Pre-Hospital Emergency Care Council

Governance Validation Framework

Site Assessment Report

Dublin Fire Brigade

November 2018

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

Pre-Hospital Emergency Care Council

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Executive Summary

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

The Governance Validation Framework (GVF) has been developed by Council as an evidence-based methodology designed to improve quality and safety in pre-hospital emergency care services. Setting and implementing standards and monitoring of compliance are important levers for driving service improvements. The framework combines a system of self-assessment, on-site
review and validation of evidence presented, and staff and management engagement in addition to quality improvement planning and support during the licensing cycle. Documentation submitted by Dublin Fire Brigade 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 16 Themes and encompasses 43 Standards, that service providers must comply with, and provide evidence on, to the external assessment team. Council published the GVF in July 2017.

The Licensed CPG provider that is the subject of this report is Dublin Fire Brigade, a statutory provider of pre-hospital emergency care services in Dublin city and County. The on-site GVF assessment visits for this report were conducted during November 2018 by an assessment team drawn from a panel of subject matter experts selected and trained by PHECC to conduct the on-site assessments.

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

Dublin Fire Brigade's Governance Validation Framework assessment report concludes with a Report Summary, which includes tabular format that provides an overview to Dublin Fire Brigade'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

Dublin Fire Brigade (DFB) provides an integrated Fire, Rescue and Emergency Medical Service (EMS) to the citizens of Dublin City and County. Dublin Fire Brigade emergency service has been operating since 1862 and their ambulance service, when established in 1898, was the first emergency ambulance service in Ireland.

DFB is an ISO 9001-2015 accredited organisation, employing approximately 1,000 personnel in 6 Districts, 12 full-time stations, 2 retained stations, a PHECC accredited Training Centre, the East Region Communications Centre (ERCC), which receives in the region of 125,000 112/999 emergency medical calls annually, is an accredited centre of excellence with the International Academy of Emergency Medical Dispatch.

All fulltime DFB Firefighters are trained as Paramedics and rotate continuously between Fire/Rescue/EMS and ambulance/EMS duties, providing pre-hospital emergency care to patients. There are 77 Firefighters trained to Advanced Paramedic Level and 25 Retained Firefighters trained as Emergency First Responders (EFRs).

DFB's fleet of 12 emergency ambulances are each staffed by two Paramedics and available to respond 24 hours a day, 365 days per year. In addition, DFB maintain up to 125 Paramedics on duty that are available to respond on 21 frontline fire appliances.

DFB provides first response capability 24 hours a day, 365 days of the year from their 14 locations across Dublin City and County and have capacity to mobilise EFRs to incidents in north county Dublin from two retained fire stations.

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

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	Dublin Fire Brigade (DFB)
Type of Visit	Full GVF Assessment – GVFREP DFB001_1118
Licensed CPG Provider Lead	District Officer EMS
Date of Review	15th & 22nd of November 2018
Assessment Team	• Team Lead - GVFA7460 • Site Assessor - GVFA7106 • Site Assessor - GVFA5966 • Practitioner Engagement - GVFA4011 • Practitioner Engagement - GVFA6815
Circumstances of this Site Assessment	Establishment of GVF programme - Transition to 3-year licensing cycle
Relevant Recent Visits	Practitioner Engagement element conducted 15/11/2018

Assessment Details (continued):

Licensed CPG Provider Participants

- A/Chief Fire Officer
- Assistant Chief Fire Officer EMS
- A/Assistant Chief Fire Officer,East Region Communications Centre (ERCC)
- 3rd Officer EMS
- District Officer EMS
- 3rd Officer East Region Communications Centre
- DFB Medical Director (Medical Council Reg No 7741)
- District Officer Education & Training

Onsite Feedback

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

Judgement Framework

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

Theme 1

Person Centred
Care and Support

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

Pre-Hospital Emergency Care Council

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

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.1.1 DFB is accredited to ISO9001/2015 standards. This quality management system supports a process-based approach to quality management in the organisation. There was strong evidence of data collection and analysis related to incident response. The assessment team observed that Dublin Fire Brigade provide an emergency ambulance service to the greater city of Dublin and its suburbs through a hub and spoke model, with a central control base located in Townsend Street and strategically located fire stations, which provide a total of 12 ambulances on 24/7, 365 days per year. The Provider maintains pre-hospital emergency care practitioners who are rostered to both fire tender appliance and ambulance duty.

The process for EMS call dispatching was observed. EMS calls are received by 999 operators and transferred to DFB ERCC where call details are gathered and then medically prioritised by qualified dispatchers using an Advanced Medical Priority Dispatch System (AMPDS). Training in AMPDS is given to staff and is accredited by the International Academy of Priority Dispatch. Staff performance is monitored for compliance to AMPDS standards. The assessment team randomly selected members of staff on duty and reviewed their training record; they were found to be current.

1.1.2 DFB is an International Academy of Priority Dispatch accredited centre of excellence. The DFB ERCC accreditation dictates that 2.8% of all calls are audited to measure every element of that call. DFB audit 3.2% of calls which exceeds the required percentage. Audio is retrieved contemporaneously and audited accordingly. The AQUA system generates reports and individual output can be monitored.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

No specific observation noted by the assessment team.

Areas for Improvement

During the Practitioner Engagement one Ambulance's smart phone charging lead was missing and the phone battery was low. Crew member utilised his own personal lead to recharge. Suggest hard wire installation to ensure phone remains fully charged.

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.2.1 A policy on patient consent has been developed by the Licensed CPG Provider. Evidence of the application of this policy was witnessed in the field, during GVF Practitioner Engagement site visits. It was observed that patient consent to assessment, treatment and conveyance was obtained on all calls, which included patients of all age groups and patients who do not have English as their first language (used interpreter).
It was also noted that patient care was delivered in a very dignified and courteous manner in all clinical cases managed by the practitioners.

During GVF focus group interview with practitioners, staff verbalised knowledge and awareness of PHECC standards and code of ethics in relation to gaining patient consent for initial and ongoing treatment and procedures. Staff stated they introduce themselves to patients by name after first identifying the patient. Staff also stated they assess patient capacity for treatment and or transport. A blank Patient Care Report (PCR) was provided during the interview and practitioners highlighted the three (3) key questions identified as consent probes and a lead into capacity assessment.

1.2.2 The subject of refusal of treatment and/or transport was identified by the assessment team as the main source of complaints from the public to the Provider. Senior management and the Medical Director outlined the process of complaint management and the assessment team are satisfied that complaints are robustly investigated as per organisation policy.

During GVF focus group interview practitioners readily gave examples of the procedure for dealing with a patient who declines treatment or transport and outlined how further care advice is provided to patients refusing treatment and/or transport.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

Practitioners were very familiar with and had substantial levels of knowledge regarding consent and capacity processes and of their own responsibilities within that process.
Senior management pro-actively manage incidents and complaints related to the patients who decline treatment and/or transport. A strong emphasis is placed on incident investigation, and the integration of scenario-based education into ongoing staff training and paramedic education programmes.

Areas for Improvement

No specific observation noted by the assessment team.

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.3.1 During GVF Practitioner Engagement the assessment team witnessed patients being treated with dignity and privacy. It was also observed that there was an excellent rapport between the crew and all patients.

Patient-centred care and respect for patient's wishes was identified as a clear value in the practitioner focus group discussion.

1.3.2 Whether patients consent or not there was a general acceptance that the patient's wishes need to be upheld as appropriate.

The assessment team noted that cases which involve refusal of care, etc are recorded and formally documented.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

Practitioners are aware of the need to protect the patient, themselves and the organisation in every situation.

Patient privacy by crew was observed on all calls. It was observed doors and privacy screens were applied prior to patient assessment in the ambulance.

During the practitioner engagement: All patients observed were treated with compassion, kindness, dignity and respect. It was observed that the crew were very aware of safeguarding and vulnerable adult protection, and the need for dignified and compassionate handover.

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

The assessment team evidenced the Provider's conduction of internal and external surveys with robust methodology, which were carried out to help shape and improve the services and the culture of the organisation.

The assessment team note that DFB is accredited in ISO 9001/2015. This independent certification in a quality management system is reviewed every five (5) years and requires a continual improvement approach to meet customer, statutory and regulatory requirements.

The assessment team observed that DFB maintain a strong social media presence.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

Evidence of patient feedback through surveys creates a strong platform to shape and improve future services.

Areas for Improvement

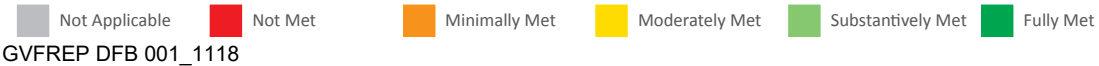
The Provider may wish to consider a more formalised and regular method for public feedback while being mindful that future patient satisfaction initiatives will need to subscribe to GDPR legislation.

Further engagement on social media may enhance public awareness and assist and publicise DFB future feedback initiatives.

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

Pre-Hospital Emergency Care Council

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



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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

1.5.1 Complaints can be made by service users through a number of routes; written, phone and website. There is a robust, open and transparent mechanism for dealing with customer/service user complaints. This is strengthened by the utilisation of a civilian executive to manage them.

The assessment team observed a database of complaints and verified the process of managing a complaint through a 360 degree approach to investigation. Complaints are actively managed and reviewed on an annual basis by senior management to identify patterns or trends to particular stations/watches.

Senior management described the cascade whereby, notable complaints are discussed at District Officer meetings with the Assistant Chief responsible for EMS on a monthly basis. Complaints related to specific stations are discussed with crew and fed back through monthly team-talk meetings and inclusion in training at station level. Where required, information is also fed to the training school for inclusion in formal updates during Continuous Professional Competency and Paramedic training.

The assessment team observed that 56 complaints were investigated in the past year. Of note, there were also 50 compliments and messages of thanks sent to the Provider.

1.5.2 During the GVF focus group interview there was inconsistency noted by the assessment team in the practitioners' approach regarding information on how to make a compliant.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

During the Practitioner Engagement: the crew observed were able to identify a clear pathway for how complaints are managed, who they are reported to and how learning is shared.

Areas for Improvement

Patients may not receive accurate and consistent information on how to make a complaint. The Provider should consider introducing training/communications regarding the internal complaints management procedures. Feedback mechanisms will need to be established to inform practitioners of outcomes of complaints.

Consideration could be given to the development of an information leaflet, which supports staff in guiding a complaint or concern from the public. This may prove a useful future quality improvement initiative, particularly if the leaflet guided the service user to the existing web-based complaint access point.

Theme 2

Effective Care and Support

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

The assessment team evidenced an up-to-date register of practitioners that is maintained. The process of registration verification by practitioners is managed electronically through an internal online portal and is a requirement of employment with the organisation. There was evidence that the DFB registration database is contemporaneously managed. The registration information is audited on an annual basis to identify natural wastage, long term sick leave, etc. The assessment team observed the records, which date back to 2009.

During GVF Practitioner Engagement the equipment and medications required to implement 10 randomly selected CPG's was assessed. The Provider was found to be in compliance with adequate resources available to implement the CPGs.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

Supportive technology is in-situ to support and reference practice. The PHECC Clinical Practice Guidelines app was identified as being available on devices supplied by the Provider; this provides reassurance for practitioners and increases safety for service users.

During GVF Practitioner Engagement, on medication administration the assessment team observed practitioners refer to the PHECC field guide to confirm correct dose. This demonstrated best practice in medication management.

Areas for Improvement

No specific observation noted by the assessment team.

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

Records of the training and implementation of the IMIST-AMBO handover process were observed. This formal handover process is in place and is supported by the Provider. Training has taken place for operational practitioners through visual education material created by National Emergency Medicine Program. Clinical supervision is provided to support crews and address issues related to handover as they arise.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

The Provider is engaged in collaborations with acute services from a number of teaching hospitals. This initiative, which involves simulation training, creates opportunities for improving information exchange on handover and general improvement of communications between pre-hospital and acute care providers.

During GVF Practitioner Engagement it was observed, during patient handovers at emergency departments, that structured debrief using IMIST-AMBO was utilised, and observation of the PCR reflected the same information was documented as was given in the verbal handover to ED staff.

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.

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

Randomly selected DFB Vehicle: Records relating to Annual CVRT Operator Self-Declaration in line with the Road Safety Authority Regulations were inspected and found to be current and in order.

Formal education on vehicle checking is delivered during an RSA approved driving course, which is undertaken by personnel in their training.

During focus group interview practitioners described the 'Vehicle/equipment check off', they indicated this was completed at some stage during the shift, but ideally at the start of the shift if time permits. A preventative maintenance programme is also in place.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

During GVF Practitioner Engagement: The assessor observed that the crew performed a visual and under the hood check of the ambulance. This was documented on a vehicle inspection form. This form is a record that is signed by the practitioner inspecting the vehicle and is then inspected and signed off by the Station Officer. If there is any major issue with the vehicle it is reported to the maintenance department. If there is a major issue with the vehicle a replacement is supplied.

Robust vehicle safety processes are in-situ and records evident via electronic databases.

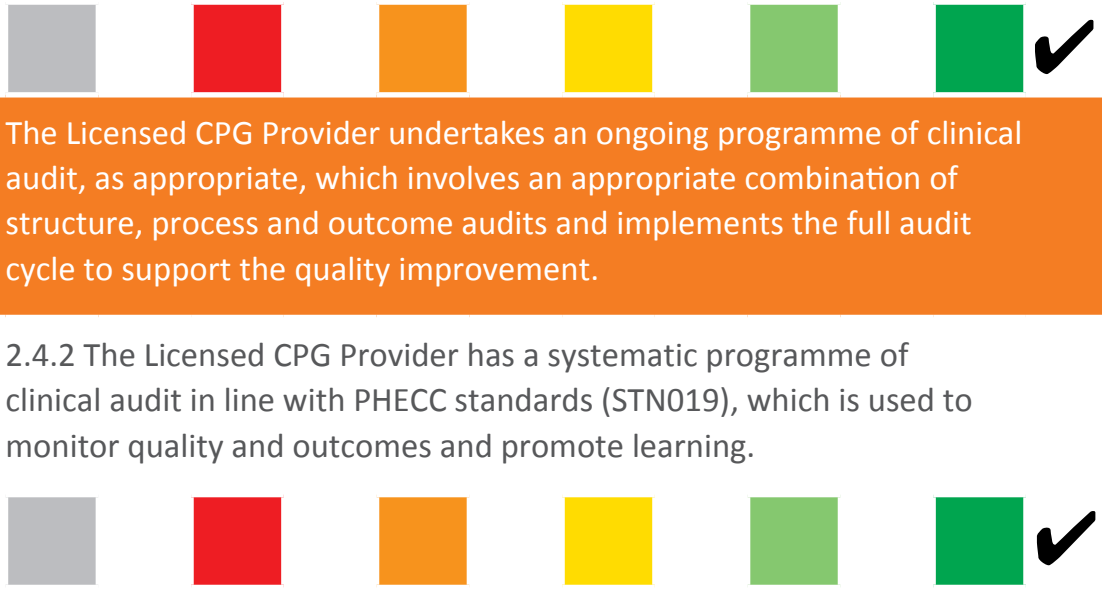
Areas for Improvement

No specific observation noted by the assessment team.

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

Pre-Hospital Emergency Care Council

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



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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

2.4.1 The Medical Directors report was reviewed by the GVF assessment team and clinical activities calendar was evident.

The assessment team observed that the Medical Director has a strong relationship with the Provider. This relationship includes attendance at Governance Meetings, review of clinical incident/complaints and medication review.

Rapport between Medical Director and District Officer EMS is evident. The assessment team verified there is a clear process for generating the Medical Director's annual report, which includes a mechanism of escalation if adverse risks are identified.

2.4.2 The assessment team verified through records that clinical audit has been a feature in the organisation since 2009. Ongoing audit is carried out through a programmatic approach. Results of audit are shared widely within the organisation and communicated to front line staff through a series of newsletters. It was verified how results are presented to staff and how the Provider plans for ongoing audits to prepare staff for future engagement.

A Quality and Safety Committee exists to oversee and review the output/results of audit and develop action plans related to the outcomes.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

There is an extensive field trial in progress with focus on 9 PHECC key performance indicators. The assessment team observed that the results of these KPIs will be communicated to the regulator to help drive improvements in clinical practice and inform future training requirements.

Areas for Improvement

No specific observation noted by the assessment team.

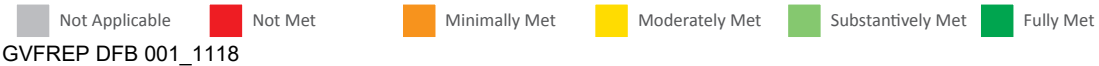
Theme 3

Safe Care and Support

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

Pre-Hospital Emergency Care Council

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



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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

3.1.1 The Provider has an extensive infection control policy and has robust systems in place for regular testing, and deep cleaning of vehicles.

The Provider has acknowledged that due to capacity and demand on the response system, the balance between providing an immediate response to 999 calls and providing best practice cleaning of vehicles between cases and at the end of shift is challenging and falls short of ideal.

The assessment team observed that practitioners were fully aware of the infection control policy and procedures and reported the availability of personal protective equipment and stated they have been offered and availed of an annual flu vaccination.

During GVF Practitioner Engagement it was noted that there was a copy of the Provider's Infection Control policy in the ambulance and there was a system in place to clean and decontaminate the ambulance at the end of the shift. It was observed that there was limited opportunity for crews who are continuously on the road to achieve minimum levels of cleaning and decontamination.

3.1.2 Robust policies and mechanisms were observed to be in place for an effective medicines management system. Storage, checking and replenishing/disposal of stocks are well controlled and monitored. The management of regular and controlled medications was verified at several stages of this assessment.

3.1.3 During GVF Practitioner Engagement, it was noted that at the start of each shift check-off equipment/medicines books are available to practitioners and utilised by the crew. Missing or damaged equipment is reported and replaced as soon as practicable. This system was observed as being effective. During the site assessment the assessment team verified the availability of service records related to a random selection of equipment based on records gathered during the Practitioner Engagement.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

3.1.1 The assessment team found that practitioners had a good working knowledge of the Provider's Infection Control policy and procedures and gave examples of decontamination process. Overall best practice knowledge was fluently verbalised by the group.

3.1.2 The assessment team observed that medication management is a very tightly controlled process and reflects best practice related to both general and scheduled medications. The management of scheduled medications was observed to be of high standard in operational practice.

3.1.3 There is a robust system of tracking the Provider's key pieces of equipment and the maintenance and records associated with them. These records were available to the assessment team who noted the daily inspection of vehicles and equipment and are satisfied with the Provider's efforts to replenish missing or damaged equipment or stock. Crews report being facilitated by ERCC to attend a central equipment replenishment area as appropriate.

Areas for Improvement

3.1.1 The assessment team recommend that the Provider increase vigilance and focus on improving the protection of patients and staff from healthcare associated infections. The Provider shall review its prevention strategies in relation to health care associated infections.

3.1.2 A review of the medications in both Practitioner and Advanced Paramedic's bag and restocking arrangements is recommended based on the availability of particular medications in a busy period.

A general issue regarding suction units was observed in the annual Medical Director's report. An issue was also noted in the field assessment. It is recommended that the pre-shift check of the suction unit be adjusted to improve the reliability of this piece of equipment during clinical use.

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

3.2.1 The assessment team verified, through various lines of enquiry, that the Provider has a structured incident reporting mechanism in place, which supports a culture of reporting adverse events and near misses. There is a process in place for immediate prioritisation of an adverse incident and a cascade of investigation commences with a planned timely outcome.

During GVF Practitioner Engagement it was observed that crew are aware of the procedures, which are utilised to report issues with the ambulance, patients and adverse events in a responsive and timely manner.

3.2.2 The Provider provided the assessment team with examples of how staff receive feedback regarding adverse incidents and events. Staff are briefed and tasked, daily, at change of shift using a process called “parade”. This process facilitates direct communication to each practitioner through the reading of Memos as they are circulated. Information is repeated regularly to capture staff who return from leave.

During GVF Practitioner Engagement practitioners described how they receive relevant feedback from the organisation’s Health and Safety Department and how they use ARF forms for incidents reporting clinical incidents such as a needle stick injury.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

The Provider has demonstrated a strong and robust system of managing adverse incidents and near misses. Practitioners are familiar with the process of reporting and escalating incidents and accidents as they occur in the pre-hospital environment.

The parade process was identified by the assessment team as an example of positive staff engagement.

Areas for Improvement

No specific observation noted by the assessment team.

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

The assessment team were satisfied that the Provider has policies and procedures in place to prevent harm or abuse occurring and take action where concerns arise. This was evidenced through review of practitioner training records held by the training institute, which identified that relevant training had occurred to support practitioners in this area.

Practitioners demonstrated awareness and knowledge competence regarding safeguarding of vulnerable persons and the appropriate management of vulnerable adult was observed.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

Electronic training records are maintained for all registered practitioners employed within the organisation. Such records contain evidence of PHECC registration, training undertaken and supports ongoing continuous professional competence of practitioners.

Areas for Improvement

No specific observation 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.

Pre-Hospital Emergency Care Council

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

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

4.1.3 The CPG Provider is compliant with taxation laws.

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

4.1.1 The assessment team verified the Provider's structures for clinical governance, which encompassed how the management team relate to the Medical Director. There is good engagement between the senior management team and Medical Director on clinically related issues. Frontline staff have adequate access to this clinical governance structure. Management maintain a robust IT system to support the related records.

4.1.2 The assessment team are satisfied that the Medical Director is fully involved within the organisation and is in contact on a weekly basis and attends Clinical Governance meetings quarterly. The Medical Director confirmed he is registered with the Medical Council as of November 2018.

4.1.3 / 4.1.4 The assessment team were satisfied that the Provider is compliant with taxation and relevant clinical indemnity is in place.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

The Provider has robust systems in place to support clinical governance. This includes a strong relationship with the Medical Director.

Areas for Improvement

No specific observation noted by the assessment team.

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

The assessment team observed that the Provider has robust systems, processes and practices in place to support safety and quality improvement throughout the organisation.
During enquiries the assessment team observed evidence of continuous audit, and an electronic database, which supports practitioner registration and competency attainment.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

The assessment team identified the presence of a quality culture within the organisation, evidence of audit, incident and risk management and engagement in CPC were cited as examples of continuous quality improvement within DFB.

Areas for Improvement

No specific observation noted by the assessment team.

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

The assessment team were satisfied that the Provider has systems, processes and procedures in place to ensure compliance with statutory legislation. This was evidenced by electronic training database, which reflects historic and current competencies for each practitioner employed by the organisation. Management communicated their compliance with managing safety alerts and updates from appropriate regulatory agencies.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

The Provider demonstrated commitment to ongoing competency of its workforce. This is supported by processes that ensure real time training records are available to management. There is a performance management system and a field supervisory program in place to support the provision of safe and effective care.

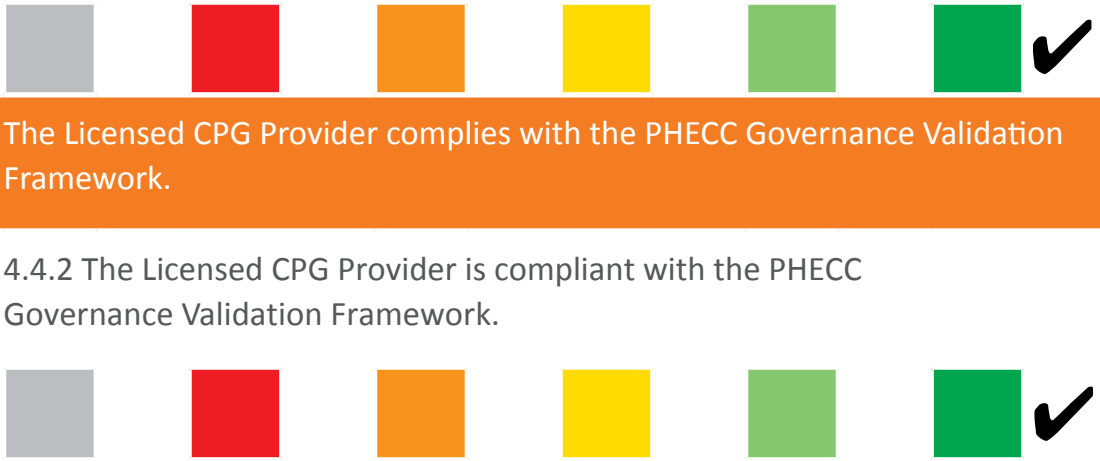
Areas for Improvement

No specific observation noted by the assessment team.

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

Pre-Hospital Emergency Care Council

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



Not Applicable Not Met Minimally Met Moderately Met Substantively Met 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.

Pre-Hospital Emergency Care Council

Assessment Panel Findings

4.4.1 The Provider demonstrated a number of processes that have been developed to communicate and update practitioners on new guidance or recommendations as issued by the PHECC or other regulatory bodies. Evidence was provided of compliance with the PHECC standards for CPG Providers and HPRA requirements for medication management.

4.4.2 The assessment team were satisfied that the CPG Provider has complied with the PHECC Governance Validation Framework and provided all material requested in this process.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

The Provider utilises a formal parade system as a mechanism to inform every practitioner of required updates as they occur; this ensures a verbal update given by the line manager and maximises the opportunity to directly communicate with each practitioner.

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 or employees) to achieve the service objectives for high-quality, safe and reliable healthcare.

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

Evidence of activity in workforce planning was provided. The assessment team observed that the Provider is currently engaged in reversing the effects of the recent embargo on recruitment in the public service and are currently progressing with the training of new recruits, which will alleviate the situation to some extent.

The senior management team strongly indicated that a lack of finance to support the service is impacting its ability to deliver its internal strategic plan.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

The Provider has a fully trained Paramedic workforce who are flexible and adaptable to the challenges of the pre-hospital environment.

Areas for Improvement

Further development in the organisation's workforce planning is recommended, with reference to workforce supply and demand, career pathway and progression and succession planning.

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

Pre-Hospital Emergency Care Council

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

5.2.1 All practitioners currently employed in the organisation have English as their first language. Recruitment is a function of Dublin City Council HR department (DCC-HR). The Provider is currently engaged with DCC-HR to include this requirement for English language testing in all future recruitment competitions.

5.2.2 The assessment team was satisfied that the Provider has a robust database in place, which records and tracks all registrations, and has an internal electronic mechanism for practitioners to annually confirm their PHECC registration status.

5.2.3 Training records were verified by the assessment team who confirmed that the Provider has a system in place to confirm relevant qualifications and registrations of all employees. The training record system is accessible to the EMS operations manager.

5.2.4 Garda vetting is carried out by the Provider in accordance with the requirements of the National Vetting Bureau. The assessment team verified the Provider's compliance in this area and reviewed a randomised selection of records from the database.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

The assessment team were satisfied with the evidence presented of IT governance in relation to registration, training and compliance with the PHECC standards and adherence with the current legislation related to vetting of staff.

Areas for Improvement

The Provider will ensure that DFB HR department include English language testing in future recruitment competitions.

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

Pre-Hospital Emergency Care Council

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

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

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

5.3.1 The Provider has developed and implemented a comprehensive education and training programme for the induction of its employees.

5.3.2 The assessment team were satisfied, through a number of interactions with the Provider, that there was good evidence of compliance with the PHECC and other statutory requirements for practitioner training. Mandatory and ongoing training needs are coordinated by a designated training officer and supported by a comprehensive IT training database.

5.3.3. The Provider has appropriate arrangements in place for the management and supervision of students. Service level agreements are in place with the relevant academic institution to ensure clinical placements are negotiated and a clinical facilitator supports the internship period of practitioner training.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

The assessment team are satisfied that there is a contemporaneous and comprehensive training database maintained by the Provider.

There was evidence of a strong collaborative partnership arrangement between the academic institution and Provider in relation to training and ongoing performance management of students.

Areas for Improvement

No specific observation noted by the assessment team.

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

Pre-Hospital Emergency Care Council

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

5.4.1 The assessment team were provided with evidence of a robust Critical Incident Stress Management (CISM) system provided to DFB practitioner staff. The CISM policy is well embedded in the organisation and the assessment team observed that CISM is highly valued by frontline staff.

5.4.2 The Provider has a Fitness to Practice policy, which is compliant with the PHECC Fitness to Practice processes. This was verified by the senior team and the Medical Director. There is no active fitness to practice cases in the organisation.

5.4.3 The Medical Director fully explained the process through which adverse clinical incidents are investigated and managed. The assessment team verified with senior management that the Provider has systems in place to monitor staff performance and competence. The Provider maintains vigilance in the identification of poor performance, which includes monitoring of patient care reports for compliance rates and observing any patterns related to practitioner's behaviour and attitude reported from a variety of sources including line management. The Provider also monitors complaints for patterns that may occur.

5.4.4 The assessment team were satisfied through focus group discussion and review of documentation that there was evidence of comprehensive incident investigation and feedback to practitioners. The Provider endeavours to improve patient safety by encouraging and supporting employees to report adverse incidents and near misses. There are a number of administrative processes in place to report incidents, near misses and no-harm events. The Medical Director's report identified activity in this area for the previous year.

5.4.5 DFB practitioner staff reported that the change of shift parade offers an open environment to give and receive feedback in quality and safety related issues.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

A CISM policy is in place, which has widespread staff awareness, knowledge and appreciation of the programme.

The parade system creates the opportunity for staff to feedback relevant quality and safety matters to the line manager who in turn reports to the relevant senior management team and seeks a resolution. This is supported by an administration process that documents occurrences.

Areas for Improvement

No specific observation noted by the assessment team.

Theme 6

Use of Information

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

Pre-Hospital Emergency Care Council

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

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

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

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

Pre-Hospital Emergency Care Council

Assessment Panel Findings

6.1.1 The Provider has demonstrated to the assessment team that it has systems, processes and procedures in place to assure full implementation of information governance and the effective management of healthcare records. There was strong evidence of strict compliance with GDPR in the security, management and storage of Patient Care Reports (PCRs). Practitioners described to the assessment team how they comply with the Provider's policy on the management of PCRs.

There were varying practices described in relation to the retention/storage/safe disposal/ of the output from the teleprinter (in station case notification). This is a document that contains service user information and carries a potential for breach of confidentiality.

During GVF Practitioner Engagement it was observed that there was varied compliance with the safe management/disposal of the paper teleprint from the ERCC.

During GVF Practitioner Engagement the assessment team observed that patient care reports were appropriately and legibly completed. PCRs were managed in compliance with the Provider's policy and the PHECC Clinical Records Management Guidelines. An on-the-road storage system for completed PCRs was observed and found to assure that PCRs were managed effectively and securely.

6.1.2 The assessment team observed that the Provider had processes and policies in place to assure the quality of data contained in the PCR. During focus group discussion practitioner staff confirmed that they had training in PCR completion and demonstrated knowledge of information governance and requirement for document security.

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

Pre-Hospital Emergency Care Council

Areas of Best Practice

IT systems are in place and create business intelligence for the Provider, this enables the Provider to demonstrate their compliance with information governance.

The on-the-road storage system for completed PCRs was noted by the assessors as a significant improvement on how this issue has been traditionally managed .

Areas for Improvement

All printed materials from call activation should be treated as confidential material. In a busy working environment, an emergency ambulance activation printout is a potential vulnerability for a Provider and its GDPR compliance. It is recommended that a review of this vulnerability should occur to enable the development of a more secure process to manage this issue and improve compliance with GDPR regulations.

It is noted that the innovative installation of on-the-road storage system for completed PCRs is an area of best practice. The assessment team recommend that it be replicated across the Provider's fleet of vehicles.

Assessment 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 Dublin Fire Brigade are as follows:

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	0	0%
Not Met	0	0%
Minimally Met	0	0%
Moderately Met	1	2.3%
Substantively Met	5	11.7%
Fully Met	37	86%

GVF Site Assessment - Dublin Fire Brigade

	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.	**Substantive**
	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.	**Substantive**
Theme 2: Effective Care and Support	**Standard 2.1 Healthcare reflects national and international evidence of what is known to achieve best outcomes for patients.**	
	2.1.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure Responders/Practitioners utilise the evidence-based CPG appropriate to their status to deliver and ensure safe and appropriate care.	**Fully Met**
	Standard 2.2 Patients receive integrated care, which is coordinated effectively within and between services.	
	2.2.1 The Licensed CPG Provider has a standardised handover process in place to ensure the safe, timely, and structured exchange of information during handover of patients.	**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.	**Moderate**
	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 CPG Provider is compliant with taxation laws.	**Fully Met**
	4.1.4 The Licensed CPG Provider has documentary evidence of the required insurance policies.	**Fully Met**
	Standard 4.2 Licensed CPG Providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.	
	4.2.1 The Licensed CPG Provider has systems, process and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.	**Fully Met**
	Standard 4.3 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.	
	4.3.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure compliance with statutory legislation relating to the provision of safe and effective care.	**Fully Met**
	Standard 4.4 Licensed CPG Providers act on standards and alerts and take into account recommendation(s) and guidance, as formally issued by relevant regulatory bodies as they apply to their service.	
	4.4.1 The Licensed CPG Provider has a process in place to ensure the appropriate communication and adoption of new recommendation(s) and guidance issued by the PHECC and other regulatory bodies.	**Fully Met**
	4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation framework.	**Fully Met**

Theme 5: Workforce	**Standard 5.1 Licensed CPG Providers plan, organise and manage their workforce (volunteers, contractors and/or employees) to achieve the service objectives for high-quality, safe and reliable healthcare.**	
	5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.	**Substantive**
	Standard 5.2 Licensed CPG Providers recruit/engage with practitioners with the required competencies to provide high-quality, safe and reliable healthcare.	
	5.2.1 The Licensed CPG Provider has a process in place to satisfy itself that the English language competence of its Responders and Practitioners, whose first language is not English, is appropriate to the clinical/ professional activities to be carried out by that person i.e.	**Substantive**
	5.2.2 The Licensed CPG Provider has a process in place to check registration on appointment and on-going renewals of registration for volunteers, contractors and/or employees.	**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).	**Fully Met**
	Standard 5.4 Licensed CPG Providers support their workforce (volunteers, contractors and/or employees) in delivering high-quality, safe and reliable healthcare.	
	5.4.1 The Licensed CPG Provider has a Critical Incident Stress Management process in place.	**Fully Met**
	5.4.2 The Licensed CPG Provider has a Fitness to Practice Policy/Procedure, which makes reference to the PHECC Fitness to Practice processes.	**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 2018 Clinical Information Standards and associated reports and will ensure compliance with Council Policy for implementation timeframes for clinical information standards and associated reports – V1. (POL043)	**Substantive**
	6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.	**Fully Met**

Report Status

In accordance with the Council rules this GVF site-assessment does not trigger a requirement for PHECC to issue an improvement notice, attach conditions or withdraw recognition. Council Rules for pre-hospital emergency care service Providers who apply for recognition to implement Clinical Practice Guidelines (POL003 V6) outlines that, where appropriate, full recognition to implement CPGs will be awarded for a three (3) year period from the last approval date.

Quality Improvement Plan

Dublin Fire Brigade are required to adjust and re-submit their quality improvement plan to PHECC. This adjustment of the quality improvement plan will encompass the findings outlined in this report and any other planned quality improvement or organisational development initiatives to be undertaken in the upcoming licensing period.

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