Report in line with PHECC requirements. The Assessment Team noted a clinical activities calendar was included in the report.

2.4.2 The Assessment Team verified through a variety of records and discussion with the Clinical Manager that there is a three-year cyclical clinical audit programme in place since 2020. Audits are planned on a yearly basis with a focus on patient sensitive KPI and operational outcomes relevant to the Provider. Information from audit is circulated to staff through the EMS IT system in a similar manner to training information and findings are actioned where necessary. The Provider publishes a Communication Bulletin for staff that synthesises the findings from audits and Practitioners verified receiving this information and described training initiatives resulting from the outcome of audit.

The Provider has in place a Quality & Safety Committee who oversee and review the output/results of audit, the Committee is chaired by the Medical Director.

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



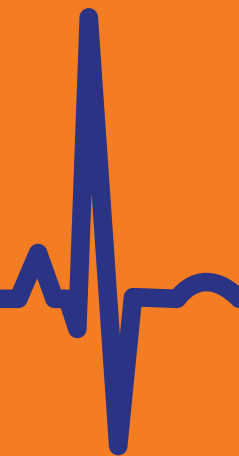
Areas of Best Practice

Areas for Improvement

No specific observation noted by the Assessment Team.






















Theme 3

Safe Care and Support



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



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

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



Assessment Panel Findings

3.1.1 The Provider has a comprehensive infection prevention and control manual, which the Assessment Team noted was lengthy and covered a wide variety of topics in far greater detail than was relevant to Practitioners in day-to-day clinical practice. A separate COVID-19 policy, which is current and evidence based, was considered by the Assessment Team to be user friendly and clinically applicable.

The Assessment Team evidenced records of regular infection prevention and control training along with an organisation wide audit of hand washing.

The Provider has a dress code policy included in the employee handbook and evidence of staff compliance was noted during assessment.

At Practitioner Engagement it was observed that there were good standards of infection prevention and control evident inside the vehicles inspected. Practitioners wore hand sanitiser toggles on their person, which they used at various times; however, it was also noted that Practitioners did not carry out hand washing following patient handover in a clinical facility at the end of a call.

The Provider evidenced arrangements with a waste disposal company for the safe collection and disposal of clinical waste; this was also verified during Practitioner Engagement.

There is a separate process in place for the safe disposal of sharps.

The Provider has a thorough system for checking and cleaning of vehicles and equipment. Deep cleans are carried out on vehicles on a quarterly basis by a specially trained cleaning team. Results from swabbing and other audit outcomes are disseminated by the Infection Control Committee to Senior Management Team and to Practitioners through the EMS IT system.

3.1.2 The Provider has medication management policies and processes in place, which are the responsibility of the Clinical Manager. Medication stocks are stored centrally and there is a mechanism in place for re-stocking of medicines as required. Medications are available in line with PHECC guidelines and all ambulances are equipped with medications for the level of Emergency Medical Technician. Licensed and privileged Practitioners at Paramedic and Advanced Paramedic level are allocated a medication pouch containing medication relevant to their practice status and they keep this on their person while on duty.

Medication bags are specifically allocated to each vehicle and the bags are sealed with two QR coded tags attached to the outside. Each QR code is linked to the EMS IT system, and, when scanned, the Practitioner can check the expiry date of each drug inside the bag without the need to break the tag seal. Practitioners can order replacement medication where required by scanning a second QR code. The system facilitates a number of other medication safety features and offers a real-time solution to tracking medication usage, checking stock levels and expiry dates.

The Provider is registered with the HPRA and has a comprehensive policy and procedure in place for the denaturing of controlled drugs. The Assessment Team directly observed evidence of appropriate storage, management and administration of controlled drugs along with correspondence from HPRA verifying the Provider's compliance with safe drug disposal.

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 Cont'd

Medication management is included in the audit programme and adverse events and near-miss reporting systems are available through the EMS IT system. Outcomes of audit are reviewed by the Clinical Manager, Medical Director and Senior Management Team and disseminated directly to Practitioners through the Provider's Communication Bulletin.

3.1.3 The Provider has in place procedures for the maintenance of equipment and devices. The Head of Ambulance Operations is the designated person in charge of equipment management. The Assessment Team verified through the IT EMS system full maintenance and daily cleaning records for all in-service equipment and medical devices. There is a mechanism in place to alert the Manager when equipment is found to be faulty or in need of repair. The Assessment Team witnessed a robust system for restocking of all equipment and consumables.

The Clinical Manager is responsible for staff training on all new equipment and training is supported by the AP. Practitioners gave examples of recent training sessions they had undertaken on new equipment.

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

3.1.2 The innovative use of a QR Code Tagging system for medication bags demonstrates safe, effective and efficient medication management on the part of the Provider.

Areas for Improvement

3.1.1 The Provider should consider a revision of the current infection prevention and control manual and incorporate electronic links to evidence-based best practice. Streamlining content may improve the utility of Infection Prevention and Control information for Practitioners in the field. While a comprehensive hand hygiene training programme and audit schedule is in place the Provider should consider additional strategies to encourage staff compliance with hand hygiene standards.

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



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

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



Assessment Panel Findings

3.2.1 The Provider has in place policies that encourage open-disclosure and espouses a no-blame culture within the organisation.

In discussion with the Assessment Team, the Provider described their organisation's processes related to the management of patient safety incidents, adverse events and near-misses and outlined its responsibilities in reporting appropriate adverse events to relevant regulatory authorities. The Assessment Team verified that training in this area is provided at induction and through other training programmes and that the culture within the organisation is to encourage reporting of adverse events and near-misses.

Practitioners have easy access to the EMS IT system where they can log incidents in a number of ways, there is also a portal that allows staff to raise an issue anonymously.

Management of clinical incidents is included in the Provider's audit programme.

3.2.2 The Provider uses the EMS IT platform to disseminate important information regarding clinical incident audit results to Practitioners. The Clinical Manager and Medical Director collaborate in the design of education and training to promote service improvement and highlight lessons learned.

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 Assessment Team observed a positive and supportive culture within the organisation with regard to patient safety incident reporting and a proactive approach to remediation when required.

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 style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff9900; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #99cc99; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #00cc66; border: 1px solid #000; position: relative;"> ✓ </div> </div>

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



Assessment Panel Findings

3.3.1 The Assessment Team verified that the Provider has a Child Safeguarding Statement in place and a named executive with responsibility for safeguarding as per Child First Act 2015. The Provider also has policies in place for safeguarding vulnerable adults. The Assessment Team did not evidence any apparent issues around child or vulnerable adult safeguarding.

During Practitioner Engagement, Practitioners stated that they had undertaken Child First training as a mandatory unit of learning and that completion of the module is recorded on their employment record on the EMS IT system.

The Assessment Team verified Child First training records for a random selection of Practitioners during on-site assessment.

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



Areas of Best Practice

3.3.1 The Provider has a robust EMS IT system in place that helps to ensure Practitioners' compliance with mandatory training.

Areas for Improvement

3.3.1 Due to the nature of the activities carried out by the Provider, with few paediatric cases, the Provider should ensure a schedule of regular training and updating in the area of safeguarding children.

Theme 4

Leadership, Governance and
Management



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



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

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



Assessment Panel Findings

4.1.1 The Assessment Team had discussions with the deputy CEO who described the Provider's commitment to improvements in clinical governance following assessment in 2019. The Provider's Clinical Governance Strategy is underpinned by, and integral to, the Quality Improvement Strategy. There is a shared responsibility for the delivery of the Clinical Governance Strategy with the Medical Director named as the senior clinician with overall responsibility for clinical governance. Evidence was provided of good channels of communication at senior management level and there is a structured approach to committee meetings. A random selection of meeting agenda was evidenced, which reflect ongoing reporting of quality and safety data in line with the Provider's level of clinical activity and service commitments.

4.1.2 The Medical Director is registered by the Medical Council, is resident in this jurisdiction and is appropriately trained in the specialist area of Emergency Medicine. The Provider has set out clear roles and responsibilities in the current Medical Director Job Description.

The Medical Director is chair of the Clinical Effectiveness Group, Quality & Safety Committee and as a member of senior management team meets quarterly to review the implementation of the Clinical Governance Strategy and to agree on corrective actions, action plans and new initiatives as indicated by the results of audit.

The Medical Director liaises with the Clinical Manager on all clinically related issues and collaborates in the development and delivery of education and training programmes.

4.1.3 The Provider is tax compliant.

4.1.4 The Provider submitted evidence of medical indemnity, employer and public liability insurance.

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

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

Areas for Improvement

4.1.2 The Provider should take the opportunity to update the Medical Director Job Description in line with PHECC's Medical Director Standard STN032.

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



PHECC Statement	The Licensed CPG Provider has systems, processes and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.
PHECC Requirements	<p>4.2.1 The Licensed CPG Provider has systems, processes and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 30px; height: 30px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ff9900; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ffff00; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #99cc99; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #00cc66; border: 1px solid #000; position: relative;"> ✓ </div> </div>

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



Assessment Panel Findings

4.2.1 The Assessment Team observed a culture within the Provider's organisation that promotes the reporting of adverse events or near-misses. The Senior Management Team evidenced that they have been proactive in educating staff in reporting incidents, even if there was no adverse outcome to the patient or to the organisation. In discussion, the Medical Director stated that incident reporting was an area of ongoing development and training and the topic is now included in the induction programme. Practitioners are encouraged to use the EMS IT system as the main method of reporting and recording adverse events. Adverse events and near-misses are included in the Provider's annual audit programme.

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 Senior management pro-actively monitor and audit incident reports and incorporate incident reporting in staff induction and education/training programmes.

Areas for Improvement

No specific observation noted by the Assessment Team.

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



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 extensive knowledge of relevant statutory legislation including PHECC requirements and standards and has in place mechanisms for monitoring compliance.

The Assessment Team verified evidence of a risk register, which the deputy CEO explained had been significantly refined as per the Quality Improvement Plan to reflect a more focused approach to monitoring organisational compliance.

Review of the risk register is carried out bi-annually and the Medical Director as chair of the Quality and Safety Committee and the Clinical Effectiveness Group is also a member of the Risk Management Committee.

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



Areas of Best Practice

4.3.1 The Provider has developed a structured approach to managing risks within their organisation, and there is effective monitoring and oversight of the risk register.

Areas for Improvement

No specific observation noted by the Assessment Team.

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



PHECC Statement	The Licensed CPG Provider has systems in place to ensure actions are taken/ issues communicated on new recommendation(s) and guidance issued by the PHECC and other regulatory bodies.
PHECC Requirements	<p>4.4.1 The Licensed CPG Provider has a process in place to ensure the appropriate communication and adoption of new recommendation(s) and guidance issued by the PHECC and other regulatory bodies.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>
PHECC Statement	The Licensed CPG Provider complies with the PHECC Governance Validation Framework.
PHECC Requirements	<p>4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation Framework.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> ✓ </div>

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



Assessment Panel Findings

4.4.1 The Assessment Team verified that utilising the EMS IT system, the Provider can directly circulate updates, issue alerts, and has a mechanism for verifying that staff have acknowledged and read the relevant materials.

Access to the EMS IT system is available to all staff on the station PC, ambulance tablets and on their mobile devices. Relevant clinical policies/procedures and documents are available to Practitioners at all times. Easy access to the system ensures Practitioners can review their training timelines and training expiry dates at times convenient to them.

Staff training records are included in the organisation's overall audit programme.

A communication bulletin is circulated electronically to Practitioners, which provides results of audit and highlights other relevant safety notices.

4.4.2 A self-assessment and Quality Improvement Plan were submitted, which were considered as satisfactory by the Assessment Team.

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



Areas of Best Practice

4.4.1 The Provider has a robust EMS IT system in place that ensures new recommendations and guidance updates are communicated and disseminated to all Practitioners. The system also has a built in mechanism for audit.

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

Standard 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 Assessment Team verified that the organisation has effective workforce planning procedures in place. The majority of the Provider's workload is predictable and pre-planned and this allows for accurate planning of staff rosters. The Senior Management team have been pro-actively managing available staff and vehicle resources to improve efficiencies in matching core hours of service users' requirements for patient transport.

The EMS IT system supports the continuous monitoring of activity and regular audits include monitoring of rejected calls, which further informs future workforce planning considerations.

The Assessment Team observed records maintained by the HR manager of starters and leavers, which included exit interviews with leavers. Staff turnover is reported by the Operations Manager on a monthly basis and is a standing item on the Senior Management Team meeting agenda.

The Provider verified that there is a process in place for recruitment of new staff and a succession planning pathway for existing staff.

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

5.1.1 The Assessment Team were satisfied that the Provider demonstrated a pro-active approach to workforce planning, aligning resources to current workload and projected needs.

Areas for Improvement

No specific observation noted by the Assessment Team.

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



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

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



Assessment Panel Findings

5.2.1 The Provider has an English language competency policy. Certificates of English competency, where relevant, are maintained electronically on the EMS IT system.

5.2.2 The Assessment Team observed evidence of a robust and efficient process for pre-employment checking of identity and registration.

All employees have a HR file/profile electronically recorded on the HR module on the EMS IT system - copies of original certificates and renewal dates of same are recorded and reminders are sent by email on a regular basis to Practitioners when expiry dates are approaching.

Where Practitioners fail to comply with requirements, the HR module has an automatic 'lock out' system resulting in Practitioners being unable to work until such time as documentation has been satisfactorily submitted.

The Provider verified that there is a procedure in place to report to PHECC if a Practitioner's CPG privileging status has been suspended or removed.

5.2.3 The Assessment Team verified that the Provider has a Records Management policy in place. There is a job description for each level of Practitioner, and CPG privileging status is recorded on staff employment records. In discussion with the Assessment Team, the Provider described an additional layer around practitioner practice where an Authorisation to Practice Letter is issued to a every Practitioner, which is signed off by the Medical Director.

5.2.4 The Provider is compliant with Garda Vetting procedures in line with the National Vetting Bureau.

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



Areas of Best Practice

5.2.1 - 5.2.4 The Provider meets all relevant requirements of this standard. The EMS IT system provides a robust method of recording, storing and checking Practitioner certification and registration status.

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 style="display: flex; justify-content: space-around; align-items: center;"> ✓ </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 style="display: flex; justify-content: space-around; align-items: center;"> ✓ </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 style="display: flex; justify-content: space-around; align-items: center;"> ✓ </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 Provider has policies and procedures related to the induction and preceptorship of new employees. During discussion with the Assessment Team, the Provider described improvements made to the staff induction programme following recommendations made during the previous GVF assessment. The Deputy CEO, Head of Operations, Clinical Manager and vehicle mechanic all contribute to the content of a one-day induction programme. A 'ride along' day forms part of induction following which competency assessments are carried out by experienced Practitioners as part of the Provider's New Hire Preceptor Policy. The Assessment Team verified evidence of new recruits' attendance at induction and subsequent competency assessments recorded on EMS HR module.
- 5.3.2 The Assessment Team were satisfied that the Provider demonstrated a commitment to fully implementing its Education and Competency Assurance Plan. The Clinical Manager described the process for the identification of training and development needs of staff and how units of learning are collaboratively developed with the Medical Director and Head of Operations. Practitioners reported that off-site training continuous professional development days are held twice a year and ongoing daily training occurs with individual crews when required.
- Training records on the EMS IT system were viewed by the Assessment Team. A random selection of Practitioners' records verified that CPG upskilling was up to date for those selected. The Clinical Manager described professional development planning as part of the overall Education and Competency Assurance Plan, however, the assessment Team did not evidence how that was been implemented for individual employees.
- 5.3.3 The Provider is not currently involved in providing student placements.

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



Areas of Best Practice

5.3.1 The New Hire Preceptor policy is to be commended.

5.3.2 The Provider has demonstrated their commitment to ensuring Practitioners have the competencies required to deliver high quality, safe and effective healthcare.

Areas for Improvement

5.3.2 The Provider may consider the recording of personal development plans for all Practitioners as part of their employee record on the EMS IT system.

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

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

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



Assessment Panel Findings

5.4.1 The Assessment Team were satisfied that the Provider has in place a robust comprehensive CISM programme. Practitioners described a supportive working environment, with immediate response from call handlers if there is a critical incident and follow up contact and ongoing support from line managers, Clinical Manager and the Senior Management Team as required.

The Provider has an employee support network in place across all locations with designated staff trained in CISM, contact can be made by mobile phone and is accessible over 24hrs.

Access to an external counselling resource is also available for staff and this is managed anonymously.

5.4.2 The Provider has a procedure for initiating and managing investigations when unacceptable variation in an individual practice is identified or when concerns exist about the fitness to practice of an employee. During discussion with the Assessment Team, the Provider described examples of how issues of fitness to practice are handled following a complaint and this can range from initiating a personal development plan to include training/re-training or placing an employee in a non-patient facing role pending the outcome of an investigation.

Members of the Senior Management Team are experienced in incident investigation but also have access to external experts if and when required.

5.4.3 The Provider has a documented process for managing poor performance included in the employee HR Manual. The Assessment Team were unclear how the staff appraisal scheme was operated but were satisfied that there is evidence of staff upskilling and a comprehensive clinical audit programme that includes complaints/compliments, which provides feedback on individual staff performance.

5.4.4 The Assessment Team observed that the Provider encourages a culture of openness and transparency amongst its employees. Practitioners stated that they are aware of who to contact and how to report if they have patient safety concerns. The Provider has an Open Disclosure and Whistleblowing Policy included in the employee HR Manual.

5.4.5 The Assessment Team verified results from staff feedback, which is gathered on a specific staff feedback form captured on the EMS system. Staff suggestions for improvements are collated and reported as part of the overall clinical audit programme.

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



Areas of Best Practice

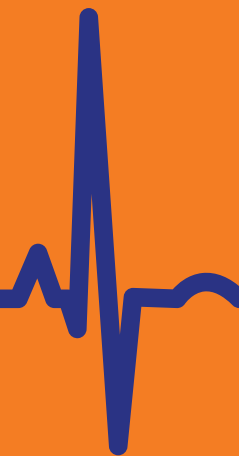
5.4.1 The Provider has an effective robust CISM programme in place with staff reporting a supportive work environment and an open-door approach from the Senior Management Team.

Areas for Improvement

5.4.3 The Provider may consider implementing a formal staff appraisal scheme that includes personal development planning with defined timelines for review.

Theme 6

Use of Information



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



PHECC Statement	The Licensed CPG Provider is compliant with Council Policy for implementation timeframes for clinical information standards and associated reports – V1. (POL043)
PHECC Requirements	<p>6.1.1 The Licensed CPG Provider implements the PHECC clinical information standards and associated patient reports.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc;"></div> <div style="width: 20px; height: 20px; background-color: #ff0000;"></div> <div style="width: 20px; height: 20px; background-color: #ff9900;"></div> <div style="width: 20px; height: 20px; background-color: #ffff00;"></div> <div style="width: 20px; height: 20px; background-color: #99cc66;"></div> <div style="width: 20px; height: 20px; background-color: #009966;"></div> <div style="font-size: 2em;">✓</div> </div>
	<p>6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc;"></div> <div style="width: 20px; height: 20px; background-color: #ff0000;"></div> <div style="width: 20px; height: 20px; background-color: #ff9900;"></div> <div style="width: 20px; height: 20px; background-color: #ffff00;"></div> <div style="width: 20px; height: 20px; background-color: #99cc66;"></div> <div style="width: 20px; height: 20px; background-color: #009966;"></div> <div style="font-size: 2em;">✓</div> </div>

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



Assessment Panel Findings

6.1.1 The Provider has a clinical records management policy, which is in line with PHECC requirements and the Data Protection Act 2018. Patient information and clinical data are captured on an electronic patient care report(s) (ePCR), and this the system is cloud based, safe and secure. The Assessment Team observed that ePCR were pre-populated with patient specific demographic information, and it was also noted that Practitioners entered patient information appropriately and they were aware of their responsibilities in relation to data protection and information governance. Once the ePCR record is finalised it is saved to the server and no further information can be captured or amended. If Practitioners require to record additional information this can be added later by way of an addendum.

The Provider has in place a Data Protection Policy and a named Data Protection Officer.

6.1.2 The Assessment Team verified that a programme of clinical records audit of ePCR is in place. The results of audit are fed back to staff individually or by way of a communication bulletin. Clinical records audit forms part of the Provider's overall audit programme and results contribute to planning staff education and training as part of the quality improvement strategy.

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



Areas of Best Practice

6.1.2 The Provider has a comprehensive data management system in place that complies with PHECC standards for clinical information governance.

Areas for Improvement

No specific observation noted by the Assessment Team.

Report Summary



Report Summary

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

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	1	2%
Not Met	0	0%
Minimally Met	0	0%
Moderately Met	0	0%
Substantively Met	1	2%
Fully Met	41	96%

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.	Fully Met
	Standard 1.3 Patients' dignity, privacy and autonomy are respected and promoted.	
	1.3.1 The Licensed CPG Provider has arrangements in place to promote patients' privacy, dignity and autonomy.	Fully Met
	1.3.2 The Licensed CPG Provider demonstrates a commitment to develop a culture where volunteers, contractors and/or employees involve and treat people with compassion, kindness, dignity and respect.	Fully Met
	Standard 1.4 Licensed CPG Providers promote a culture of kindness, consideration and respect.	
	1.4.1 The Licensed CPG Provider undertakes Patient Satisfaction and/or Patient Experience Surveys to help shape and improve services and culture.	Fully Met
	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.		Fully Met
Standard 2.2 Patients receive integrated care, which is coordinated effectively within and between services.		
2.2.1 The Licensed CPG Provider has a standardised handover process in place to ensure the safe, timely, and structured exchange of information during handover of patients.		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.	Fully Met	

Theme 3: Safe Care and Support	Standard 3.1 Licensed CPG Providers protect patients from the risk of harm associated with the design and delivery of healthcare services.	
	3.1.1 The Licensed CPG Provider has a reliable system in place to prevent and protect patients and staff from healthcare associated infections.	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.	Fully Met
Theme 4: Leadership, Governance and Management	Standard 4.1 Licensed CPG Providers have clear accountability arrangements to achieve the delivery of high-quality, safe and reliable healthcare.	
	4.1.1 The Licensed CPG Provider has an established reporting and accountability structure for clinical governance.	Fully Met
	4.1.2 The Licensed CPG Provider has an identified Medical Director who is registered with the Medical Council and who is based in this jurisdiction and who oversees the service.	Fully Met
	4.1.3 The 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.	Fully Met
	Standard 4.3 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.	
	4.3.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure compliance with statutory legislation relating to the provision of safe and effective care.	Fully Met
	Standard 4.4 Licensed CPG Providers act on standards and alerts and take into account recommendation(s) and guidance, as formally issued by relevant regulatory bodies as they apply to their service.	
	4.4.1 The Licensed CPG Provider has a process in place to ensure the appropriate communication and adoption of new recommendation(s) and guidance issued by the PHECC and other regulatory bodies.	Fully Met
	4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation framework.	Fully Met
		Standard 5.1 Licensed CPG Providers plan, organise and manage their workforce (volunteers, contractors and/or employees) to achieve the service objectives for high-quality, safe and reliable healthcare.
5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.		Fully Met
Standard 5.2 Licensed CPG Providers recruit/engage with practitioners with the required competencies to provide high-quality, safe and reliable healthcare.		
5.2.1 The Licensed CPG Provider has a process in place to satisfy itself that the English language competence of its Responders and Practitioners, whose first language is not English, is appropriate to the clinical/ professional activities to be carried out by that person i.e. Responder or Practitioner levels.		Fully Met

Theme 5: Workforce	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.	Fully Met
	5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status.	Fully Met
	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.	Fully Met
	5.4.2 The Licensed CPG Provider has a Fitness to Practice Policy/Procedure, which makes reference to the PHECC Fitness to Practice processes.	Fully Met
	5.4.3 The Licensed CPG Provider has processes for the identification of poor or variable staff performance.	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.	Fully Met
	6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.	Fully Met

Report Summary

Report Status

In accordance with the Council rules this GVF site-assessment does not trigger a requirement for PHECC to issue an improvement notice, attach conditions or withdraw recognition.

Council Rules for pre-hospital emergency care service Providers who apply for recognition to implement Clinical Practice Guidelines (POL003 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

Lifeline Ambulance Service Ltd is required to adjust and 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 Lifeline Ambulance Service Ltd in the upcoming licensing period.



2nd Floor
Beech House
Millennium Park
Osberstown
Naas
Co Kildare
W91 TK7N

Tel: +353 (45) 882042
E-mail: gvf@phecc.ie
Web: www.phecc.ie
