



Governance Validation Framework

Site Assessment Report

Festimed (Irl) Ltd

November 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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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 Festimed Ltd 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 Festimed (Irl) Ltd, a private provider of pre-hospital emergency care services throughout Ireland. The on-site GVF assessment visits for this report were conducted during November 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 Festimed (Irl) Ltd'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.

Festimed (Irl) Ltd's Governance Validation Framework assessment report concludes with a Report Summary, which includes a tabular format that provides an overview to Festimed (Irl) Ltd'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

Festimed (Irl) Ltd, based in Ashbourne, Co Meath, is a private provider of pre-hospital care services to event organisers. They also provide a transfer service for both medical patients (non-infectious) ~~infectious~~ COVID-19 positive patients from hospital to step down facilities and additional medical centres nationally. They provide medical care to the clinical levels of Emergency Medical Technician, Paramedic and Advanced Paramedic.

Information used to provide this overview was supplied by the Provider.
For more information visit: <https://festimed.org>

Overview of Licensed CPG Provider

Assessment Details:

Licensed CPG Provider	Festimed (Irl) Ltd
Type of Visit	Full GVF Assessment - GVFREP FES 001_1121
Licensed CPG Provider Lead	GVFA9122
Date of Review	Practitioner Engagement - 04/11/2021 Site Assessment - 16/11/2021
Assessment Team	GVFA9122 - Team Lead GVFA6916 - Site Assessor GVFA8306 - 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 November 2021.

Overview of Licensed CPG Provider

Assessment Details (continued):

Licensed CPG Provider Participants

Managing Director/Owner
Director
Medical Director
Emergency Medical Technician x 2

Onsite Feedback

Verbal feedback related to the Assessment Team's initial findings was provided to the Senior Management Team of Festimed (Irl) Ltd by the PHECC Assessment Team Lead at the closing meeting. A number of items were identified as areas of potential improvement. It is acknowledged by PHECC that due to the COVID-19 emergency the low number of clinical activity, incidents, complaints and clinical audits, made it difficult to fully evaluate the implementation of all relevant internal processes. Specific items of note are expanded within their relevant sections in this report.

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 Provider utilises their own IT system to schedule staff to cover events. They classify practitioners as 'operational' or 'casual'. Operational staff have all systems and checks in place whereas casual staff may not have all requirements in place i.e. upskilling. Prior to becoming operational all requirements must be satisfied.

1.1.2 The Provider does not provide a 112-emergency response, however, they do respond to patients at static emergency first-aid posts and provide an operational response to emergencies that occur during events. A verbal report outlined the call taking practice. Calls are received in two (2) formats: via event control on event radio or via their own call dispatch system. Call details are received via a text message format on the crew handheld radio. A translation service was previously available on contract, however, it was never accessed and a decision was made to discontinue the contract. Staff utilise an online automatic translation tool to translate as required.

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

Areas of Best Practice

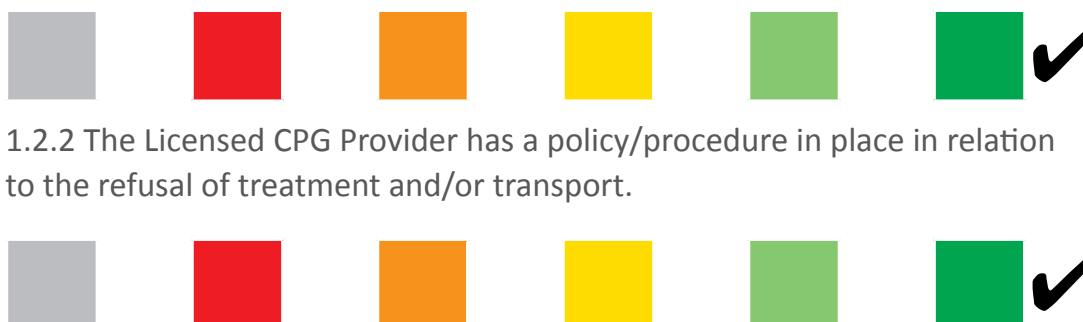
1.1.1 The IT system, as observed, appears to be comprehensive and fit for purpose.

Areas for Improvement

No specific observation noted by the Assessment Team.

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

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 There is online access for clinical staff for patient refusal documentation (MR09). This is recorded on the PCR and then logged on the IT system. In addition, there is a 24/7 Duty Manager on call for any queries.

1.2.2 At Practitioner Engagement the crews were aware of the process for refusal of treatment or travel. Training is provided on their training platform, which is valid for three years. All staff must complete specific modules before being allowed to work for the Provider.

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













Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

No specific observation noted by the Assessment Team.

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

1.3.1/2 The Assessment Team was advised that before staff commence work, they must complete a number of internal CPD modules. One specific module is 'Equality and Diversity'. The Provider has a Vision and Values document that promotes compassion, innovation, family and quality as core principles within the organisation.

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








Areas of Best Practice

1.3.1/2 The module for equality and diversity is a mandatory module before commencement of any work.
Any update to the module is also notified to crews who must retake the module.

Areas for Improvement

No specific observation noted by the Assessment Team.

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

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

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

Assessment Panel Findings

1.4.1 At Practitioner Engagement two (2) leaflets were provided. One was 'Patient Feedback' and the second was 'How your data is stored'. Within these leaflets are detailed instructions on what to do should any queries arise. An email address and QR code is available to ensure accurate addresses for returns. The Provider also contacts patients by email, following on-scene discharge, with clinical advice that contains the feedback information also.

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















Areas of Best Practice

1.4.1 The feedback results are available on the IT system, which is accessible for discussions.

Areas for Improvement

No specific observation noted by the Assessment Team.

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

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

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

Assessment Panel Findings

1.5.1 The Assessment Team was provided with the Feedback and Complaints Policy.

1.5.2 The Assessment Team was informed that the Provider requires all staff to complete an internal CPD module pertaining to conflict management. Low volume of complaints had been received in the preceding year.

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 All staff must complete the module on complains and conflict resolution. All complaints are logged on the IT system.

Areas for Improvement








1.5.1 The Provider may benefit from reviewing the wording in the complaints policy, specifically around indemnity and liability.

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>

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 was informed by the Provider that they have concerns about obtaining verification of upskilling from staff practitioners employed (full time) in other services.

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 All employed practitioners, sampled by the Assessment Team, were upskilled to the current CPGs within the PHECC timescale.

Areas for Improvement

2.1.1 The Provider shall ensure all employed practitioners are upskilled to the current CPGs within the PHECC timescale.

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 The Assessment Team was informed that practitioners primarily handover patient at events and not to Emergency Departments. The focus is on PCR completion accuracy and not on verbal handover.

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



Areas of Best Practice







No specific observation noted by the Assessment Team.

Areas for Improvement

2.2.1 The Provider should ensure that their practitioners operate a structured verbal handover process, such as IMST-AMBO, when transferring clinical care of a patient from one clinical person to another regardless of location/event. For patients that require transportation to an Emergency Department by ambulance, the Provider should introduce a handover process in line with PHECC/EMP protocol module for operational staff, which should be included in induction training.

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 The Assessment Team was presented with an in-date CVRT certificate as evidence of road-worthiness of a randomly selected ambulance.

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

No specific observation noted by the Assessment Team.

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 An annual Medical Director's report was submitted. The Assessment Team was informed that due to Covid-19, clinical staff were redeployed to support pandemic related activities, therefore CPGs were not fully utilised.

2.4.2 The Assessment Team was informed that one clinical audit had been completed in 2021, which related to PCRs. While a hand-hygiene audit was referred to no specific details were provided.

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

Areas of Best Practice

No specific observation noted by the Assessment Team.

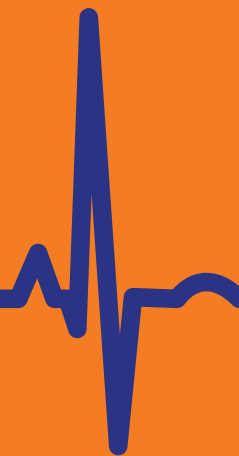
Areas for Improvement

2.4.1 The Medical Director's report should focus on retrospective activities that have occurred in the previous calendar year. This can be supported by highlighting the challenges in achieving such activity if required.



















2.4.2 The Provider would benefit in identifying relevant topics for audit, based on the expected clinical activity to include outcome audits.

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 had access to the Provider's Infection Prevention Control and Decontamination policy. Evidence reviewed identified that all ambulances are cleaned prior to and after duty, and undergo a deep cleaning schedule every 12 weeks.

The Provider has an Infection Prevention Control and Decontamination policy in place. At Practitioner Engagement the staff advised that there was access to a Duty Manager if they had any infection protection and control issues. Waste management service level agreements were in place with two external service providers.

3.1.2 The Assessment Team reviewed the medication storage and management process, which is a comprehensive process. A random selection of medications was inspected and all were present and in date. The HPRA licence for controlled medications was evidenced as was the Medications Management policy.

3.1.3 The Assessment Team reviewed a random selection of ambulance equipment, which was found to be present and in working order. A log of equipment maintenance was presented as evidence of a regular maintenance provision. Any used equipment is replaced by the logistic department. All used equipment is logged via the Provider's online IT system. New introduced equipment requires all staff to be trained and acknowledgment is via the Provider's online IT system. The Equipment policy was evidenced.

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 There is a volume of materials available to staff to allow for cleaning between patients etc. Any non-sealed equipment was cleaned at the start of the shift.
- 3.1.2 The use of a locator device adds to the safety of the medication bag. Should such items need to be replaced a system is in place for this. This process allows for minimal stock levels on site.
- 3.1.3 There is capacity to replenish equipment mid event by the logistic department regardless of location.

Areas for Improvement

- 3.1.1 The Provider would benefit from conducting a review of their Infection Prevention Control and Decontamination policy document specifically related to existing guidance from the Health Protection Surveillance Centre (HPSC).
- 3.1.2 The Provider would benefit from a review of oversight arrangements in the context of the Provider's Medical Director's Role.

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 The Assessment Team had access to the Incident Management Policy. The Assessment Team were informed that the COVID –19 pandemic had effectively closed the event business. The Assessment Team noted that there was a low number of incidents recorded during the pandemic, therefore it was difficult to assess the Provider’s arrangements for identifying, assessing, and responding to patient safety incidents during the pandemic.

3.2.2 The Assessment Team were informed that the COVID –19 pandemic had effectively closed the event business. The Assessment Team noted that there was a low number of incidents and complaints recorded during the pandemic, therefore it was difficult to assess the Provider’s arrangements for identifying, assessing, and responding to patient safety incidents and complaints during the pandemic.

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

Areas of Best Practice

No specific observation noted by the Assessment Team.







Areas for Improvement

3.2.1 Some of the definitions and references in the Incident Management Policy should be updated in line with recognised evidence sources. Open Disclosure should also be referenced within the Policy.

3.2.2 To support organisational learning the Provider should consider the benefit of circulating anonymised Adverse Clinical Event (ACE) information to all team members.

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



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

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

Assessment Panel Findings

3.3.1 The Assessment Team was provided with two policies 'Safeguarding Adults' and 'Safeguarding Children & Young Persons'. The Safeguarding Children & Young Persons policy was comprehensive. The Assessment Team was informed that prior to being permitted to attend duty all staff must complete the safeguarding modules on the Provider's online IT system.

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

Areas of Best Practice

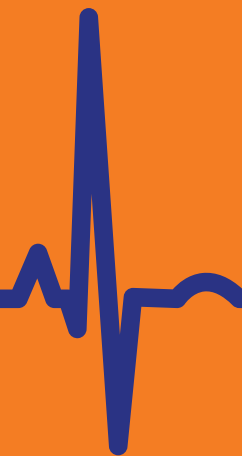
No specific observation noted by the Assessment Team.

Areas for Improvement

























3.3.1 The Safeguarding Children & Young Persons policy should reference the Child First 2015 Act.

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 was provided with Clinical Governance Committee meetings minutes. The addition of an external Recognised Institution representative (an AP) to the Clinical Governance Committee is to be welcomed.

4.1.2 The Medical Director is registered by the Medical Council. Appointed in February 2021, the Medical Director has yet to make an onsite visit. The Assessment Team engaged with the Medical Director by phone and discussion took place regarding medication processes, privileging, compliance, education plans and future engagement plans. The Medical Director advised that they were not involved in prescription processes for medications under the Misuse of Drugs Act.

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

No specific observation noted by the Assessment Team.

Areas for Improvement

4.1.2 The governance arrangements for Misuse of Drugs Act prescription processes should be strengthened in the context of the Medical Director's role. A job description should be developed for the Medical Director outlining their role and responsibilities in relation to clinical governance, privileging, medication management, education auditing etc.

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	<p>4.2.1 The Licensed CPG Provider has systems, processes and practices in place to utilise safety and quality information to highlight areas of improvement and improve the quality and safety of the service.</p> <div>       </div>

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

Assessment Panel Findings

4.2.1 The Assessment Team were informed that the COVID –19 pandemic had effectively closed the event business. The Assessment Team noted that there was a low number of incidents and complaints recorded during the pandemic, therefore it was difficult to assess the Provider’s processes and practices to utilise safety and quality information to highlight areas of improvement.

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 review the safety indicators at the clinical governance meetings in conjunction with the Medical Director and agree a strategy for these metrics going forward.

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



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

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

Assessment Panel Findings

4.3.1 The Assessment Team was informed that the online IT system notifies both individual staff members and management when currency has expired for any specific certification. Once the staff member has re-uploaded current certificates then the HR department changes the 'status' of the employee. All employees must upload their certificates to this system under their personal profile pages. The Provider informed the Assessment Team that they utilise the services of an external for HR and Health and Safety issues.

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















Areas of Best Practice

No specific observation noted by the Assessment Team.

Areas for Improvement

4.3.1 The Provider should ensure that HR proactively monitors the online IT system to ensure it remains a live system.

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 During Practitioner Engagement the Assessment Team was informed that staff memos are issued via the online IT system. Once issued, there is a read require function with the system notifying the staff of same. The Duty Manager and Team Leader can see when memos were opened and by whom.

4.4.2 The Provider submitted a Governance Validation Framework self-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

4.4.1 There is an online IT system that is actively used within the Provider's organisation as a communication channel.

Areas for Improvement

No specific observation noted by the Assessment Team.

Theme 5

Workforce



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



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.					
						✓

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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 was provided with evidence of an online IT system for staff allocation/booking for event cover. At Practitioner Engagement staff stated that the clinical level required is determined by senior management/clinical team in consultation with the event organisers. Once this has been determined the roster will be placed on the online IT system. All staff attending the event will then receive an event briefing document via the online IT system, which has a read receipt function. All staff must have read this document before attending the event.

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 online IT system utilised for staff allocations for event cover incorporating a communication channel for event information.

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 was informed that the Provider currently does not have staff whose first language is not English.

5.2.2/3 The Provider was able to demonstrate, through their online IT system, a very comprehensive approach to ensure all clinical staff are informed of duties and responsibilities and have the necessary credentials and safeguards prior to engaging in patient contact.

5.2.4 At Practitioner Engagement staff stated that they upload their personal details along with “points proof” to an external company who then processes the Garda vetting aspect.

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
























Areas of Best Practice

5.2.2/3 All processes are managed through the Provider's online IT system.

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

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



Assessment Panel Findings

5.3.1 The Assessment Team were informed that once new staff have all documents uploaded and certain internal modules completed, a senior team member will be assigned for the purposes of staff induction. There is a comprehensive check list that all new staff members must complete for this.

5.3.2 The Provider presented as evidence the Staff Development policy. This policy refers to an appointed 'mentor' to oversee clinical practice and conduct annual appraisals, however, there was no apparent process in place to support this policy. The Provider did outline their practitioner development programme.

5.3.3 The Provider does not facilitate student placements.

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 comprehensive staff induction process and module in place.

Areas for Improvement

No specific observation noted by the Assessment Team.

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

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

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

Assessment Panel Findings

5.4.1 The Provider reported that they have engaged a private company to provide an employee assistance programme. An employee may avail of up to five sessions per year from the company. A TRIM assessment is undertaken by a peer support worker with the individual staff members. At Practitioner Engagement the staff advised that should a serious incident occur, they would contact their Duty Manager who would offer the Employee Assistance Program (EAP). Weekly 'check-ins' would then also occur by a Duty Manager. Staff were unaware of peer support workers within the company.

5.4.2 The Provider advised that Fitness to Practice (FTP) issues would be referred to the Clinical Governance Committee. At Practitioner Engagement staff were not aware of any specific 'fitness to practice' policies or indeed the PHECC fitness to practice process.

5.4.3 Audit was limited to structure audit; therefore, clinical practice could not be targeted. At Practitioner Engagement staff advised that should incidents of poor staff performance occur, an initiation of improvement plans/disciplinary procedures are undertaken by a Team Leader.

5.4.4 The Provider had a documented protected disclosure policy in place. At Practitioner Engagement staff advised that the Provider actively promotes the line "see something, say something".

5.4.5 At Practitioner Engagement the staff advised that areas for improvement can be highlighted on the online IT system. If deemed actionable by senior management a memo will be sent to all staff, such as in a 'good catch' scenario.

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

5.4.3 There are initiatives such as peer support workers and TRIMS assessments.

5.4.4 There is proactive encouragement of reporting incidents and/or protected disclosures.

Areas for Improvement















5.4.2 The Provider should update staff on the contents of their Fitness to Practice policy.

Theme 6

Use of Information



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

PHECC Statement	The Licensed CPG Provider is compliant with Council Policy for implementation timeframes for clinical information standards and associated reports – V1. (POL043)
PHECC Requirements	<p>6.1.1 The Licensed CPG Provider implements the PHECC clinical information standards and associated patient reports.</p> <div data-bbox="379 678 1468 768">        </div> <p>6.1.2 The Licensed CPG Provider has systems, processes and procedures in place to assure the data quality of healthcare records.</p> <div data-bbox="379 907 1468 996">        </div>

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

Assessment Panel Findings

6.1.1 The Provider utilises PHECC Patient Care Report (PCR) for patient documentation. An inspection of the filed PCRs indicated that the PHECC documentation storage requirements were met. At Practitioner Engagement staff advised that a second format is also used for all patient recordings, which is located on the Provider's online IT system. Staff were unaware of the retention time for storage of such data.

6.1.2 The Provider reported that staff completed audits on their own PCRs ,which resulted in significant improvements on accuracy and PCR completion.

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

Areas of Best Practice

6.1.2 There is a quality improvement initiative around PCR audits.

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 Festimed (Irl) Ltd are as follows:

Judgement Framework Level	External Assessment Assigned Level	Percentage
Not Applicable	1	2.3%
Not Met	0	0%
Minimally Met	0	0%
Moderately Met	1	2.3%
Substantively Met	12	28%
Fully Met	29	67.4%

PHECC Requirement		Compliance level
Theme 1: Person-Centred Care and Support	Standard 1.1 Patients have equitable access to healthcare services based on their assessed needs.	
	1.1.1 The Licensed CPG Provider has systems, processes and procedures for the timely and clinically appropriate response to provide safe care and treatment to patient population they serve.	Fully Met
	1.1.2 The Licensed CPG Provider has systems, processes and procedures in place for taking calls, verifying addresses and dispatch to call.	Fully Met
	Standard 1.2 Patients' informed consent to care and treatment is obtained in accordance with legislation and best available evidence.	
	1.2.1 The Licensed CPG Provider has systems, processes and procedures, developed in line with best practice for patient consent and/or patient identification (which includes guidance for practitioners) in line with the PHECC Code of Professional Conduct & Ethics.	Fully Met
	1.2.2 The Licensed CPG Provider has a policy/procedure in place in relation to the refusal of treatment and/or transport.	Fully Met
	Standard 1.3 Patients' dignity, privacy and autonomy are respected and promoted.	
	1.3.1 The Licensed CPG Provider has arrangements in place to promote patients' privacy, dignity and autonomy.	Fully Met
	1.3.2 The Licensed CPG Provider demonstrates a commitment to develop a culture where volunteers, contractors and/or employees involve and treat people with compassion, kindness, dignity and respect.	Fully Met
	Standard 1.4 Licensed CPG Providers promote a culture of kindness, consideration and respect.	
	1.4.1 The Licensed CPG Provider undertakes Patient Satisfaction and/or Patient Experience Surveys to help shape and improve services and culture.	Fully 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
Theme 2: Effective Care and Support	1.5.2 The Licensed CPG Provider provides training to all front-line volunteers, contractors and/or employees in handling a patient or family member's complaint or concern.	Fully Met
	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.	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).	Substantive
	2.4.2 The Licensed CPG Provider has a systematic programme of clinical audit in line with the PHECC standards (STN019), which is used to monitor quality and outcomes and promote learning.	Substantive

Theme 3: Safe Care and Support	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.	Substantive
	3.1.3 The Licensed CPG Provider ensures that there are systems, processes and procedures in place to ensure equipment/medical device availability, storage, stocking and disposal for the administration of pre-hospital emergency care.	Fully Met
	Standard 3.2 Licensed CPG Providers effectively identify, manage, respond to and report on patient-safety incidents.	
	3.2.1 The Licensed CPG Provider has structured incident reporting and investigation mechanisms, which support and encourage volunteers, contractors and/or employees to report adverse events, near-misses and no-harm events.	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.	Substantive
	Standard 4.1 Licensed CPG Providers have clear accountability arrangements to achieve the delivery of high-quality, safe and reliable healthcare.	
Theme 4: Leadership, Governance and Management	4.1.1 The Licensed CPG Provider has an established reporting and accountability structure for clinical governance.	Substantive
	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.	Substantive
	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.	Fully Met
	4.4.2 The Licensed CPG Provider is compliant with the PHECC Governance Validation framework.	Fully Met

Theme 5: Workforce	Standard 5.1 Licensed CPG Providers plan, organise and manage their workforce (volunteers, contractors and/or employees) to achieve the service objectives for high-quality, safe and reliable healthcare.	
	5.1.1 The Licensed CPG Provider undertakes workforce planning to align resources to current workload and projected needs.	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.	Fully Met
	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.	Fully Met
Theme 6: Use of Information	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
	Standard 6.1 Licensed CPG Providers have effective arrangements in place for clinical information governance.	
Theme 6: Use of Information	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

Festimed (Irl) Ltd 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 Festimed (Irl) Ltd in the upcoming licensing period.



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