



Governance Validation Framework

Site Assessment Report

Dublin Wicklow Mountain Rescue Team

June 2021

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



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

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

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

The Governance Validation Framework (GVF) has been developed by Council as an evidence-based methodology designed to improve quality and safety in pre-hospital emergency care services. Setting and implementing standards and monitoring of compliance are important levers for driving service improvements. The framework combines a system of self-assessment, on-site review and validation of evidence presented, and staff and management engagement in addition to quality improvement planning and support during the licensing cycle. Documentation submitted by Dublin Wicklow Mountain Rescue Team (DWMRT) prior to the assessment and any evidence provided on assessment day(s) is reviewed and considered by the assessment team for assessment purposes.

GVF concentrates on a series of Standards related to specific themes and identifies the supporting components that service providers should have in place to ensure the formation of a quantifiable quality improvement plan. The framework incorporates 6 Themes and encompasses 43 Standards, that service providers must comply with, and provide evidence on, to the external assessment team. Council published the GVF in July 2017.

The Licensed CPG Provider that is the subject of this report is Dublin Wicklow Mountain Rescue Team, an auxiliary provider of pre-hospital emergency care services in mountainous areas. The on-site GVF assessment visits for this report were conducted during June 2021 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 Wicklow Mountain Rescue Team'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.

PDublin Wicklow Mountain Rescue Team's Governance Validation Framework assessment report concludes with a Report Summary, which includes a tabular format that provides an overview to Dublin Wicklow Mountain Rescue Team'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 Wicklow Mountain Rescue Team comprises of 62 full team members. The Team is on call 24 hours a day, 7 days a week, and 365 days of the year to respond to calls for assistance in mountainous areas.

Their main activities include:

- Searching for missing persons in wilderness areas
- Rescuing those in wilderness area, including crag / cliff rescue
- Flood / Swift water rescue
- Severe weather assistance

Dublin Wicklow Mountain Rescue Team implement CPGs at the clinical level of EMT, Paramedic and Advanced Paramedic.

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

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	Dublin Wicklow Mountain Rescue Team
Type of Visit	Full GVF Assessment - GVFREP DWMRT 001_0621
Licensed CPG Provider Lead	GVFA8205
Date of Review	Practitioner Engagement - 30/06/2021 Site Assessment - 30/06/2021
Assessment Team	GVFA8205 - Team Lead GVFA3572 - Site Assessor GVFA3572 - Practitioner Engagement
Circumstances of this Site Assessment	Establishment of GVF programme - Transition to 3-year licensing cycle.
Relevant Recent Visits	Practitioner Engagement and On-site Assessment conducted June 2021.

Overview of Licensed CPG Provider

Assessment Details (continued):

Licensed CPG Provider Participants

Medical Director (Medical Council Reg No 124666)
Pharmacist (team member)
Paramedic (team member) x 1
EMT (team members) x 6

Onsite Feedback

Verbal feedback related to the Assessment Team's initial findings was provided to the attending members and management of Dublin Wicklow Mountain Rescue Team by the PHECC GVF Assessment Team Lead at the closing meeting. A number of items were identified as areas of potential improvement. There was agreement by all in attendance regarding the relevance and substance of the GVF Assessment Team's comments and indicative findings.

The Assessment Team witnessed good practice across the organisation. The Provider would benefit from expanding its documentation to include procedures and additional resources. The Provider is dedicated to continuous improvement and should benefit from the Governance Validation Framework (GVF) process.

Judgement Framework













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

Theme 1

Person Centred
Care and Support



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

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

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

Assessment Panel Findings

1.1.1 The Assessment Team evidenced a diverse skill mix across the Provider's volunteers. There is evidence of appropriate resources to cover "duty rostering" within the scope of the Provider response. The Provider has not set key performance indicators relating to staffing and skills mix.

1.1.2 The Assessment Team evidenced a "call out officer operation pre plan document", which is available to volunteers through a shared online platform. This document highlights the steps by which calls are responded to and staff are alerted. This document does not currently include a revision number, date or format. Volunteers utilise the Mountain Rescue Incident Capture Sheet and the Mountain Rescue Incident Key Events Log for every call out. It is common practice to have a team debrief pre and post all activations of the service, however, there is no formal process to review performance levels.

There is a training programme for call out officers, however, there is no formalised training documents for this.

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

Areas of Best Practice

- 1.1.1 The Assessment Team observed evidence of a diverse skill mix amongst volunteers.
- 1.1.2 The Assessment Team observed the Mountain Rescue Incident Capture Sheet and the Mountain Rescue Incident Key Events Log for call outs, which capture call information.

Areas for Improvement

- 1.1.1 The Provider should ensure policies link to or include procedures that pertain to them. The Provider should ensure documentation is consistent with version number, date and review date. The Provider should consider development of key performance indicators relating to volunteer skills mix.
- 1.1.2 The Provider should consider documentation of a performance review process. The Provider should document their training programme for call out officers.

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

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



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



Assessment Panel Findings

1.2.1 Due to the nature of the service provided by the Provider many call outs involve lost or missing persons with no illness or injuries. Some patients elect to make their own way to hospital following rescue. A policy for refusal for treatment and/or transport was not witnessed. Practitioners advise that an Ambulatory Care Report (ACR) is completed for those patients who refuse treatment/transport. Practitioners advise capacity is assessed and recorded as necessary.

1.2.2 Practitioners advised no awareness of a policy/procedure for refusal of treatment or transport and were not sure if it was completely necessary due to the nature of the service provided. There is currently no analysis of patients refusing treatment.

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



Areas of Best Practice













1.2.1 The Assessment Team evidenced documentation on an ACR in the event of refusal of treatment and/or transport.

Areas for Improvement

1.2.1 The Provider should develop and document a policy including associated procedures for the refusal of treatment and/or transport.

1.2.2 The Provider should consider the analysis of patients refusing treatment.

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

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

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

Assessment Panel Findings

1.3.1 Practitioners confirmed that the Provider has a code of conduct that all volunteers are made aware of during induction. Practitioners are aware of patient confidentiality requirements.

1.3.2 A culture of kindness, consideration and respect is evident within the organisation. The Assessment Team could not evidence specific communication and interpersonal skills training in the volunteer induction programme.

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







Areas of Best Practice

1.3.1/2 The commitment and passion of practitioners with regard to the activities of the Provider was clearly evident.

Areas for Improvement

1.3.2 The Provider should consider the documentation of communication and interpersonal skills training as part of their volunteer induction.

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

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

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

Assessment Panel Findings

1.4.1 The Provider does not currently undertake activities to ascertain service user satisfaction. The Assessment Team could not evidence analysis of complaints or compliments as the Provider has no documented records of same. The Provider representatives advised no complaints have been received.

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

Areas of Best Practice













1.4.1 Practitioners advised significant satisfaction of service users with the care received.

Areas for Improvement

1.4.1 The Provider should devise a mechanism to ascertain service user satisfaction and document compliments/complaints received.

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



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

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

Assessment Panel Findings

1.5.1 The Assessment Team evidenced a documented complaints policy and associated procedures. The documented policy includes reference to informing patients and patient apology when appropriate. The policy is not currently version controlled.

1.5.2 Practitioners are aware of the complaints policy and that all policies are shared on the Provider's online platform and remain accessible to all volunteers at all times. Practitioners advised that they would direct a patient to the Provider's website to make a complaint. Practitioners advised that they are not aware of any complaints being made. The Assessment Team did not evidence a documented training programme for practitioners on complaints management.

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

Areas of Best Practice

1.5.1 The Provider has a documented policy and associated procedures for complaints management.

Areas for Improvement

1.5.1 The Provider should ensure policy and procedure documentation is consistent across the organisation.

1.5.2 The Provider should ensure staff know how to advise a patient to make a complaint consistent with its policy. The Provider should ensure a documented training programme for complaints management is in place and training records are available.







Theme 2

Effective Care
and Support



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



PHECC Statement	The Licensed CPG Provider must ensure that privileged Responders/ Practitioners administer specific medications and perform specific clinical interventions in keeping with their CPG status.					
PHECC Requirements	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. <div>       </div>					

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

Assessment Panel Findings

2.1.1 The Assessment Team reviewed the Provider's digital platform, which documents a register of practitioners, and its monitoring of upskilling and competency levels. The Assessment Team observed the functionality to disseminate information to volunteers in addition to a messaging platform also used for this function.

Practitioners advised that PCRs are audited within a few days of a call out, by a clinical grade higher than the practitioner that was clinical lead on the call out, to ensure healthcare is delivered according to CPGs and that the PCR has been completed fully.

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 Assessment Team witnessed substantial mechanisms to ensure monitoring of competency levels within the organisation.

Areas for Improvement

No specific observation noted by the Assessment Team.

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



PHECC Statement	The Licensed CPG Provider promotes a structured but flexible handover process that optimises patient safety and quality of care.					
PHECC Requirements	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.					



GVFREP DWMRT 001_0621

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



Assessment Panel Findings

2.2.1 During the Practitioner Engagement practitioners advised that the PCR is used for all patients requiring treatment and during handover to transporting service.

No specific documented handover protocol was observed.

Practitioner Engagement of patient care and handovers not witnessed due to nature of the Provider's service. The Assessment Team conducted random assessment of PCRs to verify clinical practice and handover.

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



Areas of Best Practice







2.2.1 The Assessment Team are satisfied that effective handover to transporting service is provided.

Areas for Improvement

2.2.1 The Provider should ensure a documented handover protocol is established. The Provider should ensure all practitioners are trained in its documented handover protocol and documented evidence of training is retained.

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



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



Not Applicable



Not Met



Minimally Met



Moderately Met



Substantively Met



Fully Met

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

Assessment Panel Findings

2.3.1 The Assessment Team observed Vehicle MR3 with registration number 11 WW XXXX had an in-date CVRT certificate. The Provider stated that a specific team member is assigned responsibility for the maintenance and repair of vehicles.

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 Evidence of CVRT for observed vehicle.

Areas for Improvement

2.3.1 The Provider should ensure a documented schedule for vehicle maintenance is in place with associated procedures for same. The Provider should ensure repair/maintenance records are accessible.

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

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

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

Assessment Panel Findings

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

2.4.2 The Provider conducts a debrief for all calls, which includes reflection and “audit” of clinical care provided. Informal clinical audit of PCRs are conducted routinely to ensure completeness of PCR and that the treatment provided was in line with CPGs and within the practitioners' clinical scope of practice.

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

Areas of Best Practice

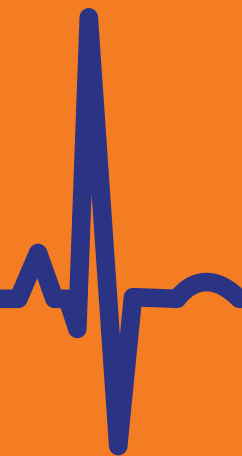
2.4.2 While the Provider does not have a documented formal clinical audit programme in place there is evidence of clinical audit of each call in the form of a debrief and dissemination of learning across the organisation.

Areas for Improvement






















2.4.2 The Provider should document its process for review and analysis of call information to evidence clinical audit.

Theme 3

Safe Care and Support



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

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

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

Assessment Panel Findings

3.1.1 An infection prevention and control policy was witnessed, which is available and accessible to all practitioners on the shared online platform. The Assessment Team witnessed alcohol hand gel dispensers throughout the base. Sharps bins were observed in the medical kit bag of vehicle MR3. A large clinical waste disposal bin is available to practitioners at the base, which the Assessment Team were informed is operated on a pay per collection basis with an external clinical waste management company. The Provider reports they have not yet had to avail of this service and therefore no collection records exist.

3.1.2 A documented medicines management and controlled drugs procedure was observed and accessible to all volunteers on their shared online platform. The Provider does not supply oxytocin due to its refrigeration storage requirement and the frequency for which they would require it in their daily activities. HPRA registration licence was witnessed. A specific team member is assigned with the responsibility for monitoring all medications. Quarterly check sheet and old versions of a drug record sheet was presented to the Assessment Team. Medications for restocking are stored locally in a safe with only approved members having access to the keys. Members were aware of a recent medications alert in relation to a medication and found that the batch numbers that were supplied to the Provider were not affected. Controlled drugs are stored in a safe within the main drug storage safe. Controlled drug sign in/out record sheets were observed with version numbers and link back to originating controlled drug policy evidenced.

The Assessment Team verified a random selection of medications all of which were accessible in the drugs bag and within their expiry dates. The Assessment Team were informed that no medication error, suspected adverse reactions or incidents have been reported to the Provider.

3.1.3 The Provider advised that they hold regular training sessions to maintain competence in medical devices and equipment, which is recorded. A log of all equipment and a vehicle duty check list is carried out weekly by the equipment officer to ensure all rescue vehicles are fully stocked as per the equipment policy. Resuscitation equipment was readily available and fit for purpose. No procedures for the maintenance of equipment and medical devices was observed by the Assessment Team. All equipment observed by the Assessment Team appeared clean, free from damage and in good repair, including vacuum splints, defibrillator and ECG monitoring equipment, ALS medical kit and maternity pack. The Provider advised that some of the equipment was recently purchased and therefore had not yet been serviced or entered into a service schedule. The Assessment Team were not made aware of any equipment/medical devices incident investigations or shared learning processes from same.

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

3.1.3 The Provider conducts ongoing regular training sessions to ensure familiarity and preparedness of all practitioners with medications and medical equipment/devices.

Areas for Improvement

3.1.3 The Provider should ensure procedures for the maintenance of medical equipment are in place and service records can be evidenced. The Provider could benefit from a calendar to coordinate equipment service dates.

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

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

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

Assessment Panel Findings

3.2.1 All volunteer practitioners interviewed understood their responsibilities to raise concerns, record patient safety incidents (including adverse events, near-misses and no-harm events) and report them. No incidents have been reported to date. All volunteers confirmed a non-punitive and no fear culture in the event of incidents being reported. The Assessment Team observed an organisational policy and associated procedures for reporting and recording incidents. No specific training was recorded for practitioners or specific incident investigation training.

3.2.2 Practitioners identified examples where practice had changed as a result of routine review of PCRs to ensure appropriate treatment and completeness of the PCR, however, no documented records of same were available. The Provider's complaints policy and procedures includes mechanisms for dissemination of lessons learned.

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



Areas of Best Practice

3.2.1 The Provider has well developed policies and procedures surrounding complaints and incidents.

Areas for Improvement

3.2.1 The Provider should ensure practitioners are trained in incident reporting, which should be documented.

3.2.2 The Provider should ensure appropriate staff are trained in incident investigation. The Provider should ensure changes to practice as a result of audit/incident are recorded.

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



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

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

Assessment Panel Findings

3.3.1 The Assessment team evidenced a child protection and vulnerable adult safeguarding policy, including a safeguarding statement. A dedicated appointed executive with responsibility for safeguarding is in place. All policies are readily accessible to practitioners through the Provider's shared online platform. The Assessment Team evidenced training records for safeguarding.

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 appropriate policies and procedures in place for safeguarding.

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

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



Assessment Panel Findings

4.1.1 The Provider has clear lines of clinical governance witnessed in the submitted organisational chart and governance policy. There is identified personnel with responsibilities for clinical governance and safety. The structure is commensurate with the needs and size of the organisation.

4.1.2 The Assessment Team evidenced appointment of a Medical Director registered with the Medical Council and based in the jurisdiction. The Assessment Team evidenced a job description and clear roles and responsibilities for the position. The Assessment Team evidenced engagement and oversight of activities by the Medical Director.

4.1.3 The Assessment Team evidenced appropriate tax certificate for the Provider

4.1.4 The Assessment Team evidenced clinical negligence and appropriate liability insurance for the Provider.

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



Areas of Best Practice

4.1.1 - 4.1.4 The Provider has documented evidence to support all aspects of this theme.

Areas for Improvement

No specific observation noted by the Assessment Team.

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



PHECC Statement	The Licensed CPG Provider has systems, processes and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.
PHECC Requirements	<div>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.</div> <div><div></div><div></div><div></div><div></div><div>✓</div><div></div><div></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 evidenced an organisational policy for risk management. The Provider identified areas of practice that have changed as a result of routine PCR audit. There have been no reported complaints. There are currently no documented quality indicators for service delivery.

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

Areas of Best Practice

4.2.1 The Provider has a Risk management policy. The Provider has identified areas of improvement as a result of routine PCR review.

Areas for Improvement

4.2.1 The Provider should ensure organisational change as a result of audit/complaints/incident reporting is documented. The Provider should ensure appropriate quality and safety indicators are documented and monitored.

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



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

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

Assessment Panel Findings

4.3.1 The Provider has provided evidence of compliance with appropriate legislation. The Provider has a risk management policy in place. No risk register was evidenced.

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 evidence of compliance with appropriate legislation.

Areas for Improvement

4.3.1 The Provider should ensure a corporate risk register is maintained with identified gaps and an action plan to address same. The Provider should ensure ongoing monitoring of risk is conducted and documented.

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

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

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

Assessment Panel Findings

4.4.1 The Provider has procedures in place to communicate alerts and information with practitioners, which was evidenced by the Assessment Team. The Provider hosts regular training and briefings for practitioners.

4.4.2 The Provider is committed to self assessment and quality improvement in line with GVF.

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

Areas of Best Practice

4.4.1 The Provider has processes in place for communication with practitioners.

Areas for Improvement

4.4.1 The Provider should ensure a mechanism is in place to make certain that disseminated information is received and understood by practitioners. This mechanism should be documented and evidenced.

Theme 5

Workforce



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



PHECC Statement	The Licensed CPG Provider effectively manages its workforce (volunteers, contractors and/or employees) to meet the current and projected service needs.					
PHECC Requirements	5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.					
	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<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 has evidenced sufficient volunteer numbers for the activates. There is currently an additional 20 volunteers undergoing induction.

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 appropriate numbers for the activities it undertakes, with ongoing induction for new practitioners to ensure adequate succession planning.

Areas for Improvement

No specific observation noted by the Assessment Team.

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

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

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



Assessment Panel Findings

5.2.1 The Assessment Team evidenced a policy for English language competency and a process for mentoring new practitioners.

5.2.2 The Assessment Team evidenced practitioner personnel files recording registrations, certification, privileging and records.

5.2.3 The Assessment Team evidenced a records management policy and privileging procedures. There is evidence of documented roles and responsibilities.

5.2.4 The Assessment Team evidenced a documented garda vetting process and appropriate records.

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
























Areas of Best Practice

5.2.1 - 5.2.4 Comprehensive evidence to support the areas of this theme.

Areas for Improvement

No specific observation noted by the Assessment Team.

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

PHECC Statement	The Licensed CPG Provider provides, or provides access to, on-going training to ensure that volunteers, contractors and/or employees' CPG skill levels are maintained commensurate with their current CPG privileged status.
PHECC Requirements	<p>5.3.1 The Licensed CPG Provider has developed and implemented a comprehensive induction programme to ensure volunteers, contractors and/or employees understand their responsibilities in relation to the safety and quality of services.</p> <p>        </p>
	<p>5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status.</p> <p>        </p>
	<p>5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students (If applicable).</p> <p>        </p>

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



Assessment Panel Findings

5.3.1 There is a documented process to support new practitioners and a code of conduct for behaviour. Records of induction and support are evidenced on each practitioner's digital file.

5.3.2 The Assessment Team evidenced a training and development policy. No specific training and development plan was evidenced. Practitioner training records were evidenced, however, no formal appraisal system for practitioners is in place.

5.3.3 The Provider does not engage as a placement site for external students.

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






































Areas of Best Practice

5.3.2 The Provider has systems in place to record training and practitioner information.

Areas for Improvement

5.3.2 The Provider should ensure a documented training and development plan is available. The Provider should ensure practitioner appraisal mechanisms are in place to support practitioner development.

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

PHECC Statement	The Licensed CPG Provider supports volunteers, contractors and/or employees to exercise their personal, professional and collective responsibility for the provision of high quality, safe and reliable healthcare.
PHECC Requirements	<p>5.4.1 The Licensed CPG Provider has a Critical Incident Stress Management process in place.</p> <div>        </div>
	<p>5.4.2 The Licensed CPG Provider has a Fitness to Practice Policy/Procedure, which makes reference to the PHECC Fitness to Practice processes.</p> <div>        </div>
	<p>5.4.3 The Licensed CPG Provider has processes for the identification of poor or variable staff performance.</p> <div>        </div>
	<p>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).</p> <div>        </div>
PHECC Requirements	<p>5.4.5 The Licensed CPG Provider creates opportunities for staff to feedback on the quality and safety of the service they work in.</p> <div>        </div>

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



Assessment Panel Findings

- 5.4.1 The Assessment Team evidenced a critical incident stress management policy and procedures, with management responsibility for follow up.
- 5.4.2 The Assessment Team evidenced a fitness to practice policy and procedure, no specific training for investigators was evidenced.
- 5.4.3 The Assessment Team could not evidence a practitioner appraisal scheme. The Provider does not have a planned programme for clinical audit due to the nature of its activities.
- 5.4.4 There is a documented disclosure policy and a culture of openness across the organisation.
- 5.4.5 There are clear lines of communication and an awareness of who to report concerns to without fear of adverse consequences. The Provider does not currently engage in practitioner safety, quality and attitudinal surveys.

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

5.4.1/2/4/5 The Provider has policies and procedures in place to support elements of this theme.

Areas for Improvement

5.4.2 The Provider should ensure training is provided to investigators.

5.4.3 The Provider should consider a practitioner appraisal scheme and a documented audit process applicable to the activities of the organisation.















5.4.5 The Provider should consider practitioner safety, quality and attitudinal surveys.

Theme 6

Use of Information



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

PHECC Statement	The Licensed CPG Provider is compliant with Council Policy for implementation timeframes for clinical information standards and associated reports – V1. (POL043)
PHECC Requirements	<p>6.1.1 The Licensed CPG Provider implements the PHECC clinical information standards and associated patient reports.</p> <div data-bbox="379 678 1469 768">        </div> <p>6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.</p> <div data-bbox="379 907 1469 996">        </div>

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

Assessment Panel Findings

6.1.1 The Assessment Team evidenced a clinical records management policy and the accurate, legible and secure storage of clinical records. The Assessment Team evidenced a data protection policy. Practitioners articulated an awareness of data protection and information governance. There is a dedicated data protection officer appointed for the Provider.

6.1.2 There is a local process of clinical record review, data captured from clinical records are fed back to practitioners during debriefs.

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



Areas of Best Practice

6.1.1 There is evidence of organisational compliance with data protection and clinical record management.

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 Wicklow Mountain Rescue Team are as follows:

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	1	2.33%
Not Met	2	4.65%
Minimally Met	0	0.00%
Moderately Met	5	11.62%
Substantively Met	12	27.90%
Fully Met	23	53.50%

GVF Site Assessment Summary - Dublin Wicklow Mountain Rescue Team

PHECC Requirement		Compliance level
Theme 1: Person-Centred Care and Support	Standard 1.1 Patients have equitable access to healthcare services based on their assessed needs.	
	1.1.1 The Licensed CPG Provider has systems, processes and procedures for the timely and clinically appropriate response to provide safe care and treatment to patient population they serve.	Substantive
	1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.	Substantive
	Standard 1.2 Patients' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.	
	1.2.1 The Licensed CPG Provider has systems, processes and procedures, developed in line with best practice for patient consent and/or patient identification (which includes guidance for practitioners) in line with the PHECC Code of Professional Conduct & Ethics.	Moderate
	1.2.2 The Licensed CPG Provider has a policy/procedure in place in relation to the refusal of treatment and/or transport.	Not Met
	Standard 1.3 Patients' dignity, privacy and autonomy are respected and promoted.	
	1.3.1 The Licensed CPG Provider has arrangements in place to promote patients' privacy, dignity and autonomy.	Fully Met
	1.3.2 The Licensed CPG Provider demonstrates a commitment to develop a culture where volunteers, contractors and/or employees involve and treat people with compassion, kindness, dignity and respect.	Substantive
	Standard 1.4 Licensed CPG Providers promote a culture of kindness, consideration and respect.	
	1.4.1 The Licensed CPG Provider undertakes Patient Satisfaction and/or Patient Experience Surveys to help shape and improve services and culture.	Not Met
	Standard 1.5 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.	
	1.5.1 Patients' complaints and concerns are responded to promptly, openly and effectively with clear communication and support provided throughout this process.	Fully Met
	1.5.2 The Licensed CPG Provider provides training to all front-line volunteers, contractors and/or employees in handling a patient or family member's complaint or concern.	Moderate
Theme 2: Effective Care and Support	Standard 2.1 Healthcare reflects national and international evidence of what is known to achieve best outcomes for patients.	
	2.1.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure Responders/Practitioners utilise the evidence-based CPG appropriate to their privileged status to deliver and ensure safe and appropriate care.	Fully Met
	Standard 2.2 Patients receive integrated care, which is coordinated effectively within and between services.	
	2.2.1 The Licensed CPG Provider has a standardised handover process in place to ensure the safe, timely, and structured exchange of information during handover of patients.	Moderate
	Standard 2.3 Healthcare is provided in a physical environment, which supports the delivery of high-quality, safe, reliable care and protects the health and welfare of patients.	
	2.3.1 The Licensed CPG Provider has process, systems and procedures in place to ensure the road-worthiness of their patient transport vehicles in line with legislation.	Substantive
	Standard 2.4 The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.	
	2.4.1 The Licensed CPG Provider submits an Annual Medical Director Report annually,* which informs the PHECC of clinical activities in the organisation and includes a CPG report (*Calendar year).	Fully Met
	2.4.2 The Licensed CPG Provider has a systematic programme of clinical audit in line with the PHECC standards (STN019), which is used to monitor quality and outcomes and promote learning.	Fully Met

Theme 3: Safe Care and Support	Standard 3.1 Licensed CPG Providers protect patients from the risk of harm associated with the design and delivery of healthcare services.	
	3.1.1 The Licensed CPG Provider has a reliable system in place to prevent and protect patients and staff from healthcare associated infections.	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.	Substantive
	Standard 3.2 Licensed CPG Providers effectively identify, manage, respond to and report on patient-safety incidents.	
	3.2.1 The Licensed CPG Provider has structured incident reporting and investigation mechanisms, which support and encourage volunteers, contractors and/or employees to report adverse events, near-misses and no-harm events.	Substantive
	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.	Substantive
	Standard 3.3 Licensed CPG Providers ensure all reasonable measures are taken to protect patients from abuse.	
	3.3.1 The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise.	Fully Met
Theme 4: Leadership, Governance and Management	Standard 4.1 Licensed CPG Providers have clear accountability arrangements to achieve the delivery of high-quality, safe and reliable healthcare.	
	4.1.1 The Licensed CPG Provider has an established reporting and accountability structure for clinical governance.	Fully Met
	4.1.2 The Licensed CPG Provider has an identified Medical Director who is registered with the Medical Council and who is based in this jurisdiction and who oversees the service.	Fully Met
	4.1.3 The Licensed CPG Provider is compliant with tax laws.	Fully Met
	4.1.4 The Licensed CPG Provider has documentary evidence of the required insurance policies.	Fully Met
	Standard 4.2 Licensed CPG Providers have systematic monitoring arrangements for identifying and acting on opportunities to continually improve the quality, safety and reliability of healthcare services.	
	4.2.1 The Licensed CPG Provider has systems, process and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.	Moderate
	Standard 4.3 The conduct and provision of healthcare services are compliant with relevant Irish and European legislation.	
	4.3.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure compliance with statutory legislation relating to the provision of safe and effective care.	Substantive
	Standard 4.4 Licensed CPG Providers act on standards and alerts and take into account recommendation(s) and guidance, as formally issued by relevant regulatory bodies as they apply to their service.	
	4.4.1 The Licensed CPG Provider has a process in place to ensure the appropriate communication and adoption of new recommendation(s) and guidance issued by the PHECC and other regulatory bodies.	Substantive
	4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation framework.	Fully Met

Theme 5: Workforce	Standard 5.1 Licensed CPG Providers plan, organise and manage their workforce (volunteers, contractors and/or employees) to achieve the service objectives for high-quality, safe and reliable healthcare.	
	5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.	Fully Met
	Standard 5.2 Licensed CPG Providers recruit/engage with practitioners with the required competencies to provide high-quality, safe and reliable healthcare.	
	5.2.1 The Licensed CPG Provider has a process in place to satisfy itself that the English language competence of its Responders and Practitioners, whose first language is not English, is appropriate to the clinical/professional activities to be carried out by that person i.e. Responder or Practitioner levels.	Fully Met
	5.2.2 The Licensed CPG Provider has a process in place to check registration on appointment and on-going renewals of registration for volunteers, contractors and/or employees.	Fully Met
	5.2.3 The Licensed CPG Provider conducts checks to confirm that all employees, contractors and/or volunteers have the appropriate qualifications and registrations.	Fully Met
	5.2.4 The Licensed CPG Provider ensures that employees, contractors and/or volunteers are subject to Garda Vetting in line with the National Vetting Bureau (Children & Vulnerable Persons) Act 2012 prior to patient contact.	Fully Met
	Standard 5.3 Licensed CPG Providers ensure their workforce (volunteers, contractors and/or employees) have the competencies required to deliver high-quality, safe and reliable healthcare.	
	5.3.1 The Licensed CPG Provider has developed and implemented a comprehensive induction programme to ensure volunteers, contractors and/or employees understand their responsibilities in relation to the safety and quality of services.	Fully Met
	5.3.2 The Licensed CPG Provider has a training and development programme in place to ensure volunteers, contractors and/or employees have the required competencies to undertake their duties in line with their registered status.	Substantive
	5.3.3 The Licensed CPG Provider has appropriate arrangement for the management, supervision and performance management of students (if applicable).	Not Applicable
	Standard 5.4 Licensed CPG Providers support their workforce (volunteers, contractors and/or employees) in delivering high-quality, safe and reliable healthcare.	
	5.4.1 The Licensed CPG Provider has a Critical Incident Stress Management process in place.	Fully Met
	5.4.2 The Licensed CPG Provider has a Fitness to Practice Policy/Procedure, which makes reference to the PHECC Fitness to Practice processes.	Substantive
	5.4.3 The Licensed CPG Provider has processes for the identification of poor or variable staff performance.	Moderate
	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.	Substantive
Theme 6: Use of Information	Standard 6.1 Licensed CPG Providers have effective arrangements in place for clinical information governance.	
	6.1.1 The Licensed CPG Provider implements the PHECC clinical information standards and associated patient reports.	Fully Met
	6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.	Fully Met

Report Summary

Report Status

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

Council Rules for pre-hospital emergency care service Providers who apply for recognition to implement Clinical Practice Guidelines (POL003 V7) outlines that, where appropriate, full recognition to implement CPGs will be awarded for a three (3) year period. This approval will apply from the last approval date.

Quality Improvement Plan

Dublin Wicklow Mountain Rescue Team is required to submit their Quality Improvement Plan to gvf@phecc.ie. This 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 Wicklow Mountain Rescue Team in the upcoming licensing period.



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

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