



Pre-Hospital Emergency Care Council

Annual Report 2018

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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 fifth Council is now serving since December 2016 with a membership of 16 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

On behalf of Council, the Director and I are pleased to present 19th Annual Report for the year ended 31st December 2018. 2018 was the second full year of the current Council and 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.

The Council would like to acknowledge and thank all the individuals who agreed to serve on Council's six standing committees and four working groups/panels and share their time and expertise with Council.

In June 2018, Mr. Peter Dennehy retired after 3 years as the Director of PHECC. On behalf of Council and the Executive I would like to thank Peter for his service and wish him well in his retirement.

I would also like to thank Mr. Brian Power who stepped into the role of Interim Director during the recruitment process for a new Director, which concluded in September 2018 with the appointment of the new Director of PHECC, Mr. Richard Lodge. I would like to formally welcome Richard to the role.

Work began in 2018 on the new PHECC Strategic Plan and this will be completed in 2019 and will provide the direction and focus for our continued business operations. The protection of the public is at the heart of everything we do. Independent regulation is essential to protect the public. We are prioritising the requirement for new legislation in our developing strategy to strengthen PHECC's ability to fulfil our mandate in public safety in the pre-hospital environment and to meet our responsibility of being a regulator of an emerging profession. We also aim to continue as an advocate for a dynamic responder community.

Our new Strategic Plan addresses this head on by seeking to build understanding and affirm the positioning of pre-hospital emergency care within the health service, strengthen legislation and the Council's regulatory powers, ensure high quality education and training supported by industry leading research and develop the Council's capacity to deliver on our ambitions. Over the next few years, through continued advocacy and strategic engagement, we will endeavor to further the position of pre-hospital emergency care within Irish healthcare services and to advance its potential.

This PHECC Strategic Plan 2019-2022 will be launched in 2019.

Compliance with best governance practice and particularly with Code of Practice for Governance of State Bodies (Aug 2016) remains a key focus for Council. In order to provide complete assurance in this domain, PHECC will commission an independent review of the governance of PHECC during 2019. This will be accompanied by an HR review to assure the most appropriate and productive deployment of one of our key assets and resources, the PHECC staff.

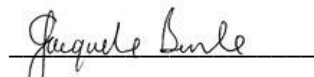
The Governance Validation Framework (GVF) for Licensed Service Providers commenced during 2018 with the first site assessments having been completed. PHECC look forward to the comprehensive roll out of this validation process during 2019. Implementation of the Quality Review Framework continues. The Quality Review Framework (QRF), PHECC's quality assurance model for the Recognised Institutions (RI), completed its first cycle of implementation in 2017. An evaluation of the QRF was conducted in 2018 resulting in updates to the framework to ensure its relevance and applicability across the spectrum of education.

We are extremely appreciative for the leadership provided by the Minister for Health and the support of and collaborative working relationship with the staff of the Acute Hospitals Division of the Department of Health.

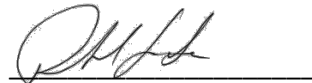
As Chair and on behalf of Council, I would also like to thank the Director, the Registrar, Executive and the dedicated staff for their hard work and commitment to PHECC and our mandate.

A special word of thanks to all Council members for their commitment during 2018 and particularly the Vice Chair and Chairs of Council's six standing committees and working groups.

PHECC continues to value highly the commitment to excellence in education of Dublin Fire Brigade Training Centre and the Royal College of Surgeons of Ireland, the National Ambulance Service College and University College Dublin, the University of Limerick and University College Cork. We remain indebted to all our stakeholders in practice, education and research, notably the statutory, auxiliary, voluntary and private organisations, Community First Responder (CFR) groups nationwide and to all our registrants, practitioners and responders. Thank you all for your dedication, diligence and professionalism.



Dr Jacqueline Burke
Chair



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 twelve times during 2018. 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 2018

Statements of key activities

Governance:

- Development of PHECC Strategic Plan 2019 – 2021.
- Approval of the 2016 Risk Framework.

Education and Standards:

- Evaluation of the first cycle of the Quality Review Framework for Recognised Institutions.
- Approval of new applications for training institution recognition and courses.
- Approval of renewals of existing recognised institutions.
- Development and implementation of an online portal for the application and renewal of institution status and course approval
- Completed the project for transition of Occupational First Aid (Health and Safety Authority) to PHECC First Aid Response (FAR) Standard involving:
 - revision of the Education and Training Standards for FAR
 - nation-wide information sessions for OFA instructors and training organisations.

Registration:

- Completed implementation of electronic re-registration for all registered practitioners.
- Approval of applications for recognition of professional qualifications obtained overseas.

Examination and Certification:

- Maintained support for the pursuit of efficiencies in the management of the NQEMT examination process.
- Oversaw the development and approved a Paramedic NQEMT Examination Standard.
- Approved terms of reference for all panels related to the NQEMT and Responder examinations at both practitioner and responder levels.
- Approved a new Council policy for Viewing and Rechecks of NQEMT examinations in instances where candidates are unsuccessful in any component of an NQEMT examination at the levels of paramedic and EMT.

Clinical Practice Guidelines (CPGs):

- Approval of the new and updated CPGs.

Quality & Safety:

- Approval of Clinical Information Standards and associated patient care reports.
- Approved funding for the Health Research Board, OHCAR Applied Partnership Award 2017 titled *“Out-of-Hospital Cardiac Arrest and Community First Response in Ireland: Building Evidence for Policy and Practice”*
- Approval in principle of 2018 Continuous Professional Competence Report and Recommendations and seek a business case for submission to the DoH.

First Responders and Co-Responders:

- Supported CFR Ireland network.
- Maintained support for the academic component of the work of the office of the Out of Hospital Cardiac Arrest Register (OHCAR).

Council Membership

Membership at 31st December 2018

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 2018.

Schedule of attendance Council Members 2018

Name	18th Jan	22nd Feb	15th Mar	19th Apr	17th May	14th Jun	12th Jul	4th Sept	11th Sept	18th Oct	15th Nov	13th Dec	Total	%
Jacqueline Burke	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12	100%
Hillery Collins	✓	✓	✓	x	✓	✓	✓	✓	✓	x	✓	✓	10	83%
David Menzies	✓	✓	x	✓	✓	✓	✓	✓	x	✓	✓	✓	10	83%
Patrick Plunkett	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	✓	11	92%
Stephen Brady	x	✓	✓	✓	✓	✓	x	x	x	✓	✓	✓	8	67%
Mick Molloy	✓	✓	✓	✓	✓	✓	x	x	x	✓	x	x	7	58%
Martin Dunne	x	✓	x	✓	✓	✓	✓	x	x	✓	✓	x	7	58%
Conor Deasy	✓	x	✓	x	✓	✓	✓	✓	✓	✓	✓	x	9	75%
Tess O'Donovan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	x	11	92%
Fiona McDaid	x	x	✓	x	✓	✓	✓	✓	✓	x	✓	✓	8	67%
Patrick Fleming	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	x	x	9	75%
Jason Van Der Velde	✓	✓	x	✓	✓	✓	✓	x	x	✓	✓	✓	9	75%
Jimmy Jordan	✓	x	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	10	83%
Patrick Hanafin	✓	✓	✓	✓	✓	✓	✓	x	x	✓	✓	✓	10	83%
Thomas Keane	✓	x	x	✓	✓	✓	✓	✓	x	✓	✓	x	8	67%
Shane Knox	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	✓	x	10	83%
Shane Mooney	✓	✓	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	11	92%

Council Committees, Panels and Working Groups

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

1. 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 three meetings held during 2018.

Membership at 31st December 2018

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

*Quality and Safety Committee membership commenced in June 2017 following an expression of interest for the appointment of new members. As Quality and Safety Committee is a standing committee of Council and full membership of a new Council was established in December 2016 the establishment of the standing committee then commenced.

Key activities for 2018

- Continued the implementation of the Governance Validation Framework (GVF) to provide assurance to PHECC of adherence to rules of recognition and to drive quality improvement initiatives within the Licensed CPG providers.
- Recruited Panel of external assessors for the GVF.
- Conducted the GVF Launch meetings to circulate new model and system to Licensed CPG Providers.
- Implementation of new policy for CPG provider licensing and renewal (POL003 v6)
- Incorporated new Council recommendations for submission of Clinical Audit. (1 per calendar year in a 3-year cycle)
- Publication of Governance Validation Framework poster at the International Forum for Quality and Safety in Healthcare Conference (IHI/BMJ), Amsterdam. (2-4 May 2018)
- Considered that PHECC ceases the granting of exemptions to licensed CPG providers for specific CPGs and/or clinical interventions. Recommended approval by Council.
- Considered the application process for licensed CPG provider to move clinical levels on the CPG licensing framework and recommended to Council approval the revised framework incorporating movement between levels.
- Considered alternative crewing models and implications for patient safety and models deployed in other jurisdictions, incorporating scope of practice and practitioner competencies.
- Commissioned research on 'Ambulance Crewing Models deployed internationally' on foot of consideration being given to review current crewing standard following receipt of correspondence by the Committee from a licensed PCG provider.
- Considered medical direction and scope of practice related to the role of the medical practitioner at both unplanned incident/event and organized incident/event and clarification sought from the Medical Council of Ireland.
- Considered the Patient Transport Report (PTR) and associated Information Standard; recommended ceasing the publication of the PTR due to duplication with data collected on the Ambulatory Care Report (ACR) and the small number of licensed CPG providers utilizing the report.
- Continued proactive response from PHECC to engage organisations who commission pre-hospital service provision, i.e. promoters of events. The Committee progressed an active response to occurrences whereby a 'non-recognised' organisation is known to be providing pre-hospital emergency care and concurrent engagement with the commissioner of that care to inform them of the PHECC regulations and the risk attached.
- Considered it necessary to correspond with all PHECC registered practitioners, bringing to their attention that each practitioner must be privileged by a licensed CPG provider to implement specific CPGs and administer medications, and only practise on behalf of the PHECC licensed CPG provider who has privileged them to do so.
- Considered and accepted LEG012_Standing Orders relating to the Council and Council meetings of the PHECC.
- Monitored licensed CPG provider's implementation and maintenance of CPG 2017 (Updated 2018) upskilling and individual privileging status and presented to Council for noting as appropriate.

- Reviewed and revised the PCR Information Standard and associated Patient Care Report to incorporate such new Council Standards and Policies and Clinical Practice Guidelines (CPGs).
- Monitored the implementation of the CPC programme at EMT level.

Schedule of attendance by Quality and Safety Committee Members 2018

Name	26 th Mar	21 st May	5 th Oct	Total	%
Shane Mooney	✓	✓	✓	3	100%
Cathriona Molloy	x	x	x	0	0%
Brigid Sinnott	x	x	x	0	0%
Ciarán McCullagh	✓	✓	✓	3	100%
Michael O'Reilly	✓	✓	✓	3	100%
Pamela Skerritt	✓	✓	x	2	66%
David Bradley	✓	x	x	1	33%
David O'Connor	✓	✓	✓	3	100%
Willie Wade	✓	✓	x	2	66%
Paul O'Connor	x	x	x	0	0%
Fiona McDaid	✓	✓	✓	3	100%
Tess O'Donovan	x	x	x	0	0%

2. 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; recognition of equivalence of professional qualifications; continuous professional competency.

Membership at 31st December 2018

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

A total of six meetings of the Education and Standards Committee were held in 2018.

Key activities for 2018

- Established a subcommittee to report on CPC for all practitioner levels. A new model presented to Council and accepted in principal subject to logistic/financial support arrangements being established (May 2018).
- Evaluation conducted and completed of the first cycle of the Quality Review Framework (QRF) for Recognised Institutions involving stakeholder consultation.
- Conducted an engagement event with all Recognised Institutions (March 2018).
- Approval of new applications for training institution recognition and courses.
- Approval of renewals of existing recognised institutions.
- Development and implementation of an integrated online portal for the application and renewal of institution status and course approval.
- Revision of Council Rules for the Recognition of Institutions and Course Approvals to delineate institutions approved for responder level courses, named as Approved Training Institutions and those approved for practitioner level courses (in addition to responder courses) – Recognised Institutions.
- Conducted an expression of interest for Assessor Panel for review of applications for institutions and course approval.
- Completed the project for transition of Occupational First Aid (Health and Safety Authority) to PHECC First Aid Response (FAR) Standard involving:
 - Revision and publication of the Education and Training Standards for FAR
 - six nation-wide information sessions for OFA instructors and training organisations.
- Subcommittee for Continual Professional Competence developed a standard for Paramedic and Advanced Paramedic Continual Professional Competence.
- Subcommittee for NQEMT Paramedic Examination Standard continued its work, this included development and implementation of an interim standard.
- Commenced tender process for revision of Education and Training Standards and development of a competency framework for Emergency Medical Technicians, Paramedics and Advanced Paramedics.
- Contributed to the Quality and Qualifications Ireland's research on the Accreditation/Approval of Higher Education Programmes by Professional Bodies, providing an overview of PHECC QRF process.

Schedule of attendance by Education and Standards Committee Members 2018

Name	11th Jan	13 th Mar	11 th Jun	18 th Jul	20 th Sept	20 th Nov	Total	%
Shane Knox	✓	✓	✓	✓	✓	✓	6	100%
Paul Lambert	✓	✓	✓	✓	✓	✓	6	100%
Tess O'Donovan	✓	✓	x	✓	x	x	3	50%
Raymond Lacey	✓	✓	x	✓	✓	x	4	66%
Tom Brady	✓	✓	✓	✓	✓	x	5	83%
Ben Heron	✓	x	x	x	✓	✓	3	50%
Gareth Elbell	✓	✓	✓	✓	✓	x	5	83%
Chris O'Connor	✓	✓	✓	✓	✓	✓	6	100%
Frank Keane*	✓	✓	x	x	x	x	2	33%
Niamh O'Leary	✓	x	✓	✓	✓	x	4	66%
Róisín McGuire	✓	✓	✓	✓	✓	✓	6	100%
Peter McDaid	✓	✓	✓	✓	✓	x	5	83%
Adrian Murphy	x	x	✓	✓	x	x	2	33%
Melissa Redmond	✓	x	✓	✓	x	✓	4	66%
Mary O'Neill* (replacement for Frank Keane)	x	x	x	✓	x	✓	2	33%

3. 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 2018.

Membership at 31st December 2018

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
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

Dr Philip Darcy, Consultant in Emergency Medicine, was nominate by the Chair and joined MAC for the September meeting.

Key activities for 2018

- To facilitate training at FAR level all FAR CPGs have been separated out and presented to Council for approval.
- MAC continued to engage on ambulance transport to Local Injury Units for specific minor injuries.
- Development of sedation CPGs commenced.
- The safety of medications during pregnancy was presented to Council for approval.
- MAC commenced the process to develop a position paper on Concussion.
- MAC presented three CPGs to Council for approval.

Schedule of attendance by Medical Advisory Committee Members 2018

Name	25 th Jan	29 th Mar	31 st May	26 th Jul	27 th Sept	29 th Nov	Total	%
David Menzies (Chair)	✓	✓	✓	✓	✓	✓	6	100%
David Irwin	✓	✓	X	X	X	✓	3	50%
Niamh Collins	✓	✓	X	X	X	✓	3	50%
Mick Molloy	✓	X	X	✓	✓	✓	4	66%
Jason van-der Velde	✓	X	✓	✓	✓	✓	5	83%
Stanley Koe	✓	X	✓	✓	X	✓	4	66%
Lisa Cunningham Gutrie	X	✓	X	X	✓	X	2	33%
Mark Dixon	✓	X	X	X	X	X	1	17%
David Hennelly	✓	✓	✓	✓	✓	✓	6	100%
Eoghan Connolly	✓	✓	✓	✓	✓	✓	6	100%
Macartan Hughes	X	✓	X	✓	X	✓	3	50%
Shane Knox	X	X	X	X	✓	X	1	17%
Ian Brennan	X	✓	✓	✓	✓	✓	5	83%
Hillery Collins	✓	X	✓	X	✓	✓	4	66%
Shane Mooney	X	✓	✓	✓	X	✓	4	66%
Martin O'Reilly	✓	✓	✓	✓	✓	✓	6	100%
Cathal O'Donnell	✓	✓	✓	✓	✓	✓	6	100%
Peter O'Connor	✓	X	X	✓	X	X	2	33%
Gerard Bury	X	X	✓	X	X	X	1	17%
Philip Darcy	-	-	-	-		X	1/2	50%

4. 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 was two meeting held during 2018.

Membership at 31st December 2018

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 2018

- The National Ambulance Service withdrew from the committee from 18th 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. No resolution was reached by end of 2018.
- A review was commenced on response models.

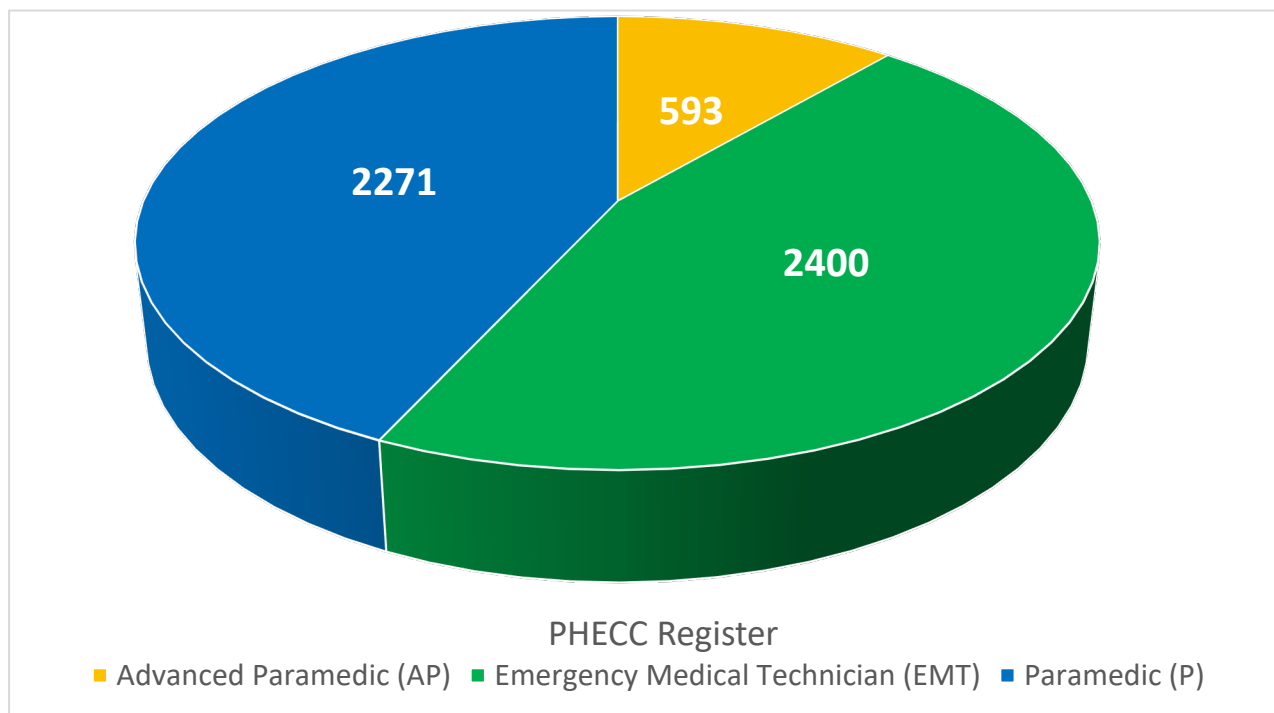
Schedule of attendance by Priority Dispatch Committee Members 2018

Name	9 th Jan	29 th May	Total	%
Stephen Brady (Chair)	✓	✓	2	100%
John Brady	✓	X	1	50%
Brian Byrne	✓	X	1	50%
Robert Howell	✓	✓	2	100%
Anne McCabe	✓	X	1	50%
Andrew McCrae	X	✓	1	50%
David Menzies	X	X	0	0%
John Moody	X	✓	1	50%
Peter O'Connor	X	X	0	0%
Cathal O'Donnell	X	X	0	0%
Martin O'Reilly	✓	✓	2	100%
Derek Scott	✓	X	1	50%
Illona Duffy	X	X	0	0%

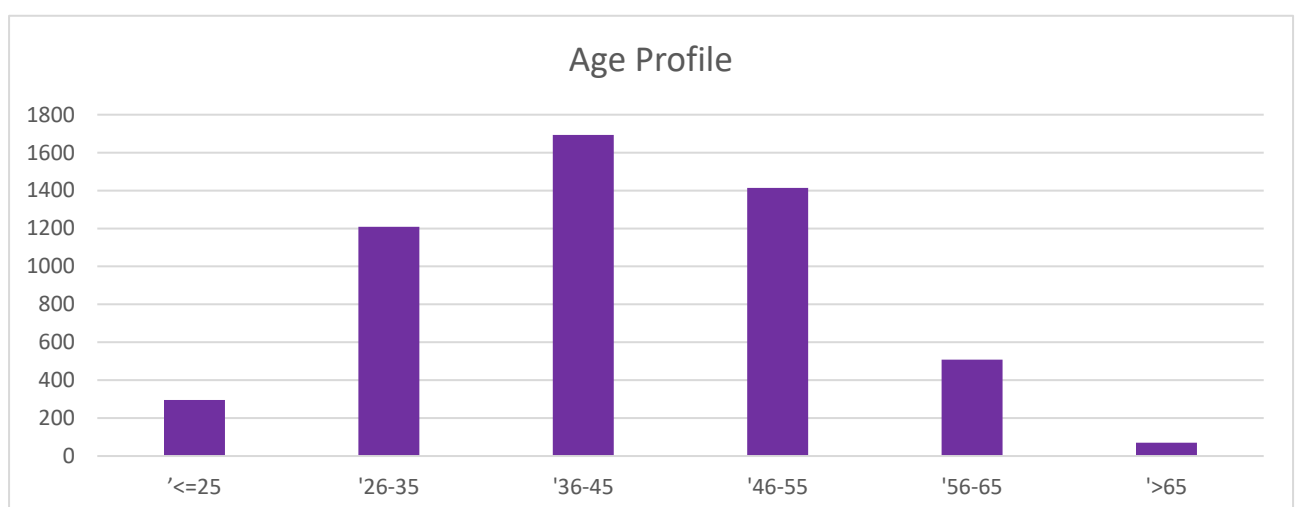
5. Registration

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.

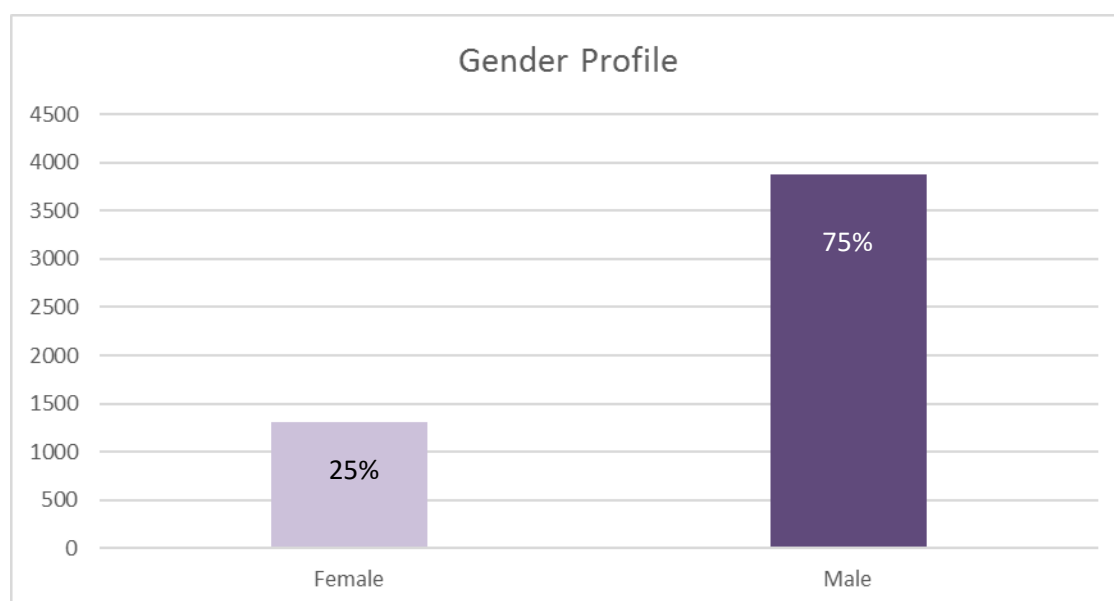
The composition of the register membership at the end of 2018 is presented in the following table;



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



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



The Fitness to Practise (FTP) Committee is a Committee of Council which conducts enquiries into allegations of professional misconduct or unfitness to practise of pre-hospital emergency care practitioners. Two FTP hearings involving 2 registrants was concluded in 2018.

6. 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. Three meetings were held during 2018.

Membership at 31 Dec 2018

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
Ms Jacqueline Egan	Member of PHECC staff

Schedule of attendance by Compliance and Audit Committee Members 2018

Name	14 th Mar	16 th May	9 th Oct	Total	%
Con Foley (Chair)	✓	✓	✓	3	100%
Stephen Brady	✓	✓	x	2	66%
Jacqueline Egan	✓	✓	✓	3	100%
Patrick Clifford	✓	✓	✓	3	100%
Patrick Plunkett	✓	x	x	1	33%

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 resits in addition to examiner criteria, training and performance.

Membership at 31st December 2018

Name	Membership rationale
Ms Jacqueline Egan	Chair, PHECC Programme Development Officer
Mr Brian Power	PHECC Programme Development Officer
Ms Julie Woods	PHECC Examiner
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

There was no change to the membership in 2018

Key activities for 2018

- In line with the publication of the 2017 edition CPGs (Updated 2018) MCQ question banks, all SWA item banks and skills assessment sheets were reviewed and revised at paramedic and EMT levels.
- A test item analysis of the EMT MCQ item bank was conducted.
- Provided quality assurance at 16 days of PHECC EMT and Paramedic OSCEs.

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 2018 and therefore no test item writer workshops took place.

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 will take place in 2019. Available on <http://www.phecit.ie/>.

Key activities for 2018

- 755 NQEMT EMT candidates examined across MCQ and OSCE components.
- 366 NQEMT Paramedic candidates examined across MCQ and OSCE components.
- 192 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 2018. The appeal related to Educational Award Holder.

Membership at 31st December 2018

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

There were 3 outstanding vacancies for the Appeal Panel membership as of December 2018.

PHECC Executive Team

Peter Dennehy	Director
Barry O’Sullivan	Deputy Director & Registrar
Marian Spence	Council Secretary & Accreditation Officer
Marion O’Malley	Business Manager
Brian Power	Programme Development Officer
Jacqueline Egan	Programme Development Officer
Kathleen Walsh	Programme Development Officer
Ricky Ellis	Programme Development Officer
Margaret Bracken	Programme Development Support Officer
Claire Finn	Registration Officer
John Lally	ICT Manager
Liz Dempsey	Examinations Officer
Beth Breslin	Finance & Corporate Services Officer
Breda Sheridan	Examinations & Reception Clerical Officer
AM Hollowed	Registration & Reception Clerical Officer

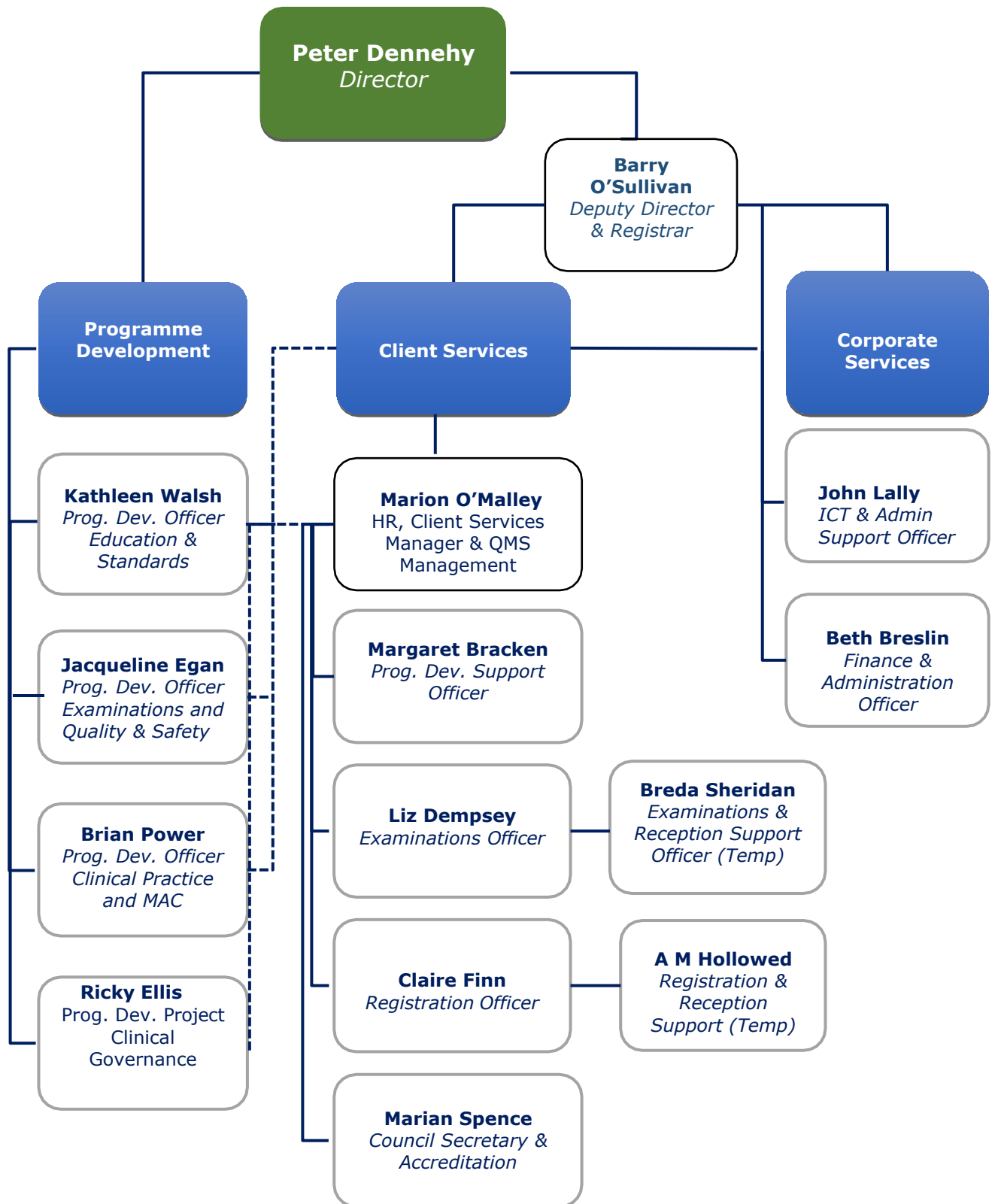
Changes to PHECC Team

Anne Keogh is seconded to HSE

Ricky Ellis is seconded to PHECC from DFB

Deirdre Borland is seconded to Tusla

PHECC Organisation Chart





PRE-HOSPITAL EMERGENCY CARE COUNCIL

FINANCIAL STATEMENTS

for

YEAR ENDED 31 DECEMBER 2018

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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 Director acts as a direct liaison between the Council and management of PHECC.

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 PHECC decision.

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 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 2018, 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 2018 Council held 12 meetings.

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

Name	Appointment Date
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 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 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 three meetings in 2018.
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 six meetings in 2018.
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 six meetings in 2018.

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 11 are external members. The committee held two meetings in 2018.
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. The committee held two meetings in 2018.
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 three meetings in 2018.

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

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

Key Personnel Changes

Mr. Richard Lodge was appointed as Director in November 2018 to replace Mr. Peter Dennehy the previous Director who retired at the end of June 2018.

Schedule of Attendance and Expenses

	Council	Education and Standards	Quality and Safety	Medical Advisory	Compliance and Audit	Priority Dispatch	Approved Expenses
Number of meetings	12	6	3	6	3	2	
Member							€
Conor Deasy	9						1,441
David Menzies	10			6		0	*4,995
Fiona McDaid	8		3				-
Hillery Collins	10	3		4			2,830
Jacqueline Burke	12	2					542
Jason van der Velde	9			5			5,192
Jimmy Jordan	10						690
Martin Dunne	7						-
Mick Molloy	7			4			519
Patrick Fleming	9						315
Pat Hanafin	10						5,091
Patrick Plunkett	11				1		801
Shane Knox	10	6		1			4,200
Shane Mooney	11	2	3	4			2,518
Stephen Brady	8				2	2	406
Tess O'Donovan	11	3	1				-
Thomas Keane	8						222
Total							€ 29,761

* €4,746 refers to payments related to the National Transport Medicine Programme.

Note: No fees are paid to Council members. However, in 2018 one Council Member (Dr S Knox) was paid €300 for attendance as a Quality Committee member at a paramedic examination.

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.

Consultancy Costs

	2018	2017
	€	€
Tennant - HR Consultancy	4,907	0
Genesis - Strategy Development	34,133	0
Professional fees (Council Induction)	0	7,995
Professional fees (Beech House Acquisition)	0	3,750
Professional fees (Organisation Review Consultancy)	0	8,205
Legal Advice	26,263	0
Total	65,303	19,950

Travel and Subsistence

Travel and subsistence expenditure is categorised as follows:

	2018	2017
	€	€
National		
Council Members*	29,761	34,129
Staff Members	44,039	56,222
International		
Council Members*	0	3,104
Staff Members	2,732	3,215
Total	76,523	96,670

Hospitality Expenditure

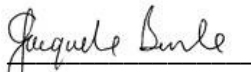
The Statement of Income and Expenditure includes the following hospitality expenditure:

	2018	2017
	€	€
Staff hospitality	1,368	514
Total	1,368	514

No client hospitality was incurred in 2018 (2017: Nil).

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 2018.



Dr. J. Burke
Chairperson



Mr. Richard Lodge
Director

Date: 19 December 2019

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 2018 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 & 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 Head of Corporate Services who is a non-voting ex-officio member of the Committee.

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 C & AC will also periodically review its own effectiveness and report the results of that review to the Council.

Risk and Control Framework

PHECC has implemented 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 centralised so it is vital that the principles of efficiency, effectiveness and better value for money are understood and adopted by those involved in the process.

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 25th March 2010. Public procurement must also enshrine the principles of the Disability Act, 2005 in particular Section 27 which relates to accessibility. Further direction in relation to public procurement processes is given by the Office of Government Procurement as follows;

- “Public Procurement Guidelines - Competitive Process” issued by the NPPP Unit of Department of Finance in 2010
- “Public Procurement Guidelines - Competitive Process” issued by the NPPP Unit of Department of Finance in 2004
- The “Green Book” on Public Procurement issued by the Department of Finance in 1994

We confirm that PHECC has procedures in place to ensure compliance with current procurement rules and guidelines that during 2018, PHECC complied with those procedures. The Comptroller and Auditor General, based on the conduct of their audit has requested insertion of clarification on the following four points;

- Payments totaling €101,334 were made to two service providers for services which were covered under a current service level agreement however the tenders for provision of the service had expired. These have been retendered in 2019.
- A payment of €21,800 was made for administrative processing services for recognised institutions which for reasons of exigency (HSA and FAR transition) had not been subject to a procurement process. This arrangement has now ceased.
- Urgent service requirements relating to the provision of a telephone answering service to ensure the continued operation of the neonate element of the NTMP necessitated an incorrect procurement process was availed of to the value of €37,000. This service has been migrated to the HSE.
- An additional payment of €20,356 was paid to one supplier on behalf of the NTMP for services due to an ICT legacy issue. This arrangement has now ceased.

Review of Effectiveness

I 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 financial control framework. We confirm that the Council reviewed the system of Internal Control in PHECC for the fiscal year 2018 on two occasions, at the February and March Council Meetings in 2019.

Internal Control Issues

Note 6 to the financial statements includes payments to the Chair of the Compliance and Audit Committee of €10,100. This appointment was made by the Chair of Council and both the Chair

and the Director sanctioned the payment, which was signed off by Council.

PHECC have recently become aware (08/11/19) of a DPER 'cap' of €2,414 for Chairs of Audit Committees. DPER are unable to reference a circular or official policy document and refer to this as more a 'rule of thumb'. PHECCs current contract with the Chair of the Compliance and Audit Committee is clearly in excess of this amount and following discussions with DPER it was agreed that PHECC would submit a Sanction request for the current rates, as these would appear to be dealt with on an individual, case by case, basis.

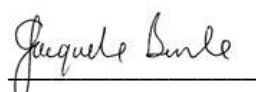
The same individual has a separate contract for supplying Secretarial services to the Board (Council) for which a total payment was made in 2018 of €28,377. This work is that of a standard Secretary to the Board as required by both the Companies Act 2014 and the DPER Guidelines for State Bodies (Aug 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. This appointment was made by the Chair of Council and the Council. Both the Chair and the Director sanctioned the payment, which was signed off by Council.

In addition, a total of €5,937 was paid in respect of travel and subsistence, in accordance with current Public Service rates and policy, incurred in the performance of both roles.

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 is also the time when the current contracts with the individual holding both posts expire. This proposal will be kept under review at the Chair's discretion.

No material weaknesses in internal control were identified in relation to 2018 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: 19 December 2019

Pre-Hospital Emergency Care Council

STATEMENT OF INCOME AND EXPENDITURE AND RETAINED REVENUE RESERVES


For the year ended 31 December 2018

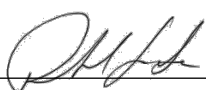
	Note	2018 €	2017 €
Income			
Department of Health Allocation	2	2,997,000	2,797,000
Own Resources	3	57,462	52,844
Other Income	4	442,814	348,812
Total Income		3,497,276	3,198,656
Expenditure			
Grants Payable	5	1,303,035	1,254,486
Administration, Operations and Promotion	6	2,159,001	2,106,336
Total Expenditure		3,462,036	3,360,822
Surplus / (Deficit) for the Year before Appropriations		35,240	(162,166)
Transfer from/(to) the Capital Account	9	46,502	(106,676)
		81,742	(268,842)
Balance Brought Forward at 1 January 2018		(170,130)	98,712
Balance Carried Forward at 31 December 2018		(88,388)	(170,130)

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

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

On behalf of the Council of the Pre-Hospital Emergency Care Council:


 Dr. J. Burke
 Chairperson


 Mr. Richard Lodge
 Director

Date: 19 December 2019

Pre-Hospital Emergency Care Council

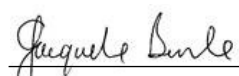
STATEMENT OF FINANCIAL POSITION

As at 31 December 2018

	Note	2018 €	2017 €
Fixed Assets			
Property, plant & equipment	8	88,626	135,128
Total Fixed Assets		88,626	135,128
Current Assets			
Receivables	11	101,817	20,594
Cash and cash equivalents	11	6,563	11,713
		108,380	32,307
Current Liabilities (amounts falling due within one year)			
Payables	10	162,893	163,293
Net Current Assets		34,113	(170,130)
Non-Current Liabilities (amounts due after one year)			
Payables	10	33,875	39,144
Total Net Assets		238	(35,002)
Representing			
Capital account	9	88,626	135,128
Retained revenue reserves		(88,388)	(170,130)
		238	(35,002)

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

On behalf of the Council of the Pre-Hospital Emergency Care Council:


 Dr. J. Burke
 Chairperson


 Mr. Richard Lodge
 Director

Date: 19 December 2019

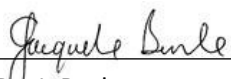
Pre-Hospital Emergency Care Council

STATEMENT OF CASH FLOWS

For the year ended 31 December 2018

	2018	2017
	€	€
Net Cash Flows from Operating Activities		
Excess Income over Expenditure	35,240	(162,166)
(Increase)/Decrease in Receivables	(81,224)	142,695
Increase/(Decrease) in Payables	(5,669)	106,042
Depreciation	46,502	50,141
Net Cash Inflow from Operating Activities	(5,151)	136,712
Cash Flows from Investing Activities		
Payments to acquire Property, Plant & Equipment	0	-
Net Cash Flows from Investing Activities	0	(156,817)
Cash Flows from Financing Activities		
Bank Interest Received	0	0
Net Cash Flows from Financing Activities	0	0
Net Increase/(Decrease) in Cash and Cash Equivalents	(5,151)	(20,105)
Cash and Cash Equivalents at 1 Jan 2018	11,713	31,818
Cash and Cash Equivalents at 31 Dec 2018	6,563	11,713

On behalf of the Council of the Pre-Hospital Emergency Care Council:


 Dr. J. Burke
 Chairperson


 Mr. Richard Lodge
 Director

Date: 19 December 2019

Pre-Hospital Emergency Care Council

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 31 December 2018

1. 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.

a) 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).

b) Statement of Compliance

The financial statements of The Pre-Hospital Emergency Care Council for the year ended 31 December 2018 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.

c) 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.

d) Revenue

Revenue is generally recognised on an accruals basis; one exception to this is in the case of the Department of Health allocation which is recognised on a cash receipts basis.

Other Revenue - Other revenue is recognised on an accruals basis.

e) 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 in 2018. This change in accounting policy was made to comply with the requirements of FRS102. Comparative figures have been restated. 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.

f) Employee Benefits

Short-term 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).

g) 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.

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.

h) 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.

i) Receivables

These 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.

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:

	2018	2017
	€	€
Grants for current expenditure	2,997,000	2,797,000
	2,997,000	2,797,000

3. Own Resources

	2018	2017
	€	€
Professional Registration Fee Income	57,462	52,844
	57,462	52,844

4. Other Revenue

	2018	2017
	€	€
Transport Medicine/Retrieval Programme (Temple St Children's Hospital) *	154,947	130,000
Accreditation and Examination Fees	119,866	124,930
Certificate Income	125,389	44,323
Superannuation Contributions	41,927	48,878
Clinical Practice Guidelines sales	685	681
	442,814	348,812

*Funding received from the HSE for the Transport Medicine/Retrieval Programme is allocated to the Temple St Children's Hospital

5. Grants Payable

Grants	2018	2017
	€	€
University of Limerick Centre for Pre-hospital Research	0	32,513
Irish Heart Foundation	84,400	0
Conference Sponsorship	30,603	29,379
Out of Hospital Cardiac Arrest Register	25,000	0
Total Grants	140,003	61,892

Invoices	2018	2017
	€	€
Advanced Paramedic Development Funding	773,557	660,000
Transport Medicine/Retrieval Programme	157,629	99,462
Digital Portal Support Project	19,926	40,030
Electronic Patient Care Report Initiative	7,175	6,702
Printing Clinical Care Reports	40,847	45,615
Special Projects Miscellaneous – Occupational First Aid and First Aid Response	48,549	43,454
Research – Key Performance Indicators Development	0	4,082
Quality Review – Training and Operations	59,892	152,696
Continuing Professional Competency Development	53,100	82,267
Protocol 37	0	57,954
World Rescue Organisation Sponsorship	2,357	0
Cardiac First Response – International Liaison Committee on Resuscitation - Updating Project	0	332
Total Invoices	1,163,032	1,192,594

Total Grants Payable	1,303,035	1,254,486
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The Council funds third parties by way of grant or on foot of invoices for the provision of specific services. The amounts paid in 2018 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 and Paediatric Services nationally
- The Protocol 37 Project has been completed.

6. Administration, Operations and Promotion

		2018	2017
	Note	€	€
Remuneration and other pay costs	6(a)	1,183,853	1,051,093
Rent, rates, service charges and insurance		149,604	143,383
Office dilapidation and moving charges		6,294	50,391
Repairs, maintenance and leasing charges		4,611	12,932
Depreciation		46,502	50,141
Electricity, cleaning and utilities		26,470	22,896
Communications and IT		87,221	180,915
Office expenses		237,309	131,341
Consultancy and other professional fees		152,905	99,616
Examinations and related expenses		144,627	173,343
Recruitment and media		52,389	38,952
Register Expenses		29,158	68,950
Council and Committees		38,058	82,383
		2,159,001	2,106,336

This includes payments to the Chair of the Compliance and Audit Committee for his role as Chair of the Compliance and Audit Committee (€10,100) and Council Secretariat work (€28,377). and Travel and Subsistence (€5,937). Sanction for these payments was given by the Chair of Council and the Director. Council has engaged with DPER on this matter.

2017 figures have been reclassified to align with 2018 expenditure

(a) Remuneration and Other Pay Costs

	2018	2017
	€	€
Staff Salaries	950,607	759,791
Pension Costs	50,011	49,821
Employer's contribution to social welfare	51,258	56,579
Staff training and development	35,907	24,973
Staff travel and subsistence costs	46,771	59,437
Temporary Staff	191,724	141,853
Council members' expenses	29,761	37,234
Seconded pay costs recovered	(172,186)	(78,595)
	1,183,853	1,051,093

Secondment income of €172,186 (2017: €78,595) in respect of staff on secondment has been offset against salary costs.

Employee Short-Term Benefits Breakdown

Employees' short-term benefits in excess of €60,000 are categorised in the following bands:

Range		Number of Employees	Number of Employees
From	To	2018	2017
€60,000 - €69,999		1	0
€70,000 - €79,999		1	3
€80,000 - €90,000		2	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.

7. Remuneration

7.1 Additional Disclosures Related to Remuneration

(a) Aggregate Employee Benefits

	2018	2017
	€	€
Staff short-term benefits	833,636	766,197
Termination benefits	0	0
Retirement benefit costs	50,012	49,821
Employer's contribution to social welfare	51,258	56,579
	<u>934,906</u>	<u>872,597</u>

(b) Staff Short-Term Benefits

	2018	2017
	€	€
Basic pay	914,974	759,791
Allowances	6,406	6,406
	<u>921,380</u>	<u>766,197</u>

(c) Termination Benefits

No termination benefits were paid, or settlements made with staff.

(d) Key Management Personnel

	2018	2017
	€	€
Salary	455,543	388,601
Allowances	3,445	2,425
	<u>458,988</u>	<u>391,026</u>

The key personnel are the Director, his Deputy and Programme Officers

(e) Director's Salary and Benefits	2018	2017
	€	€
Retired Director Jan - Jun	45,399	87,732
Acting Director Jul - Oct	27,493	0
New Director Nov - Dec	13,364	0
Total Director Remuneration	86,256	87,732

Notes

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

8. Property, Plant and Equipment

	ICT Equipment	Other Equipment	Totals
Cost			
At 1 January	123,017	212,739	335,756
Additions	0	0	0
Disposals	(609)	0	(609)
At 31 December	122,408	212,739	335,147
Depreciation			
At 1 January	96,093	104,535	200,628
Charge for the year	19,054	27,448	46,502
Disposals	(609)	0	(609)
At 31 December	114,538	131,983	246,521
Net Book Value			
At 1 January	26,924	108,204	135,128
Net movement for the year	(19,054)	(27,448)	(46,502)
At 31 December	7,870	80,756	88,626

9. Capital Account

	2018	2017
	€	€
Opening Balance 1st January	135,128	28,452
Transfer from Income and Expenditure Account:		
Funding of Asset Additions.	0	156,817
Amortised in line with depreciation	(46,502)	(50,141)
Closing Balance at 31st December	88,626	135,128

10. Payables

Amounts falling due within one year

	2018	2017
	€	€
Trade Creditors	(70)	58,873
Accruals	127,122	67,006
Visa	3,344	5,060
Tax Due	27,239	27,085
Deferred lease incentive	5,269	5,269
	<u>162,894</u>	<u>163,293</u>

Amounts falling due after one year

	2018	2017
	€	€
Deferred lease incentive	33,875	39,144
	<u>33,875</u>	<u>39,144</u>

11. Receivables and Cash and Cash Equivalents

Receivables	2018	2017
	€	€
Debtors	82,601	5,710
Prepayments	20,657	14,884
	<u>103,258</u>	<u>20,594</u>
Cash and Cash Equivalents	6,563	11,713

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 Statement of Income and Expenditure when received. Pension payments under the scheme are charged to the Statement of Income and Expenditure 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.

13. Lease Commitments

During 2017 PHECC moved premises and entered into a new 10-year lease. At the 31st of December 2018, the Pre-Hospital Emergency Care Council had the following future minimum lease payments under non-cancellable operating leases for each of the following periods:

	2018	2017
	€	€
Payable within one year	126,456	126,456
Payable within 2 to 5 years *	505,825	505,825
Payable over 5 year *	432,059	558,515
	1,064,340	1,190,796

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. Events After the Reporting Date

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

15. 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.

16. Approval of Financial Statements

The Financial Statements were approved by the Council on 12 December 2019.

Appendix 1



Office of the Comptroller and Auditor General
Oifig an Ard-Reachtair Cuntas agus Ciste

3A Mayor Street Upper
Dublin 1
Ireland
D01 PF72

3A Sráid an Mhéara Uachtarach
Baile Átha Cliath 1
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www.audgen.gov.ie

Mr Richard Lodge
Director
Pre-Hospital Emergency Care Council

Dear Mr Lodge

The audit of the Pre-Hospital Emergency Care Council's financial statements for the period ended 31st December 2018 has been completed.

Please find enclosed:

- the report of the Comptroller and Auditor General
- a set of signed financial statements

A management letter will issue in due course.

The timelines in relation to laying of accounts is set out in Circular 7/2015 as follows:

- The audited financial statements and the audit certificate should be submitted to the sponsoring Department as soon as possible and no later than one month after certification.
- The Department should lay the accounts and audit certificate before the Houses of the Oireachtas no later than two months after receipt or three months where the accounts must be presented to Government.

I would ask you to liaise with your Department to ensure compliance with these timelines.

I would also ask you to ensure that adequate controls are in place to ensure that the accounts and audit certificate laid before the Houses of the Oireachtas are identical to the version enclosed. You may need to exercise specific care where accounts are being formatted for inclusion in an annual report.

I wish to express my appreciation for the co-operation afforded to members of the audit team by your staff throughout the course of the audit.

Yours sincerely

Ronan O'Regan
Senior Auditor
20 January 2020





Ard Reachtaire Cuntas agus Ciste **Comptroller and Auditor General**

Report for presentation to the Houses of the Oireachtas

Pre-Hospital Emergency Care Council

Qualified opinion on the financial statements

I have audited the financial statements of the Pre-Hospital Emergency Care Council for the year ended 31 December 2018 as required under the provisions of section 5 of the Comptroller and Auditor General (Amendment) Act 1993. The financial statements have been prepared in accordance with Financial Reporting Standard (FRS) 102 — *The Financial Reporting Standard applicable in the UK and the Republic of Ireland* and comprise

- the statement of income and expenditure and retained revenue reserves
- the statement of financial position
- the statement of cash flows and
- the related notes, including a summary of significant accounting policies.

In my opinion, except for the non-compliance with the requirements of FRS 102 in relation to retirement benefit entitlements referred to below, the financial statements give a true and fair view of the assets, liabilities and financial position of the Pre-Hospital Emergency Care Council at 31 December 2018 and of its income and expenditure for 2018 in accordance with FRS 102.

Basis for qualified opinion on financial statements

In compliance with the directions of the Minister for Health, the Pre-Hospital Emergency Care Council accounts for the costs of retirement benefit entitlements only as they become payable. This does not comply with FRS 102 which requires that the financial statements recognise the full cost of retirement benefit entitlements earned in the period and the accrued liability at the reporting date. The effect of the non-compliance on the Pre-Hospital Emergency Care Council's financial statements for 2018 has not been quantified.

I conducted my audit of the financial statements in accordance with the International Standards on Auditing (ISAs) as promulgated by the International Organisation of Supreme Audit Institutions. My responsibilities under those standards are described in the appendix to this report. I am independent of the Pre-Hospital Emergency Care Council and have fulfilled my other ethical responsibilities in accordance with the standards.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Report on information other than the financial statements, and on other matters

The Pre-Hospital Emergency Care Council has presented certain other information together with the financial statements. This comprises the annual report, the governance statement and Council members' report and the statement on internal control. My responsibilities to report in relation to such information, and on certain other matters upon which I report by exception, are described in the appendix to this report.

Report of the C&AG (continued)

Unsanctioned payments

I draw attention to note 6 to the financial statements and the disclosure in the statement on internal control in respect of payments made in 2018 to the Chairperson of the Compliance and Audit Committee. A fee of €10,100 was paid for chairing the compliance and Audit Committee, which was in excess of the standard rate sanctioned by the Department of Public Expenditure and Reform for that function. In addition, fees totalling €28,377 were paid to him under a contract for work as Secretary to the Council, as well as travel and subsistence expenses totalling €5,937.

A handwritten signature in blue ink that reads "Seamus McCarthy".

Seamus McCarthy
Comptroller and Auditor General

24 December 2019

Appendix to the report

Responsibilities of Council members

As detailed in the governance statement and Council members' report, the Council members are responsible for

- the preparation of financial statements in the form prescribed under section 21 of the Pre-Hospital Emergency Care Council (Establishment) Order 2000 (SI Number 109/2000)
- ensuring that the financial statements give a true and fair view in accordance with FRS 102
- ensuring the regularity of transactions
- assessing whether the use of the going concern basis of accounting is appropriate, and
- such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Responsibilities of the Comptroller and Auditor General

I am required under section 5 of the Comptroller and Auditor General (Amendment) Act 1993 to audit the financial statements of the Pre-Hospital Emergency Care Council and to report thereon to the Houses of the Oireachtas.

My objective in carrying out the audit is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement due to fraud or error. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with the ISAs, I exercise professional judgment and maintain professional scepticism throughout the audit. In doing so,

- I identify and assess the risks of material misstatement of the financial statements whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- I obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal controls.
- I evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures.

- I conclude on the appropriateness of the use of the going concern basis of accounting and, based on the audit evidence obtained, on whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Pre-Hospital Emergency Care Council's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my report. However, future events or conditions may cause the Pre-Hospital Emergency Care Council to cease to continue as a going concern.
- I evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Information other than the financial statements

My opinion on the financial statements does not cover the other information presented with those statements, and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, I am required under the ISAs to read the other information presented and, in doing so, consider whether the other information is materially inconsistent with the financial statements or with knowledge obtained during the audit, or if it otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

Reporting on other matters

My audit is conducted by reference to the special considerations which attach to State bodies in relation to their management and operation. I report if I identify material matters relating to the manner in which public business has been conducted.

I seek to obtain evidence about the regularity of financial transactions in the course of audit. I report if I identify any material instance where public money has not been applied for the purposes intended or where transactions did not conform to the authorities governing them.

I also report by exception if, in my opinion,

- I have not received all the information and explanations I required for my audit, or
- the accounting records were not sufficient to permit the financial statements to be readily and properly audited, or
- the financial statements are not in agreement with the accounting records.