



# **Pre-Hospital Emergency Care Council**

Annual Report 2019

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*The Council is an independent statutory agency with responsibility for standards, education and training in pre-hospital emergency care.*

## Introduction

The Pre-Hospital Emergency Care Council (PHECC) is an independent statutory agency charged with responsibility for standards, education and training in pre-hospital emergency care in Ireland.

The Council was established as a body corporate by the Minister for Health by Statutory Instrument Number 109 of 2000 (Establishment Order) which was amended by Statutory Instrument Number 575 of 2004 (Amendment Order). These Orders were made under the Health (Corporate Bodies) Act, 1961 as amended and brought under primary legislation with the Health (Miscellaneous Provisions) Act 2007.

Under S.I. 109 Council members, excluding the Chairperson, can hold office for three years or four years with lots drawn at the very first Council meeting as to which members should serve for three years and which for four years. Membership of Council is appointed by the Minister for Health.

The Council is now serving since December 2016 with a membership of 17 appointees, some of which are new members and some reappointed members. There are 6 Committees of Council, 2 Panels and 2 Working Groups.

## Mission Statement

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.

## Strategic Plan 2015-2017

The strategic plan links the mission statement to Council functions, governance and administrative support objectives. The specific strategies associated with each individual objective are detailed. The strategic plan gives clear direction and focus and is available on the 'Publications' page on our website <http://www.phecit.ie/>.

## Foreword from the Chairperson and Director

It gives us great pleasure, on behalf of Council, to present 20th Annual Report for the year ended 31st December 2019. The Pre-Hospital Emergency Care Council (PHECC) continues to strive to protect the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care.

This has been another busy and challenging year for PHECC. Our Strategic Plan for 2020-2023 is almost complete and will support our mission through focusing us on the following six key strategic priorities, Empowered Future, Effective Legislation, Cogent Advocacy, Quality Education, Focused Research and Strong Governance and Resources. Ensuring that Council has the appropriate structure and resources required to meet the responsibilities of being a regulator of a vital profession and to discharge our legislative mandate of protecting the public, is a constant challenge. This plan will set us on a course for our third decade with a clear focus and renewed intent to protect the public and promote excellence in pre-hospital emergency care. This year, Council also resolved to support the exciting development of a Critical Care Paramedic and will pursue legislative change to allow for the creation of a Specialist Paramedic division of the register. Indeed, we have prioritised the requirement for new legislation in our new strategy in order to enable PHECC to fulfil our mandate.

It is important to note that compliance with best governance practice and particularly with the Code of Practice for Governance of State Bodies (Aug 2016) remains a key focus for Council. In December 2019 Council was presented with key findings of the IPA Governance review and an implementation plan will be developed in 2020. Other reviews, including a HR review, are progressing well and should report in 2020.

As Director and Chair, we would especially like express our sincere gratitude to the Vice Chair, Mr Hillery Collins, and each member of Council for their time, dedication, passion and expertise. It is important that we acknowledge the extra work that Council members willingly under-take in chairing or serving on Council's six standing committees and working groups/panels. Thank you for your dedication and passion.

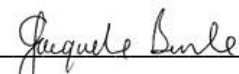
On behalf Council, we would like to acknowledge and thank all the non-Council member individuals who serve on the standing committees and working groups/panels. We very much appreciate their willingness to freely and graciously share their time and expertise with Council.

We are extremely lucky to have such a dedicated Executive and staff, and we wish to thank each one of them for their work and commitment to PHECC, our mission and mandate

On behalf of Council, we would like to recognise our dedicated registrants who work and practice on the frontline of the challenging environment that is prehospital emergency care. To every practitioner and responder, thank you for your care, dedication and professionalism.

We must acknowledge again the sterling service of our stakeholders in clinical practice, education and research, in our the statutory, auxiliary, voluntary and private organisations, Community First Responder (CFR) groups nationwide and to all our registrants, practitioners and responders. Thank you all yet again for your diligence, professionalism and commitment.

Once again, we acknowledge our deep appreciation for the leadership provided by the Minister for Health and the support of and collaborative working relationship with the staff of the Trauma and Pre-Hospital Emergency Care Policy Unit of the Department of Health.

  
Dr. Jacqueline Burke, Chairperson

  
Mr Richard Lodge, Director

## Council Functions

PHECC's main functions are:

- To ensure training institutions, course content and examinations in First Response and Emergency Medical Technology reflect contemporary best practice.
- To ensure pre-hospital emergency care Responders and Practitioners achieve and maintain competency at the appropriate performance standard.
- To prepare and promote the implementation of clinical practice guidelines in pre-hospital emergency care.
- To source, sponsor and promote relevant research to guide Council in the development of pre-hospital emergency care in Ireland.
- To prepare standards of operation for pre-hospital emergency care providers to support best practice.
- To establish and maintain a register of pre-hospital emergency care practitioners.
- To recognise those pre-hospital emergency care providers which undertake to implement the clinical practice guidelines.

Council met eleven times during 2019. Council members also serve on Council Committees. For attendances at Council meetings see Appendix 1.

Council has 6 standing Committees:

1. Quality and Safety
2. Education and Standards
3. Medical Advisory
4. Priority Dispatch
5. Fitness to Practise
6. Compliance & Audit

In addition, Council has the following Working Groups and Panels:

- A. Examination Quality Panel
- B. Test Item Writing Panel
- C. Appeal Panel
- D. Examiner Panel

## Council Activities in 2019

### Statements of key activities

#### Governance:

- Development of PHECC Strategic Plan.
- Revision of the Risk Framework and Register
- Independent HR Review of the Executive Structure
- Independent Review of PHECC Governance

#### Education and Standards:

- Establishment of a Working Group for the revision of the Teaching Faculty Framework.
- Commenced the review and revision of the EMT, P and AP Education and Training Standards and development of a Competency Framework.
- Implementation of the revised QRF cycle - QRF Overview including Quality Improvement Plans and Self-Assessment Toolkit for Institutions and onsite reviews.
- Independent Review of AP Education Course.

#### Examination and Certification:

- Maintained support for the pursuit of efficiencies in the management of the NQEMT examination process.
- Oversaw the development and implementation of a Paramedic NQEMT Examination Standard.
- Updated the responder handbook (4<sup>th</sup> edition).

#### Clinical Practice Guidelines (CPGs):

- Continued development of new and updated CPGs.

## Quality & Safety:

- Introduced a new PCR Information Standard and associated Patient Care Report (V5).
- Oversaw the Governance Validation Framework (GVF) to drive compliance with Council Rules of recognition and increase quality improvement initiatives of Licensed CPG providers.
- Developed new process for licensed CPG provider to move clinical levels on the CPG licensing framework.
- Developed new Annual Medical Directors Report for CPG Providers
- Recommended potential draft legislation to Council for protected title for PHECC practitioners
- Monitored and presented to Council, Licensed CPG provider's implementation and maintenance of CPG 2017 (Updated 2018) upskilling and individual privileging status.
- Monitored the implementation of the CPC programme at EMT level.



## Council Membership

### Membership at 31<sup>st</sup> December 2019

The membership of Council consists of not more than seventeen members who are appointed by the Minister for Health:

Name	Membership rationale
Dr. Jacqueline Burke	Chairperson; Representative of the interests of the general public - Appointed 06/12/16.
Mr. Hillery Patrick Collins	Vice Chairperson; Appointed on the nomination of a trade union, which, in the opinion of the Minister, is representative of the majority of emergency medical technicians – Appointed 06/12/16.
Dr. David Menzies	Registered medical practitioner with an interest and expertise in pre-hospital emergency care – Appointed 06/12/16.
Prof. Patrick Plunkett	Registered medical practitioner with an interest and expertise in pre-hospital emergency care – Appointed 30/06/16.
Mr. Stephen Brady	Appointed from recognised institutions (DFB/RCSI) - Appointed 30/06/16.
Dr. Mick Molloy	Registered medical practitioner with an interest and expertise in pre-hospital emergency care – Appointed 22/02/17.
Mr. Martin Dunne	Representative of the management of health boards - Appointed 30/06/16.
Dr. Conor Deasy	Representative of the management of health boards - Appointed 30/06/16.
Ms. Tess O'Donovan	Representative of the management of health boards - Appointed 30/06/16.
Ms. Fiona McDaid	Registered nurse with an interest and expertise in pre-hospital emergency care - Appointed 06/12/16.
Mr. Patrick Fleming	Person with a special interest or expertise in pre-hospital emergency care - Appointed 06/12/16.
Dr. Jason van der Velde	Person with a special interest or expertise in pre-hospital emergency care – Appointed 22/02/17.
Mr. Jimmy Jordan	Appointed on the nomination of a trade union, which, in the opinion of the Minister, is representative of the majority of emergency medical technicians – Appointed 29/06/17.
Mr. Patrick John Hanafin	Appointed on the nomination of a body recognised by the Minister as being representative of emergency medical technicians - Appointed 06/12/16.

Mr. Thomas Joseph Keane Person with a special interest and expertise in pre-hospital emergency care – Appointed 22/02/17.

Dr. Shane Knox Appointed from recognised institutions (NASC) - Appointed 30/06/16.

Mr. Shane Mooney Appointed on the nomination of a trade union to represent the majority of emergency medical technicians - Appointed 06/12/16.

There were no changes to Council membership in 2019.

### Schedule of attendance Council Members 2019

Name	Jan	Feb 14th	Mar 14th	Apr 11th	May 9th	Jun 20th	Jul 11th	Aug	Sept 12th	Oct 10th	Nov 14th	Dec 12th	Total	Attended	%
Jacqueline Burke	N/A	✓	✓	✓	✓	✓	✓	N/A	✓	X	✓	✓	10	9	90%
Hillery Collins	N/A	✓	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	10	10	100%
David Menzies	N/A	✓	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	10	10	100%
Patrick Plunkett	N/A	✓	X	✓	✓	X	✓	N/A	X	✓	✓	X	10	6	60%
Stephen Brady	N/A	✓	X	✓	✓	✓	X	N/A	✓	X	✓	✓	10	7	70%
Mick Molloy	N/A	✓	✓	✓	X	✓	X	N/A	✓	✓	✓	X	10	7	70%
Martin Dunne	N/A	X	✓	X	✓	✓	✓	N/A	✓	✓	X	X	10	6	60%
Conor Deasy	N/A	✓	✓	X	X	X	✓	N/A	✓	X	✓	✓	10	6	60%
Tess O'Donovan	N/A	✓	✓	✓	✓	X	✓	N/A	✓	✓	✓	✓	10	9	90%
Fiona McDaid	N/A	X	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	10	9	90%
Patrick Fleming	N/A	X	✓	✓	X	X	✓	N/A	✓	✓	X	✓	10	6	60%
Jason Van Der Velde	N/A	X	✓	✓	✓	✓	✓	N/A	✓	X	✓	✓	10	8	80%
Jimmy Jordan	N/A	✓	X	X	✓	✓	X	N/A	✓	✓	✓	✓	10	7	70%
Patrick Hanafin	N/A	✓	✓	✓	X	✓	✓	N/A	✓	✓	✓	✓	10	9	90%
Thomas Keane	N/A	✓	✓	✓	✓	✓	X	N/A	X	X	✓	✓	10	7	70%
Shane Knox	N/A	✓	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	10	10	100%
Shane Mooney	N/A	✓	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	10	10	100%

## Council Committees, Panels and Working Groups

Council is assisted and advised in fulfilling its statutory functions by its Committees, Working Groups and Panels.

### 2. Quality and Safety Committee

A Standing Committee of Council. The terms of reference specify that the Committee consider and make recommendations to Council on development, maintenance and monitoring of policies, policy matters relating to approval to implement CPGs by licensed CPG providers, CPG implementation procedures to include upskilling status, a pre-hospital emergency care practitioner practice framework which incorporates credentialing, licensing and privileging and a framework for validation of licensed CPG providers. In addition, maintenance of practitioner CPC, criteria for registration including code of conduct, development of information standards, patient care reports and clinical audit framework and tools which exploit the information standards. There were four meetings held during 2019.

#### Membership at 31<sup>st</sup> December 2019

Name	Membership rationale
Mr Shane Mooney	Chairperson, member of Council and advanced paramedic
Ms Fiona McDaid	Representative from Council
Ms Tess O'Donovan	Representative from Council
Mr David O'Connor	Representative from Defence Forces Medical Services
Mr Michael O'Reilly	Representative from Dublin Fire Brigade
Mr William Wade	Representative from a licensed CPG provider
Ms Brigid Sinnott	Representative from a non-government organisation (NGO) with a community focus
Mr David Bradley	Representative from a licensed CPG provider who operates a private ambulance service
Ms Pamela Skerritt	Representative from the Joint Voluntary and Auxiliary Organisations Committee
Dr Paul O'Connor	Representative from a third level institution with expertise in healthcare quality and safety
Ms Cathriona Molloy	An independent patient advocate
Mr Ciarán McCullagh	Representative from the HSE National Ambulance Service (NAS)

#### Changes to membership

There were no changes to the membership in 2019.

## Key activities for 2019

- Created a greater awareness and understanding among registrants and Licensed CPG providers of scope of practice requirements and obligations
- Updated and finalised CPG upskilling status of licensed CPG providers to the 2017 edition CPGs (updated 2018)
- Reviewed and recommended draft legislation for protected title of emergency medical technician and paramedic to Council for approval
- Reviewed ambulance crewing models and sought data from statutory providers
- Reviewed and recommend to Council the implementation of the application process for a CPG provider to move clinical levels of CPG licensing
- Launched PCR Edition 5 and PCR Information Standard 2018, implementation policy and electronic PCR Guidebook
- Progressed implementation of eACR
- Reviewed and considered criteria for a draft Return to Practice framework for recommendation to the Education and Standards Committee
- Examined registration rules linked to requirements for CPC
- Considered EMT CPC simulation as evidence of patient contacts
- Reviewed and recommended the document Publication of GVF Reports, as a guide to GVF report production and publication, to Council for approval.
- Reviewed and recommended LIS021 Annual Medical Director's Report V2 to Council for approval
- Reviewed and recommended POL043-Council Policy for implementation timeframes for clinical information standards and associated patient reports V1 to Council for approval
- Supported the Education and Standards Committee in the development of a standard for CPC
- Recommended to the Education and Standards Committee that Level 1 training on the Palliative Care Competence Framework be included in the new PHECC Education and Training Standards and consideration be given to including Level 2 training for appropriate PHECC practitioners.
- Recommended to the Medical Advisory Committee that DNR be changed to DNAR on the PHECC DNR Clinical Practice Guidelines and all necessary documentation.
- Agreed that the recording of a narrative regarding aid to decision making capacity be added to the PCR, PCR Information Standard and PCR Guidebook
- Set up a focus group of voluntary and auxiliary members, for the purpose of designing the new edition ACR.
- Drafted a Council Policy for PHECC Patient Reports Usage

## Schedule of attendance by Quality and Safety Committee Members 2019

<b>Name</b>	<b>28<sup>th</sup> Jan</b>	<b>8<sup>th</sup> April</b>	<b>17<sup>th</sup> June</b>	<b>30<sup>th</sup> Sept</b>	<b>Total %</b>
Shane Mooney	✓	✓	✓	✓	4
Fiona McDaid	X	✓	✓	✓	3
Tess O'Donovan	X	X	X	X	0
David O'Connor	X	✓	✓	✓	3
Michael O'Reilly	✓	✓	✓	X	3
William Wade	X	✓	✓	X	2
Pamela Skerritt	✓	✓	✓	✓	4
David Bradley	X	X	✓	X	1
Paul O'Connor	X	X	✓	X	1
Cathriona Molloy	X	X	X	X	0
Ciarán McCullagh	✓	✓	✓	✓	4
Brigid Sinnott	✓	X	X	X	1

### 3. Education and Standards Committee

A Standing Committee of Council. The terms of reference are to consider and make recommendations to Council on policy, maintenance and monitoring development relating to the following areas: Education and Training Standards leading to NQEMT and Responder level awards; faculty standards for practitioner level assistant tutors, tutors and facilitators and responder level instructor; research in education and training including emerging technology and the formulation of experimental curricula; recognition of institutions providing NQEMT and Responder level training and recognised courses; monitoring of compliance of the Quality Review Framework and Education and Training Standards by Recognised Institutions; NQEMT level and Responder level examinations; Council competent authority status as per the European Union (Recognition of Professional Qualifications) Regulations 2017; and recognition of equivalence of professional qualifications.

#### Membership as of 31 December 2019

Name	Membership rationale
Dr Shane Knox	Chair, member of Council, PHECC Registrant
Mr Paul Lambert	Vice Chair, PHECC Registrant, Representative at facilitator level of recognised institution which provides paramedic training
Ms Tess O'Donovan	Member of Council, registered nurse
Ms Róisín McGuire	PHECC Registrant at advanced paramedic or paramedic tutor level
Mr Raymond Lacey	PHECC Registrant, Representative at tutor level from the Irish College of Paramedics
Mr Peter McDaid	PHECC Registrant, Representative from a non-government organisation with a community focus
Mr Gareth Elbell	PHECC Registrant, Representative at facilitator or tutor level from the private recognised institutions providing emergency medical technician training
Mr Ben Heron	PHECC Registrant, Representative at facilitator or tutor level from the recognised institution providing advanced paramedic training
Dr Chris O'Connor	PHECC Registrant at advanced paramedic or paramedic tutor level
Mr Tom Brady	PHECC Registrant, Representative at facilitator level from a recognised institution providing paramedic training
Mr Frank Keane	PHECC Registrant, Representative at facilitator level from a recognised institution providing paramedic training
Dr Adrian Murphy	Medical practitioner, from a higher education institution involved in paramedic education
Ms Niamh O'Leary	PHECC Registrant, Representative at facilitator or tutor level from the Joint Voluntary and Auxiliary Ambulance Service Committee
Ms Melissa Redmond	Patient representative, Patients for Patient Safety Ireland

## Key activities for 2019

- Formation and establishment of a Working Group for the revision of the Teaching Faculty Framework (January 2019)
- Hosting an engagement event with all Recognised Institutions regarding QRF revisions (April 2019)
- Commenced the review and revision of the EMT, P and AP Education and Training Standards and development of a Competency Framework (May 2019)
- Establishment of a Working Group in support of a PHECC Test Item Writing Panel for the development of a standard for EMT CPC Simulation (May 2019)
- QRF Panel Formation and conducted QRF Panel Member Training Workshops (July 2019)
- Preparation of discussion document for the oversight of Paramedic Degree Programme (July 2019)
- Formation and establishment of an Audio-Visual Working Group to develop and implement an Audio-Visual Policy for Paramedic Examinations
- Nomination of Chairperson and ratification of membership selection of the Exam Quality Panel
- Implementation of the revised QRF cycle - QRF Overview including Quality Improvement Plans and Self-Assessment Toolkit for Institutions and onsite reviews (October 2019)
- Approval of new applications for approved training institutions and courses

## Schedule of attendance by Education and Standards Committee Members 2019

Name	23-Jan	15-Apr	29-May	24-Jul	04-Sep	06-Nov	Total	Attended	%
Shane Knox	✓	✓	✓	✓	✓	✓	6	6	100%
Paul Lambert	✓	✓	✓	✓	✓	✓	6	6	100%
Tess O'Donovan	X	X	X	X	X	X	6	0	0%
Raymond Lacey	X	✓	✓	X	✓	✓	6	4	66%
Tom Brady	X	X	X	✓	X	✓	6	2	33%
Ben Heron	X	✓	✓	✓	✓	X	6	4	66%
Gareth Elbell	✓	✓	✓	✓	✓	✓	6	6	100%
Chris O'Connor	✓	✓	X	✓	X	✓	6	4	66%
Frank Keane	✓	✓	X	X	X	✓	6	3	50%
Niamh O'Leary	✓	✓	✓	✓	X	✓	6	5	83%
Róisín McGuire	✓	X	✓	✓	✓	✓	6	5	83%
Peter McDaid	✓	✓	✓	✓	✓	✓	6	6	100%
Adrian Murphy	X	X	X	X	X	X	6	0	0%
Melissa Redmond	X	X	X	X	X	X	6	0	0%

#### 4. Medical Advisory Committee (MAC)

A Standing Committee of Council. MAC is an expert committee which considers clinical matters as referred to it either by Council, the Quality and Safety Committee or the Education and Standards Committee. There were six meetings held during 2019.

##### Membership at 31<sup>st</sup> December 2019

Name	Membership Rationale
Dr David Menzies	Chair, member of Council and registered medical practitioner
Mr David Irwin	Vice Chair nominated by Chair
Dr Niamh Collins	Consultant in Emergency Medicine nominated by Irish Committee for Emergency Medicine Training
Dr Mick Molloy	Member of Council registered medical practitioner
Dr Jason van der Velde	Member of Council registered medical practitioner
Dr Stanley Koe	Consultant in Paediatric Emergency Medicine nominated by the Irish Association for Emergency Medicine
Dr Lisa Cunningham Gutrie	Nominated by Chair of the Medical Advisory Committee
Mr Mark Dixon	Representative, at PHECC registered practitioner or registered medical practitioner level, of a recognised institution that provides training at Paramedic level (UL)
Mr David Hennelly	Nominated by Chair of the Medical Advisory Committee
Mr Eoghan Connolly	PHECC registered practitioner nominated by the Irish College of Paramedics
Mr Macartan Hughes	Representative, at PHECC registered practitioner or registered medical practitioner level, of a recognised institution that provides training at Paramedic level (NASC)
Dr Shane Knox	Chair of the Education and Standards Committee
Mr Ian Brennan	Representative, at PHECC registered practitioner or registered medical practitioner level, from the Joint Voluntary and Auxiliary Organisations Committee
Mr Hillery Collins	Member of Council, PHECC registered practitioner
Mr Shane Mooney	Chair of the Quality and Safety Committee



Name	Membership rationale
Mr Martin O'Reilly	Representative, at PHECC registered practitioner or registered medical practitioner level, of a Recognised Institution that provides training at Paramedic level (DFB)
Dr Cathal O'Donnell	Medical Director of a statutory ambulance service (NAS)
Dr Peter O'Connor	Medical Director of a statutory ambulance service (DFB)
Prof Gerard Bury	Representative, at PHECC registered practitioner or registered medical practitioner level, of a recognised institution that provides training at Advanced Paramedic level (UCD)
Dr Philip Darcy	Nominated by Chair of the Medical Advisory Committee

### Key activities for 2019

- The Field Guide was updated and a new mobile app introduced for practitioners
- Core and non-core CPG concept was developed and introduced
- Development of national pre-alert guidelines
- recommended that Council agree a mandate for the executive to engage with the Medicines Section of the Department of Health to develop and agree a process for updating the Seventh and the Tenth Schedules.
- MAC developed a standard for pre-hospital emergency care nomenclature
- MAC presented fifteen CPGs to Council for approval.
- Introduction of a new taxonomy for CPGs

## Schedule of attendance by Medical Advisory Committee Members 2019

Name	7th March	25 <sup>th</sup> April	30 <sup>th</sup> May	27 <sup>th</sup> June	26 <sup>th</sup> Sept	28 <sup>th</sup> Nov	Total #
David Menzies	✓	✓	✓	✓	✓	✓	6
David Irwin	✓	✓	✓	X	✓	✓	5
Niamh Collins	✓	✓	✓	✓	✓	✓	6
Shane Knox	X	X	✓	X	X	X	1
Shane Mooney	✓	✓	✓	X	✓	X	4
Cathal O'Donnell	X	X	✓	X	✓	✓	3
Peter O'Connor	X	✓	✓	✓	✓	✓	5
Macartan Hughes	✓	✓	✓	X	✓	X	4
Martin O'Reilly	✓	✓	✓	✓	✓	✓	6
Mark Dixon	X	X	X	X	✓ (t/c)	X	1
Gerard Bury	X	✓	X	✓	✓	✓	4
Eoghan Connolly	✓	✓	✓	✓	✓	✓	6
Stanley Koe	✓	X	✓	✓	X	X	3
Jason van-der Velde	✓ (t/c)	X	✓	✓	✓	✓	5
Mick Molloy	✓ (t/c)	X	✓ (t/c)	✓ (t/c)	X	X	3
Hillery Collins	✓	✓	X	✓ (t/c)	✓	X	4
Ian Brennan	✓	✓	✓	✓	X	✓	5
David Hennelly	✓	X	✓	✓ (t/c)	✓	✓	5
Lisa Cunningham Guthrie	X	X	X	✓	X	✓	2
Philip Darcy	✓	✓	✓	✓	✓	✓	6

Total Meetings = 6

## 5. Priority Dispatch Committee

The Priority Dispatch Committee is a Standing Committee of Council. Membership of the Priority Dispatch Committee is approved to reflect its role as an expert group to consider and advise Council on priority dispatch matters. There were three meetings held during 2019.

### Membership at 31<sup>st</sup> December 2019

Name	Membership rationale
Mr Stephen Brady	Chair and member of Council
Mr John Brady	HSE National Ambulance Service Control Manager (with a special interest in AMPDS)
Mr Brian Byrne	Call-taker/dispatcher, from a statutory ambulance service (NAS)
Mr Robert Howell	Call-taker/dispatcher, from a statutory ambulance service (DFB)
Mrs Anne McCabe	Programme Manager, National Transport Medicine Programme
Mr Andrew McCrae	Operational PHECC registered practitioner
Dr David Menzies	Chair of the Medical Advisory Committee
Mr John Moody	Dublin Fire Brigade Officer (with a special interest in AMPDS)
Dr Peter O'Connor	Medical Director of Dublin Fire Brigade (DFB)
Dr Cathal O'Donnell	Medical Director of the National Ambulance Service (NAS)
Mr Martin O'Reilly	Dublin Fire Brigade Officer (with a special interest in AMPDS)
Mr Derek Scott	National Ambulance Service Training & Competency Assurance Officer (with a special interest in AMPDS)
Dr Illona Duffy	Out-of-hours GP Co-op nominee
Vacant	PHECC registered practitioner from Council

### Key activities for 2019

- The National Ambulance Service withdrew from the committee from 18<sup>th</sup> May 2018 citing concerns regarding the Priority Dispatch Committee's role in the governance structure and standards mandated by the International Academy of Emergency Dispatch. This continued into 2019 with no resolution.
- A visit was conducted to the Scottish Ambulance Service to view their clinical response model.
- The DCR code table was revised and updated.
- recommend to Council that mandatory certification by PHECC to operate as a call taker or

- dispatcher within an EMS control centre be agreed in principle
- recommend to Council that PHECC develop and introduce a hear and treat standard of operation following consultation with all statutory Licensed CPG Providers.
  - recommend revised Priority Dispatch Committee Terms of Reference to Council
  - sought Council approval for further engagement with Scotland Ambulance Service with a view to explore the introduction of a clinical response model for Ireland.
  - Agreed new codes to be added to the DCR table and recommended amended DCR table to Council
  - Approved amended DCR Table and disseminated to the statutory ambulance services

### Schedule of attendance by Priority Dispatch Committee Members 2019

Name	9 <sup>th</sup> Jan	3 <sup>rd</sup> April	11 <sup>th</sup> Nov	Total #
Stephen Brady	✓	✓	✓	3
Sean Brady	X	X	X	0
Brian Byrne	X	X	X	0
Robert Howell	✓	✓	✓	3
Anne McCabe	✓	✓	X	2
Andrew McCrae	X	X	✓	1
David Menzies	✓ (t/c)	✓ (t/c)	✓ (t/c)	3
John Moody	✓	✓	✓	3
Peter O'Connor	✓	X	X	1
Cathal O'Donnell	X	X	X	0
Martin O'Reilly	✓	✓	✓	3
Derek Scott	X	X	X	0
Illona Duffy	X	X	X	0

## 6. Fitness to Practise

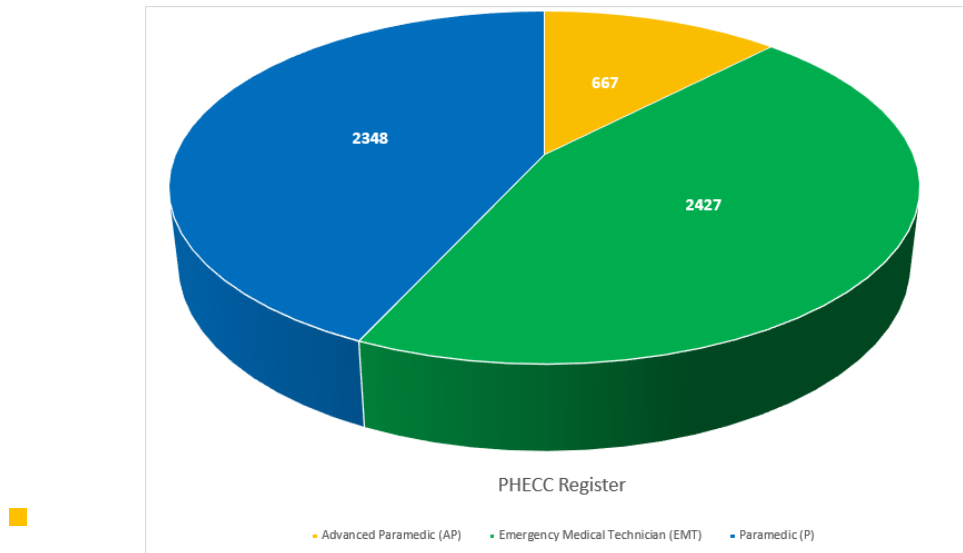
The Fitness to Practise (FTP) Committee is a Committee of Council which conducts enquiries into allegations of professional misconduct or unfitness to practice of pre-hospital emergency care practitioners. During 2019 there were 6 incidents/reports reviewed under the Rules of Procedure Governing Inquiries into Allegations of Professional Misconduct and Unfitness to Practice. Subsequently 4 practitioners did not reregister after civil proceedings were initiated and consequently the PPC recommendations to proceed to full hearings were not progressed. Three cases are currently ongoing.

### Registration

The Council Establishment Order directs that Council establish and maintain, in accordance with rules made by the Council, a register of pre-hospital emergency care practitioners. This is a statutory register of EMS practitioners similar to other healthcare regulators.

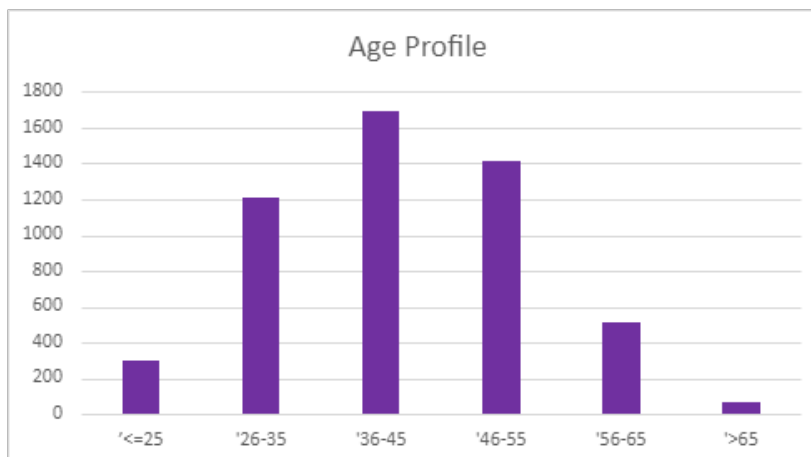
### Register Composition

The composition of the register membership at the end of 2019 is presented in the following table.



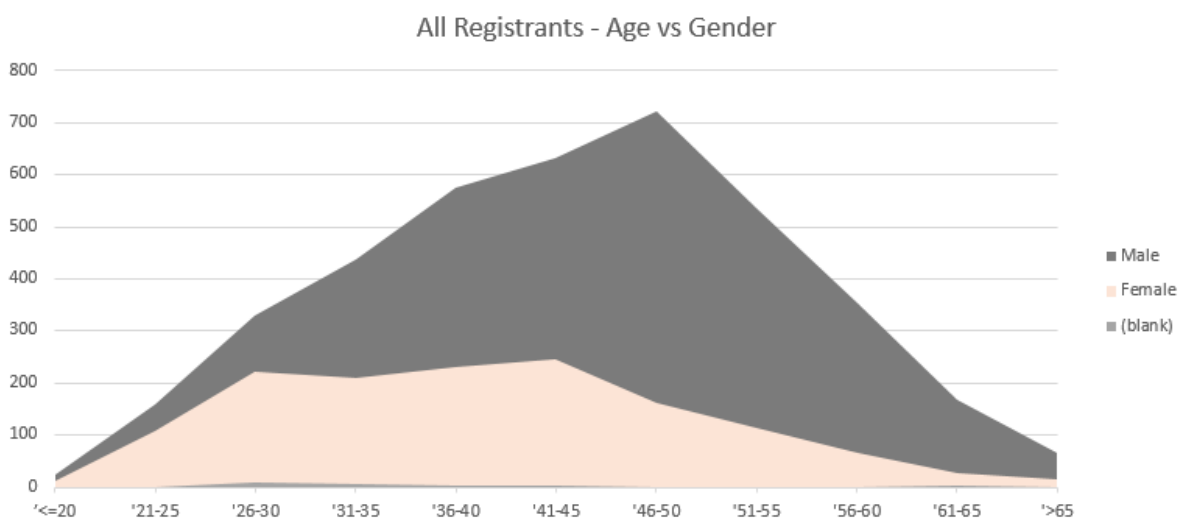
### Register Age Profile

The age profile of the register membership is summarised in the following table.



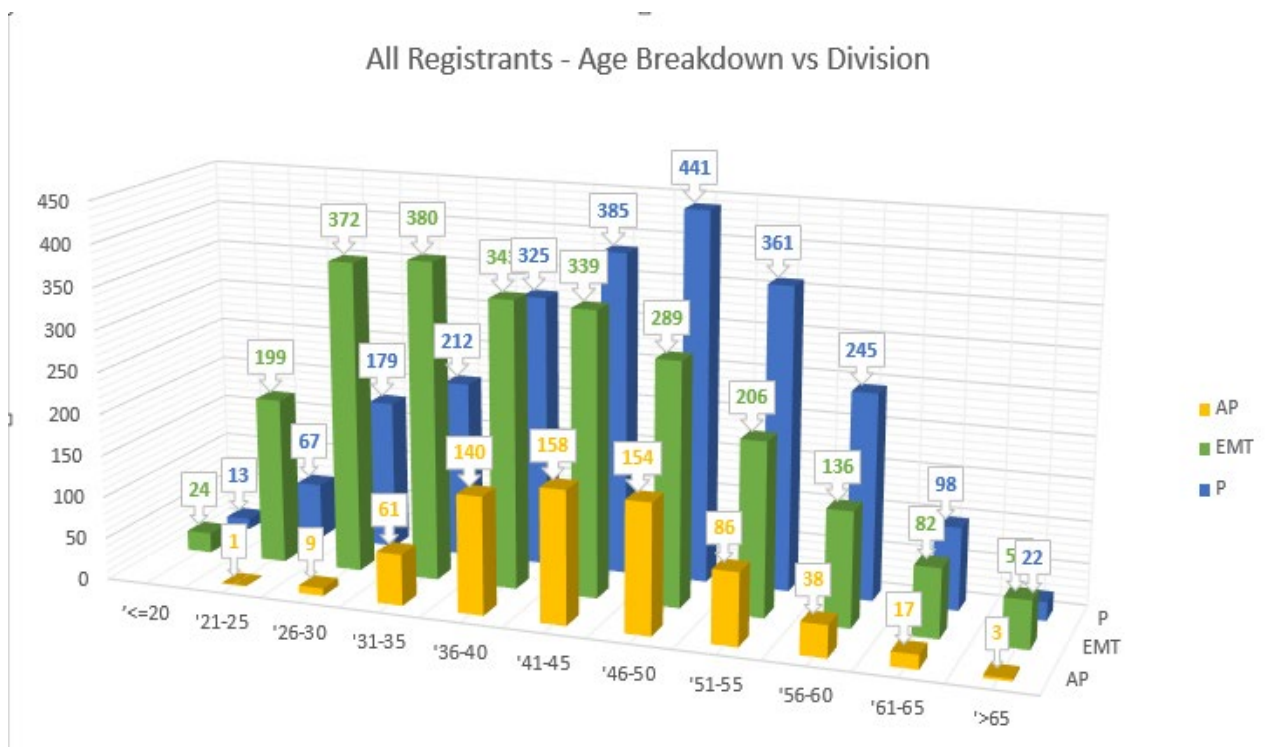
### Register Gender Composition

The gender composition of the register membership is displayed in the table below.



### Register Age Composition per Division

The age across each division of the register membership is presented in the following table.



## 7. Compliance and Audit Committee

The Compliance and Audit Committee is a Committee of Council and reports to it on such matters as, but not confined to, adequacy of the nature, extent and effectiveness of the accounting and internal control systems, review of corporate governance, risk management, financial oversight, and whistle-blowers provisions. Five meetings were held during 2019.

### Membership at 31 Dec 2019

Name	Membership rationale
Mr Con Foley, FCCA	Chair and external member who is a qualified accountant Mr Patrick Clifford Finance specialist with public health sector experience
Mr Stephen Brady	Member of Council
Prof Patrick Plunkett	Member of Council
Mr Ricky Ellis*	Member of PHECC staff

*\*Ms Jacqueline Egan was replaced by Mr Ricky Ellis during the year*

### Schedule of attendance by Compliance and Audit Committee Members 2019

Name	Meetings	Attended	%
Con Foley (Chair)	5	5	100
Jacqueline Egan	1	1	100
Pat Clifford	5	4	80
Patrick Plunkett	5	3	60
Ricky Ellis	4	4	100
Stephen Brady	5	5	100

## Panels and Groups

### A. Examination Quality Panel

Criteria for membership of the Examination Quality Panel is that members must be on the PHECC Examiner Panel. The terms of reference of the group dictates that it reviews examination relative components and timing, content, pass mark and criteria for re-sits in addition to examiner criteria, training and performance.

#### Membership at 31<sup>st</sup> December 2019

Name	Membership rationale
Ms Jacqueline Egan	Chair, PHECC Programme Development Officer
Mr Brian Power	PHECC Programme Development Officer
Mr Ray Carney	PHECC Examiner
Mr Ricky Ellis	PHECC Examiner
Mr Ben Heron	PHECC Examiner
Mr Lawrence Kenna	PHECC Examiner
Dr Shane Knox	PHECC Examiner
Mr Paul Lambert	PHECC Examiner
Mr David Sherwin	PHECC Examiner
Mr Mark Wilson	PHECC Examiner

The membership was updated in 2019

New members

- Eithne Scully – PHECC AP Examiner
- Tom Brady – PHECC AP Examiner
- Fergus Byrne – PHECC AP Examiner
- Colm McCarthy – PHECC Paramedic Examiner
- Omar Fitzell – PHECC EMT Examiner

#### Key Activities for 2019

- 15 new members added to TIWG
- 8 EMT Exams conducted
- 18 Paramedic Exams conducted
- A test item analysis of the EMT MCQ item bank was carried out.
- Examiner workshop for 53 new examiners took place November 2019
- Paramedic exam standard reviewed by A Newton



## B. Test Item Writing Panel

The Test Item Writing Panel develop examination test item content to meet the PHECC requirement for NQEMT and Responder level examinations.

No new content was created in 2019 and therefore no test item writer workshops took place. 15 new members were nominated by CPG approved organisation in November 2018 and added to the current list in for 2019.

## C. Examiner Panel

The terms of reference specify that the Examiner Panel membership assesses candidates at NQEMT examinations.

The Panel consists of 95 active members. Panel was reviewed in 2018 and 53 new members were approved by Education and Standards Committee. Training took place in 2019. New examiners will continue training in 2020/2021 (required to attend 2 exams (OSCE) as a 2<sup>nd</sup> examiner prior to examining solo.

### Key activities for 2019

- 800 NQEMT EMT candidates examined across MCQ and OSCE components.
- 350 NQEMT Paramedic candidates examined across MCQ and OSCE components.
- 131 NQEMT P SWA Examinations and corrections carried out on Short Written Answer (SWA) papers.

## D. Appeal Panel

The Appeal Panel is appointed by Council. The terms of reference specify that the Appeal Panel consider appeals of decisions of the Director and to adjudicate on those appeals. POL019 Council Policy and Procedures for Appeals was revised in 2018 to clarify membership and denote revisions to Appendix 1 NQEMT Examination appeals process.

There was one hearing held in 2019. The appeal related to Recognition of Qualification.

### Membership at 31<sup>st</sup> December 2019

Name	Membership rationale
Mr Patrick Hanafin	Council Member
Dr Shane Knox	Council Member
Mr David Bradley	Quality and Safety Committee nomination
Mr Frank Keane	Education and Standards Committee nomination
Mr Seamus Butler	Patient Representative

There were 2 outstanding non-Council member vacancies for the Appeal Panel membership as of December 2019.

## PHECC Executive Team

Richard Lodge	Director
Barry O’Sullivan	Deputy Director & Registrar
Brian Power	Clinical Practice Programme Development Officer
Jacqueline Egan	Clinical Info, Clinical Quality & Examinations Programme Development Officer
Kathleen Walsh	Education Programme Development Officer
Ricky Ellis	Clinical Governance Programme Development Officer
John Lally	ICT Manager
Beth Breslin	Finance & Corporate Services Officer
Claire Finn	Registration Officer
Karen O’Neill	PA to Director
Marion O’Malley	Clinical Quality Assurance Officer
Marian Spence	Recognition of Qualifications Officer
Liz Dempsey	Examinations Officer
Bláthnaid O’Donnell	Registration Support Officer
Aisling Ryan	Clinical Support Officer
Andrea Finlay	Examinations Support Officer
Brendan Roche	ICT Support Officer
Dympna Higgins	Clinical Quality Support Officer
Jennifer Shortt	Accreditation Support Officer
Luisia Gomez	Reception & Corporate Support Officer
Margaret Bracken	Committee Support Officer

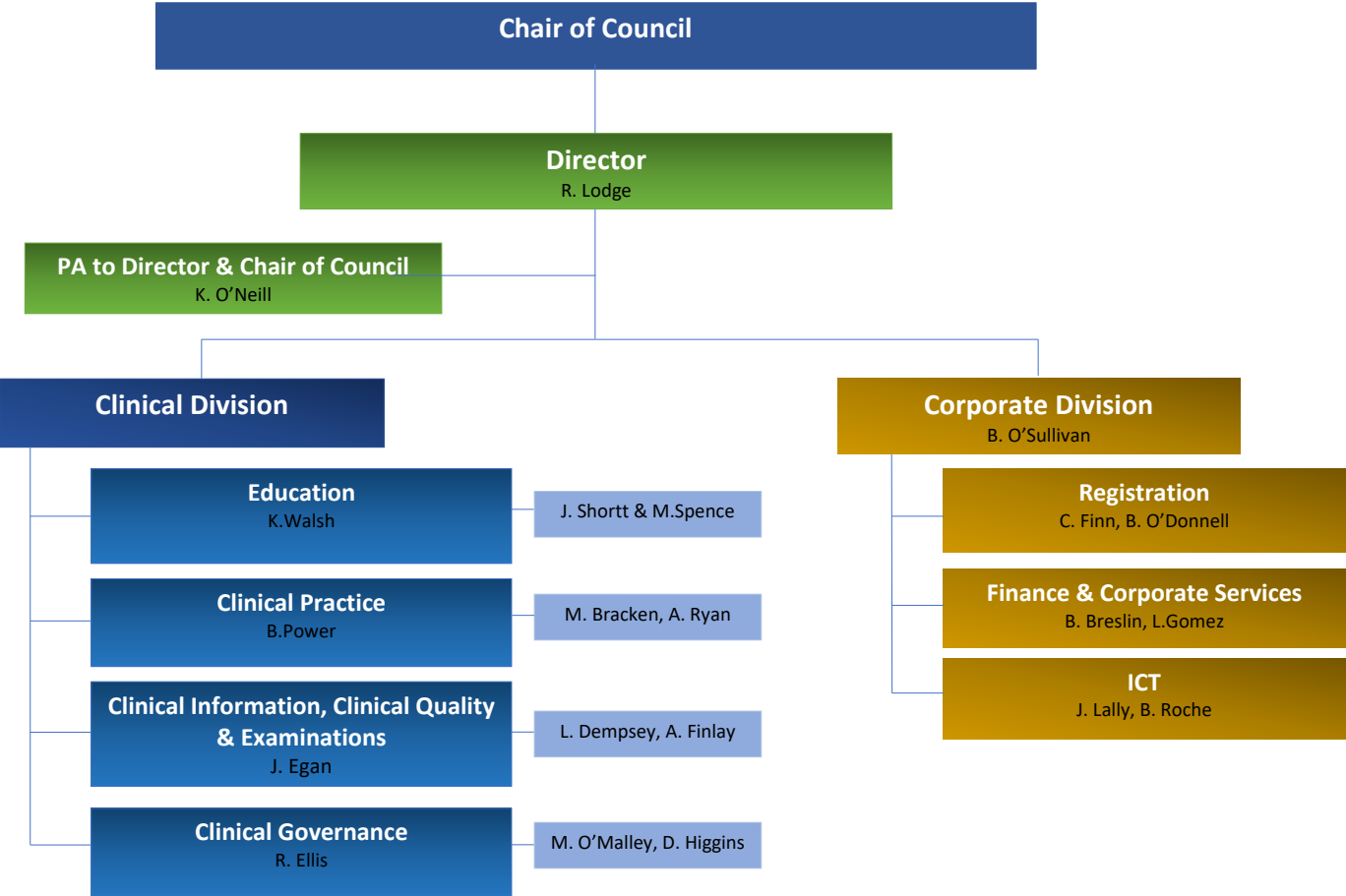
### Changes to PHECC Team

Anne Keogh is seconded to HSE

Pauline Dempsey is seconded to the National Patient Safety Office,  
Department of Health

Ricky Ellis is seconded to PHECC from DFB

# PHECC Organisation Chart





**PRE-HOSPITAL EMERGENCY CARE COUNCIL**

FINANCIAL STATEMENTS

for

YEAR ENDED 31 DECEMBER 2019

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# PRE-HOSPITAL EMERGENCY CARE COUNCIL

## FINANCIAL STATEMENTS

YEAR ENDED 31 DECEMBER 2019

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### Composition of Council and Other Information

#### Council Members

Dr Jacqueline Burke  
Mr Hillery Collins  
Mr Patrick Hanafin  
Mr Shane Mooney  
Dr Shane Knox  
Mr Stephen Brady  
Ms Tess O' Donovan  
Mr Martin Dunne  
Dr Conor Deasy

Mr Jimmy Jordan  
Mr Thomas Keane  
Prof Patrick Plunkett  
Dr Mick Molloy  
Dr David Menzies  
Ms Fiona McDaid  
Mr Patrick Fleming  
Dr Jason van der Velde

#### Director

**Mr Richard Lodge**

#### Bankers

**AIB  
Main St  
Naas  
Co Kildare**

#### Business Address

**Beech House,  
Millennium Park  
Naas  
Co Kildare**

#### Auditor

**Comptroller and Auditor General  
Dublin Castle  
Dublin 2**

## GOVERNANCE STATEMENT AND COUNCIL MEMBERS' REPORT

### **Governance**

The Pre-Hospital Emergency Care Council (PHECC) is an independent statutory agency charged with responsibility for standards, education and training in pre-hospital emergency care in Ireland. The Council was established as a body corporate by the Minister for Health by Statutory Instrument Number 109 of 2000 (Establishment Order) which was amended by Statutory Instrument Number 575 of 2004 (Amendment Order). These Orders were made under the Health (Corporate Bodies) Act, 1961 as amended and brought under primary legislation with the Health (Miscellaneous Provisions) Act, 2007.

The functions of Council are set out in the Establishment Orders. PHECC is accountable to the Minister for Health and is responsible for ensuring good governance and performs this task by setting strategic objectives and targets and taking strategic decisions on all key business issues. The regular day-to-day management, control and direction of PHECC are the responsibility of the Director and the senior management team. The Director and the senior management team must follow the broad strategic direction set by Council and must ensure that all Council members have a clear understanding of the key activities and decisions related to the entity, and of any significant risks likely to arise.

The Chair of the Compliance and Audit Committee is also contracted by the Chair of Council in the role of Council Secretariat.

### **Council Member's Responsibilities**

The work and responsibilities of the Council are set out in the Council Member's Handbook, which also contain the matters specifically reserved for decision by Council and the executive.

The Council is required by Article 25 of the Pre-Hospital Emergency Care Council (Establishment) Order, 2000 (SI 109/2000) to prepare financial statements for each financial year which give a true and fair view of the assets, liabilities and financial position of the Council and of its income and expenditure for that period.

In preparing these financial statements, the Pre-Hospital Emergency Care Council is required to:

- Select suitable accounting policies and apply them consistently
- Make judgements and estimates that are reasonable and prudent
- Keep, in such form as may be approved by the Minister for Health with consent of the Minister for Public Expenditure and Reform, all proper and usual accounts of money received and expended by it.
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in financial statements

The Council is responsible for keeping adequate accounting records which disclose, with reasonable accuracy at any time, its financial position which enables it to ensure that the financial statements comply with Article 25 of the Pre-Hospital Emergency Care Council (Establishment) Order, 2000 (SI

109/2000). The Council is also responsible for safeguarding its assets and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Council is responsible for approving the annual business plan and budget. Council conducts an evaluation of performance at the end of the financial year. The Council considers that the financial statements of the Pre-Hospital Emergency Care Council give a true and fair view of the financial performance and the financial position of Pre-Hospital Emergency Care Council at 31 December 2019, except for non-compliance with FRS 102 in relation to retirement benefit obligations, as directed by the Minister for Health.

### **Council Structure**

The Council consists of a Chairperson, Vice-Chairperson and 15 ordinary members, all of whom are appointed by the Minister for Health. Council members are appointed for a period of 4 years. No person shall hold office as a member of the Council for more than two consecutive terms of four years. The Council is directed by the Establishment Order to hold at least six meetings in every year and may hold such other meetings as may be necessary for the performance of its duties. In 2019 Council held ten meetings.

The membership of Council consists of not more than seventeen members who are appointed by the Minister for Health:

<b>Name</b>	<b>Date of Appointment</b>
Dr Jacqueline Burke	06/12/16
Mr Hillery Collins	06/12/16
Mr Patrick Hanafin	06/12/16
Mr Shane Mooney	06/12/16
Dr Shane Knox	30/06/16
Mr Stephen Brady	30/06/16
Ms Tess O' Donovan	30/06/16
Mr Martin Dunne	30/06/16
Dr Conor Deasy	30/06/16
Mr Jimmy Jordan	29/06/17
Mr Thomas Keane	22/02/17
Prof Patrick Plunkett	30/06/16
Dr Mick Molloy	22/02/17
Dr David Menzies	06/12/16
Ms Fiona McDaid	06/12/16
Mr Patrick Fleming	06/12/16
Dr Jason van der Velde	22/02/17

PHECC's main functions include:

- To ensure training institutions, course content and examinations in First Response and Emergency Medical Technology reflect contemporary best practice



- To ensure pre-hospital emergency care Responders and Practitioners achieve and maintain competency at the appropriate performance standard
- To prepare and promote the implementation of clinical practice guidelines in pre-hospital emergency care
- To source, sponsor and promote relevant research to guide Council in the development of pre-hospital emergency care in Ireland
- To prepare standards of operation for pre-hospital emergency care providers to support best practice
- To establish and maintain a register of pre-hospital emergency care practitioners
- To recognise those pre-hospital emergency care providers which undertake to implement the clinical practice guidelines.

A complete list of Council's functions as per SI 109/2000 and SI 575/2004 are contained in the annual report.

The Council has established 6 standing Committees:

- 1 **Quality and Safety** - The terms of reference specify that the committee consider and make recommendations to Council on policy matters relating to, but not confined to, criteria for registration including code of conduct, practitioner's maintenance of competency at the appropriate performance standard (CPC), practice framework that incorporates credentialing, licensing and privileging of pre-hospital emergency care practitioners. Information standards, clinical audit framework and licensed provider approval to implement clinical practice guidelines (CPGs) are also included. The Chair of the Committee is a Council Member. Three members of the committee are Council members and nine are external members. The committee held 4 meetings in 2019.
- 2 **Education and Standards** - The terms of reference specify that the committee consider and make recommendations to Council on policy matters relating to, but not confined to, education and standards, recognition of institutions, recognition of equivalence of professional qualifications obtained from institutions both within and outside the state and maintenance and monitoring of institutions. The Chair of the Committee is a Council Member. Two members of the committee are Council members and 13 are external members. The committee held 6 meetings in 2019.
- 3 **Medical Advisory** - The MAC is an expert committee which considers clinical matters as referred to it either by Council, the Quality and Safety Committee or the Education and Standards Committee. The Chair of the Committee is a Council Member. Six members of the committee are Council members and 14 are external members. The committee held 6 meetings in 2019.
- 4 **Priority Dispatch** - The Priority Dispatch Committee is a standing committee of Council. Membership of the Priority Dispatch Committee is approved to reflect its role as an expert group to consider and advise Council on priority dispatch matters. The Chair of the Committee is a

Council Member. Two members of the committee are Council members and there are 11 external members. The committee held 3 meetings in 2019.

- 5 **Fitness to Practice** -This is a committee of Council which conducts enquiries into allegations of professional misconduct or unfitness to practice of pre-hospital emergency care practitioners. The Chair of the Committee is a Council Member the remainder are external. There were no meetings in 2019.
- 6 **Compliance and Audit** - The Compliance and Audit Committee is a committee of Council and reports to it on such matters as, but not confined to, adequacy of the nature, extent and effectiveness of the accounting and internal control systems, review of corporate governance, risk management, financial oversight and whistle blowers' provisions. The Chair of the Committee is an external member. Two members of the committee are Council members and two are external members. The committee held 5 meetings in 2019. The Chair of the Compliance and Audit Committee is also contracted in the role as Council Secretariat. Payments totaling €35,353 in total were made during 2019.

<b>Expenses C &amp; AC Members</b>	<b>€</b>
Con Foley	3,218
Stephen Brady	134
Patrick Clifford	152
Patrick Plunkett	<u>164</u>
	<u><u>3,669</u></u>

In addition, Council has the following Working Groups and Panels:

- Examination Quality Group
- Test Item Writing Group
- Appeal Panel
- Examiner Panel.

**Key Personnel Changes:**

Ms Kathleen Walsh, Education and Standards Programme Manager resigned her position on 29 Nov 2019.

## Schedule of Attendance and Expenses

<b>Committee</b>	<b>Council</b>	<b>Education and Standards</b>	<b>Quality and Safety</b>	<b>Medical Advisory</b>	<b>Compliance and Audit</b>	<b>Priority Dispatch</b>	<b>Approved Expenses</b>
Number of meetings	<b>10</b>	<b>6</b>	<b>4</b>	<b>6</b>	<b>5</b>	<b>3</b>	
<b>Member</b>							<b>€</b>
Conor Deasy	6						405
David Menzies	10			6		0	0
Fiona McDaid	9		3				0
Hillery Collins	10			4			843
Jacqueline Burke	9						180
Jason van der Velde	8			5			520
Jimmy Jordan	7						148
Martin Dunne	6						0
Mick Molloy	7			3			0
Patrick Fleming	6						241
Pat Hanafin	9						1,625
Patrick Plunkett	6				4		432
Shane Knox *	10	6		1			474
Shane Mooney	10		4	4			429
Stephen Brady	7				5	3	352
Tess O'Donovan	9	0	1				2,064
Thomas Keane	7						37
<b>Total</b>							<b>€7,750</b>

Note: In 2019 one Council Member\* was paid €2,700 for attendance at paramedic examinations.

The Council is responsible for ensuring that PHECC has complied with the requirements of the Code of Practice for the Governance of State Bodies ("the Code"), as published by the Department of Public Expenditure and Reform in August 2016. The following disclosures are required by the Code.

<b>Consultancy and Professional Fees</b>	<b>2019</b>	<b>2018</b>
	<b>€</b>	<b>€</b>
Legal Fees	13,180	26,263
Audit and Accountancy	15,767	0
HR Consultancy	28,336	4,907
Consultancy - Other	49,658	0
Consulting fees - Finance	7,603	0
Governance and Quality Assurance	30,251	0
Strategic Development	11,084	34,133
Education and Standards	123,466	0
	<b>279,346</b>	<b>65,303</b>

<b>Consultant Travel Expenses</b>	<b>2019</b>	<b>2018</b>
	<b>€</b>	<b>€</b>
Consultant Travel Expenses	11,193	5,937
	<b>11,193</b>	<b>5,937</b>

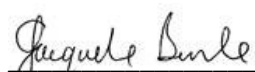
<b>Travel and Subsistence</b>	<b>2019</b>	<b>2018</b>
	<b>€</b>	<b>€</b>
Staff National	39,889	19,464
Staff International	8,062	10,279
Council Members National	5,999	44,039
Council Members International	0	2,732
	<b>53,950</b>	<b>76,514</b>


<b>Hospitality Expenditure</b>	<b>2019</b>	<b>2018</b>
	<b>€</b>	<b>€</b>
Staff Hospitality	1,094	1,368
	<b>1,094</b>	<b>1,368</b>

### Statement of Compliance

The Council has adopted the Code of Practice for the Governance of State Bodies (2016) and has put procedures in place to ensure compliance with the Code. PHECC was in full compliance with the Code of Practice for the Governance of State Bodies for 2019.



Dr. J. Burke  
Chairperson



Mr. Richard Lodge  
Director

Date: 21/1/21

## STATEMENT ON INTERNAL CONTROL

### **Scope of Responsibility**

On behalf of The Pre-Hospital Emergency Care Council (PHECC), we acknowledge the Council's responsibility for ensuring that an effective system of internal control is maintained and operated. This responsibility takes account of the requirements of the Code of Practice for the Governance of State Bodies (2016). PHECC, through the Director, is responsible for monitoring the system of internal control and providing assurances to the Council.

### **Purpose of the System of Internal Control**

A system of internal control is designed to reduce rather than eliminate risk. Such a system can provide only a reasonable and not an absolute assurance that assets are safeguarded, transactions authorised and properly recorded, and that material errors or irregularities are either prevented or would be detected in a timely manner.

The system of internal control, which accords with guidance issued by the Department of Public Expenditure and Reform has been in place in PHECC for the year ended 31 December 2019 and up to the date of approval of the financial statements.

### **Capacity to Handle Risk**

The Council has established a Compliance and Audit Committee (C & AC) as a Committee of the Council to support them in their responsibilities for issues of risk, control, governance and compliance by reviewing the comprehensiveness of assurances in meeting the Council's and Accounting Officer's assurance needs and reviewing the reliability and integrity of these assurances.

The Compliance and Audit Committee aspires to:

- keep oversight of the internal control system
- minimise corporate risk through the risk matrix management reporting system
- minimise the risk to PHECC personnel through its Health and Safety policies
- optimise the level of organisational response to compliance requests

While always keeping in mind that PHECC's key mission is to drive change in the health-care system, this inherently involves risk. The C & AC's role is to mitigate this risk as far as possible.

The Compliance and Audit Committee is comprised of:

- Two Council members
- Two independent external members, one of whom will act as Chair and be suitably qualified in accounting and auditing matters
- A staff member of PHECC on an annual rotating basis

The Compliance and Audit Committee are provided with a secretariat function by PHECC executive. The

Committee formally report in writing to the Council; and provide the Council with an Annual Report, timed to support finalisation of the annual report and financial statements, summarising its conclusions from the work it has done during the year.

The Compliance and Audit Committee advises Council on:

- the strategic processes for risk, internal control, governance and compliance;
- the accounting policies, the financial statements, and the annual report of the organisation, including the process for review of the financial statements prior to submission for audit, levels of error identified, and Council's letter of representation to the external auditors;
- the planned activity and results of both internal and external audit;
- adequacy of management response to issues identified by audit activity, including the Office of the Comptroller and Auditor General's [OCAG] management letter;
- assurances relating to the management of risk, corporate governance and compliance requirements for PHECC;
- proposals for tendering for internal audit services or for purchase of non-audit services from contractors who provide audit services;
- anti-fraud policies, protected disclosure processes, and arrangements for special investigations.

The Committee will also periodically review its own effectiveness and report the results of that review to the Council.

### **Risk and Control Framework**

PHECC implement a risk management system which identifies and reports key risks and the management actions being taken to address and, to the extent possible, to mitigate those risks. A risk register is in place which identifies the key risks facing PHECC and these have been identified, evaluated and graded according to their significance. The register is reviewed and updated by the C & AC at their meetings. The outcome of these assessments is used to plan and allocate resources to ensure risks are managed to an acceptable level.

The risk register details the controls and actions needed to mitigate risks and responsibility for operation of controls assigned to specific staff. We confirm that a control environment containing the following elements is in place:

- procedures for all key business processes have been documented,
- financial responsibilities have been assigned at management level with corresponding accountability,
- there is an appropriate budgeting system with an annual budget which is kept under review by senior management,
- there are systems aimed at ensuring the security of the information and communication

technology systems.

- there are systems in place to safeguard the assets, and
- control procedures over grant funding to outside agencies ensure adequate control over approval of grants and monitoring and review of grantees to ensure grant funding has been applied for the purpose intended.

### **Ongoing Monitoring and Review**

Formal procedures have been established for monitoring control processes and control deficiencies are communicated to those responsible for taking corrective action and to management and the Council, where relevant, in a timely way. I confirm that the following ongoing monitoring systems are in place:

- The system of internal financial control in PHECC is documented in Quality Management System (QMS) process maps
- PHECC has established procedures around segregation of duties and the authorisation of expenditure
- Monthly expenditure and activity is monitored against the business plan. Reports are presented to the Director for consideration and appropriate action
- A monthly financial position report for the Department of Health is prepared and submitted to the Department
- The TAS and SAGE financial systems are operated by PHECC to facilitate financial accounting practice and provide detailed audit trails on all transactions.

### **Procurement**

We confirm that PHECC have an established procurement policy in place to ensure that the Pre-Hospital Emergency Care Council (PHECC) adheres to effective, strategic and professional procurement methods incorporating all relevant EU directives and Government legislation and recommendations, in doing so this will provide the best available value for money while at the same time it will also ensure that we will meet our obligations in terms of:

- Openness
- Transparency
- Accountability.

One of the most basic and fundamental aspects of procurement within any organisation is that it must be carried out within agreed policies and procedures. Procurement within PHECC is carried out at departmental level within the executive.

Public Procurement operates under legislation which is driven by EU directives and in particular directive

2014/24/EU. The directive sets out rules on the use of public contracts for the provision of works, supplies or services by companies or individuals and the exemptions which can be applied. The legislation specifies that when national authorities use public procurement to invite tenders to provide works, supplies or services, they must treat all applicants equally and not discriminate between them. They must also be transparent in their dealings. The directive is based on four fundamental principles which are enshrined in the Treaty of Rome. These four principles are the drivers to ensuring that procurement is carried out in a manner that enhances the ethos of openness, fairness and accountability. Public Procurement throughout the EU is also subject to the Remedies Directive 2007/66, the aims of which are to clarify and improve the effectiveness of the review procedures and the safeguarding of the awarding of contracts. This directive was implemented in Ireland on the 25<sup>th</sup> March 2010. Public procurement must also enshrine the principles of the Disability Act, 2005 in particular Section 27 which relates to accessibility. Public Procurement Guidelines for Goods and Services – Version 2 issued by OGP and DPER are the current guidelines in use.

We confirm that PHECC has procedures in place to ensure compliance with current procurement rules and guidelines that during 2019, PHECC complied with those procedures. In 2019, there was non-compliant procurement of €177,171 which is outlined in the internal control issue below.

### **Review of Effectiveness**

We confirm that PHECC has procedures to monitor the effectiveness of its risk management and control procedures. PHECC's monitoring and review of the effectiveness of the system of internal control is informed by the work of the internal and external auditors and the senior management within PHECC responsible for the development and maintenance of the internal control framework.

There was a discussion at the December 2019 Council meeting in relation to the review of controls in 2019 but due to an administrative oversight this was not formally recorded in the Council minutes.

The Council commissioned a review of its governance arrangements and this was carried out by the Institute of Public Administration who made an oral presentation to the Council in December 2019, followed by a written report in 2020. There were a number of adverse findings and recommendations to be actioned. In June 2020 Council accepted in principle the findings and directed the executive to prepare an implementation plan. Some of the recommendations were implemented in the second half of 2020 and a detailed implementation plan was approved by Council in December 2020.

### **Internal Control Issues**

Note 6 to the financial statements includes payments of €10,858 to the Chair of the Compliance and Audit Committee, sanctioned by the Director with the approval of the Chair of Council. PHECC have been in correspondence with DPER in relation to the appropriate payments for the Chair of Compliance and Audit Committee. To date PHECC have been unable to obtain a reference to a circular or official policy document in relation to remuneration rates for the Chairs of Audit Committees from DPER, but DPER do make reference to an annual cap of €2,414. PHECC are currently awaiting a response from DPER on this matter.



The Chair of the Compliance and Audit Committee is also contracted in the role as Council Secretariat. This work is that of a standard Secretary to the Board as required by both the Companies Act 2014 and the DPER Guidelines for State Bodies (Aug 2016). Given that this is neither consultancy nor advisory in nature, no approval has been sought from the Department of Health nor the Minister for Health as it was deemed not to be required. Payments totaling €35,353 in total were made during 2019.

Having the same individual employed in the two capacities has clear advantages in terms of continuity and corporate knowledge especially given the transient nature of Council membership and the appointment of Council Chairs. However, this is not an ideal situation and possible potential conflicts have been identified. The proposed solution is to completely reconsider the provision of both services to Council at the end of the present Council term which comes to an end in 2020. This proposal will be kept under review at the Chair's discretion.

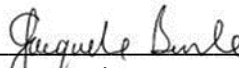
Although discussed at governance meetings with the Department of Health the formal sanction, as per Article 29 of the Establishment Order and the Letter of Determination, for payment to four consultants has yet to be sought. The consultant payments which totaled €177,171 were as follows;

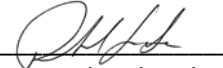
- |  |                    |         |
|--|--------------------|---------|
| • Education and Standards Review             | Crowe              | €60,731 |
| • Evaluation of Advanced Paramedic Programme | Cloud Consulting   | €62,735 |
| • Governance Review                          | IPA                | €25,368 |
| • Human Resources Review                     | Tennant Consulting | €28,337 |

An open e-Tender for the evaluation of the Advanced Paramedic program was not carried out as per OGP requirements as Council passed a resolution to implement an emergency procurement procedure in this instance.

With the exception of items above no material weaknesses in internal control were identified in relation to 2019 that currently require disclosure in the financial statements

On behalf of the Pre-Hospital Emergency Care Council:

  
Dr. J. Burke  
Chairperson

  
Mr. Richard Lodge  
Director

Date: 21/1/21

# Pre-Hospital Emergency Care Council

## Statement of Income and Expenditure and Retained Revenue Reserves

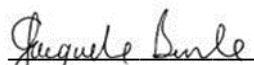
Year Ended 31 December 2019

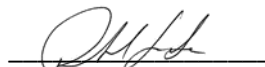
		2019	2018
Income	Note	€	€
Department of Health	2	2,996,700	2,997,000
Own Resources	3	47,082	57,462
Other Income	4	483,973	442,814
<b>Total Income</b>		<b>3,527,754</b>	<b>3,497,276</b>
<b>Expenditure</b>			
Programme and Grant Expenditure	5	1,171,850	1,303,035
Administration, Operations & Promotion	6	2,362,598	2,159,001
<b>Total Expenditure</b>		<b>3,534,448</b>	<b>3,462,036</b>
Surplus/(Deficit) for the Year before Appropriations		(6,694)	35,240
Transfer from/(to) Capital Account	9	21,538	46,502
		<b>14,844</b>	<b>81,742</b>
<b>Balance brought forward at 01 December 2019</b>		(88,388)	(170,130)
<b>Balance carried forward at 31 December 2019</b>		<b>(73,544)</b>	<b>(88,388)</b>

The statement of Income and Expenditure and Retained Reserves includes all gains and losses recognised in the year.

The Statement of Cash Flows and notes from part of these financial statements.

On behalf of the Council of the Prehospital Emergency Care Council.

  
Dr. J. Burke  
Chairperson

  
Mr. Richard Lodge  
Director

Date: 21/1/21

# Pre-Hospital Emergency Care Council

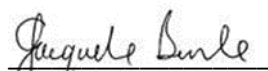
## Statement of Financial Position

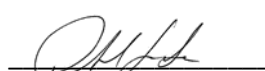
As at 31 December 2019

	Note	2019 €	2018 €
<b>Fixed Assets</b>			
Property, plant & equipment	8	67,088	88,626
<b>Total Fixed Assets</b>		<b>67,088</b>	<b>88,626</b>
<b>Current Assets</b>			
Debtors & Prepayments	11	32,069	102,518
Cash and cash equivalents		41,513	5,862
		<b>73,582</b>	<b>108,380</b>
<b>Current Liabilities (<i>amounts falling due within one year</i>)</b>			
Creditors: Short Term	10	118,521	162,893
<b>Net Current Assets</b>		<b>(44,939)</b>	<b>(54,513)</b>
<b>Non-Current Liabilities (<i>amounts due after one year</i>)</b>			
Payables	10	28,606	33,875
<b>Total Net Assets</b>		<b>(6,457)</b>	<b>238</b>
<b>Representing</b>			
Capital account	9	67,088	88,626
Retained revenue reserves		(73,545)	(88,388)
		<b>(6,457)</b>	<b>238</b>

The Statement of Cash Flows and notes from part of these financial statements.

On behalf of the Council of the Prehospital Emergency Care Council.

  
Dr. J. Burke  
Chairperson

  
Mr. Richard Lodge  
Director

Date: 21/1/21

# Pre-Hospital Emergency Care Council

## Statement of Cash Flows

*Year Ended 31 December 2019*

	<b>2019</b>	<b>2018</b>
	<b>€</b>	<b>€</b>
<b>Net Cash Flows from Operating Activities</b>		
Excess Income over Expenditure	(6,694)	35,240
(Increase)/Decrease in Receivables	70,448	(81,924)
Increase/(Decrease) in Payables	(49,642)	(5,669)
Depreciation	40,794	46,502
<b>Net Cash Inflow from Operating Activities</b>	<b>54,906</b>	<b>(5,852)</b>
<b>Cash Flows from Investing Activities</b>		
Payments to acquire Property, Plant & Equipment	(19,255)	0
<b>Net Cash Flows from Investing Activities</b>	<b>(19,255)</b>	<b>0</b>
<b>Cash Flows from Financing Activities</b>		
	0	0
<b>Net Cash Flows from Financing Activities</b>	<b>0</b>	<b>0</b>
<b>Net Increase/(Decrease) in Cash and Cash Equivalents</b>	<b>35,651</b>	<b>(5,852)</b>
<b>Cash and Cash Equivalents at 1 Jan 2019</b>	<b>5,862</b>	<b>11,713</b>
<b>Cash and Cash Equivalents at 31 Dec 2019</b>	<b>41,512</b>	<b>5,862</b>

# Pre-Hospital Emergency Care Council

## Notes to the Financial Statements

### **Accounting Policies**

The basis of accounting and significant accounting policies adopted by the Pre-Hospital Emergency Care Council are set out below. They have all been applied consistently throughout the year and for the preceding year.

### **General Information**

The Pre-Hospital Emergency Care Council was established by the Minister for Health under Statutory Instrument No. 109 of 2000, the Pre-Hospital Emergency Care Council (Establishment) Order, 2000 and are amended by Statutory Instrument No. 575 of 2004 (Amendment) Order 2004. These Orders were made under the Health (Corporate Bodies) Act, 1961 as amended and confirmed by the Health (Miscellaneous Provisions) Act, 2007.

The functions of the Council are set out in the Pre-Hospital Emergency Care Council (Establishment) Order, 2000 and as amended by Statutory Instrument No. 575 of 2004 (Amendment) Order 2004. The Pre-Hospital Emergency Care Council is a Public Benefit Entity (PBE).

### **Statement of Compliance**

The financial statements of The Pre-Hospital Emergency Care Council for the year ended 31 December 2019 have been prepared in accordance with FRS 102, the financial reporting standard applicable in the UK and Ireland issued by the Financial Reporting Council (FRC), as promulgated by Chartered Accountants Ireland, as modified by the directions of the Minister for Health in relation to superannuation. In compliance with the directions of the Minister for Health, the Council accounts for the costs of superannuation entitlements only as they become payable. The basis of accounting does not comply with FRS 102, which requires such costs to be recognised in the year in which entitlement is earned.

### **Basis of Preparation**

The financial statements have been prepared on the accruals basis under the historical cost convention, except for certain assets and liabilities that are measured at fair values as explained in the accounting policies below. The financial statements are in the form approved by the Minister for Health with the concurrence of the Minister for Public Expenditure and Reform. The following accounting policies have been applied consistently in dealing with items which are considered material in relation to the Pre-Hospital Emergency Care Council's financial statements.

### **Going Concern**

The financial statements are prepared on a going concern basis.

### **Revenue**

Revenue is generally recognised on an accruals basis except in the case of the Department of Health

allocation which is recognised on a cash receipts basis.

The non-capital allocation from the Department of Health is dealt with through the Revenue Income and Expenditure Account. Any part of this allocation applied for capital purposes and resulting in fixed asset additions is transferred to the Capital Fund Account.

### **Other Revenue**

Other revenue is recognised on an accruals basis.

### **Cash and Cash Equivalents**

Cash and cash equivalents is represented by cash in hand and deposits with financial institutions repayable without penalty on notice of not more than 24 hours.

### **Receivables**

Receivables are recognised at fair value, less a provision for doubtful debts. The provision for doubtful debts is a specific provision and is established when there is objective evidence that Pre-Hospital Emergency Care Council will not be able to collect all amounts owed to it. All movements in the provision for doubtful debts are recognised in the Statement of Income and Expenditure and Retained Revenue Reserves.

### **Property, Plant and Equipment**

Property, plant and equipment are stated at cost less accumulated depreciation, adjusted for any provision for impairment. A full year's depreciation is charged in the year of purchase. Depreciation which is matched by an equivalent amortisation of the Capital Account is charged against the Statement of Income and Expenditure. Depreciation is provided on all property, plant and equipment, at rates estimated to write off the cost less the estimated residual value of each asset on a straight-line basis over their estimated useful lives, as follows:

**ICT Equipment:** 33.3% straight line.

**Other Equipment:** 20.0% straight line.

If there is objective evidence of impairment of the value of an asset, the impairment loss is recognised in the Statement of Income and Expenditure and Retained Revenue Reserves in the year.

### **Depreciation and Residual Values**

The Compliance and Audit Committee review from time to time the asset lives and associated residual values of all fixed asset classes, and in particular, the useful economic life and residual values of fixtures and fittings and have concluded that asset lives and residual values are appropriate.

### **Employee Benefits**

Short term benefits such as holiday pay are recognised as an expense in the year, and benefits that are accrued at year-end are included in the payables figure in the Statement of Financial Position.

### **Retirement Benefits**

The Pre-Hospital Emergency Care Council has a defined benefit pension scheme as per Article 28 (4) of the SI 109/2000 in accordance with schemes and regulations made under the Local Government (Superannuation) Act, 1980 (No. 8 of 1980). This scheme is funded annually on a pay-as-you-go basis from monies provided by the Department of Health and from contributions deducted from staff and members' salaries. The Pre-Hospital Emergency Care Council also operates the Single Public Services Pension Scheme ("Single Scheme"), which is a defined benefit scheme for pensionable public servants appointed on or after 1 January 2013. Single Scheme members' contributions are paid over to the Department of Public Expenditure and Reform (DPER).

### **Critical Accounting Judgements and Estimates**

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the amounts reported for assets and liabilities as at the reporting date and the amounts reported for revenues and expenses during the year. However, the nature of estimation means that actual outcomes could differ from those estimates.

In this regard, Management believe that the critical accounting policies where judgments or estimates are necessarily applied are summarised below.

- ***Going concern***

The Council is an independent statutory body funded by the State through the Department of Health. Management are not aware of any intention to amend the functions of the Council, its activities or its levels of funding. Accordingly, the accounts have been prepared on a going concern basis.

- ***Useful lives of tangible fixed assets***

The Council estimates the useful lives of tangible fixed assets based on the period over which the assets are expected to be available for use. The estimated useful lives are reviewed periodically and are updated if expectations differ from previous estimates due to physical wear and tear, technical or commercial obsolescence and legal or other limits on the useful lives.

### **Payables**

Payables measured at the transaction price. The payment of invoices by the Council is governed by the Prompt Payment of Accounts Act, 1997.

Other financial liabilities are measured initially at fair value, net of transaction costs, and are measured subsequently at amortised cost using the effective interest method.

### **Operating Leases**

Rental expenditure under operating leases is recognised in the Statement of Income and Expenditure and Retained Revenue Reserves over the life of the lease. Expenditure is recognised on a straight-line basis over the lease period, except where there are rental increases linked to



the expected rate of inflation, in which case these increases are recognised when incurred. Any lease incentives received are recognised over the life of the lease.

## 2. Department of Health Allocation

The Department of Health Vote 38 (E1) allocation to the Pre-Hospital Emergency Care Council as shown in the financial statements consist of:

	<b>2019</b>	<b>2018</b>
	<b>€</b>	<b>€</b>
Grants for current expenditure	2,996,700	2,997,000
	<b>2,996,700</b>	<b>2,997,000</b>

## 3. Own Resources

	<b>2019</b>	<b>2018</b>
	<b>€</b>	<b>€</b>
Professional Registration Fee Income	47,082	57,462
	<b>47,082</b>	<b>57,462</b>

## 4. Other Revenue

	<b>2019</b>	<b>2018</b>
	<b>€</b>	<b>€</b>
Transport Medicine/Retrieval Programme (Temple St Children's Hospital) *	77,445	154,947
Accreditation and Examination Fees	111,022	119,866
Certificate Income	169,684	125,389
Superannuation Contributions	41,137	41,927
Clinical Publications	84,685	685
	<b>483,973</b>	<b>442,814</b>

<p>*Funding received from the HSE for the Transport Medicine/Retrieval Programme is allocated to the Temple St Children's Hospital</p>
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## 5. Programme and Grant Expenditure

<b>Grants</b>	<b>2019</b>	<b>2018</b>
	<b>€</b>	<b>€</b>
Irish Heart Foundation	0	84,400
Conference Sponsorship	32,000	30,603
Out of Hospital Cardiac Arrest Register	0	25,000
<b>Total Grants</b>	<b>32,000</b>	<b>140,003</b>

<b>Invoices</b>	<b>2019</b>	<b>2018</b>
	<b>€</b>	<b>€</b>
Advanced Paramedic Development Funding	650,710	773,557
Transport Medicine/Retrieval Programme	84,964	157,629
Education and Standards	72,067	48,549
Digital Portal Support Initiative	17,220	19,926
Electronic Patient Care Report Initiative	0	7,175
Clinical Care Project	58,500	40,847
Field Guide App Project	102,405	0
Quality and Safety	33,781	59,892
Continuing Professional Competency Development	95,203	53,100
World Rescue Organisation Sponsorship	0	2,357
Research	25,000	0
<b>Total Invoices</b>	<b>1,139,850</b>	<b>1,163,032</b>
<b>Total Grants Payable</b>	<b>1,171,850</b>	<b>1,303,035</b>

The Council funds third parties by way of grant or on foot of invoices for the provision of specific services. The amounts paid in 2019 are set out above. The following is a brief description of some of the main schemes included under grant expenditure:

- Advanced Paramedic Development Funding – supports the national advanced paramedic training programme
- Transport Medicine/Retrieval - supports the development of the Neonatal, Paediatric and Critical Care Services nationally.

## 6. Administration, Operations and Promotion

		2019	2018
	Note	€	€
Remuneration and other pay costs	6(a)	1,310,348	1,183,853
Rent, rates, service charges and insurance		148,950	149,604
Office Dilapidation and moving charges		0	6,294
Depreciation		40,794	46,502
Repairs, maintenance and leasing charges		30,719	4,611
Electricity, cleaning and utilities		8,859	26,470
Communications and IT		146,936	87,221
Office expenses		200,656	237,309
Consultancy and other professional fees		274,038	137,905
Examinations and related expenses		134,957	144,627
Recruitment and media		10,504	52,389
Register Expenses		20,805	29,158
Audit Fee		16,500	15,000
Council and Committees		18,532	38,058
		<b>2,362,598</b>	<b>2,159,001</b>

### 6. (a) Remuneration and Other Pay Costs

		2019	2018
		€	€
Staff Gross Wages		1,083,848	854,714
Staff Secondment Costs		95,894	95,893
Staff Secondment (Recharge)		(126,737)	(172,186)
Pension Costs		40,164	50,011
Superannuation Benefit		38,700	0
Employer's contribution to social welfare		91,691	51,258
Staff training and development		12,357	35,907
Staff travel and subsistence costs		52,644	46,771
Council members' travel and subsistence costs		5,999	29,761
Temporary Staff		15,789	191,761
		<b>1,310,348</b>	<b>1,183,890</b>

Secondment income of €126,737 (2018: €172,186) in respect of staff on secondment has been offset against salary costs.

## 7. Remuneration

### 7. (a) Directors Remuneration

	2019	2018
	€	€
Retired Director	0	45,399
Acting Director	0	27,493
New Director	87,893	13,364
	<b>87,893</b>	<b>86,256</b>
<b>Retired Directors Post-Employment Benefits</b>		
Pension Payments	14,236	0
Pension Lump Sum	38,700	0
	<b>52,936</b>	<b>0</b>

The Director has not received any pension benefits other than the standard entitlements under Single Service Pension Scheme. No bonus is ever paid to the Director or any other staff member.

### 7. (b) Key Management Personnel Salary & Benefits

	2019	2018
	€	€
Salaries and Short-Term Benefits as follows;		
Salary	454,089	455,543
Allowances	3,445	3,445
	457,534	458,988
Pension Contributions	23,768	24,608
Employers Contribution to Social Welfare (PRSI)	29,556	26,743
	<b>510,858</b>	<b>510,339</b>

Key Management Personnel include the Director, his Deputy and Programme Officers.

### 7. (c) Aggregate Employees Salary and Benefits

	2019	2018
	€	€
Salaries and Short-Term Benefits	1,019,458	921,380
Post-Employment Benefits (Pension)	64,389	0
Pension Lump Sum	38,700	0
Pension Contributions	40,165	50,012
Employers Contribution to Social Welfare (PRSI)	91,691	51,258
Termination benefits	0	0
	<b>1,254,403</b>	<b>1,022,650</b>

Aggregate Employees is comprised of all staff including the Director, Key Management Personnel and all other employees. On 31 Dec 2019 there were a total of 22 WTE's in PHECC.

#### 7. (d) Employee Short-Term Benefits

<b>Breakdown</b>	<b>2019</b>	<b>2018</b>
Number of employees and salary range;	€	€
€ 60,000 - 69,999	1	1
€ 70,000 - 79,999	1	1
€ 80,000 - 90,000	4	2

For the purposes of this disclosure, short-term employee benefits in relation to services rendered during the reporting period include salary, overtime, allowances and other payments made on behalf of the employee but exclude employer's PRSI.

#### 8. Property, Plant and Equipment

	<b>ICT Equipment</b>	<b>Other Equipment</b>	<b>Totals</b>
<b>Cost</b>			
At 1 January	122,408	212,740	335,148
Additions	15,134	4,123	19,257
Disposals	0	0	0
<b>At 31 December</b>	<b>137,542</b>	<b>216,863</b>	<b>354,405</b>
<b>Depreciation</b>			
At 1 January	114,539	131,986	246,525
Charge for the year	12,913	27,881	40,793
Disposals	0	0	0
<b>At 31 December</b>	<b>127,452</b>	<b>159,866</b>	<b>287,318</b>
<b>Net Book Value</b>			
At 1 January	7,870	80,756	88,626
Net movement for the year	2,220	(23,759)	(21,538)
<b>At 31 December</b>	<b>10,090</b>	<b>56,997</b>	<b>67,088</b>

## 9. Capital Account

	2019	2018
	€	€
Opening Balance 1st January	88,626	135,128
Transfer from Income and Expenditure Account	0	0
Funding of Asset Additions	19,256	0
Amortised in line with depreciation	(40,794)	(46,502)
	<hr/>	<hr/>
Closing Balance at 31st December	<b>67,088</b>	<b>88,626</b>

## 10. Payables

Amounts falling due within one year	2019	2018
	€	€
Creditors Control Account	(26)	(70)
Accruals	61,750	127,111
Visa	1,863	3,344
Withholding Tax	14,686	0
SPPS	6,610	0
PAYE/PRSI	28,369	27,239
Deferred lease incentive	5,269	5,269
	<hr/>	<hr/>
	<b>118,521</b>	<b>162,893</b>

### Amounts falling due after one year

	2019	2018
	€	€
Deferred lease incentive	28,606	33,875
	<hr/>	<hr/>
	<b>28,606</b>	<b>33,875</b>

## 11. Receivables

Receivables	2019	2018
	€	€
Debtors Control Account	4,810	82,601
Tax Saver Staff Transport	1,450	0
Prepayments	22,714	19,917
Purchase Credit Notes Accrued	3,096	0
	<hr/>	<hr/>
	<b>32,069</b>	<b>102,518</b>

## 12. Retirement Benefit Costs

By direction of the Minister for Health, no provision has been made in respect of benefits payable under the Local Government Superannuation Schemes as the liability is underwritten by the Minister for Health. Contributions from employees who are members of the scheme are credited to the income and expenditure account when received. Pension payments under the scheme are charged to the income and expenditure account when paid. The pension levy is paid to the Department of Health.

The Council also operate the Single Public Services Pension Scheme ("Single Scheme"), which is a defined benefit scheme for pensionable public servants appointed on or after 1 January 2013. Clarification is awaited on the liability associated with the single service Pension Scheme and payments to DPER.

## 13. Lease Commitments

Council's office premises are held under an operating lease which is due to expire on 22 May 2027, the annual rent is charged to the income and expenditure account.

At the 31<sup>st</sup> of December 2019, the Council had the following future minimum lease payments under non-cancellable operating leases for each of the following periods:

	2019	2018
	€	€
Payable within one year	126,456	126,456
Payable within 2 to 5 years *	505,825	505,825
Payable over 5 year *	302,673	432,059
	<b>934,954</b>	<b>1,064,340</b>

Note \*: There is a rent review following completion of 5 years of the lease and therefore may alter the amount payable in accordance with agreement made during review.

## 14. Reconciliation of cash and cash equivalents and net debt

	Opening balance	Cash flows	Closing balance
Cash at bank and in hand	5,862	35,649	41,511
Overdrafts (Visa)	(3,344)	1,481	(1,863)
Net funds	2,518	37,130	39,648

### **15. Events After the Reporting Date**

The rapid development of the coronavirus disease 2019 (COVID-19) in many countries has resulted in governments introducing measures to manage the spread of the virus including requiring entities to limit or suspend business operations. Businesses are facing lost revenue, cash flow pressure and disrupted supply chains at a global level.

Management do not envisage that the (COVID-19) outbreak will change the functions of the Council, it's funding or impact the carrying amounts of assets and liabilities in the financial statements that will require material adjustments within the next financial year. However, global responses to the (COVID-19) outbreak continue to rapidly evolve and is a source of considerable uncertainty.

There were no events after the reporting date that would require adjustment to the financial statements.

### **16. Related Party Transactions**

The Pre-Hospital Emergency Care Council complies with the Code of Practice for the Governance of State Bodies 2016 issued by the Department of Public Expenditure and Reform in relation to the disclosure of interests by the Council and members/staff of PHECC. Formal procedures exist to ensure adherence with the requirements of the Code.

### **17. Approval of Financial Statements**

The financial statements were approved by Council on 17 Dec 2020