



Pre-Hospital Emergency Care Council

Annual Report 2017

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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 Chairman and Director

On behalf of Council, the Director and I are pleased to present 18th Annual Report for the year ended 31st December 2017. 2017 was the first full year of the current Council and the Pre-Hospital Emergency Care Council (PHECC) continues to strive protect the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care.

2017 was a year of change and consolidation. In February we were delighted to confirm Mr. Hillary Collins as Vice-Chair of Council and that by June a further four Council members had been appointed giving us a full Board. In the Summer PHECC relocated to our new, purposely fitted-out offices in Millennium Park, Naas.

2017 has been a busy year repopulating and re-establishing Council's six standing committees and four working groups/panels. We are deeply appreciative of all individuals who agreed to serve on these bodies and share their time and expertise with Council. This support is pivotal in helping us to achieve our mission and vision of excellence in pre-hospital emergency care.

The Strategic Plan 2014-2017 continued to provide the direction for our business operations, and we have started work on a Strategic Plan for the next four years. In addition to that core focus, key priorities for 2017 were delivered particularly in relation to the implementation of, and compliance with, The Code of Practice for Governance of State Bodies (Aug 2016). All Council members received induction with emphasis on the new code and PHECC facilitated a support programme for Council members on Governance and Operations of Regulatory Bodies including training in Chairmanship for Chairs. The Governance Validation Framework for Licensed Service Providers was published at the National Patient Safety Office Conference in October. Implementation of the Quality Review Framework for the RI's continues. Council was also pleased to continue to support the Out-of-Hospital-Cardiac Arrest Registrar (OHCAR) and important conference events for practitioners and responders, notably, the EMS Gathering in September and 'Respond' in March.

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.


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 2017 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 DFB Training Centre and RCSI, NASC and UCD, UL and UCC. Indeed, we are indebted to all our stakeholders in practice, education and research, notably the statutory, auxiliary, voluntary and private organisations in

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 ten times during 2017. 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 Practice
6. Compliance & Audit

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

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

Council Activities in 2017

Statements of key activities

Governance:

- Implementation of PHECC Strategic Plan 2016 – 2017.
- Approval of the 2016 Risk Framework.

Education and Standards:

- Continued implementation and monitoring of the Quality Review Framework for Recognised Institutions:
 - Publication of 2015 onsite visit reports (14 in total)
 - On-site reviews completed and reports approved for 14 recognised institutions.
- Approval of new applications for training institution recognition and courses.
- Approval of renewals of existing recognised institutions.
- Commenced project for the transition of Occupational First Aid (Health and Safety Authority) to PHECC First Aid Response Standard.
- Assessment process for monitoring CPC for EMTs was developed and trialled in Oct 2016.

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 increase in the number of candidates taking both the EMT and Paramedic NQEMT examinations.

Clinical Practice Guidelines (CPGs):

- Approval of the new and updated CPGs.

Quality & Safety:

- Approval of Assuming Clinical Lead Pre-Hospital Standard.

- Approval of Patient Care Report (PCR) Standard.
- Approval of Cardiac First Response (CFR) Report Standard.
- Approval of Ambulatory Care Standard.
- Maintained oversight on CPG 2014 implementation status.

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).
- Supported a co-funding commitment with National Ambulance Service (NAS) for a Health Research Board Applied Partnership Award 2016 entitled '*Out of Hospital Cardiac Arrest and community first response: international best practice, national consultation and prospective evaluation*'.
- Maintained support for the development of the Responder Alert Application (RAApp).

Pre-Hospital Care Research:

- Maintained support for the Centre for Prehospital Research University of Limerick.

National Retrieval Service:

- Maintained support of the work of the National Transport Medicine Programme including the pursuit of in-ambulance digital data collection with a view to integration with in-hospital systems.

Other Items:

- Achieved ISO 9001:2015 certification.

Council Membership

Membership at 31st December 2017

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.

Changes to Council Membership in 2017

The Minister amended Council membership as follows;

Mr Jimmy Jordan	Appointed from 29/06/17
Mr Thomas Keane	Reappointed from 22/02/17
Dr Mick Molloy	Reappointed from 22/02/17
Dr Jason van der Velde	Appointed from 22/02/17

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 2017.

Membership at 31st December 2017

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 2017

- Approval of the Governance Validation Framework (GVF) for licensed CPG providers to provide assurance to PHECC of adherence to rules of recognition and to drive quality improvement initiatives within the CPG providers that PHECC license. (Approval from Council, July 17)
- Development of a new policy for CPG provider licensing and renewal (POL003 v6) and incorporation of the Governance Validation Framework into the CPG licensing application and renewal process.
- Incorporation of Children First Act 2015 requirements into GVF for licensing of CPG providers.
- Considered in depth the development of the Governance Validation Framework as it applies to licensed CPG providers and recommended the implementing of the Framework to Council. In addition, considered and recommended approval to Council of the related application and renewal forms to be completed by organisations seeking approval.
- Publication of Governance Validation Framework at the National Patient Safety Office Conference, Dublin Castle. (Oct 2017)
- Considered the Terms of Reference of the Committee and recommended to Council a revision of the Terms of Reference, to include full individual membership to private licensed CPG providers who provide emergency ambulance vehicles and full membership to a licensed CPG provider who does not operate a Statutory, Voluntary/Auxiliary or Private ambulance service, following an expression of interest for both.

- Considered alternative crewing models and implications for patient safety and supported research being carried out which would consider models deployed in other jurisdictions, incorporating scope of practice and practitioner competencies.
- Considered overseas temporary registration of practitioners from other EU states who wish to practice in Ireland for short specified periods. This work will be progressed further in 2018.
- Recommended Council to approve funding to the Out-of-Hospital Cardiac Arrest Register (OHCAR) with regard to the Health Research Board (HRB) Applied Partnership Award for research titled *“Out-of-Hospital Cardiac Arrest and Community First Response in Ireland: Building Evidence for Policy and Practice”*
- Initiation of 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.
- Monitored licensed CPG provider’s implementation and maintenance of CPG 2017 upskilling and individual privileging status and presented to Council for noting as appropriate.
- Considered the PCR Information Standard and Patient Care Report to incorporate such new Council standards and policies, in addition to CPGs, in relation to Palliative Care by PHECC registered practitioners and Verification of Death for PHECC registered paramedics and advanced paramedics.
- Monitored the implementation of the CPC programme at EMT level.

Schedule of attendance by Quality and Safety Committee Members 2017

Name	19 th June	25 th Sept	11 th Dec
Shane Mooney	✓	✓	✓
Cathriona Molloy	x	x	x
Brigid Sinnott	x	✓	x
Ciarán McCullagh	✓	✓	✓
Michael O’Reilly	✓	✓	✓
Pamela Skerritt	✓	✓	x
David Bradley	x	✓	✓
David O’Connor	x	x	✓
Willie Wade	✓	✓	x
Paul O’Connor	x	x	x
Fiona McDaid	x	x	✓
Tess O’Donovan	x	✓	x

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 2017

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
Mr 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

Patient representative remained outstanding for 2017.

Education and Standards Committee membership commenced in June 2017 following nominations from recognised institutions and expression of interest for the appointment of remaining Committee members. The Committee terms of reference were approved by Council in March 2017. The first meeting was held in June 2017. There were 3 meetings in total.

Key activities for 2017

- As 2017 marked year three of the first three-year Quality Review Framework cycle, the recognised institutions submitted a quality improvement plan following on from the self-assessment conducted in year one. The Quality Review panel, on behalf of Council, conducted 11 one-day site reviews with the recognised institutions.
- Representatives of PHECC Executive and the Quality Review Panel conducted 2 two - day onsite visits to NHS NorthWest Ambulance Services (UK) – a clinical placement site for paramedic students of University Limerick.
- A project commenced to manage the transition of the national standard of occupational first aid training national standard OFA/QQI award recognised by the Health and Safety Authority to PHECC's First Aid Response (FAR) course. Various activities were initiated to support this large-scale project;
 - i) A working group of the Education and Standards Committee was established to review the FAR Education and Training Standard, this included consideration of the Clinical Practice Guidelines and stakeholder input.
 - ii) mapping of the application and assessment process for recognised institution status and course approval in developing an integrated online portal for electronic submissions. This is to replace the paper-based system and integrate with the registration database system.
- Establishment of a subcommittee for Continual Professional Competence to develop a standard for Paramedic and Advanced Paramedic Continual Professional Competence. (1st Meeting, Nov 2017)
- Establishment of a subcommittee for the review and revision of the NQEMT Paramedic Examination Standard, this included development of an interim standard.

Schedule of attendance by Education and Standards Committee Members 2017

Note Committee membership was not fully populated until September based on expressions of interest exercise thus n/a is denoted as not applicable for attendance at the first meeting.

Name	27 th June	5 th Sept	7 th Nov
Shane Knox	✓	✓	✓
Paul Lambert	✓	✓	✓
Tess O'Donovan	✓	✓	✓
Raymond Lacey	✓	✓	✓
Tom Brady	✓	X	✓
Ben Heron	X	✓	X
Gareth Ebell	n/a	✓	✓
Chris O'Connor	n/a	✓	✓
Frank Keane	✓	✓	✓
Niamh O'Leary	✓	✓	✓
Róisín McGuire	n/a	✓	✓
Peter McDaid	n/a	✓	✓
Adrian Murphy	n/a	✓	X

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 four meetings held during 2017.

Membership at 31st December 2017

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)

The Medical Advisory Committee terms of reference were agreed at Council on 5th April 2017 and membership was not filled until end of April 2017.

Key activities for 2017

- Adjustments were made to the 2017 CPGs following a bedding in period and feedback from practitioners.
- The clinical care at event subcommittee commenced its deliberations.
- Deliberations commenced on the safety of medications during pregnancy.
- A patient safety notice was issued in relation to double sequence defibrillation.
- A convention was agreed that all future reference to age will be either $\leq x$ age or $\geq y$ age.
- A convention was agreed that all future reference to a medication dose of less than 1 mg would be referred to in micrograms (mcg).

Schedule of attendance by Medical Advisory Committee Members 2017

Name	26 th May	29 th June	29 th Sept	24 th Nov
David Menzies (Chair)	√	√	√	√
David Irwin	√	X	√	√
Niamh Collins	X	√	√	√
Mick Molloy	√	√	X	√
Jason van-der Velde	√	X	√	√
Stanley Koe	√	√	X	X
Lisa Cunningham Gutrie	X	√	X	√
Mark Dixon	√	X	X	√
David Hennelly	√	√	X	X
Eoghan Connolly	√	X	√	X
Macartan Hughes	√	X	√	√
Shane Knox	√	√	X	√
Ian Brennan	√	X	√	X
Hillery Collins	√	√	√	X
Shane Mooney	√	X	√	X
Martin O'Reilly	√	√	X	√
Cathal O'Donnell	√	X	√	X
Peter O'Connor	√	√	√	√
Gerard Bury	X	X	X	X

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 one meeting held during 2017.

Membership at 31st December 2017

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 HSE National Ambulance Service (NAS)
Mr Martin O'Reilly	Dublin Fire Brigade Officer (with a special interest in AMPDS)
Mr Derek Scott	HSE 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

The Priority Dispatch Committee terms of reference were agreed at Council on 5th April 2017 and membership was not filled until end of June 2017.

Key activities for 2017

- Protocol 37 was fully implemented in the acute hospitals throughout the country and PHECC handed over operational control for Protocol 37 at the end of December 2017.

Schedule of attendance by Priority Dispatch Committee Members 2017

Name	9 th Oct
Stephen Brady (Chair)	√
John Brady	X
Brian Byrne	X
Robert Howell	X
Anne McCabe	√
Andrew McCrae	√
David Menzies	√
John Moody	√
Peter O'Connor	X
Cathal O'Donnell	√
Martin O'Reilly	√
Derek Scott	√
Illona Duffy	x

5. Fitness to Practice Committee

The Fitness to Practice (FTP) Committee is a Committee of Council which conducts enquiries into allegations of professional misconduct or unfitness to practice of pre-hospital emergency care practitioners. There were 2 FTP hearing during 2017.

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. There were four meetings held during 2017.

Membership at 31 Dec 2017

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

Changes to membership

The previous membership of the Compliance and Audit Committee expired in June 2016 as a Standing Committee of Council. The current Committee were appointed in February 2017 and Mr Michael Brennan and Mr Dermott Magan were replaced by Prof Patrick Plunkett and Mr Stephen Brady.

Schedule of attendance by Compliance and Audit Committee Members 2017

Name	26 th May	29 th June	29 th Sept	24 th Nov
Con Foley (Chair)	√	√	√	√
Stephen Brady	√	√	√	√
Jacqueline Egan	√	√	√	√
Patrick Clifford	√	√	√	√
Patrick Plunkett	√	√	√	X

Panels and Groups

A. Examination Quality Group

Criteria for membership of the Examination Quality Group 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 2017

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 2017

Key activities for 2017

- In line with the publication of the 2017 edition of the CPGs MCQ question banks, SWA item banks and skills assessment sheets were revised at paramedic and EMT levels.
- A test item analysis of the EMT MCQ item bank was conducted.
- Provided quality assurance at 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. There was one meeting held in 2017.

C. 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. There were no sittings of the Appeal Panel during 2017.

D. Examiner Panel

The terms of reference specify that the Examiner Panel membership assesses candidates at NQEMT examinations. The membership is nominated by a medical, nursing or training representative body, licensed CPG approved pre-hospital emergency care provider or recognised institution. Members must complete PHECC examiner training, and refresher, as deemed necessary.

The Panel consists of 95 active members. There was no change to this panel in 2017. Member details are available on <http://www.phecit.ie/>.

Key activities for 2017

- 435 PHECC NQEMT EMT candidates examined.
- 201 corrections carried out on Short Written Answer (SWA) papers.

- Assessment PHECC paramedic candidates for OSCE re-commenced. The OSCE was devolved to the RIs in 2012 and responsibility for content development, management and delivery of paramedic OSCEs returned to PHECC in 2017.

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
Margaret Bracken	Programme Development Support Officer
Claire Finn	Registration Officer
John Lally	ICT & Administration Support Officer
Liz Dempsey	Examinations Officer
Beth Breslin	Finance & Corporate Services Support Officer
Breda Sheridan	Examinations & Reception Clerical Officer
AM Hollowed	Registration & Reception Clerical Officer

Changes to PHECC Team

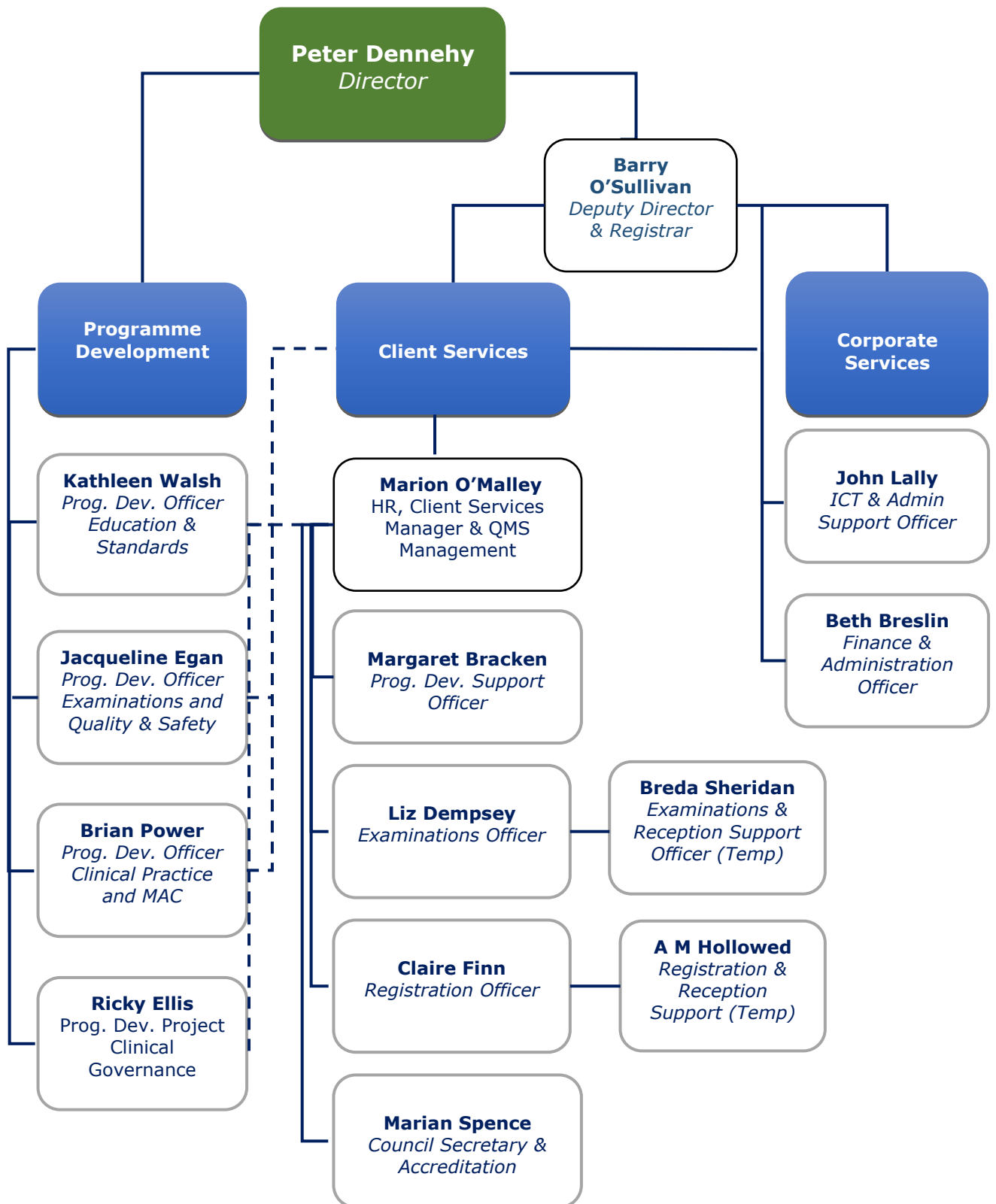
Pauline Dempsey is seconded to DOH and Kathleen Walsh is replacing her.

Anne Keogh is seconded to HSE

Ricky Ellis is seconded to PHECC from DFB.

Deirdre Borland is seconded to Tusla

PHECC Organisation Chart



Financial Statements 2017

PRE-HOSPITAL EMERGENCY CARE COUNCIL

FINANCIAL STATEMENTS

for

YEAR ENDED 31 DECEMBER 2017

These statements have been approved by Council on 13 December 2018,
submitted to OCAg and the Audit Certificate is awaited.

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 2017.

Council Structure

The Council consists of a Chairperson, Vice-Chairperson and 15 ordinary members, all of whom are appointed by the Minister for Health.

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 Mc Daid	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. 3 Meetings
- 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. 3 Meetings.
- 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. 4 meetings.
- 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. 1 Meeting
- 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. 2 hearings.
- 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. 3 Meetings

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

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

Schedule of Attendance and Expenses

Council Member	Council	Education and Standards	Quality and Safety	Medical Advisory	Priority Dispatch	Compliance and Audit	Approved Expenses
							€
Conor Deasy	6						1,992
David Menzies	9			4	1		1,425
Fiona McDaid	7		1				397
Hillery Collins	10	2		3			4,089
Jacqueline Burke	10	1					491
Jimmy Jordan	2						111
Jason van der Velde	9			3			6,678
Mick Molloy	9			3			413
Pat Hanafin	10						5,951
Patrick Plunkett	6					3	341
Stephen Brady	8				1	3	459
Shane Knox	10	3		3			5,947
Shane Mooney	10	1	3	2			3,099
Thomas Keane	7						261
Tess O'Donovan	9	3	1				5,579
Martin Dunne	8						0
Patrick Fleming	5						0
Total							€ 37,233

Note: No fees are paid to Council members.

Council Membership Changes

The Minister amended Council membership as follows;

Mr Jimmy Jordan	Appointed from 29/06/17
Mr Thomas Keane	Reappointed from 22/02/17
Dr Mick Molloy	Reappointed from 22/02/17
Dr Jason van der Velde	Appointed from 22/02/17

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.

Employee Short-Term Benefits Breakdown

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

Range		Number of	Employees
From	To	2017	2016
€60,000 - €69,999		0	0
€70,000 - €79,999		3	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.

Consultancy Costs

Consultancy costs include the cost of external advice to management and exclude outsourced 'business-as-usual' functions.

	2017	2016
	€	€
Professional Fees (ICT Consultancy)	0	11,504
Professional fees (Council Induction)	7,995	0
Professional fees (Beech House Acquisition)	3,750	0
Professional fees (Organisation Review Consultancy)	8,205	0
Total	19,950	11,504

Legal Costs and Settlements

The table below provides a breakdown of amounts recognised as expenditure in the reporting period in relation to legal costs, settlements and conciliation and arbitration proceedings relating to contracts with third parties. This does not include expenditure incurred in relation to general legal advice received.

	2017	2016
	€	€
Professional fees (Legal)	24,524	28,513
Total	24,524	28,513

Travel and Subsistence

Travel and subsistence expenditure is categorised as follows:

	2017	2016
	€	€
National		
Council Members*	34,129	4,587
Staff Members	56,222	60,432
International		
Council Members*	3,104	0
Staff Members	3,215	7,790
Total	96,670	72,809

* this is the travel and subsistence amounts (€37,233) paid directly to Council Members in 2017 (2016: €4,587).

Hospitality Expenditure

The Income and Expenditure Account includes the following hospitality expenditure:

	2017	2016
	€	€
Staff hospitality	514	550
Total	514	550

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 2017.



Dr. J. Burke
Chairperson



Mr. Richard Lodge
Director

Date: 21 Dec 2018

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 2017 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
- The Compliance and Audit Committee will be provided with a secretariat function by PHECC executive
- A staff member of PHECC on an annual rotating basis
- The Head of Corporate Services is a non-voting ex-officio member of the Committee.
- The C & AC 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 management'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; and
- 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 were 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 National direction is given in the form of guidelines and circulars issued by various government departments.

We confirm that PHECC has procedures in place to ensure compliance with current procurement rules and guidelines that during 2017, PHECC complied with those procedures.

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 conducted an annual review of the effectiveness of the internal controls on 7 December for 2017.

Internal Control Issues

No material weaknesses in internal control were identified in relation to 2017 that currently require disclosure in the financial statements

On behalf of the Pre-Hospital Emergency Care Council:



Dr. J. Burke
Chairperson



Mr. Richard Lodge
Director

Date: 21 Dec 2018

Pre-Hospital Emergency Care Council

STATEMENT OF INCOME AND EXPENDITURE AND RETAINED REVENUE RESERVES

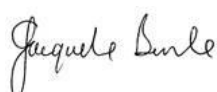
For the year ended 31 December 2017

	Note	2017 €	2016 €
Income			
Department of Health Allocation	2	2,797,000	2,730,774
Own Resources	3	52,844	37,974
Other Income	4	348,812	390,364
Total Income		3,198,656	3,159,112
Expenditure			
Grants Payable	5	1,254,486	1,234,660
Administration, Operations and Promotion	6	2,056,195	1,897,166
Total Expenditure		3,310,681	3,131,826
Surplus / (Deficit) for the Year before Appropriations		(112,025)	27,286
Transfer from/(to) the Capital Account	9	(156,817)	(35,625)
		(268,842)	(8,339)
Balance Brought Forward at 1 January 2017		98,712	107,051
Balance Carried Forward at 31 December 2017		(170,130)	98,712

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: 21 Dec 2018

Pre-Hospital Emergency Care Council

STATEMENT OF FINANCIAL POSITION

As at 31 December 2017

	Note	2017 €	2016 €
Fixed Assets			
Property, plant & equipment	8	135,128	28,452
Total Fixed Assets		135,128	28,452
Current Assets			
Receivables	11	20,594	163,289
Cash and cash equivalents	11	11,713	31,818
		32,307	195,107
Current Liabilities (amounts falling due within one year)			
Payables	10	163,293	96,395
Net Current Assets		(130,986)	98,712
Non-Current Liabilities (amounts due after one year)			
Payables	10	39,144	0
Total Net Assets		(35,002)	127,164
Representing			
Capital account	9	135,128	28,452
Retained revenue reserves		(170,130)	98,712
		(35,002)	127,164

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: 21 Dec 2018


Pre-Hospital Emergency Care Council

STATEMENT OF CASH FLOWS

For the year ended 31 December 2017

	2017	2016
	€	€
Net Cash Flows from Operating Activities		
Excess Income over Expenditure	(112,025)	27,286
(Increase)/Decrease in Receivables	142,695	49,058
Increase/(Decrease) in Payables	106,042	(34,740)
Bank Interest Received	0	0
Net Cash Inflow from Operating Activities	136,712	41,604
Cash Flows from Investing Activities		
Payments to acquire Property, Plant & Equipment	(156,817)	(35,625)
Net Cash Flows from Investing Activities	(156,817)	(35,625)
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	(20,105)	5,979
Cash and Cash Equivalents at 1 Jan 2017	31,818	25,839
Cash and Cash Equivalents at 31 Dec 2017	11,713	31,818

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



Dr. J. Burke
Chairperson



Mr. Richard Lodge
Director

Date: 21 Dec 2018

Pre-Hospital Emergency Care Council

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 31 December 2017

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 as 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 main functions of the Council as 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 are as outlined above.

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 2017 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 Fund Account is not charged against the Statement of Income and Expenditure. Depreciation is provided on all property, plant and equipment, at rates estimated to write off the cost less the estimated residual value of each asset on a straight-line basis over their estimated useful lives, as follows:

ICT Equipment:	33.3% straight line.
Other Equipment:	20.0% straight line.

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

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:

	2017	2016
	€	€
Grants for current expenditure	2,797,000	2,730,774
	2,797,000	2,730,774

3. Own Resources

	2017	2016
	€	€
Professional Registration Fee Income	52,844	37,974
	52,844	37,974

4. Other Revenue

	2017	2016
	€	€
Transport Medicine/Retrieval Programme (Temple St Children's Hospital) *	130,000	165,000
Accreditation and Examination Fees	124,930	80,455
Certificate Income	44,323	41,860
Superannuation Contributions	48,878	28,331
Clinical Practice Guidelines sales	681	718
Protocol 37 Funding receivable	0	74,000
	348,812	390,364

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

5. Grants Payable

Grants	2017	2016
	€	€
University of Limerick Centre for Pre-hospital Research	32,513	131,890
Irish Heart Foundation	0	89,340
Conference Sponsorship	29,379	25,000
Out of Hospital Cardiac Arrest Register	0	25,000
Total Grants	61,892	271,230

Invoices	2017	2016
	€	€
Advanced Paramedic Development Funding	660,000	409,230
Transport Medicine/Retrieval Programme	99,462	82,441
Digital Portal Support Project	40,030	28,244
Electronic Patient Care Report Initiative	6,702	17,755
Printing Clinical Care Reports	45,615	17,897
Special Projects Miscellaneous - OFA & FAR	43,454	1,511
Research – Key Performance Indicators Development	4,082	8,373
Quality Review – Training and Operations	152,696	82,317
Continuing Professional Competency Development	82,267	70,703
Protocol 37	57,954	69,450
CFR ILCOR Updating Project*	332	175,509
Total Invoices	1,192,594	963,430

Total Grants Payable	1,254,486	1,234,660
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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 2017 are set out above. The following is a brief description of some of the main schemes included under grant expenditure:

- University of Limerick Centre for Pre-hospital Research – fosters and facilitates academic research in support of clinical activities
- Advanced Paramedic Development Funding – supports the national advanced paramedic training programme
- Transport Medicine/Retrieval - supports the development of the Neonatal and Paediatric Services nationally.

6. Administration, Operations and Promotion

	Note	2017 €	2016 €
Remuneration and other pay costs	6(a)	1,051,093	953,795
Rent, rates, service charges and insurance		143,383	119,133
Office dilapidation and moving charges		50,391	0
Repairs, maintenance and leasing charges		12,932	10,695
Electricity, cleaning and utilities		22,896	23,545
Communications and IT		180,915	223,006
Office expenses		131,341	120,860
Consultancy and other professional fees		99,616	160,921
Examinations and related expenses		173,343	120,850
Recruitment and media		38,952	46,651
Register Expenses		68,950	31,189
Council and Committees *		82,383	86,521
		2,056,195	1,897,166

Payments to the Chair of the Compliance and Audit Committee for his role as Chair of the Compliance and Audit Committee (€6,050), Council Secretariat work (€20,495), Protected Disclosure Investigation (€12,087) and expenses (€5,705) are included under the heading marked with *. The 2016 figures have been reclassified to align with the 2017 expenditure.

(a) Remuneration and Other Pay Costs

	2017 €	2016 €
Staff Salaries	759,791	720,479
Pension Costs	49,821	49,643
Employer's contribution to social welfare	56,579	57,375
Staff training and development	24,973	37,145
Staff travel and subsistence costs	59,437	68,222
Temporary Staff	141,853	89,369
Council members' expenses	37,234	4,587
Seconded pay costs recovered	(78,595)	(73,025)
	1,051,093	953,795

Secondment income of €78,695 (2016: €73,025) in respect of staff seconded to Department of Health has been offset against salary costs.

7. Remuneration

7.1 Additional Disclosures Related to Remuneration

Remuneration

(a) Aggregate Employee Benefits	2017	2016
	€	€
Staff short-term benefits	766,197	726,885
Termination benefits	0	0
Retirement benefit costs	49,821	49,643
Employer's contribution to social welfare	56,579	57,375
	872,597	833,903

(b) Staff Short-Term Benefits	2017	2016
	€	€
Basic pay	759,791	720,479
Allowances	6,406	6,406
	766,197	726,885

(c) Termination Benefits

No termination benefits were paid or settlements made with staff.

(d) Key Management Personnel	2017	2016
	€	€
Salary	388,601	381,408
Allowances	2,425	3,445
	391,026	384,853

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

(e) Director's Salary and Benefits	2017	2016
	€	€
Basic pay	87,732	82,587
	87,732	82,587

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	104,997	79,528	184,525
Additions	23,606	133,211	156,817
Disposals	(5,586)	0	(5,586)
At 31 December	123,017	212,739	335,756
Depreciation			
At 1 January	78,986	77,087	156,073
Charge for the year	22,693	27,448	50,141
Disposals	(5,586)	0	(5,586)
At 31 December	96,093	104,535	200,628
Net Book Value			
At 1 January	26,011	2,441	28,452
Net movement for the year	913	105,763	106,676
At 31 December	26,924	108,204	135,128

9. Capital Account

	2017 €	2016 €
Opening Balance 1st January	28,452	27,697
Transfer from Income and Expenditure Account	156,817	35,625
Less		
Amortisation in line with depreciation	(50,141)	(34,870)
Closing Balance at 31st December	135,128	28,452

10. Payables

Amounts falling due within one year

	2017 €	2016 €
Trade Creditors	58,873	23,219
Accruals	67,006	41,320
Visa	5,060	3,848
Tax Due	27,085	28,008
Deferred lease incentive	5,269	0
	163,293	96,395

Amounts falling due after one year

	2017	2016
	€	€
Deferred lease incentive	39,144	0
	<u>39,144</u>	<u>0</u>

11. Receivables and Cash and Cash Equivalents

Receivables	2017	2016
	€	€
Debtors	5,710	164,073
Prepayments	14,884	(784)
	<u>20,594</u>	<u>163,289</u>
Cash and Cash Equivalents	11,713	31,818

12. Retirement Benefit Costs

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

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

13. Lease Commitments

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

	2017	2016
	€	€
Payable within one year	126,456	51,716
Payable within 2 to 5 years	505,825	51,716
Payable over 5 year	558,515	0
	<u>1,190,796</u>	<u>103,432</u>

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 13 December 2018.