



# **Governance Validation Framework**

## **Site Assessment Report**

**Dublin Fire Brigade**

**October 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 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 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 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 October 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 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 a 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](http://www.dublincity.ie)

# Overview of Licensed CPG Provider

## Assessment Details:

Licensed CPG Provider	Dublin Fire Brigade (DFB)
Type of Visit	Full GVF Assessment - GVFREP DFB 002_1022
Licensed CPG Provider Lead	GVFA4988
Date of Review	Practitioner Engagement 29/09/2022 On-site Assessment 21/10/2022
Assessment Team	<p>GVFA4988 - Team Lead GVFA7460 - Site Assessor GVFA5966 - Site Assessor GVFA3572 - Practitioner Engagement GVFA6815 - Practitioner Engagement</p> <p>Sites visited by the PHECC GVF Assessment Team during the assessment process were as follows:</p> <p>Site 1 - Finglas Fire Station, Mellows Road, Dublin 11, D11 NR22 Site 2 - Tallaght Fire Station, Belgard Road, Dublin 22, D22 RD68 Site 3 - Dublin Fire Brigade HQ, 165-169 Townsend Street, Dublin 2, D02 RY99</p>
Circumstances of this Site Assessment	GVF Assessment
Relevant Recent Visits	GVF Assessment October 2022

# Overview of Licensed CPG Provider

## Assessment Details (continued):

### Licensed CPG Provider Participants

Assistant Chief Fire Officer: Operations, EMS, Training  
District Officer: EMS Support Officer  
Third Officer: EMS Operations  
Medical Director  
EMS Training Coordinator  
District Officer: Mobilisation Officer  
Station Officer DFB HQ  
Advanced Paramedic  
District Officer: Training  
PHECC Tutor

### Onsite Feedback

Verbal feedback related to the Assessment Team's initial findings was provided to the Senior Management Team of Dublin Fire Brigade by the PHECC GVF Assessment Team Lead at the closing meeting. A number of items were identified as areas of potential improvement, which include the need to prioritise CPG Upskilling among Practitioners, with the training programme now ready to be delivered, and the Provider's ongoing work to address staff shortages with an upcoming recruitment drive. 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>	<p>1.1.1 The Licensed CPG Provider has systems, processes and procedures for the timely and clinically appropriate response to provide safe care and treatment to patient population they serve.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <span style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ff9900; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #99cc99; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #00cc66; border: 1px solid #000; position: relative;"> <span style="position: absolute; top: -5px; right: -5px; font-size: 1.5em;">✓</span> </span> </div>
---------------------------	--

<b>PHECC Statement</b>	The Licensed CPG Provider has appropriate arrangements in place to ensure screening and prioritisation of calls.
------------------------	--

<b>PHECC Requirements</b>	<p>1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <span style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ff9900; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #99cc99; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #00cc66; border: 1px solid #000; position: relative;"> <span style="position: absolute; top: -5px; right: -5px; font-size: 1.5em;">✓</span> </span> </div>
---------------------------	---

## 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 systems and processes utilised for the monitoring of key performance indicators (KPI) relating to staffing and skills mix, to ensure timely and clinically appropriate responses to provide safe care and treatment.

The Provider services the greater city of Dublin across 12 locations, with an emergency ambulance service. All Practitioners are simultaneously trained as firefighters and can crew both ambulance and fire appliances.

All calls are attended to by a fire appliance and an ambulance, where inter-vehicle cross over between crew members, where a given skill set is required, is a common and well-established occurrence.

While the Provider admits to challenges post-pandemic with staffing levels, the Mobilisation Officer provided evidence on how the daily minimum staffing levels were met for each shift to ensure 24/7, 365, cover is provided across the 12 locations. The Provider has a detailed document outlining the breakdown of calls managed by them, which indicates robust and continuous review of demand on the service.

The Assessment Team reviewed documentation reflecting 2022 vacancy rates and a future recruitment drive with Dublin City Council is planned, with paramedics and control room staff due to commence training in 2023.

The Provider works in collaboration with other statutory and national agencies in major Incident and response planning, and this is reflected in their Quality Management System Overview document. The Assessment Team had a discussion with senior management regarding recent major incident response training exercises, in conjunction with other relevant agencies.

1.1.2 The Provider has a system and procedure in place for timely and appropriate response to emergency calls, utilising a telecoms company to filter appropriate 999 calls to the Eastern Regional Call Centre (ERCC). Call handlers manage and prioritise calls using protocol driven Advanced Medical Priority Dispatch System (APMDS). ERCC call handlers receive appropriate training on Computer Aided Dispatch (CAD) and AMPDS and review of staff performance levels is undertaken regularly. Training records for ERCC staff were viewed.

The development of call handling, dispatch and targets for improvements is included in the 2019-2022 strategic plan for the Provider's organisation and is referred to in the Provider's QIP, the need for an upgrade of its CAD system is identified, which is due for completion in 2024. A percentage of calls are audited on an annual basis.

Translation services are available to access when required.

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



**Areas of Best Practice**













1.1.2 The Assessment Team observed evidence of systems, processes and procedures in place to meet requirements of this standard.

**Areas for Improvement**

No specific observation noted by the Assessment Team.

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



<b>PHECC Statement</b>	The Licensed CPG Provider has systems, policies and procedures in place that respect the values, preferences and wishes of patients.					
<b>PHECC Requirements</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.					
						 ✓
<b>PHECC Requirements</b>	1.2.2 The Licensed CPG Provider has a policy/procedure in place in relation to the refusal of treatment and/or transport.					
						 ✓

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



**Assessment Panel Findings**

1.2.1 The Provider has in place policies and procedures for consent and checking patient identity, for refusal of treatment and /or transport, and assessment of mental capacity to refuse to treat.

The Assessment Team evidenced staff to be knowledgeable on these policies and first-hand evidence of these processes was observed and in line with the Provider's policies, with relevant information being recorded on the Patient Care Report (PCR).

1.2.2 The refusal of treatment and/or transport policy was evidenced, by the Assessment Team, in document format both during the Practitioner Engagement and onsite assessment.

In one observed case, where a patient refused treatment / transport, Practitioners were noted to give the patient alternative options and ensure a plan was in place before leaving the scene, in line with the Provider's policy.

Documentation of patient mental capacity and refusal was observed to have been recorded accurately on the PCR. Evidence of audit of PCR, including these aspects, were evidenced by the Assessment Team.

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



### Areas of Best Practice

1.2.1, 1.2.2 There was observational and documented evidence of adherence to the Provider's organisational policies and procedures regarding this standard.

### Areas for Improvement

No specific observation noted by the Assessment Team.

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



<b>PHECC Statement</b>	The Licensed CPG Provider has systems, policies and procedures in place that respect the values, preferences and wishes of patients.					
<b>PHECC Requirements</b>	1.3.1 The Licensed CPG Provider has arrangements in place to promote patients’ privacy, dignity and autonomy.					
						✓
<b>PHECC Requirements</b>	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 observed evidence of organisational leadership and commitment to protecting the dignity, confidentiality and privacy of service users. Practitioners were observed adhering to patient confidentiality and privacy policies. Patient centered care and respect for patient's wishes remains a clear value for senior management and Practitioners.

A Code of Conduct Policy for Local Government Employees exists, and staff are familiar with it.

1.3.2 Communication and interpersonal skills training is incorporated into induction and training programmes.

Practitioners were observed to have a high level of professionalism, compassion and good communication skills. Patients and their families were seen to have been treated with dignity and respect as outlined in the Provider's policies.

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



**Areas of Best Practice**

1.3.2 The Assessment Team evidenced policies in document format, which were then observed directly to be adhered to by Practitioners and to a high standard in line with the requirements of this standard.

**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.**



<b>PHECC Statement</b>	The Licensed CPG Provider has systems in place to promote and measure positive patient experience.
<b>PHECC Requirements</b>	<p>1.4.1 The Licensed CPG Provider undertakes Patient Satisfaction and/or Patient Experience Surveys to help shape and improve services and culture.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ff9900; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #99cc99; border: 1px solid #000;"></div> <div style="width: 20px; height: 20px; background-color: #009966; border: 1px solid #000; position: relative;"> <span style="position: absolute; top: -5px; right: -5px; font-size: 1.5em;">✓</span> </div> </div>

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



### Assessment Panel Findings

1.4.1 A platform for patient satisfaction surveys exists through Dublin City Council. Feedback and complaints are processed and collated into themes and fed back through the Quality and Safety Committee.

The Assessment Team evidenced two recent patient satisfaction surveys, one conducted on behalf of the Provider by an international market research company through Dublin City Council website. Feedback via social media, email, phone, postal or the Dublin City Council Website are all available methods to collect patient satisfaction data.

Evidence of audit of patient feedback and complaints was reviewed and results are a standing item on the Quality and Safety Committee meetings.

The Provider is accredited ISO 9001/2015, requiring evidence of a continual improvement approach to customer care.

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



**Areas of Best Practice**

1.4.1 The Provider has demonstrated commitment to measuring patient experiences with their services to shape and improve services and organisational culture.

**Areas for Improvement**

No specific observation noted by the Assessment Team.

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



<b>PHECC Statement</b>	The Licensed CPG Provider has an internal complaints/concern handling process.
<b>PHECC Requirements</b>	<p>1.5.1 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <span style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ff9900; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #99cc99; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #009966; border: 1px solid #000;"></span> <span style="font-size: 2em; margin-left: 10px;">✓</span> </div>
<b>PHECC Requirements</b>	<p>1.5.2 The Licensed CPG Provider provides training to all front-line volunteers, contractors and/or employees in handling a patient or family member's complaint or concern.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <span style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ff9900; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #99cc99; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #009966; border: 1px solid #000;"></span> <span style="font-size: 2em; margin-left: 10px;">✓</span> </div>

**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 A documented complaints policy was evidenced, detailing how each complaint is handled and the various routes upon which it may have been received. The Assessment Team had thorough discussions with the senior management team regarding complaint procedures. A dedicated Complaints Officer is in place who manages all complaints as they arise. Details were given of how responses and investigations are undertaken, and how complaints are managed with responses to patients, families and feedback to Practitioners, in a timely manner. An escalation system, to the Medical Director, is in place where necessary.

Evidence of regular auditing of complaints was viewed and is included in the Annual Report and reports are fed into the agenda of the Quality and Safety Committee.

Learnings from complaints are managed as training opportunities where entire units may receive education based on a complaint, with Paramedic tutor involvement if necessary. Feedback is also communicated through the Provider's various channels including at twice daily parade, the internal bespoke IT education platform, and in news bulletins.

1.5.2 Practitioners were deemed to be knowledgeable on the Provider's complaints processes, including knowing how to advise a patient on how to make a complaint.

Training is included at Practitioners' induction and is ongoing throughout their employment. Staff complaints training records were viewed by the Assessment Team. Evidence of scenario-based teaching, by a senior operational officer, was observed by the Assessment Team as a means of lessons learned and upskilling of Practitioners in relation to complaints.

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



### Areas of Best Practice

1.5.2 The Provider demonstrated a commitment to deal with complaints in a transparent and robust manner to ensure Practitioners are trained and kept informed of all learnings.

### 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.**



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

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



**Assessment Panel Findings**

2.1.1 The Provider keeps up to date records for all Practitioners that include their level of practice and privilege status. These records are managed electronically on an IT database system, which is managed contemporaneously. The records are audited annually, which includes identification of retirees and staff on long term sick leave.

Practitioners were observed to be utilising appropriate Clinical Practice Guidelines (CPG) to administer evidence-based care in line with their privilege status, thus supporting best practice. Equipment and medications available were noted to be in line with PHECC CPG.

The Assessment Team note that dissemination of revised guidelines and updates from PHECC appears robust within the Provider's organisation. Review of this information on the online portals by the Assessment Team further supported that information sharing is robust. The Provider utilises several modalities for communication of such alerts, including a formal duty parade system prior to each shift where information is given directly to employees. The Provider utilises a bespoke IT educational platform used to disseminate information including clinical updates and is available on laptops within each station. This system includes mandatory read notices. A citywide internal Dublin City Council intranet contains EMS memos and learning modules, which can be accessed by staff at any time.

Development of guidelines, policies and procedures within the Provider's organisation is strengthened through links to the Royal College of Surgeons Ireland (RCSI) where training of Practitioners takes place. This relationship fosters an evidence-based approach and is evident in the quality of updates and learning modules observed by the Assessment Team when viewing the online training material.

**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 embraced IT systems to ensure Practitioners are kept up to date with evidence-based CPG relevant to their clinical level and privileging status. Links to the Provider's RCSI paramedic training programme, further strengthens these aspects.

### 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.**



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

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



**Assessment Panel Findings**

2.2.1 The Provider utilises the national EMP Handover Protocol as the standard process for the exchange of patient information.

Practitioners were observed in real time using the IMIST AMBO mnemonic during handover at Emergency Department and were noted to be competent in the handover process.

PCR were used in the handover process for the transfer of patient information. Training in effective communication and handover forms part of Practitioners' training modules and Practitioners receive feedback on PCR and the handover process.

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



### Areas of Best Practice







2.2.1 The Provider uses an effective, standard handover process for the structured handover of patient information.

### 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.**



<b>PHECC Statement</b>	The Licensed CPG Provider must ensure that ambulances are fit for purpose.
<b>PHECC Requirements</b>	<p>2.3.1 The Licensed CPG Provider has processes, systems and procedures in place to ensure the road-worthiness of their patient transport vehicles in line with legislation.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>



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



### Assessment Panel Findings

2.3.1 The Assessment Team selected a vehicle and evidenced records relating to Annual CVRT Operator Self-Declaration in line with the Road Safety Authority Regulations to be up to date and in order.

The Provider has their own vehicle workshop for maintenance. Vehicle checks/equipment checks were observed by the Assessment Team to be robust with clear systems in place to ensure consistency across all vehicles and stations.

**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 Vehicle safety and road worthiness processes are competent and in line with requirements of this standard.

### 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.**



<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 style="display: flex; justify-content: space-around; align-items: center;"> <span style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ff9900; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #99cc99; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #009966; border: 1px solid #000;"></span> <span style="font-size: 2em; margin-left: 10px;">✓</span> </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 style="display: flex; justify-content: space-around; align-items: center;"> <span style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ff9900; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #99cc99; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #009966; border: 1px solid #000;"></span> <span style="font-size: 2em; margin-left: 10px;">✓</span> </div>

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



**Assessment Panel Findings**

2.4.1 The Assessment Team verified the submission of the Medical Director's Report in line with PHECC requirements.

The Medical Director has an active role within the Provider's organisation. The Assessment Team noted that the Medical Director is involved with all responsibilities as outlined by PHECC job specification and was knowledgeable on all aspects. There is a clear process for Medical Director involvement at Governance meetings, Quality and Safety Committee, along with pathways for involvement when necessary, in relation to complaints and adverse incidents etc.

There are strong relationships between the Medical Director and Senior Management Team.

2.4.2 The Assessment Team verified evidence of an active audit programme in place since 2009, with a structured programme discussed with the Medical Director and agreed each year. Findings are fed back through the Quality and Safety Committee. Topics include PHECC KPI, along with operational audits that may influence day-to-day practices within the Provider's organisation.

The Assessment Team viewed evidence on how audit results are disseminated with the use of poster format and via their online platforms, news bulletins and duty parades. Practitioners confirmed they were kept up to date on the audit programme and results.

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



**Areas of Best Practice**

2.4.1 The Provider has a strong relationship with their Medical Director and there is an active Quality and Safety Committee.

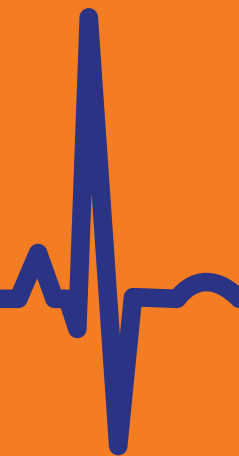
2.4.2 Commitment to audit is clearly strong within the Provider's organisation with a wide variation of audit topics considered, which will improve patient safety. The Medical Director is progressive in widening the scope of audits to also have a focus on improving service provision from the Provider.

**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.**



<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> <p> <span style="display: inline-block; width: 20px; height: 20px; background-color: #cccccc; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #ff0000; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #ff9900; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #ffff00; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #99cc99; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #009966; margin-right: 10px;"></span> <span style="font-size: 24px;">✓</span> </p>
<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> <p> <span style="display: inline-block; width: 20px; height: 20px; background-color: #cccccc; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #ff0000; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #ff9900; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #ffff00; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #99cc99; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #009966; margin-right: 10px;"></span> <span style="font-size: 24px;">✓</span> </p>
<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> <p> <span style="display: inline-block; width: 20px; height: 20px; background-color: #cccccc; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #ff0000; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #ff9900; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #ffff00; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #99cc99; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #009966; margin-right: 10px;"></span> <span style="font-size: 24px;">✓</span> </p>

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

**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 observed a thorough Infection Prevention and Control Policy with comprehensive education and training modules available through the internal IT platform for Practitioners. In practice, adherence to these policies was witnessed by the Assessment Team to be strong with an emphasis on Infection Prevention and Control (IPC) evident throughout the Provider's organisation, including hand hygiene, dress code and uniform management, clean and clutter-free work areas and decontamination procedures in place for ambulances. A recent development in this area has been the healthcare waste management system with a comprehensive and efficient system now in place. This allows clear segregation of waste with robust tracking of all waste.

3.1.2 The Assessment Team observed, in document format and in practice, a robust medicine management system. There is an identified person in charge, medications are in line with PHECC Medicines Assessment and the system of ordering, requesting, storing, use and disposal of medications was observed to be satisfactory. Practitioners were observed to be knowledgeable on medication management. Governance and compliance for controlled drugs was noted to be of a high standard and fully compliant. HPRA updates and warnings are disseminated as per communication channels previously discussed, with mandatory read notices on the internal IT platform.

There is a proactive approach from senior management and the Medical Director regarding reporting of near-misses and adverse events in relation to medications, with examples of such given in the Annual Medical Director's Report. Practitioners confirmed this approach highlighting a no-blame culture/lessons learned approach.

3.1.3 The Assessment Team observed randomly selected maintenance records of equipment items, which were up to date and in order. A recall system is in place for all equipment requiring maintenance. Equipment decontamination processes were observed, and records viewed.

Practitioners were deemed competent in equipment checks, as witnessed by the Assessment Team, and were familiar with how to report broken/faulty items and restock equipment through the central store system.

New equipment training is completed on a phased approach with 70% of Practitioners required to be trained before a new piece of equipment is launched. The Provider's personnel utilise CPG and related equipment that they have received training on and are competent in the skills and medications specified within that CPG.

Training records for new equipment were viewed.

Equipment manuals are available to Practitioners on the internal IT system and the intranet service.



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



**Areas of Best Practice**

3.1.1 The Provider is to be highly commended on their healthcare waste management system, which has been introduced throughout their organisation. The roll out of this system, with a pilot phase prior to full organisational roll out, evidenced both clinical and operational success within the Provider's organisation.

3.1.2, 3.1.3 Both medication management and equipment management processes were evidenced to be of a high standard.

**Areas for Improvement**

No specific observation noted by the Assessment Team.

**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 style="display: flex; justify-content: space-around; align-items: center;"> <span style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ff9900; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #99cc99; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #009966; border: 1px solid #000; position: relative;"> <span style="position: absolute; top: -5px; right: -5px; font-size: 1.5em;">✓</span> </span> </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 style="display: flex; justify-content: space-around; align-items: center;"> <span style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ff9900; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #99cc99; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #009966; border: 1px solid #000; position: relative;"> <span style="position: absolute; top: -5px; right: -5px; font-size: 1.5em;">✓</span> </span> </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 Provider has clearly documented policies regarding adverse incidents, near-misses and no-harm events, which cover the spectrum of medicines, equipment, devices and clinical care. There are processes in place to ensure appropriate response and escalation of events when necessary.

The senior management team, including the Medical Director, outlined the procedures that take place in the event of an adverse incident and the open-door policy to encourage reporting. Their level of governance was evidenced to be strong in relation to incident management with clear lines of reporting, investigation, management and accountability.

the Assessment Team noted Practitioners are well informed on the reporting processes, including the use of ACE forms. Practitioners were knowledgeable on the definition of adverse events and near-misses and the importance of reporting all incidents, including no-harm events.

Practitioners also supported the managements claims of a no blame culture and felt supported in this area.

3.2.2 The Assessment Team viewed evidence of the multiple modalities used to keep staff informed of results of investigations, complaints, adverse events and of the lessons learned approach.

The Provider also showed evidence of training modules and dissemination of key changes that may have occurred on the basis of adverse events.

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



**Areas of Best Practice**

3.2.1 The Provider has demonstrated comprehensive and robust systems of managing adverse incidents and near-misses with Practitioners well informed and encouraged to report such events.





3.2.2 Communications channels throughout the Provider's organisation are comprehensive.

**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.**



<b>PHECC Statement</b>	The Licensed CPG Provider is committed to safeguarding vulnerable members of the community.					
<b>PHECC Requirements</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.					
						

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



### Assessment Panel Findings

3.3.1 The Provider has in place a Safeguarding statement and policy, along with an identified person in charge.

Training records for Practitioners' safeguarding were observed by the Assessment Team and there was a general high level of awareness noted among staff in relation to recognising safeguarding issues.

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



### Areas of Best Practice

3.3.1 The Provider has policies and procedures in place to prevent harm or abuse occurring and to act where concerns arise.

### 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.**



PHECC Statement	The Licensed CPG Provider has an established governance structure with clear accountability arrangements for clinical and corporate governance.							
<b>PHECC Requirements</b>	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 Within the Providers' organisation there is an identified person with responsibility for Clinical Governance and the Third Officer EMS Operations, supported by the Medical Director.

The Provider submitted a comprehensive Clinical Governance Structure document that outlines in detail responsibilities including clinical effectiveness, audit, risk management, education and training, patient and public involvement, use of information and IT, staffing and staff management.

There is a Quality and Safety Committee that meets regularly, and the Medical Director and senior management are actively involved.

4.1.2 There is an appointed Medical Director with a job description available. In discussion with the Medical Director, the Assessment Team confirmed the extensive level to which they are involved in the organisation and their level of skill and knowledge to be of significant benefit to the Provider. Working relationships appear to be strong, with continuous engagement and oversight provided by the Medical Director.

4.1.3/ 4.1.4 The Provider is compliant in both of these standards.

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



### Areas of Best Practice

4.1.2 Clinical Governance structures were evidenced to be strong within the Providers' organisation and with excellent engagement and oversight provided by their Medical Director.

### Areas for Improvement

4.1.2 The Provider may take the opportunity to review the recently produced job description provided by PHECC and update their own accordingly.

**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 style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 30px; height: 30px; background-color: #cccccc; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ff0000; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ff9900; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #ffff00; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #99cc99; border: 1px solid #000;"></div> <div style="width: 30px; height: 30px; background-color: #00cc66; border: 1px solid #000; position: relative;"> <span style="font-size: 2em; position: absolute; top: -10px; right: -10px;">✓</span> </div> </div>

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



### Assessment Panel Findings

4.2.1 The Assessment Team observed evidence from multiple sources, indicating systems and processes are in place to support safety and quality improvement throughout the Provider's organisation.

The culture is one of encouraging reporting of adverse events, carrying out fair investigations and communication of findings to Practitioners.

Evidence was observed showing lessons learned from near-miss events, with regular audit processes, and how that information is then communicated to Practitioners.

Continuous audit and regular review of the Risk Register forms an integral part of this process.

**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 maintains a focus on this area throughout their organisation, including ensuring results of a learning from an incident are acted upon and staff are supported and informed of any change.

### 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.**



<b>PHECC Statement</b>	The Licensed CPG Provider is compliant with all relevant laws and regulations.					
<b>PHECC Requirements</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.					
						

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



**Assessment Panel Findings**

4.3.1 The Provider showed evidence of compliance with relevant statutory legislation and an in-depth knowledge of PHECC regulations.

The Assessment Team viewed a detailed risk register, which includes topics such as industry alerts, including medication alerts, infection control, safety committee, health and safety unit, quality management. This is reviewed regularly.

The senior management team articulated how updates are received and communicated to Practitioners and up to date electronic registers were available to view for all Practitioners, which include their privileging and upskilling status.



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



**Areas of Best Practice**

4.3.1 The Provider has demonstrated a structured approach to managing risk within their organisation.

**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 style="display: flex; justify-content: space-around; align-items: center;"> <span style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ff9900; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #99cc99; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #009966; border: 1px solid #000;"></span> <span style="font-size: 24px; margin-left: 10px;">✓</span> </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 style="display: flex; justify-content: space-around; align-items: center;"> <span style="width: 20px; height: 20px; background-color: #cccccc; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ff0000; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ff9900; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #ffff00; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #99cc99; border: 1px solid #000;"></span> <span style="width: 20px; height: 20px; background-color: #009966; border: 1px solid #000;"></span> <span style="font-size: 24px; margin-left: 10px;">✓</span> </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 satisfied that the Provider has adequate systems in place to receive and review all alerts and disseminate this information to staff.

Communications channels include a robust twice daily parade system where information is shared in person, and via the comprehensive IT platform and the Dublin County Council intranet. The internal IT system has the added advantage of requiring a read receipt from individual Practitioners, ensuring compliance with updates and assisting in creating an audit trail.

Adhoc learning also occurs at station level when tutors are on duty. There are 18 Advanced Paramedic tutors within the workforce, and relevant updates are included as part of this training when required.

4.4.2 The Assessment Team observed a detailed Quality Improvement Plan, which appeared to be relevant to the findings of the Provider's previous assessment and in line with the needs of the Provider. The QIP included timelines of action points completed and expected completion dates of those still to be finalised.

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



### Areas of Best Practice

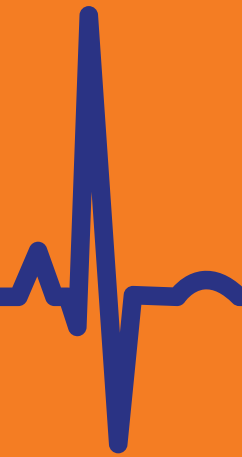
4.4.1 The Provider has appropriate systems and processes in place to ensure the communication of appropriate updates are issued with compliments being given to the duty parade approach, backed up with the IT platforms.

### Areas for Improvement

No specific observation noted by the Assessment Team.







# Theme 5

Workforce



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



<b>PHECC Statement</b>	The Licensed CPG Provider effectively manages its workforce (volunteers, contractors and/or employees) to meet the current and projected service needs.
<b>PHECC Requirements</b>	<p>5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.</p> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> <div style="text-align: center;">  </div> </div>

**Standard 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 strategies relating to workforce planning within the Provider's organisation, including staff attrition rates, upcoming retirements and succession planning through promotion and staff professional development plans.

As a publicly funded statutory organisation, the Provider's organisation are linked to Dublin City Council for recruitment purposes.

The Provider is conscious of the workforce issues faced throughout healthcare sectors post the Covid-19 pandemic, and the impact this has on their level of service provision, hence the plan for the upcoming recruitment drive.

**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 a robust system of monitoring staff turnover and recruitment needs and are actively seeking to address current issues.

### Areas for Improvement

No specific observations identified.



**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>	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.  
<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>	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.  
<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>	5.2.3 The Licensed CPG Provider conducts checks and confirms that all volunteers, contractors and/or employees have the appropriate qualifications and registrations.  
<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>	5.2.4 The Licensed CPG Provider ensures that volunteers, contractors and/or employees are subject to Garda Vetting in line with the National Vetting Bureau (Children & Vulnerable Persons) Act 2012 prior to patient contact.  

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



### Assessment Panel Findings

5.2.1 The Provider as a subsidiary of Dublin City Council, is reliant on their policy on English Language Competency and are continuing to work with them to ensure this becomes a requirement in upcoming recruitment processes.

The senior management team advised that at present all of the Provider's Practitioners were competent in the English language.

5.2.2 The Assessment Team viewed a robust database whereby PHECC Practitioners' registrations are recorded and tracked. This includes a reminder system for Practitioners with an identified person in charge of this system.

Procedures undertaken when a Practitioner failed to renew their registration within the registration period were outlined by the senior management team. There were no reported instances of staff having their registration or privilege status removed or suspended. Where an individual's registration lapses a process is in place to manage this situation until the individual's registration is reinstated.

5.2.3 Dublin City Council provide HR support to the Provider for security clearance for employees and hold the information relevant to contracts and job specifications. Training records for Practitioners were verified by the Assessment Team and are accessible to EMS Support.

5.2.4 Garda vetting is carried out on behalf of the Provider by Dublin City Council HR Department at the time of employment. A process of retrospective screening was commenced in 2017 in line with National Vetting Bureau guidelines.

The Assessment Team viewed Practitioner records, confirming up to date records and a system for recall.

**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 IT system to monitor Practitioners' registration status.
- 5.2.4 The Provider is compliant with vetting legislation.

**Areas for Improvement**

- 5.2.1 The Provider will continue to work with Dublin City Council around the English Competency process.

**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>PHECC Statement</b>	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.
<b>PHECC Requirements</b>	<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 style="text-align: center;"> <span style="display: inline-block; width: 20px; height: 20px; background-color: #cccccc; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #ff0000; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #ff9900; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #ffff00; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #99cc99; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #008000; margin-right: 10px;"></span> <span style="font-size: 2em;">✓</span> </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 style="text-align: center;"> <span style="display: inline-block; width: 20px; height: 20px; background-color: #cccccc; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #ff0000; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #ff9900; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #ffff00; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #99cc99; margin-right: 10px;"></span> <span style="font-size: 2em;">✓</span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #008000; margin-right: 10px;"></span> </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 style="text-align: center;"> <span style="display: inline-block; width: 20px; height: 20px; background-color: #cccccc; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #ff0000; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #ff9900; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #ffff00; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #99cc99; margin-right: 10px;"></span> <span style="display: inline-block; width: 20px; height: 20px; background-color: #008000; margin-right: 10px;"></span> <span style="font-size: 2em;">✓</span> </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 Provider has a thorough documented programme of induction, evidence of which was viewed on their online platforms. Induction records were verified and are kept electronically. The Provider's employees are required to follow Local Government Code of Conduct Policy, which was evidenced by the Assessment Team.

A mentorship and supervision programme is in place for new recruits with involvement by senior Practitioners who undertake observation, audit and interviews during the induction process.

5.3.2 The Provider is in partnership with RCSI, a PHECC registered institute, which undertakes a training programme for the Provider's Paramedics' and Advanced Paramedics' upskilling.

The Assessment Team were satisfied from evidence produced that through DFB-RSCI an extensive training and education programme exists for the Provider's Practitioners, including CPG upskilling. The Provider utilises a bespoke IT platform for training modules, mandatory notices and memos to be distributed to Practitioners. The Station Officer will notify Practitioners of updates or training modules when available at the twice daily parade and Practitioners have access to computers at all stations, to access the internal IT platform as required. A feedback loop exists, confirming a Practitioner has completed all mandatory elements of training or updates, which is then added to their records. Station Officers play an additional active role in identifying training deficits among Practitioners.

The senior management team identified routes for professional development plans for Practitioners and this leads into succession planning for the organisation.

The Provider produced evidence of their blended learning programme, which has been developed and is now ready to proceed with upskilling Practitioners over the next six months.

5.3.3 Student placements are handled through DFB-RCSI training institute where management, supervision and performance of students is managed.

**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 Providers have comprehensive processes and systems in place ensuring induction, training, upskilling and student placements are all appropriated managed.

The previously mentioned strong links with DFB-RCSI training institute further enhances the Providers ongoing training programme, with robust IT record systems.

### Areas for Improvement

5.3.2 The Provider should view completion of CPG upskilling for all practitioners as a priority for 2023.

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

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



**Assessment Panel Findings**

5.4.1 The Provider has a well-established Critical Illness Stress Management (CISM) Policy and Procedures in place.

The Assessment Team noted a high level of awareness and positive attitude towards the CISM Policy within the Provider's organisation. The approach is multifaceted, starting at the ERCC, instant support from Station Officers who act as peer supports, access to a team of trained personnel, and escalation to external professional CISM supports when necessary. Contact details and how to access CISM is widely available on both IT support systems and within stations.

5.4.2 The Assessment Team were satisfied that the Provider has a Fitness to Practice Policy, which references PHECC processes, and that this policy is adhered to when necessary. Various levels of investigation and support are in place, triggered by for example, complaints or findings from audits. Senior managers will implement improvement in practice plans at local level or escalate to the Medical Director and PHECC as appropriate.

5.4.3 A staff appraisal scheme exists within the Provider's organisation, with line manager and Practitioner reviews occurring biannually.

The senior management team described how complaints against named individuals are managed, and staff confirmed a no-blame culture and confirmed how these incidents are handled.

CPG upskilling of the most recent PHECC CPGs is due to take place, and the EMS training structure within the Provider's organisation fully supports this process along with informal learning opportunities being available at station level, ensuring there are multiple touch points for Practitioner appraisal.

5.4.4, 5.4.5 The Provider has a Protected Disclosure Policy available. Practitioners report an open-door policy and no-blame culture within the Provider's organisation, which promotes sharing of concerns. The Assessment Team evidenced a staff familiar with this policy and able to identify reporting structures within their organisation.



**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 Assessment Team were complimentary of the Providers peer support and CISM programme, with a healthy culture within the organisation in relation to appraisal.

### 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 clinical information governance.**



<b>PHECC Statement</b>	The Licensed CPG Provider is compliant with Council Policy for implementation timeframes for clinical information standards and associated reports – V1. (POL043)
<b>PHECC Requirements</b>	<p>6.1.1 The Licensed CPG Provider implements the PHECC clinical information standards and associated patient reports.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 30px; height: 30px; background-color: #cccccc;"></div> <div style="width: 30px; height: 30px; background-color: #ff0000;"></div> <div style="width: 30px; height: 30px; background-color: #ff9900;"></div> <div style="width: 30px; height: 30px; background-color: #ffff00;"></div> <div style="width: 30px; height: 30px; background-color: #99cc66;"></div> <div style="width: 30px; height: 30px; background-color: #009966;"></div> <div style="font-size: 2em; margin-left: 10px;">✓</div> </div>
	<p>6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="width: 30px; height: 30px; background-color: #cccccc;"></div> <div style="width: 30px; height: 30px; background-color: #ff0000;"></div> <div style="width: 30px; height: 30px; background-color: #ff9900;"></div> <div style="width: 30px; height: 30px; background-color: #ffff00;"></div> <div style="width: 30px; height: 30px; background-color: #99cc66;"></div> <div style="width: 30px; height: 30px; background-color: #009966;"></div> <div style="font-size: 2em; margin-left: 10px;">✓</div> </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 reviewed the Provider's Clinical records management policy and procedures and found it to be in line with PHECC requirements and the Data Protection Act 2018.

The Provider has a designated person responsible for data protection and information governance, and the Assessment Team verified there is strict compliance with GDPR standards within the Provider's organisation.

PCR were observed to be managed effectively and securely. Following the findings of the previous GVF assessment, the management of paper printouts at each station has been addressed in a robust manner.

Practitioners were well informed regarding data protection and their obligations in relation to PCR.

6.1.2 PCR review was noted to be included in all recent annual audit programmes.

The information gathered from the PCR also feeds into audits of KPI to inform continuing education programmes. Information from these audits is distributed to staff via the platforms previously described, including on parade, online and news bulletins.

Staff training records in relation to PCR were observed by the Assessment Team.

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



**Areas of Best Practice**

6.1.1 The Provider meets the standard to comply with GDPR. The Provider has addressed concerns, raised at their previous GVF assessment, regarding handling of paper printouts, which is to be commended.

**Areas for Improvement**

No specific observation noted by the Assessment Team.

# Report Summary



## Report Summary

The PHECC Governance Validation Framework consists of six (6) Themes that encompasses forty-three (43) Standards, which have been assessed by the external team of PHECC GVF Assessors during this assessment. The overall PHECC standards compliance ratings for 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	0	0%
Substantively Met	3	7%
Fully Met	40	93%

PHECC Requirement		Compliance level
<b>Theme 1: Person-Centred Care and Support</b>	<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.	<b>Fully Met</b>
	1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.	<b>Fully Met</b>
	<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.	<b>Fully Met</b>
	1.2.2 The Licensed CPG Provider has a policy/procedure in place in relation to the refusal of treatment and/or transport.	<b>Fully Met</b>
	<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.	<b>Fully Met</b>
	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.	<b>Fully Met</b>
	<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.	<b>Fully Met</b>
	<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.	<b>Fully Met</b>
	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.	<b>Fully Met</b>
<b>Theme 2: Effective Care and Support</b>	<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.	<b>Fully Met</b>
	<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.	<b>Fully Met</b>
	<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.	<b>Fully Met</b>	



	<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.	Fully Met
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.	Fully Met
	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
	<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
	Theme 4: Leadership, Governance and Management	<b>Standard 4.1 Licensed CPG Providers have clear accountability arrangements to achieve the delivery of high-quality, safe and reliable healthcare.</b>
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.		Fully Met
<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.		Fully Met
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.	Substantive
	<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.	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
	<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.	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.	Substantive
	5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students (if applicable).	Fully Met
	<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.	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	<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.	Fully Met

## Report Summary

### Report Status

In accordance with the Council rules this GVF site-assessment does not trigger a requirement for PHECC to issue an improvement notice, attach conditions or withdraw recognition. Council Rules for pre-hospital emergency care service Providers who apply for recognition to implement Clinical Practice Guidelines (POL003 V7) outlines that, where appropriate, full recognition to implement CPGs will be awarded for a three (3) year period. This approval will apply from the last approval date.

### Quality Improvement Plan

Dublin Fire Brigade is required to adjust and 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 Dublin Fire Brigade 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)

---