



Governance Validation Framework

Site Assessment Report

Civil Defence

April 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.”



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Introduction

Executive Summary	04
Overview of Licensed CPG Provider	05

Assessment Report

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

Report Summary

Report Summary	78
-----------------------------	-----------

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 the Civil Defence 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 the Civil Defence, an auxiliary provider of pre-hospital emergency care services throughout Ireland. The on-site GVF assessment visits for this report were conducted during April 2021 by an assessment team drawn from a panel of subject matter experts selected and trained by PHECC to conduct the on-site assessments. This report is based on a GVF assessment conducted using a flexible approach that was developed, and approved by Council, for use during COVID-19 Pandemic to comply with Government measures to reduce face to face contact at a societal level. This approach involves a combination of online and practitioner engagement where possible whilst ensuring that public health measures are complied with during any related engagement.

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 the Civil Defence'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.

The Civil Defence's Governance Validation Framework assessment report concludes with a Report Summary, which includes a tabular format that provides an overview to the Civil Defence'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

Established in 1951, and with its headquarters in Roscrea, Co Tipperary, the Civil Defence is an auxiliary, volunteer-based organisation that supports the frontline emergency services. It also supports local communities nationwide.

The Civil Defence is involved in Emergency Response, Search and Rescue, Medical Response, Community Assistance, and Radiation Monitoring Service.

The Civil Defence is licensed by the Pre-Hospital Emergency Care Council (PHECC) to deliver pre-hospital emergency care service at the clinical levels of Emergency Medical Technician, Paramedic and Advanced Paramedic.

The Civil Defence Organisation in Ireland is managed by two Government Departments. The Department of Defence is responsible for Policy, Finance and Training, while Local Authorities under the Department of Housing, Local Government & Heritage is responsible for Operations.

Responsibility within Department of Defence: Finance, Policy & Training

The Civil Defence Branch of the Department of Defences is responsible for Policy, Training and Finance. Civil Defence is funded on a 70/30 basis, the Department of Defence grant aid each Local Authority up to 70%, the Local Authority provides the remaining 30%

Responsibility within Local Authority: Operational

Each Local Authority is responsible for the implementation of policy, facilitating training of volunteers and all operational matters

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

For more information visit: www.civildefence.ie.

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	Civil Defence
Type of Visit	Full GVF Assessment - GVFREP CVD 001_0421
Licensed CPG Provider Lead	GVFA8205
Date of Review	Practitioner Engagement - 06/04/2021, 12/04/2021 Site Assessment - 21/04/2021
Assessment Team	GVFA8205 - Team Lead GVFA4532 - Desktop Review Assessor GVFA4352 - Practitioner Engagement
Circumstances of this Site Assessment	Establishment of GVF Programme - Transition to 3-year licensing cycle.
Relevant Recent Visits	Practitioner Engagement and Online Assessment conducted April 2021.

Overview of Licensed CPG Provider

Assessment Details (continued):

Licensed CPG Provider Participants

Civil Defence Officer x 2
Assistant Civil Defence Officer
Local Government Management Agency Representative
Co Council Representative
Assistant Chief Executive Local Government Management Agency
College Principal Civil Defence College
Instructor Civil Defence College
Medical Director Civil Defence
Principal Officer Civil Defence
Paramedics x 2
EMT x 3

Onsite Feedback

The assessment was hybrid in nature and consisted of a desktop review of submitted documentation and the Provider's Self-assessment Report and a report from site visits to review operations (Practitioner Engagements).

Verbal feedback related to the Assessment Team's initial findings was provided to the Senior Management Team of the Civil Defence 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.

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 With respect to attendance at events, the Provider permits each county Civil Defence Unit to decide on the number of events they will attend. Practitioner numbers vary depending on type and size of event. The Provider relies on the event management organisers and their respective medical plan to inform the requirements for practitioner levels at events. An individual county Civil Defence Unit may, if required, contact neighbouring county units for assistance when necessary. During the Practitioner Engagement, the Civil Defence Officers (CDO) at both sites produced evidence of a list of active practitioners and their respective clinical levels. Event numbers are recorded and fed back into a central register. The CDO has responsibility for uploading same. The Provider does not currently operate key performance indicators with respect to staff/volunteers and the associated skills mix.

1.1.2 Calls on site at events are managed via local radio network where CDOs and crews are issued with handsets that provide direct access to the event management team. Crews complete training in radio procedures locally. Initial training for instructors is completed centrally. During the Practitioner Engagement it was identified that locally completed training was not always fed back to the Provider's central management, referred to within the organisation as "Branch".

The Assessment Team noted the Provider does not currently have a robust system for the review of performance levels.

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 standardised National Duty Request Form used to record volunteer privileged level requirements for each duty/event. The Provider incorporates a contingency level into the numbers of volunteers required for events.

1.1.2 The Assessment Team observed evidence of training for practitioners with respect to radio procedures and the setup of a network for events.

Areas for Improvement

1.1.1 The Provider should consider development of key performance indicators relating to practitioners. The Provider should consider a process for reporting local training to Provider's Branch. The Provider should develop a process to evidence major incident response planning and testing.

1.1.2 The Provider should consider a process for the review of performance levels.

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 During Practitioner Engagement, the Assessor noted practitioners are normally presented with patients as opposed to being dispatched to manage treatment. Whilst the Provider has a policy in place for the checking of patient identity and the seeking of consent from patients, during Practitioner Engagement the Assessor was unable to evidence an organisational procedure for ensuring this occurs. Practitioners stated they seek consent as appropriate in line with training received. During Practitioner Engagement the Assessor was unable to evidence a policy/procedure to guide practitioners in a refusal of treatment and/or transport, however, during interview the practitioners informed they would record any refusal on the PCR as appropriate. Practitioners assess the mental capacity of patients to refuse transport and document same on the PCR.

1.2.2 During Practitioner Engagement practitioners were unaware of an in-place organisational policy for the refusal of treatment and/or transport. At a minimum, there is an Ambulatory Care Report (ACR) completed for each patient at events. The Assessment Team verified that the Provider does not currently analyse or audit the instances 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 There is an organisational national consent policy in place. Practitioners seek consent from patients and document capacity assessment on a PCR for the refusal of treatment and/or transport.













1.2.2 The Provider completes, at a minimum, an ACR for all patient contacts.

Areas for Improvement

1.2.1 The Provider should develop a policy and associated procedures for the refusal of treatment and/or transport, which shall be communicated to all practitioners.

1.2.2 The Provider would benefit from conducting audit of patients refusing treatment and/or transport with documented evidence of same.

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

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

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

Assessment Panel Findings

1.3.1 The Provider has in place a code of conduct for all members. During Practitioner Engagement the Assessor was satisfied that the practitioners at both sites endeavour to undertake their duties in a manner that promotes respect for the dignity and privacy of patients. There was no evidence during Practitioner Engagement, in the form of policy or other, of organisational leadership and commitment to protecting the dignity, confidentiality and privacy of service users.

Induction training is standardised, however, each county Civil Defence Unit has the ability to amend the induction programme to suit individual requirements. Induction training includes conduct, behaviour, dignity, and privacy.

1.3.2 During the Practitioner Engagement, the Assessor was satisfied there is a culture of kindness, consideration, and respect locally. While some county Civil Defence Units may include interpersonal skills and communication training during induction, there is however, no evidence of communication and interpersonal skills training in the induction document or any training programmes at either site visited.

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







Areas of Best Practice

1.3.1/1.3.2 It is evident practitioners undertake their duties in a manner that promotes respect, dignity, and privacy of patients in addition to an evident culture of kindness and respect within the organisation. A clear code of conduct for members of the organisation was evidenced.

Areas for Improvement

1.3.2 The Provider should further develop their induction programme to include core elements such as interpersonal skills and communication and standardise this approach across all locations.

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 engage processes to ascertain service user/patient satisfaction. Each local authority conducts a customer survey.

Complaints/compliments are received locally but there is no evidence of formal documentation and review to identify areas of good practice or deficiencies.

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

















Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

1.4.1 The Provider should develop mechanisms to seek service user/patient satisfaction and/or patient experience survey data, to this end the Provider should develop a process that ensures the review and analysis of the data received and sharing of lessons learned (comment aligned with 1.5.1).

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 There is an organisational complaints policy document supported by and with reference to the local authority (Co. Co.) complaints policy. The Assessment Team were informed of zero documented complaints to the Provider; as such the Assessment Team found no documented evidence of lessons learned from complaints. During Practitioner Engagement the Assessor was made aware of a complaint that was made, however, on inquiry, documented evidence related to addressing this incident could not be produced. The Provider's organisational structure does not readily ensure a homogeneous approach to the documentation of complaints. The Assessment Team was informed during Remote Engagement that patients would be informed if affected by a wrongdoing or error and offered an apology, which would include information on remedial action.

1.5.2 During Practitioner Engagement the Assessor was satisfied practitioners are aware of the existence of a complaints policy, however, practitioners were unable to locate it or outline its contents. There is no evidence of a documented training programme on complaints management. During Practitioner Engagement it was noted practitioners were unsure of how to advise a patient to make a complaint and did not have an understanding of the organisational process for dissemination of lessons learned.

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 There is an organisational complaints policy in place and the Provider is committed to informing patients when they are affected following something going wrong.

1.5.2 There is a documented induction programme for practitioners.

Areas for Improvement

1.5.1 The Provider should develop a process that ensures the review and analysis of complaints and compliments received and the dissemination of lessons learned to the practitioners.

1.5.2 The Provider should ensure practitioners receive documented training on complaints management and the processes for dissemination of lessons learned.

Theme 2

Effective Care
and Support



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



PHECC Statement	The Licensed CPG Provider must ensure that privileged Responders/ Practitioners administer specific medications and perform specific clinical interventions in keeping with their CPG status.
PHECC Requirements	<p>2.1.1 The Licensed CPG Provider has systems, processes and procedures in place to ensure Responders/Practitioners utilise the evidence-based CPG appropriate to their status to deliver and ensure safe and appropriate care.</p> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div>✓</div> <div></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 A local register of responder/practitioner status is maintained by the Provider, which was evidenced by the Assessment Team. There is a documented upskilling process at EMT level, educational objectives are identified, and courses are designed based on the objectives identified. Upskilling courses are then rostered and delivered to all EMTs. The Provider does not deliver upskilling at Paramedic or Advanced Paramedic levels. The Provider accepts letters of completion of upskilling from PHECC recognised Institutes to satisfy practitioner upskilling requirements.

There is evidence to suggest policies, procedures and guidelines are developed using a robust evidence-based approach. However, there was a lack of evidence to demonstrate that the Provider ensures that pre-hospital emergency care is delivered according to CPGs nationally through PCR audit or other mechanisms.

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

Areas of Best Practice






2.1.1 The Provider has a robust process for the development of policies, procedures and EMT upskilling. The Provider has in place an IT system to ensure a practitioner register is maintained and updated.

Areas for Improvement

2.1.1 The Provider must develop mechanisms to ensure pre-hospital emergency care is delivered according to CPGs.

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



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

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



Assessment Panel Findings

2.2.1 During Remote Engagement it was stated that patient handover protocols are included as part of regular training. During the Practitioner Engagement, staff were unclear of a specific handover protocol. The Assessment Team could find no evidence of review/audit of the actual handovers at events. Documentation identifying that staff received training in a handover protocol was not evidenced by the Assessment Team. Practitioners stated they use the PCR during handover.

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

Areas of Best Practice

2.2.1 Practitioners use the PCR during patient handover.

Areas for Improvement

2.2.1 The Provider should ensure a standardised handover protocol is communicated to all practitioners and that this is periodically reviewed at events.

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



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

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

Assessment Panel Findings

2.3.1 There is a national fleet management central register maintained. Vehicle maintenance is managed locally with varying methods to achieve this and if a vehicle is permanently out of use the central register is updated with the information.

During the Practitioner Engagement, the Assessor was presented with a folder pertaining to the patient transporting vehicle assigned to the location. The folder had numerous documents pertaining to the vehicle (licence certificate, multiple years of TAX and CVRT certificates). Vehicle registrations 12D4XXX 11KE4XXX and 152G4XXX were reviewed during Practitioner Engagement.

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 vehicle maintenance records and compliance with SI 348/2013.

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.

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 CPG annual report is developed by the Provider's staff and faculty, the report is then sent to the Provider's Medical Director who edits it if required prior to submission.

2.4.2 During Remote Engagement the Assessment Team was informed clinical audit is conducted within the organisation as required to meet PHECC requirements. There is no evidence of a formal structured programme of clinical audit by the Provider. The Assessment Team was informed no audit was conducted in 2020 due to the Covid 19 Pandemic.

During Practitioner and Remote Engagement it was stated that advice provided to the organisation has been that PCRs are required to be stored locally due to GDPR issues. During the Practitioner Engagement, the staff were unaware of any audit taking place and they stated that they had never seen the results of any audit. This was common to both sites attended.

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

Areas of Best Practice

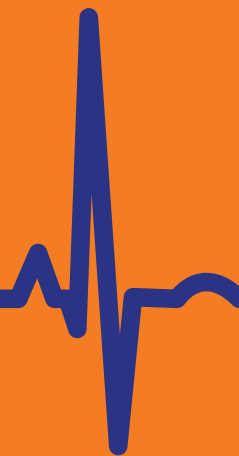
2.4.1 The Medical Director's Annual Report gathers data from multiple sources across the organisation.

Areas for Improvement



















2.4.2 The Provider should ensure a formal programme of clinical audit is developed in conjunction with their Medical Director. The Provider should ensure results and lessons learned from clinical audit is disseminated to all practitioners.

Theme 3

Safe Care and Support



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

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 The Assessment Team evidenced an infection control policy in place. Practitioners have access to the policy via the Provider's website. There was evidence of infection control posters laminated and on the vehicles. Varying cleaning and decontamination equipment was also evidenced across both sites visited. There is a contract in place with a service provider for the safe collection and disposal of waste including sharps. During Practitioner Engagement a clean and clutter free care delivery area was observed. However, a lack of clarity around infection control procedures was also observed. The Provider has an organisational dress code policy, which was evidenced during Practitioner Engagement.

3.1.2 The Assessment Team evidenced the Provider's medications and equipment management policy. Implementation of this policy is delegated to each county local authority. The Assessor observed medications and equipment required to deliver CPGs to EMT level. The CDO is responsible for medications, audit and restocking; this responsibility can be delegated to a practitioner if required.

Each county has local procedures with regards to ordering and restocking of medications. At the time of Practitioner Engagement the Provider did not hold a HPRA licence for controlled drugs; as such the Assessor did not evidence storage arrangements or management of controlled drugs. During one Practitioner Engagement the Assessor witnessed a digital medications management system; this system is not currently used in any other county. The Provider is registered to receive HPRA information and alerts, these alerts are received by Civil Defence Branch and sent via email to all CDOs. Practitioners are informed of these alerts during training nights or at an event. During Practitioner Engagement it was noted practitioners were unclear as to what constituted a near miss.

3.1.3 The Assessment Team found availability of medical devices equipment according to PHECC equipment assessment. Practitioners have up to date knowledge and skills in using medical devices and equipment for the provision of treatment and care. There is no definitive/standardised equipment list and it is the responsibility of the CDO to ensure they have the correct level of equipment for the practitioner levels within their respective units. Each county CDO has a budget for use and is responsible for sourcing equipment as required. Some equipment is sourced centrally and distributed to counties. The CDO is the responsible person for equipment maintenance; this responsibility can be delegated to a practitioner if required. During Practitioner Engagement care delivery equipment was observed, and service records were reviewed. Some equipment reviewed was past its service date. All records are maintained locally.

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 Clean and clutter free care delivery areas were observed. The Provider has a robust dress code policy, which is observed by practitioners.













Areas for Improvement

3.1.1 The Provider should improve its infection control training and monitoring.

3.1.2 The Provider should update the medication management policy to reflect current practice following receipt of a HPRA licence. The Provider must ensure adequate storage and management of controlled drugs across the organisation.

3.1.3 The Provider would benefit from developing a national standardised core equipment list.

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 During Practitioner Engagement there was little awareness of what constituted an adverse clinical event or the correct procedure for documenting such an event. The CDOs are aware that all near misses should be reported to the Civil Defence Branch and investigated but there is no formal investigation training provided. There is an organisational policy that endorses open disclosure.

3.2.2 During engagements the Assessment Team could not evidence substantial mechanisms for the dissemination of lessons learned from incidents, complaints, or audits.

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



Areas of Best Practice

3.2.1 There is evidence the Provider understands the responsibility to report relevant incidents to the appropriate regulatory authorities.

Areas for Improvement

3.2.1 The Provider should ensure all practitioners can differentiate between an Adverse Clinical Event and a near-miss. They should understand appropriate procedures for recording and reporting. The Provider should ensure appropriate training is provided to those who conduct investigations.

3.2.2 The Provider should ensure adequate mechanisms are in place for the dissemination of information to include lessons learned from incidents, near misses, complaints or complements.

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 documented safeguarding policy and associated procedures. The safeguarding statement is accessible via the Provider's website.

The Assessment Team evidenced practitioner training records on safeguarding. Engagement with practitioners indicated a lack of clarity surrounding practitioner responsibilities in this area.

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

Areas of Best Practice

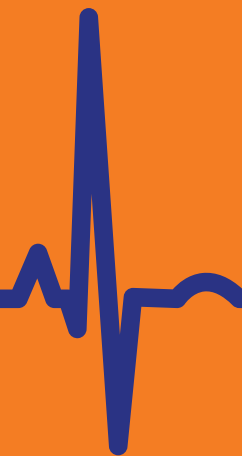
3.3.1 Robust policies and procedures in place to prevent harm or abuse.

Areas for Improvement

























3.3.1 The Provider should consider implementing regular safeguarding education updates and information for practitioners regarding practitioner responsibilities in this area.

Theme 4

Leadership, Governance and
Management



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

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

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

Assessment Panel Findings

4.1.1 The Assessment Team concluded the governance structures in place does not contribute to clear lines of communication and oversight. The Assessment Team acknowledges the complexity of the Provider's arrangement, however, clear organisational governance arrangements and reporting structures are required to ensure appropriate clinical governance.

4.1.2 The Provider has an appointed Medical Director registered with the Medical Council of Ireland and a job description is available for this position. The Medical Director engagement was contributed to by the Civil Defence College Principal. The Medical Director joined the Provider's organisation shortly before the onset of the COVID-19 pandemic. There is a minimal level of involvement from the Medical Director in training, service oversight or audit. His involvement in these processes, if any, is to ratify information shared to him. The Civil Defence College Principal demonstrated significant knowledge of processes involving the Medical Director.

4.1.3 The Assessment Team evidenced that the Provider is tax compliant.

4.1.4 The Assessment Team evidenced compliance with required insurance cover.

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 The Provider has a Medical Director job description that outlines the responsibilities of the position.

Areas for Improvement

4.1.1 The Provider must ensure clear clinical governance structures are in place to provide clinical oversight of the organisation.

4.1.2 The Provider should ensure the appointed Medical Director has a clear understanding of the roles and responsibilities of the position.

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 could not evidence organisational change as a result of learning identified from complaints, audit, clinical risk management, incident reporting or monitoring. The Provider does not currently utilise local quality indicators for service.

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







No specific observation noted by the Assessment Team.

Areas for Improvement

4.2.1 The Provider should ensure changes as a result of learning is recorded. The Provider should develop quality indicators to improve service delivery.

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 risk register is managed locally for each local authority. There is no central register for all risks managed by the Civil Defence as a CPG approved emergency care service provider. Training in risk assessment is provided to the CDOs and risk assessment tools are available.

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 Training in risk assessment is provided to staff.

Areas for Improvement

4.3.1 The Provider should ensure all risks, including patient care risks, are recorded and monitored.

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 Alerts received are circulated to CDOs for further circulation to practitioners and responders; this part of the communication chain varies from county to county. The communication channels with practitioners and responders are not consistent and provide for one way communication. The Provider does not have mechanisms in place to ensure alerts or information disseminated is received and understood by all members. An annual newsletter in addition to policies and procedures are sent out to CDOs

4.4.2 The Provider indicated its commitment to the development, implementation and monitoring of a quality improvement plan following completion of this GVF assessment.

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

4.4.2 The Provider is committed to continuous quality improvement.

Areas for Improvement

4.4.1 The Provider must ensure mechanisms are in place to confirm information disseminated is received and understood by all members.

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	<div>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><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 Provider requires 28 days notice in advance of any duties to allow time for sufficient planning. The Provider also builds in resilience numbers for each event to ensure adequate practitioner numbers are present. Staff levels are managed with reference to budgets and required number of members with relevant skillsets. There is no evidence of succession planning, and procedures for management of capacity gaps are managed locally. The Local Authority will appoint a replacement if a staff member is out medium-term sick or a volunteer steps in. There is no evidence of training for volunteers to fill these roles. Each Local Authority is required to submit a 3-year plan in relation to training.

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 There is evidence of good planning with regard to sufficient staffing at events and resilience number planning.

Areas for Improvement

5.1.1 The Provider should ensure adequate mechanisms are in place to ensure provision for succession and absenteeism.

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 There is a service provider in place for the assessment of English language skills if required. New entrants are assigned a Mentor for 30 duty hours where patient contacts are supervised. This process is documented and signed off by the Mentor. The CPG number utilised is recorded. New member remain on probation for a period of 6 months.

5.2.2 The Assessment Team evidenced pre-engagement checking of identity and registration including robust procedures for the management of registration status and certification.

5.2.3 The Assessment Team evidenced robust procedures for members record management, and robust mechanisms for privileging status of practitioners.

5.2.4 The Assessment Team evidenced Garda vetting for members during Practitioner Engagement.

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

5.2.3 The Provider has robust processes for recording of documentation relating to the recruitment process and Garda Vetting for members.

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 The Assessment Team evidenced an induction programme for members and records are maintained. There is a documented code of conduct in place for members.

5.3.2 A 3-year plan from local authorities is submitted and training is managed to meet that need. There is no formalised appraisal system for members or personal development plans. Training updates are focused around CPG upskilling nationally and other requirements are managed locally. Staff are trained in manual handling as part of induction and records are available.

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



Areas of Best Practice

5.3.1 There is a documented induction programme in place.

Areas for Improvement

5.3.2 The Provider should ensure an appropriate personal development system is put in place to support members in identifying continuing professional competency requirements.

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

PHECC Statement	The Licensed CPG Provider supports volunteers, contractors and/ or employees to exercise their personal, professional and collective responsibility for the provision of high quality, safe and reliable healthcare.						
PHECC Requirements	5.4.1 The Licensed CPG Provider has a Critical Incident Stress Management process in place.	<div></div>	<div></div>	<div></div>	<div>✓</div>	<div></div>	<div></div>
	5.4.2 The Licensed CPG Provider has a Fitness to Practice Policy/Procedure, which makes reference to the PHECC Fitness to Practice processes.	<div></div>	<div></div>	<div>✓</div>	<div></div>	<div></div>	<div></div>
	5.4.3 The Licensed CPG Provider has processes for the identification of poor or variable staff performance.	<div></div>	<div>✓</div>	<div></div>	<div></div>	<div></div>	<div></div>
	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).	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div>✓</div>
PHECC Requirements	5.4.5 The Licensed CPG Provider creates opportunities for staff to feedback on the quality and safety of the service they work in.	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<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 A CISM programme is in place and members have access to contact details. The Provider is not made aware of CISM use by a practitioner as this is a confidential service.

5.4.2 During the Practitioner Engagement there was no evidence available to suggest monitoring of individual practice takes place. The Provider has not recorded any fitness to practice cases.

5.4.3 The Assessment Team did not evidence processes for managing poor or unacceptable levels of performance. There was a concern related to the potential of poor practice not being identified as the Provider does not formally monitor/document their members performance.

5.4.4 There is a documented policy in place for protected disclosure. During Practitioner Engagement members stated that they feel they can report issues without fear of adverse consequences

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



Areas of Best Practice

5.4.1 The Provider has systems in place to support critical incident stress management for members.

Areas for Improvement

5.4.1 Although CISM is a confidential service, it is appropriate to measure activity levels through numbers accessing the service without the need to identifying information.

5.4.2 The Provider should ensure mechanisms are in place to monitor individual practice.

5.4.3 The Provider should implement a performance management supervisory system.













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	6.1.1 The Licensed CPG Provider implements the PHECC clinical information standards and associated patient reports.					
						
	6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.					
						

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

Assessment Panel Findings

6.1.1 The Provider has designated persons responsible for data protection. Members are trained in information management. During Practitioner Engagement there was no evidence of a secure storage facility on vehicles for PCRs. Completed PCRs are returned to the local base and secured in a safe. There is no evidence of a formalised process for patients to access their clinical records.

6.1.2 The Assessment Team did not evidence a process for review or audit of PCRs. There is no evidence of record auditing feed-back to members to improve quality.

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



Areas of Best Practice

6.1.1 The Provider has designated persons responsible for data protection and members are aware of their responsibilities with respect to information management.

Areas for Improvement

6.1.1 The Provider should ensure mechanisms are in place to ensure clinical records are accurate, complete and legible.
The Provider must ensure the security of clinical records at all times from completion to final storage.

6.1.2 The Provider should ensure mechanisms are in place to audit clinical records and feed back results to staff for quality improvement.

Report Summary



Report Summary

The PHECC Governance Validation Framework consists of sixteen (16) standards that comprise of forty-three (43) individual requirements, which have been assessed by the external team of PHECC GVF Assessors during this assessment. The overall PHECC standards compliance ratings for the Civil Defence are as follows:

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	1	2.3%
Not Met	3	7.0%
Minimally Met	10	23.3%
Moderately Met	8	18.6%
Substantively Met	10	23.2%
Fully Met	11	25.5%

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.	Moderate
	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.	Minimal
	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.	Substantive
	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.	Substantive
	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.	Minimal
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.	Substantive
	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.	Substantive
	Standard 2.3 Healthcare is provided in a physical environment, which supports the delivery of high-quality, safe, reliable care and protects the health and welfare of patients.	
	2.3.1 The Licensed CPG Provider has process, systems and procedures in place to ensure the road-worthiness of their patient transport vehicles in line with legislation.	Fully Met
	Standard 2.4 The effectiveness of healthcare is systematically monitored, evaluated and continuously improved.	
	2.4.1 The Licensed CPG Provider submits an Annual Medical Director Report annually,* which informs the PHECC of clinical activities in the organisation and includes a CPG report (*Calendar year).	Fully Met
	2.4.2 The Licensed CPG Provider has a systematic programme of clinical audit in line with the PHECC standards (STN019), which is used to monitor quality and outcomes and promote learning.	Minimal

Theme 3: Safe Care and Support	Standard 3.1 Licensed CPG Providers protect patients from the risk of harm associated with the design and delivery of healthcare services.	
	3.1.1 The Licensed CPG Provider has a reliable system in place to prevent and protect patients and staff from healthcare associated infections.	Substantive
	3.1.2 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure medicines availability, storage, stocking and disposal processes for the administration of pre-hospital emergency care.	Moderate
	3.1.3 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure equipment/medical device availability, storage, stocking and disposal for the administration of pre-hospital emergency care.	Moderate
	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.	Moderate
	3.2.2 The Licensed CPG Provider has a process for the sharing of lessons learned from patient safety incidents (including adverse events, near misses and no-harm events) and complaints, which have occurred locally, nationally or internationally with employees, contractors and/or volunteers.	Not Met
	Standard 3.3 Licensed CPG Providers ensure all reasonable measures are taken to protect patients from abuse.	
	3.3.1 The Licensed CPG Provider has policies/procedures in place to prevent harm or abuse occurring and take action where concerns arise.	Substantive
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.	Minimal
	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.	Minimal
	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.	Minimal
	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.	Moderate
	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.	Minimal
	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.	Moderate
	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.	Substantive
	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.	Moderate
	5.4.2 The Licensed CPG Provider has a Fitness to Practice Policy/Procedure, which makes reference to the PHECC Fitness to Practice processes.	Minimal
	5.4.3 The Licensed CPG Provider has processes for the identification of poor or variable staff performance.	Not Met
	5.4.4 The Licensed CPG Provider improves patient safety by encouraging and supporting employees, contractors and/or volunteers in the reporting and learning from patient safety incidents (including adverse incidents, near misses and no-harm events).	Fully Met
	5.4.5 The Licensed CPG Provider creates opportunities for staff to feedback on the quality and safety of the service they work in.	Fully Met
Theme 6: Use of Information	Standard 6.1 Licensed CPG Providers have effective arrangements in place for clinical information governance.	
	6.1.1 The Licensed CPG Provider implements the PHECC clinical information standards and associated patient reports.	Minimal
	6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.	Minimal

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

The Civil Defence is required to submit their Quality Improvement Plan to gvf@phecc.ie. 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 the Civil Defence in the upcoming licensing period.



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