



# **Governance Validation Framework**

## **Site Assessment Report**

**Order of Malta Ireland**

**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](mailto:gvf@phecc.ie)  
Web: [www.phecc.ie](http://www.phecc.ie)

---

## Introduction

<b>Executive Summary</b> .....	<b>04</b>
<b>Overview of Licensed CPG Provider</b> .....	<b>05</b>

## Assessment Report

<b>Judgement Framework</b> .....	<b>08</b>
<i>Guide to Rating Descriptor</i>	
<b>Theme 1</b> .....	<b>09</b>
<i>Person Centred Care and Support</i>	
<b>Theme 2</b> .....	<b>25</b>
<i>Effective Care and Support</i>	
<b>Theme 3</b> .....	<b>38</b>
<i>Safe Care and Support</i>	
<b>Theme 4</b> .....	<b>48</b>
<i>Leadership, Governance and Management</i>	
<b>Theme 5</b> .....	<b>61</b>
<i>Workforce</i>	
<b>Theme 6</b> .....	<b>74</b>
<i>Use of Information</i>	

## Report Summary

<b>Report Summary</b> .....	<b>78</b>
-----------------------------	-----------

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

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

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

## Overview of Licensed CPG Provider

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

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

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

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

## Overview of Licensed CPG Provider

### Assessment Details:

Licensed CPG Provider	Order of Malta Ireland
Type of Visit	Full GVF Assessment - GVFREP OMAC 002_0922
Licensed CPG Provider Lead	GVFA8205
Date of Review	Practitioner Engagement - 18/06/2022 and 07/08/2022 Site Assessment - 08/09/2022
Assessment Team	GVFA8205 - Team Lead GVFA4532 - Site Assessor GVFA4532 - Practitioner Engagement
Circumstances of this Site Assessment	GVF Assessment
Relevant Recent Visits	GVF Assessment September 2022

# Overview of Licensed CPG Provider

## Assessment Details (continued):

### Licensed CPG Provider Participants

National Director  
Deputy National Director Operations  
Deputy National Director Executive  
Assistant Commander – National Staff Officer Regulatory Compliance  
Assistant National Director Standards and Compliance  
Medical Director (Medical Council Reg No 400239)  
Assistant National Director Training  
Assistant National Director Operations  
Practitioners  
Advanced Paramedic X2  
Paramedic X1  
EMT X6

### Onsite Feedback

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

# Judgement Framework

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















# Theme 1

Person Centred  
Care and Support



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

<b>PHECC Statement</b>	The Licensed CPG Provider has appropriate arrangements in place to ensure patients have equitable access to services based on assessed needs.					
<b>PHECC Requirements</b>	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.					
						 ✓
<b>PHECC Statement</b>	The Licensed CPG Provider has appropriate arrangements in place to ensure screening and prioritisation of calls.					
<b>PHECC Requirements</b>	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 Assessment Team evidenced processes to review duty rosters and an applicable skills mix. The Assessment Team evidenced major incident response planning through the design of a major emergency plan prior to COVID. During the Practitioner Engagement, this was evidenced in the form of a major emergency pre-arranged meeting points and an emergency pack of Triage cards (100) on site. Site maps have been updated and these were evidenced by the Assessment Team.

1.1.2 The Assessment Team evidenced an established process for call taking during Practitioner Engagement events and observed a high level of oversight and control with accurate dispatch and supporting information for crews. The Assessment Team were informed of debriefs and a review of events. The Provider has published translation guide for a single language and translation services are available if required.

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















### Areas of Best Practice

- 1.1.1 The Provider has major incident planning and processes to review duty rosters.
- 1.1.2 The Provider has processes for call taking and accurate information passing to crews.

### Areas for Improvement

- 1.1.2 The Provider should consider a translation guide to account for multiple languages.

**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 observed Practitioners seeking patient consent. Practitioners have a clear understanding of the process for patients refusing treatment and capacity assessment.

1.2.2 The Assessment Team evidenced a policy and procedures to guide Practitioners in how to manage refusal of treatment or transport. However, the Assessment Team noted little awareness of analysis and dissemination of results around audit of patients refusing treatment and transport.

**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 has organisational procedures in place consistent with adherence to this standard. There is a consistent approach to the gaining of consent, capacity assessment and the actions required should a patient refuse treatment or transport.

**Areas for Improvement**

1.2.2 The Provider should consider a process to analyse and disseminate information related to the refusal of treatment and transport.

## 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 evidenced a volunteer code of conduct and observed Practitioners operating in a professional manner, demonstrating respect and maintenance of patient dignity. There was evidence of organisational leadership and commitment to protecting the dignity and confidentiality of service users.

1.3.2 The Assessment Team evidenced a clear culture of kindness, consideration and respect within the Providers' organisation. Practitioners were very courteous and helpful in replying to requests and questions from the public. The Assessment Team were informed the Provider is redeveloping there induction programme to include a more comprehensive range of topics.

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








### Areas of Best Practice

1.3.1 Within the Providers' organisation there is an ethos of respect and the protection of privacy and dignity in all aspects of engagement.

### Areas for Improvement

1.3.2 The Provider should consider including communication and interpersonal skills training in its revised induction programme.

**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	1.4.1 The Licensed CPG Provider undertakes Patient Satisfaction and/or Patient Experience Surveys to help shape and improve services and culture.					
						 

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

### Assessment Panel Findings

1.4.1 The Assessment Team evidenced a new single page aftercare patient advice leaflet, which is provided to patients with post treatment advice. There is a website address and a QR code included which brings patients to a customer survey form to be completed electronically.

The Assessment Team were advised the Provider has received no complaints on their new system. During the Practitioner engagement, Practitioners were able to give clear introduction on how to make a complaint.

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

**Areas of Best Practice**













1.4.1 The Provider has engaged in activities to ascertain service user satisfaction.

**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	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 evidenced a documented complaints policy that details the extent and nature of apologies and steps the organisation will take, including sending a written account to the complainant. The Assessment Team evidenced a commitment and process to implement lessons learned.

1.5.2 The Assessment Team observed that members could advise a patient to make a complaint in line with policy.

**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

The Provider has a detailed complaints procedure in place.

### 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 Assessment Team evidenced a register of Practitioners and the mechanism used to ensure the monitoring of upskilling and registration/certification. The Assessment Team evidenced a digital communication platform for disseminating revised guidelines and updates, however, no evidence was available to verify this information was received by Practitioners.

**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 a detailed register of Practitioners with suitable mechanism to ensure the upskilling and competency of those volunteers.

### Areas for Improvement

2.1.1 The Provider should consider a mechanism to ensure revised guidelines or updates are read and understood by all volunteers.

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



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

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



**Assessment Panel Findings**

The Assessment Team did not observe a handover and that the Assessment Team did not evidence a documented handover protocol, however, the Assessment Team were informed Practitioners are advised during training to use the patient care report form in the handover process. The Assessment Team were advised communication and handover training are conducted within the PHECC approved Practitioner courses delivered by the organisation.

**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 proactive approach to effective communication.

### Areas for Improvement

2.2.1 The Provider should consider development of a documented handover process for volunteers. The Provider should consider including communication training in its new induction programme.

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



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



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

### Assessment Panel Findings

The Assessment Team evidenced a sample of vehicles used by the Provider to have in date annual CVRT.

**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 vehicles declared roadworthy in line with regulations.

### Areas for Improvement

No specific observation by the Assessment Team.

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

<b>PHECC Statement</b>	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).
<b>PHECC Requirements</b>	<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>
<b>PHECC Statement</b>	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.
<b>PHECC Requirements</b>	<p>2.4.2 The Licensed CPG Provider has a systematic programme of clinical audit in line with PHECC standards (STN019), which is used to monitor quality and outcomes and promote learning.</p> <div>        </div>

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

**Assessment Panel Findings**

2.4.1 The Assessment Team evidenced submission of an annual CPG report in line with PHECC requirements.

2.4.2 The Assessment Team evidenced a policy for Clinical Audit and the Providers' business model states that audits will be conducted to meet PHECC requirements. The Assessment Team evidenced through discussion with the Medical Director a review and analysis of Clinical Audit information. The Assessment Team noted Practitioners had a varied level of awareness amongst Practitioners around Clinical Audit.

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

**Areas of Best Practice**

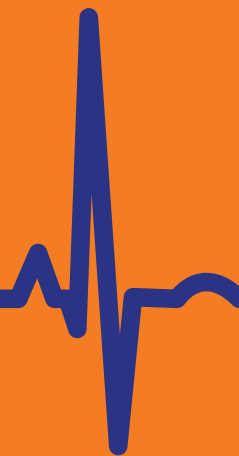
2.4.2 The Provider has a policy and model for Clinical Audit and a proactive approach to using collected data for organisational improvement.

**Areas for Improvement**



















2.4.2 The Provider may consider a planned Clinical Audit Calendar to select topics best suited to the organisation. The Provider should consider a mechanism to ensure disseminated information surrounding Clinical Audit is read and understood by Practitioners.

# 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.**

<b>PHECC Statement</b>	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.
<b>PHECC Requirements</b>	<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>
<b>PHECC Statement</b>	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.
<b>PHECC Requirements</b>	<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>
<b>PHECC Statement</b>	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.
<b>PHECC Requirements</b>	<p>3.1.3 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure the equipment/medical device availability, storage, stocking and disposal for the administration of pre-hospital emergency care.</p> <div>       </div>

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

**Assessment Panel Findings**

3.1.1 The Assessment Team were advised of local arrangements in places for the disposal of healthcare risk waste and also approved that in the event of no local arrangement for disposal the Provider used two preferred suppliers. The Assessment Team evidenced good infection prevention and control practices by Practitioners and also evidenced dress code policy.

3.1.2 The Provider has a detailed medication policy and the Assessment Team evidenced adequate availability of medications to enact clinical practice guidelines. There appropriate storage and local restocking of medications during Practitioner engagement events. The Assessment Team evidenced and verified the process for controlled medication dispensing and storage and there was adequate systems in place for stocking and restocking medication bags. The Provider has a policy and procedures for the management of adverse clinical events and near misses. The Assessment Team were advised medications are now managed through one pharmacy and orders are couriered to each unit. The pharmacy can report on all orders if requested.

3.1.3 The Assessment Team were advised that safety alerts or medical devices alerts are communicated via email and disseminated locally. The Assessment Team evidenced safety critical notices published on a virtual platform and a confirmation of reading can be recorded. The Assessment Team verified the organisational digital application that is used to perform vehicle and equipment condition checks prior to use. The Assessment Team observed out of date medical equipment and serviceable equipment past its due date. The Assessment Team evidenced a medical equipment management policy, which states that a full inspection must be completed once every 12 months by a certified, registered company, however, the Assessment Team could not evidence process compliance of this.



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



**Areas of Best Practice**















The Provider has a robust infection prevention and control practices. A detailed dress code policy is in place. The Provider has to enact appropriate storage for ordering and dispensing process.

**Areas for Improvement**

3.1.1 The Provider should consider evidencing via MOU or other means, local arrangements for the management of clinical waste and the associated procedures for same, to include the tagging and recording of clinical waste.

3.1.3 The Provider should consider implementing the procedure to ensure all medical consumables are in date and ready for use. The Provider should consider implementing the documented procedure to ensure all medical equipment is inspected and serviced, with appropriate evidence of same retained.

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

<b>PHECC Statement</b>	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.
<b>PHECC Requirements</b>	<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>
<b>PHECC Statement</b>	The Licensed CPG Provider has arrangements in place to identify, assess and respond appropriately to patients' safety incidents and complaints.
<b>PHECC Requirements</b>	<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 observed a good understanding amongst Practitioners of their responsibilities and mechanism to raise concerns and record patient safety issues. The Provider has adverse clinical events policy and associated procedures for near misses or adverse events. The policy includes a commitment to inform patients of adverse events. The Assessment Team evidenced an open disclosure policy.

3.2.2 The Provider has mechanisms in place to disseminate lessons learned to promote service improvement.

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



**Areas of Best Practice**

Within the Provider's organisation there is good understanding and implementation of the policies associated with this standard.

**Areas for Improvement**

No specific observations 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	3.3.1 The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise.					

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

### Assessment Panel Findings

3.3.1 The Assessment Team evidenced an organisational safeguarding policy and published safeguarding statement. The Provider has identified officer with responsibility for safeguarding within the organisation. The Assessment Team evidenced training records with respect to Practitioner responsibilities and observed good working knowledge of these responsibilities.

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

### Areas of Best Practice

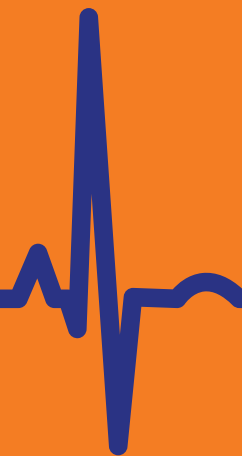
The Provider has robust documentation and process for managing safeguarding.

### Areas for Improvement

No specific observations noted by the Assessment Team.

























# Theme 4

Leadership, Governance and  
Management





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

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

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



**Assessment Panel Findings**

4.1.1 The Assessment Team evidenced Clinical Governance processes that identify a Medical Director with overall responsibility for clinical governance and delegated positions to support the Medical Director with Clinical Governance implementation. The Assessment Team seen evidence of reporting and clinical support requests in line with the governance structures in place.

4.1.2 The Assessment Team evidenced the appointment of a Medical Director based in the jurisdiction with a specialty in Emergency Medicine and a job description and associated roles and responsibilities for this position. The Assessment Team evidenced extensive engagement on behalf of the Medical Director, evidencing service oversight.

4.1.3 The Provider is tax compliant.

4.1.4 The Provider has the appropriate insurance in place.

**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


The Provider has in place Governance structures appropriate for the size and complexity of the organisation.

### Areas for Improvement

No specific observations made by the Assessment Team.

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



<b>PHECC Statement</b>	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.
<b>PHECC Requirements</b>	<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 Assessment Team were informed that the Provider has introduced an officer with a background and understanding of risk management to monitor risk within the organisation. The Assessment Team evidenced a process for incident reporting, complaints and audits, however, there were no examples for viewing. The Assessment Team evidenced a risk register and a safety statement for the organisation.

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

### Areas of Best Practice







4.2.1 The Provider has an officer dedicated to risk management and its development within the organisation.

### Areas for Improvement

4.2.1 The Provider should consider the development of performance/safety indicators to inform on quality of service.

**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 Assessment Team evidenced knowledge of legislative requirements for risk management and a newly appointed officer to manage same. The Provider has a safety statement and a management practice policy. The Assessment Team evidenced a risk register.



**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 demonstrated organisational compliance and a practice approach to risk assessment including clinical risks.

**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.**

<b>PHECC Statement</b>	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.
<b>PHECC Requirements</b>	<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>
<b>PHECC Statement</b>	The Licensed CPG Provider complies with the PHECC Governance Validation Framework.
<b>PHECC Requirements</b>	<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 Assessment Team were informed of several methods available to communicate safety alerts once reviewed. There were no examples to verify, however, the potential for notifications was evidenced. The Assessment Team were informed safety alerts are discussed at regular training evenings.

4.4.2 The Assessment Team evidenced organisational completion and submission of a Self-assessment and Quality Improvement Plan.

**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

The Provider has well documented structures to communicate safety alerts within the organisation.

### Areas for Improvement

4.4.1 The Provider should consider evidencing mechanism to ensure safety alerts are read and understood by all Practitioners.

# 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	5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.					

GVFREP OMAC 002\_0922

**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 evidenced the introduction of a leadership development programme to develop volunteers within the organisation and plan for succession. The Assessment Team evidenced the organisational approach to recruitment and development, which identifies progression opportunities both clinical and non clinical in addition to identifying capacity gaps within individual units.

**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 Provider has introduced an organisational leadership programme.

### 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.**

<b>PHECC Statement</b>	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.
<b>PHECC Requirements</b>	<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>
<b>PHECC Statement</b>	The Licensed CPG Provider ensures all volunteers, contractors and/or employees providing care on behalf of the organisation are currently on the PHECC register.
<b>PHECC Requirements</b>	<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>
<b>PHECC Statement</b>	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.
<b>PHECC Requirements</b>	<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>
<b>PHECC Statement</b>	The Licensed CPG Provider has robust security clearance processes in place for volunteers, contractors and/or employees.
<b>PHECC Requirements</b>	<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 &amp; 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 Assessment Team were informed of the organisational process for assessment of English language competency, however they could not evidence a documented minimum English language competency level requirement. The Assessment Team informed the process to support new recruits.

5.2.2 The Assessment Team evidenced a robust process for recruitment, registration verification, vetting and a documented escalation process for non renewals or privileging suspension/removal.

5.2.3 The Assessment Team evidenced the process for privileging within the organisation, however, the Provider does not currently issue an individual letter of privilege to each Practitioner. The Assessment Team evidenced a documented approach to roles and responsibilities.

5.2.4 The Assessment Team witnessed a documented approach to vetting and observed a record of disclosures.

**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**



















5.2.2 The Provider has a robust process for on-boarding and a documented approach to privileging and vetting.

**Areas for Improvement**

5.2.1 The Provider should consider development of a minimum level of English competency to support future on-boarding of volunteers.

5.2.3 The Provider shall issue an individual letter of privileging for each Practitioner to ensure a clear understanding of their privileging status and 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> <p>     ✓   </p>
	<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> <p>      ✓  </p>
	<p>5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students (If applicable).</p> <p>  ✓      </p>

**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 were informed that each member completes an induction programme, however, there is no documented standardised induction programme. The Provider has identified this area for improvement and is currently developing a new induction programme. The Assessment Team could not evidence records for induction. The Assessment Team evidenced a documented code of conduct and observed mentoring of new members in line with the process described by the management team.

5.3.2 The Assessment Team were informed of the process for identifying training needs of members. The Assessment Team were informed local officers informally work with members to develop their skills and competencies through ongoing training and escalating Practitioner training. The Assessment Team evidenced training records for members. The Provider is “in progress” with 2021 CPG training at EMT level. The Assessment Team could not evidence a documented formalised appraisal system, and were advised this happens informally at local level. The Assessment Team evidenced training records for manual handling and infection control.

**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































5.3.2 The Provider mentors and supports for new members. Training records were easily accessible and auditable, which informs the Provider on training and development needs.

### Areas for Improvement

5.3.1 The Provider should consider development of a standardised induction programme to include policies and procedures. The Provider shall ensure evidence of induction is retained.

5.3.2 The Provider should consider the introduction of a formalised appraisal system for members.

**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 Assessment Team verified a documented approach to critical incident stress management (CISM). There is evidence the Provider assesses the effectiveness of its CISM programme.

5.4.2 The Assessment Team evidenced a documented approach to managing investigations and a documented fitness to practice policy.

5.4.3 The Assessment Team evidenced a documented approach to managing unacceptable performance. There is evidence of a programme for clinical audit and a process to monitor/review complaints or incidents.

5.4.4 The Assessment Team evidenced an open disclosure policy and Practitioners verbalised their awareness of who to report concerns to without a fear of adverse consequences.

5.4.5 The Assessment Team were advised of the communication routes for Practitioners to propose areas for improvement, however, there is no approval system in place.



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



### Areas of Best Practice

5.4.1 The Provider has a robust approach to critical incident stress management within the organisation.

5.4.2 The Assessment Team there is a strong ethos of reporting incidents to promote patient safety within the Provider's organisation.

### Areas for Improvement















5.4.3 The Provider should consider a formalised appraisal system for members.

# 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 1468 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 1402 996">        </div>

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



**Assessment Panel Findings**

6.1.1 The Assessment Team evidenced a clinical record management policy in line with the data protection act and verified accurate, complete and legible clinical records. The Assessment Team were informed that patients can request and access their clinical records. The Assessment Team verified Practitioner awareness of their data protection and information governance responsibilities.

6.1.2 The Assessment Team did not evidence a documented programme for audit of clinical records, however, they were informed this happens locally at each event. The Assessment Team could not evidence clinical record audit feedback to Practitioners to improve quality and performance.

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



**Areas of Best Practice**

The Provider is committed to the protection of privacy and clinical record security.

**Areas for Improvement**

6.1.2 The Provider should consider a documented approach to clinical record audit and a mechanism to inform Practitioners across the organisation of results to improve quality.

# 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 Order of Malta Ireland are as follows:

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	1	4%
Not Met	0	0%
Minimally Met	0	0%
Moderately Met	3	6%
Substantively Met	12	27%
Fully Met	27	63%

PHECC Requirement		Compliance level
Theme 1: Person-Centred Care and Support	<b>Standard 1.1 Patients have equitable access to healthcare services based on their assessed needs.</b>	
	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
	<b>Standard 1.2 Patients' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.</b>	
	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
	<b>Standard 1.3 Patients' dignity, privacy and autonomy are respected and promoted.</b>	
	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.	Substantive
	<b>Standard 1.4 Licensed CPG Providers promote a culture of kindness, consideration and respect.</b>	
	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
	<b>Standard 1.5 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.</b>	
	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	<b>Standard 2.1 Healthcare reflects national and international evidence of what is known to achieve best outcomes for patients.</b>	
	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
	<b>Standard 2.2 Patients receive integrated care, which is coordinated effectively within and between services.</b>	
	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.	Substantive
	<b>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.</b>	
	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
	<b>Standard 2.4 The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.</b>	
	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	<b>Standard 3.1 Licensed CPG Providers protect patients from the risk of harm associated with the design and delivery of healthcare services.</b>	
	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.	Moderate
	<b>Standard 3.2 Licensed CPG Providers effectively identify, manage, respond to and report on patient-safety incidents.</b>	
	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
	<b>Standard 3.3 Licensed CPG Providers ensure all reasonable measures are taken to protect patients from abuse.</b>	
	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
	<b>Standard 4.1 Licensed CPG Providers have clear accountability arrangements to achieve the delivery of high-quality, safe and reliable healthcare.</b>	
Theme 4: Leadership, Governance and Management	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
	<b>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.</b>	
	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
	<b>Standard 4.3 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.</b>	
	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
	<b>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.</b>	
	4.4.1 The Licensed CPG Provider has a process in place to ensure the appropriate communication and adoption of new recommendation(s) and guidance issued by the PHECC and other regulatory bodies.	Substantive
	4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation framework.	Fully Met

Theme 5: Workforce	<b>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.</b>	
	5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.	Fully Met
	<b>Standard 5.2 Licensed CPG Providers recruit/engage with practitioners with the required competencies to provide high-quality, safe and reliable healthcare.</b>	
	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.	Moderate
	5.2.2 The Licensed CPG Provider has a process in place to check registration on appointment and on-going renewals of registration for volunteers, contractors and/or employees.	Fully Met
	5.2.3 The Licensed CPG Provider conducts checks to confirm that all employees, contractors and/or volunteers have the appropriate qualifications and registrations.	Substantive
	5.2.4 The Licensed CPG Provider ensures that employees, contractors and/or volunteers are subject to Garda Vetting in line with the National Vetting Bureau (Children & Vulnerable Persons) Act 2012 prior to patient contact.	Fully Met
	<b>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.</b>	
	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.	Moderate
	5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status.	Substantive
	5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students (if applicable).	Not Applicable
	<b>Standard 5.4 Licensed CPG Providers support their workforce (volunteers, contractors and/or employees) in delivering high-quality, safe and reliable healthcare.</b>	
	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.	Substantive
	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	<b>Standard 6.1 Licensed CPG Providers have effective arrangements in place for clinical information governance.</b>	
	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.	Substantive

## 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

Order of Malta Ireland is required to adjust and re-submit their Quality Improvement Plan to [gvf@phecc.ie](mailto: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 Order of Malta Ireland 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](mailto:gvf@phecc.ie)  
Web: [www.phecc.ie](http://www.phecc.ie)

---