



Pre-Hospital Emergency Care Council

Annual Report 2016

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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

It is with great pleasure that the Director and I, on behalf of the Council, present the 17th Annual Report for the year ended 31st December 2016. This is the second annual report under the Council's strategy for 2014 to 2017 and the first for the new Council, which had its inaugural meeting in December 2016. We especially wish to thank the eight Members of Council, who have completed their tenure of service with the Council in 2016 for their major contribution to pre-hospital care over their terms of office and not least the outgoing Chair, Mr Tom Mooney. His Trojan work and vast public service experience has been a catalyst for the exponential growth of Pre-Hospital Emergency Care in Ireland and the rapid development of the Paramedic profession. We are delighted to sign off this report which details the activities of the final year in office of the 4th Council and we hope that the new Council will continue to build on its achievements.

The Pre-Hospital Emergency Care Council (PHECC) continues 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 focused on the eight strategic objectives from the Strategic Plan 2015-2017 which is directing our business operations until 2017. In addition to that core focus, 2016 was an incredibly busy year for the Council including;

- Development and trial (in Oct 2016) of an assessment process for monitoring CPC for EMTs.
- Revision of the Cardiac First Response Education and Training Standards for Community and Advanced Courses, which incorporated the 2015 ILCOR guidelines and involved new education materials for students and instructors.
- Development of the Education and Training Standards for delivery of programmes for training of non-medical persons in the use of six prescription medicines for emergency situations was completed. The programme content was directed by the Medicinal Products (Prescription and Control of Supply) (Amendment) (No.2) Regulations 2016, Statutory Instrument No. 449 of 2015.
- Publishing of a pre-hospital spinal injury management position paper.
- Publishing of a palliative care standard for PHECC registered practitioners.
- Publishing of the policy on verification of death by PHECC registered paramedics and advance paramedics.
- Development of the new edition CPGs which incorporated 4 new CPGs and 76 updated CPGs. The resuscitation CPGs incorporated the 2015 ILCOR Guidelines.
- Initiation of the Project to implement Protocol 37 in the acute hospitals throughout the country with a 50% implementation achieved by December 2016.

Of course, none of these achievements would have been possible without our highly skilled and dedicated staff who worked tirelessly to ensure PHECC delivered on its service mandate and that those who engaged with PHECC had a positive experience in line with our stated values. We wish to

acknowledge this continued contribution not only to the objectives of PHECC, but also to supporting the growth of an efficient public service regulatory organisation. We also convey our gratitude to our Council Members, particularly the new Members just joining us.

Council and the executive are extremely grateful to the six standing committees and four working groups covering the areas of clinical practice, standards, registration and examinations. These individuals gave so freely and graciously of their time and support to Council in achieving our mission and vision of excellence in pre-hospital emergency care.

Our ability to discharge our legislative mandate and protect the public in the pre-hospital environment is a function of both the quality of our standards and how robustly we police their implementation. There was significant progress on the implementation of the Quality Review Framework for the RI's and the development of the Governance Validation Framework for Licensed Service Providers. However, reports of unlicensed service providers actively engaged in service provision at events and other functions remains a cause for concern.

Continuing the evolution of the PHECC and putting the protection of the public at the heart of everything we do will be the main organisational goal next year. The challenge for us is to ensure that the Council has the appropriate structure, infrastructure and resources to meet the responsibilities of being both a regulator of an emerging profession and an advocate for a dynamic responder community.

We are extremely appreciative for the leadership provided by the Minister for Health and the support of the staff of the Acute Hospitals Division of the Department of Health. Education is key to the future of any profession and PHECC is appreciative of the commitment to excellence of DFB Training Centre and RCSI, NASC and UCD, UL and UCC. Without the unstinting support of all these organisations we simply wouldn't be able to do our job.

Indeed, we are indebted to all our stakeholders, in particular the statutory, auxiliary, voluntary and private organisations. This includes the community first responder (CFR) groups nationwide and those dedicated people who carry out research into many aspects of paramedicine on our behalf.

Finally, to every practitioner and responder throughout the country, thank you for the lives you have saved and the patients you have treated and cared for throughout the year, your dedication and professionalism is gratefully acknowledged.

Great things happen when we work together to develop best-in-class standards and practices in paramedicine for our citizens. We must continue to strengthen our engagement, our cooperation and our outreach within the pre-hospital environment and beyond, to establish standards of education and practice in Ireland and the EU that successfully meet the expectations of all stakeholders.



Dr Jacqueline Burke
Chair



Mr Peter Dennehy
Director

Council Functions

Council met five times during 2016. Council members also serve on Council Committees. For attendances at Council meetings see Appendix 1.

Council has 6 standing Committees:

- Quality and Safety
- Education and Standards
- Medical Advisory
- Priority Dispatch
- Fitness to Practice
- Compliance & Audit

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

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

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 Membership

Membership at 31st December 2016

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	Chair, representative of the interests of the general public
Mr Hillery Collins	Vice chair, appointed on the nomination of a trade union which, in the opinion of the Minister, is representative of the majority of emergency medical technicians
Mr Patrick Hanafin	Paramedic representative of emergency medical technicians
Mr Shane Mooney	Appointed on the nomination of a trade union which, in the opinion of the Minister, is representative of the majority of emergency medical technicians
Dr Shane Knox	Appointed from recognised institutions on the nomination of the heads of those institutions
Mr Stephen Brady	Appointed from recognised institutions on the nomination of the heads of those institutions
Ms Tess O' Donovan	Representative of the management of health boards
Mr Martin Dunne	Representative of the management of health boards
Dr Conor Deasy	Representative of the management of health boards
Prof Patrick Plunkett	Registered medical practitioner with an interest and expertise in pre-hospital emergency care
Dr Mick Molloy	Registered medical practitioner with an interest and expertise in pre-hospital emergency care
Dr David Menzies	Registered medical practitioner with an interest and expertise in pre-hospital emergency care
Ms Fiona Mc Daid	Registered nurse with an interest and expertise in pre-hospital emergency care
Mr Patrick Fleming	Representative of special interest or expertise in pre-hospital care
Ms Glenna Woods	Person with special interest or expertise in pre-hospital emergency care
Mr Thomas Keane	Person with special interest or expertise in pre-hospital emergency care

Changes to membership

The following memberships expired in June 2016 or were not renewed.

Mr Tom Mooney (Chair)
 Mr Michael Dineen (Vice Chair)
 Mr David Maher
 Mr Barry O'Brien
 Dr Cathal O'Donnell
 Ms Valerie Small
 Mr Michael Brennan
 Ms Glenna Woods

Council Committees, Panels and Working Groups

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

Quality and Safety Committee

A standing committee of Council. 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, licencing 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. There were two meetings held during 2016.

Membership at 30th June* 2016

Name	Membership rationale
Mr Shane Mooney	Chair, member of Council and advanced paramedic
Mr Tom Mooney	Chair of Council
Ms Valerie Small	Chair of Education and Standards Committee
Dr Mick Molloy	Chair of Medical Advisory Committee
Mr Michael Dineen	Vice Chair of Council
Mr Thomas Keane	Representative from Council and paramedic
Mr David Maher	Representative from Council and paramedic
Mr Tom Tinnelly	Representative from Council and paramedic
Mr David Willis	Representative from the HSE National Ambulance Service (NAS)
Mr Derek Nolan	Representative from Civil Defence
Mr Michael O'Reilly	Representative from DFB/RCSI
Ms Brigid Sinnott	Representative from a non-government organisation (NGO) with community focus
Dr Anthony Corcoran	Representative from the Defence Forces

Mr Ricky Treacy	Representative from St John Ambulance
Ms Brigid Doherty	Representative for patients
Mr Gregory Lyons	A representative from Irish Red Cross
Mr Ian Brennan	Representative from Order of Malta
	Observational representative from licensed CPG approved Private Ambulance Providers on a rotational basis

Changes to membership

*Quality and Safety Committee membership expired in June 2016 as it is a standing committee of Council. As full membership of Council had not been established until December 2016 the Quality and Safety Committee was not appointed.

Key activities for 2016

- Monitored licensed CPG provider's implementation and maintenance of CPG 2014 upskilling and individual privileging status, and presented to Council for noting as appropriate.
- Carried out consultation exercise on draft pre-hospital standard for assuming clinical lead at the levels of responder and practitioner, and recommended to Council for approval.
- Considered the PCR, ACR and CFR Information Standards and provided feedback leading to the presentation of the Standards to the Medical Advisory Committee (MAC), who recommended to Council for approval.
- Considered the eACR data collection project and provided valuable feedback from parent licensed providers.
- A CPC Coordinator for EMT Continuous Professional Competence (CPC) was appointed in July and an assessment process for monitoring CPC for EMTs was developed and trialled in Oct 2016.
- 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.

Education and Standards Committee

A standing committee of Council. 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. There were two meetings held during 2016.

Membership at 30th June** 2016

Name	Membership rationale
Ms Valerie Small	Chair, member of Council
Mr Tom Mooney	Chair of Council
Dr Mick Molloy	Chair of Medical Advisory Committee
Mr Michael Dineen	Vice Chair of Council
Mr Shane Mooney	Chair of Quality and Safety Committee, member of Council and advanced paramedic
Mr Stephen McMahon	Representative for patients
Ms Sarah Cain	Representative from a non-government organisation with a community focus
Ms Glenna Woods	Member of Council and registered nurse
Asst Prof Sandra Fleming	Invited expert in education training – nursing
Dr David Menzies	Invited expert in education training – medical
Ms Maeve Donnelly	Invited expert in adult education
Mr Thomas Keane	Member of Council and paramedic
Dr Shane Knox	Representative at facilitator level from a recognised institution which provides advanced paramedic training
Ms Róisín McGuire	Representative at facilitator level from the Joint Voluntary Ambulance Service Committee
Mr Raymond Lacey	Representative at tutor level from the Irish College of Paramedics
Mr Paul Lambert	Representative at facilitator level of recognised institution which provides paramedic training
Mr David Maher	Member of Council and paramedic
Mr Brian Bruno	A representative at tutor level from a recognised institution that provides paramedic training Observational representative from Licensed CPG approved Private Ambulance Providers on rotational basis

Changes to membership

** Education and Standards Committee membership expired in June 2016 as it is a standing committee of Council. As full membership of Council had not been established until December 2016 the Education and Standards Committee was not appointed.

Key activities for 2016

- The Cardiac First Response Education and Training Standards for Community and Advanced Courses were revised and recommended for approval by Council. The revisions incorporated the 2015 ILCOR guidelines and involved new education materials for students and instructors.
- The Education and Training Standards for delivery of programmes for training of non-medical persons in the use of six prescription medicines for emergency situations was completed. These courses – CFR and Medications for Listed Organisations are founded on the 3 basic modules of CFR and provide instruction on medication management and administration of the specific medicine. Areas of development included patient consent, managing any immediate adverse reaction, storage, safe keeping of the medicines in addition to documentation. The programme content was directed by the Medicinal Products (Prescription and Control of Supply) (Amendment) (No.2) Regulations 2016, Statutory Instrument No. 449 of 2015.
- The Committee considered a Competency Framework for Paramedicine, written by UCD CEMS, examining the development and mapping of competencies amongst the three practitioner levels. The paper was subsequently recommended to Council.
- As 2016 marked year two 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 14 one-day site reviews with the recognised institutions.
- Following Council approval the 2015 onsite review reports were published on the website with comments submitted by the RIs regarding their report findings.
- A Recognised Institution Engagement Event was provided to 50 people representing 41 recognised institutions. The event focused on the 2016 developments for responder programmes encompassing the revised Cardiac First Response education material, the transition project of Occupational First Aid (HSA) to First Aid Response and the Cardiac First Response and Medications for Listed Organisations courses.

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 2016.

Membership at 30th June*** 2016

Name	Membership rationale
Dr Mick Molloy	Chair, member of Council and Consultant in Emergency Medicine
Dr Niamh Collins	Vice Chair and nominee of the HSE Emergency Medicine Programme

Dr Neil Reddy	Registered practitioner with interest in pre-hospital care
Mr Seamus McAllister	Representative from the Northern Ireland Ambulance Service (NIAS)
Dr Conor Deasy	Deputy Medical Director of a statutory ambulance service (NAS)
Mr Michael Dineen	Vice Chair of Council and paramedic
Mr Dave Hennelly	Registered practitioner with interest in pre-hospital care at the invitation of the Chair
Mr Macartan Hughes	Representative at tutor or facilitator level of recognised institutions which provide training at advanced paramedic level (NASC)
Mr Eoghan Connolly	PHECC registered practitioner nominated by the Irish College of Paramedics
Mr Thomas Keane	Registered practitioner and member of Council
Dr Shane Knox	PHECC registered academic
Mr Declan Lonergan	Representative at tutor or facilitator level of a recognised institution which provides training at paramedic level (NAS)
Mr Joseph Mooney	Representative of emergency medical technicians on the PHECC register
Mr Shane Mooney	Chair of the Quality & Safety Committee
Mr David O'Connor	Advanced paramedic representative from the PHECC register
Mr Kenneth O'Dwyer	Advanced paramedic representative from the PHECC register
Mr Martin O'Reilly	Representative at tutor or facilitator level of a recognised institution which provides training at paramedic level (DFB)
Mr Rory Prevet	Paramedic representative from the PHECC register
Mr Derek Rooney	Paramedic representative from the PHECC register
Dr Jack Collins	Emergency medical technician representative from the PHECC register
Dr Cathal O'Donnell	Medical Director of a statutory ambulance service (NAS)
Ms Valerie Small	Chair of the Education & Standards Committee and Registered Nurse, representative from the Emergency Medicine Nurses
Mr Tom Mooney	Chair of Council
Prof Stephen Cusack	Academic consultant in Emergency Medicine
Dr Peter O'Connor	Medical Director of a statutory ambulance service (DFB/RCSI)
Dr David Menzies	Consultant in Emergency Medicine nominated by the Irish Association in Emergency Medicine
Dr Gerald Kerr	Director of Defence Forces Medical Services
Dr David McManus	Representative from the Northern Ireland Ambulance Service (NIAS)

Prof Gerard Bury	Registered practitioner with an interest in pre-hospital emergency care at the invitation of the Chair
Dr Sean Walsh	Consultant in paediatric emergency medicine

Changes to membership

Mr Eoghan Connolly replaced Mr David Irwin in February 2016.

***Medical Advisory Committee membership expired in June 2016 as it is a standing committee of Council. As full membership of Council had not been established until December 2016 the Medical Advisory Committee was not appointed.

Key activities for 2016

- Publishing of a pre-hospital spinal injury management position paper. This in turn informed the development of CPGs on spinal injury management.
- Publishing of a palliative care standard for PHECC registered practitioners. This in turn informed the development of the palliative care CPG.
- Publishing of the policy on verification of death by PHECC registered paramedics and advance paramedics. This in turn informed the development of verification of death CPG.
- Development of the new edition CPGs which incorporated 4 new CPGs and 76 updated CPGs. The resuscitation CPGs incorporated the ILCOR 2015 Guidelines.
- Development of 8 CPGs to support the implementation of SI 449 of 2015.
- Development of pre-alert ED guidelines.
- The process for updating the field guide App was approved.

Priority Dispatch Committee

The Priority Dispatch Committee is a standing committee of Council. Membership of the Priority Dispatch Committee is approved to reflect its role as an expert group to consider and advise Council on priority dispatch matters. There were two meetings held during 2016.

Membership at 30th June**** 2016

Name	Membership rationale
Mr Stephen Brady	Chair and member of Council
Dr Cathal O'Donnell	Medical Director of HSE National Ambulance Service (NAS)
Dr Conor Deasy	Deputy Medical Director of HSE NAS
Mr Michael Delaney	HSE NAS Control Manager, special interest in AMPDS
Ms Dawn Stevenson	HSE NAS Training and Competency Assurance Officer, special interest

	in AMPDS
Mr Brian O'Connor	Call-taker /Dispatcher from HSE NAS
Dr Peter O'Connor	Medical Director of Dublin Fire Brigade (DFB)
Mr John Moody	DFB, special interest in AMPDS
Mr Niall Murray	Call-taker /Dispatcher from DFB
Mr Martin O'Reilly	DFB Officer, special interest in AMPDS
Dr Mark Doyle	Hospital based medical practitioner with an interest in priority dispatch
Dr Mick Molloy	Chair Medical Advisory Committee
Ms Kathrina Murray	HSE National Ambulance Service Control Manager (with a special interest in AMPDS)
Mr Brian Power	PHECC Programme Development Officer
Ms Anne McCabe	Programme Manager, National Transport Medicine

Changes to membership

Michael Delaney resigned in May 2016.

****Priority Dispatch Committee membership expired in June 2016 as it is a standing committee of Council. As full membership of Council had not been established until December 2016 the Priority Dispatch Committee was not appointed.

Key activities for 2016

- Ms Eileen O'Toole was employed as Project Manager to implement Protocol 37 in the acute hospitals throughout the country. A 50% implementation was achieved by December 2016.
- An updated DCR table was published to enhance the priority dispatch standard.

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 two meetings held during 2016.

Membership at 30th June***** 2016

Name	Membership rationale
Mr Con Foley, FCCA	Chair and external member who is a qualified accountant
Mr Dermot Magan	Finance specialist with public health sector experience
Mr Stephen Brady	Member of Council
Mr Michael Brennan	Member of Council

Ms Jacqueline Egan Member of PHECC staff

Changes to membership

Ms Jacqueline Egan replaced Ms Pauline Dempsey in February 2016.

*****Compliance and Committee membership expired in June 2016 as it is a standing committee of Council. As full membership of Council had not been established until December 2016 the Compliance and Audit Committee was not appointed.

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 2016.

Membership at 30th June***** 2016

Name	Membership rationale
Ms Valerie Small	Chair, Council member
Mr Stephen McMahon	Patient representative
Ms Brigid Sinnott	Representing a community group
Mr Michael Dineen	Council member
Mr Pat Sheridan	Representing a voluntary group

Changes to membership

*****As full membership of Council had not been established until December 2016 the Appeals Panel was not appointed.

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 105 active members. There was no change to this panel in 2016. Member details are available on <http://www.phecit.ie/>.

Key activities for 2016

- Assessment of 300 candidates, including repeat candidates at the OSCE component of the NQEMT examinations.

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 2016

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 Michael Garry	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 Rod Tobin	PHECC Examiner
Mr Mark Wilson	PHECC Examiner

There was no change to the membership in 2016.

Key activities for 2016

- Review of the examination material, including test items at NQEMT Paramedic level as part of the realignment of exam content in preparation for the publication of the next edition of CPGs.
- Review and approval of exam content for CFR and Medications for Listed Organisations (SI 449 of 2015) examinations in line with the development of related standards and CPGs.
- Review and approval of Cardiac First Response (CFR) and CFR Advanced exam content in line with the ILCOR Guidelines and implementation of the PHECC CFR products suite.
- Provision of examination quality oversight at OSCE EMT examinations throughout 2016.
- Provision of examination quality oversight at Megacode OSCE assessments, at paramedic level, in December 2016.

Council Activities in 2016

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.

PHECC Team and Organisational Chart

Anne Keogh	Registration & Reception Clerical Officer
Barry O’Sullivan	Deputy Director & Registrar
Beth Breslin	Finance & Corporate Services Support Officer
Brian Power	Programme Development Officer
Claire Finn	Registration Officer
Deirdre Borland	Programme Development Support Officer
Jacqueline Egan	Programme Development Officer
John Lally	ICT & Administration Support Officer
Liz Dempsey	Examinations Officer
Margaret Bracken	Examinations & Reception Clerical Officer
Marian Spence	Council Secretary & Accreditation Officer
Marion O’Malley	Business Manager
Pauline Dempsey	Programme Development Officer
Peter Dennehy	Director

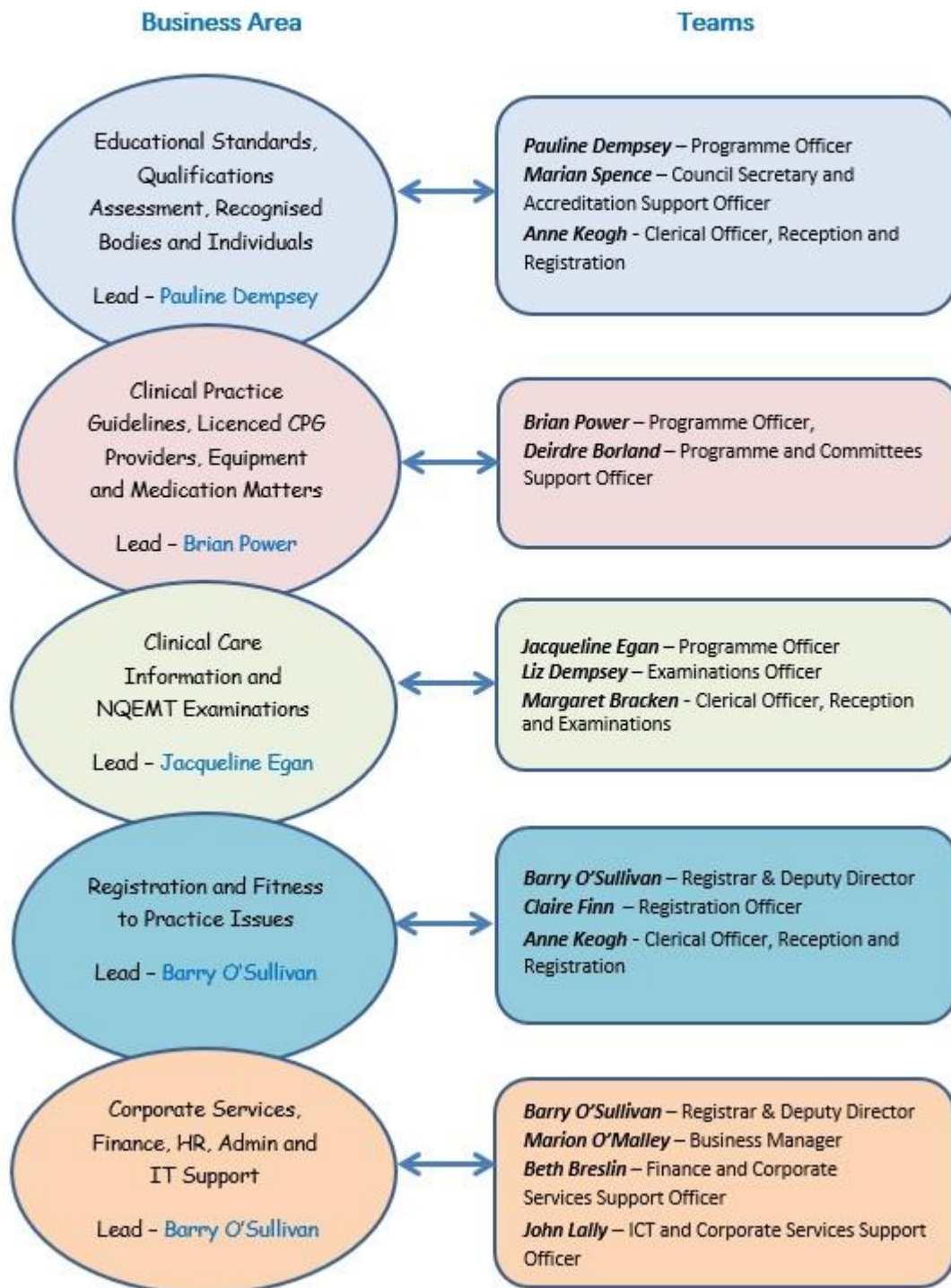
Changes to PHECC Team

Kathleen Walsh was seconded to replace Pauline Dempsey in March 2016.

Ricky Ellis was seconded to PHECC in July 2016.

PHECC Organisational Chart

Director – Peter Dennehy



Financial Statements 2016

PRE-HOSPITAL EMERGENCY CARE COUNCIL

FINANCIAL STATEMENTS

for

YEAR ENDED 31 DECEMBER 2016

Pre-Hospital Emergency Care Council

Council Members' Report

For the year ended 31 December 2016.

COUNCIL MEMBERS' RESPONSIBILITIES

Financial Statements

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.

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



Dr. J. Burke
Chairperson

Date: 21 Dec 2017



Mr P. Dennehy
Director

Pre-Hospital Emergency Care Council

STATEMENT ON INTERNAL FINANCIAL CONTROL

On behalf of the Pre-Hospital Emergency Care Council (PHECC), we make this statement in accordance with the requirement set out in the Department of Public Expenditure and Reform's code of Practice for the Governance of State Bodies (2009). We acknowledge our responsibility for ensuring that an effective system of internal financial control is maintained and operated.

PHECC through the Director is responsible for monitoring the system of internal control and providing assurances to the Council.

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.

Key Control Procedures

The following is a description of the key processes, which have been put in place by PHECC to provide effective internal financial control

1. PHECC has an established organisational structure with clearly defined lines of accountability, responsibility and reporting;
2. The system of internal financial control in PHECC is documented in Quality Management System (QMS) process maps.
3. PHECC has established procedures around segregation of duties and the authorisation of expenditure;
4. The TAS and SAGE financial systems are operated by PHECC to facilitate financial accounting practice and provide detailed audit trails on all transactions;
5. Monthly expenditure and activity is monitored against the business plan. Reports are presented to the Director for consideration and appropriate action;
6. A monthly financial position report for the Department of Health is prepared and submitted to the Department.
7. There was a hiatus in Council membership with all bar 4 memberships lapsing at the end of June 2016. Appointments of new members commenced in December 2016.
8. A Compliance and Audit Committee is in place and met on two occasions during the year only due to the lapse in a quorum. A third monitoring meeting with existing members was conducted.

9. The monitoring and review of the effectiveness of the system of internal control is informed by the report of the Compliance and Audit Committee, the work of the Internal Auditor, the Executive Managers in our Council who have responsibility for the development and maintenance of the financial control framework, the recommendations made by the Office of the Comptroller and Auditor General in the course of audit or in his management letters and both the Risk Framework and the Risk Register.
10. Council Members are kept apprised of financial control and general corporate governance matters via Council meetings which are conducted at regular intervals.
11. Council conducted a review of the effectiveness of the risk framework and risk register during 2016.
12. A formal review of the effectiveness of the system of internal control was carried out by an external firm of Accountants during 2016.
13. Council conducted a review of the effectiveness of the system of internal financial controls for 2016.

On behalf of the Pre-Hospital Emergency Care Council:



Dr. J. Burke
Chairperson



Mr. P. Dennehy
Director

Date: 21 Dec 2017

Pre-Hospital Emergency Care Council

STATEMENT OF INCOME AND EXPENDITURE AND RETAINED REVENUE RESERVES

For the year ended 31 December 2016

	Note	2016 €	2015 €
Income			
Department of Health Allocation Vote 38, Subhead E.1	2	2,730,774	2,695,920
Own Resources	3	37,974	23,017
Other Income	4	390,364	316,546
Total Income		3,159,112	3,035,483
Expenditure			
Grants Payable	5	1,234,660	1,331,324
Administration, Operations and Promotion	6	1,897,166	1,652,955
Total Expenditure		3,131,826	2,984,279
Surplus / (Deficit) for the Year before Appropriations		27,286	51,204
Transfer from/(to) the Capital Account	9	(35,625)	(10,918)
		(8,339)	40,286
Balance Brought Forward at 1 January 2016		107,051	66,765
Balance Carried Forward at 31 December 2016		98,712	107,051

All income and expenditure for the year relates to continuing activities at the reporting date.

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. P. Dennehy

Director

Date: 21 Dec 2017

Pre-Hospital Emergency Care Council

STATEMENT OF FINANCIAL POSITION

As at 31 December 2016

	Note	2016 €	2015 €
Fixed Assets			
Property, plant & equipment	8	28,452	27,697
Total Fixed Assets		28,452	27,697
Current Assets			
Receivables	11	163,289	212,347
Cash and cash equivalents	11	31,818	25,839
		195,107	238,186
Current Liabilities (amounts falling due within one year)			
Payables	10	96,395	131,135
Net Current Assets		98,712	107,051
Total Net Assets		127,164	134,748
Representing			
Capital account	9	28,452	27,696
Retained revenue reserves		98,712	107,051
		127,164	134,747

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. P. Dennehy

Director

Date: 21 Dec 2017


Pre-Hospital Emergency Care Council

STATEMENT OF CASH FLOWS

For the year ended 31 December 2016

	2016	2015
	€	€
Net Cash Flows from Operating Activities		
Excess Income over Expenditure	27,286	51,204
Decrease/(Increase) in Receivables	49,058	(160,873)
(Decrease)/Increase in Payables	(34,740)	89,316
Bank Interest Received	0	(2)
Net Cash Inflow from Operating Activities	41,604	(20,356)
Cash Flows from Investing Activities		
Payments to acquire Property, Plant & Equipment	(35,625)	(10,918)
Net Cash Flows from Investing Activities	(35,625)	(10,918)
Cash Flows from Financing Activities		
Bank Interest Received	0	2
Net Cash Flows from Financing Activities	0	2
Net Increase/(Decrease) in Cash and Cash Equivalents	5,979	(31,272)
Cash and Cash Equivalents at 1 Jan 2016	25,839	57,111
Cash and Cash Equivalents at 31 Dec 2016	31,818	25,839

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



Dr. J. Burke

Chairperson



Mr. P. Dennehy

Director

Date: 21 Dec 2017

Pre-Hospital Emergency Care Council

NOTES TO THE FINANCIAL STATEMENTS

For the year ended 31 December 2016

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:

- To ensure that training institutions, course content and examinations in emergency medical technology reflect contemporary best practice.
- To ensure that pre-hospital emergency care providers achieve and maintain competency at the appropriate performance standard.
- To prepare clinical practice guidelines for pre-hospital emergency care.
- To source and sponsor relevant research to guide Council directions and the development of pre-hospital care.
- 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.

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 2016 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.

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.

Interest income

Interest income is recognised on an accruals basis using the effective interest rate method.

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, an 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 balance sheet 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, Subhead E 1 allocation to the Pre-Hospital Emergency Care Council shown in the financial statements consist of:

	2016	2015
	€	€
Grants for current expenditure	2,730,774	2,695,920
	2,730,774	2,695,920

3. Own Resources

	2016	2015
	€	€
Professional Registration Fee Income	37,974	23,017
	37,974	23,017

4. Other Revenue

	2016	2015
	€	€
Transport Medicine/Retrieval Programme (Temple St Children's Hospital)*	165,000	165,000
Accreditation and Examination Fees	80,455	71,362
Certificate Income	41,860	48,433
Superannuation Contributions	28,331	30,165
Clinical Practice Guidelines sales	718	1,584
Bank deposit interest	0	2
HSE Protocol 37**	74,000	0
	390,364	316,546

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

**Funding received from the HSE in relation to an initiative to support improvement in quality and access for patients.

5. Grants Payable

The Council funds research and awareness programmes undertaken by third parties. The Council funds third parties by way of grant or on foot of invoices for the provision of specific services. The amounts paid in 2016 are set out below. The following is a brief description 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.
- Irish Heart Foundation – as a partner provides basic life support training nationally to the PHECC standard.
- Transport Medicine/Retrieval Programme - supports the development of the Neonatal and Paediatric Services nationally.

	2016	2015
	€	€
Grants		
University of Limerick Centre for Pre-hospital Research	131,890	133,744
Irish Heart Foundation	89,340	89,340
Conference Sponsorship	25,000	5,500
Out of Hospital Cardiac Arrest Register	25,000	25,000
Total Grants	271,230	253,584

5. Grants Payable (Contd.)

	2016	2015
Invoices	€	€
Advanced Paramedic Development Funding	409,230	533,026
Transport Medicine/Retrieval Programme	82,441	104,304
eLearning Project	28,244	38,765
Electronic Patient Care Report Initiative	17,755	79,039
Printing Clinical Care Reports	17,897	156,343
Special Projects Miscellaneous	1,511	4,944
Research – Key Performance Indicators Development	8,373	0
Training Standards Review	82,317	68,931
Continuing Professional Competency Development	70,703	0
HSE Protocol 37 (see Note 4)	69,450	0
CFR ILCOR Updating Project*	175,509	92,388
Total Invoices	963,430	1,077,740
Total Grants Payable	1,234,660	1,331,324

* CFR - Cardiac First Response, Updating and implementing the revised ILCOR Guidelines

6. Administration, Operations & Promotion

		2016	2015
	Note	€	€
Remuneration and other pay costs	6(a)	953,795	880,643
Rent, rates, service charges and insurance		119,133	119,133
Repairs, maintenance and leasing charges		10,695	8,089
Electricity, cleaning and utilities		23,545	20,494
Communications and IT		223,006	149,462
Office expenses		120,860	151,166
Professional Fees (ICT Consultancy)		11,504	0
Professional fees (Legal)		28,513	17,315
Professional fees (Consultancy Miscellaneous))		72,989	21,111
Professional fees (Finance Consultancy)*		30,106	26,888
Professional fees (Internal Audit)		4,809	5,091
Professional fees (Audit Fee)		13,000	13,500
National Qualification in Emergency Medical Technology Examinations		120,850	116,864
Recruitment and media		46,651	54,074
Register Expenses		31,189	37,361
Council and Committees		86,521	31,764
		1,897,166	1,652,955

*This includes payments of €14,500 to the Chair of the Compliance and Audit Committee which included payments for his role as Chair of the Compliance and Audit Committee and some additional consultancy work.

(a) Remuneration and Other Pay Costs

	Note	2016 €	2015 €
Staff Salaries		720,479	669,477
Pension Costs		49,643	49,644
Employer's PRSI		57,375	48,415
Staff training and development		37,145	43,973
Staff travel and subsistence costs		68,222	42,272
Temporary Staff		89,369	20,677
Council members' emoluments	6 (c)	4,587	6,185
Seconded pay costs recovered		(73,025)	0
		953,795	880,643

b) Employee benefits breakdown

Range of total employee benefits		Number of	Employees
From	To	2016	2015
Less than €59,999		9	10
€70,000 - €79,999		3	3
€80,000 - €90,000		2	1

(c) Council Members' Emoluments

Council member's do not receive a fee in relation to their role as council members. Members travel

Council Member	Approved €	Meetings
Mr. S Brady	323	4
Mr. M Brennan	466	2
Dr. J Burke	53	1
Mr. T Keane	69	2
Dr. S Knox	278	5
Mr. D Maher	304	2
Dr. M Molloy	379	5
Mr. S Mooney	1198	5
Mr. T Mooney	509	4
Prof. P Plunkett	237	4
Ms. G Woods	325	3
Ms. V Small	446	3
Total	€ 4,587	

The Directors remuneration package for 2016 was as follows:

Director	2016	2015
	€	€
Director Salary	82,587	41,746
Acting Director Salary	0	42,353
Total Director Remuneration	82,587	84,099

Notes

Neither the Director or Acting Director 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.

Council Members at the year ended 31 December 2016.

Name

Dr Jacqueline Burke (Chair)
 Mr Hillery Collins (Vice Chair)
 Mr Patrick Hanafin
 Mr Shane Mooney
 Dr Shane Knox
 Mr Stephen Brady
 Ms Tess O' Donovan
 Mr Martin Dunne
 Dr Conor Deasy
 Prof Patrick Plunkett
 Dr Mick Molloy
 Dr David Menzies
 Ms Fiona Mc Daid
 Mr Patrick Fleming
 Ms Glenna Woods
 Mr Thomas Keane

Changes to membership

The following memberships expired or were not renewed.

Mr Tom Mooney (Chair)
 Mr Michael Dineen (Vice Chair)
 Mr David Maher
 Mr Barry O'Brien
 Dr Cathal O'Donnell
 Ms Valerie Small
 Mr Michael Brennan
 Ms Glenna Woods

7. 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. Since the introduction of the Single State Pension scheme three new staff have commenced employment with the Council and members' contributions are paid over to the Department of Public Expenditure and Reform (DPER). Clarification is awaited on the liability associated with this single service Pension Scheme.

8. Property, Plant and Equipment

	ICT Equipment	Other Equipment	Totals
Cost			
At 1 January	74,507	77,458	151,965
Additions	33,555	2,070	35,625
Disposals	(3,065)	0	(3,065)
At 31 December	104,997	79,528	184,525
Depreciation			
At 1 January	47,987	76,281	124,268
Charge for the year	34,064	806	34,870
Disposals	(3,065)		(3,065)
At 31 December	78,986	77,087	156,073
Net Book Value			
At 1 January	26,520	1,177	27,697
Net movement for the year	(509)	1,264	755
At 31 December	26,011	2,441	28,452

9. Capital Account

	2016	2015
	€	€
Opening Balance 1st January	27,697	36,267
Transfer from Income and Expenditure	35,625	10,918
Less		
Amortisation in line with depreciation	(34,870)	(19,488)
Closing Balance at 31st December	28452	27,697

10. Payables**Amounts falling due within one year**

	2016	2015
	€	€
Trade Creditors	27,067	57,969
Accruals	41,320	53,339
Tax Due	28,008	19,827
	96,395	131,135

11. Receivables

	2016	2015
	€	€
Debtors	164,049	168,020
Prepayments	(760)	44,327
	163,289	212,347
Cash and cash equivalents	31,818	25,839
	195,107	238,186

12. Lease Commitments

At the 31st of December 2016, the Pre-Hospital Emergency Care Council had the following future minimum lease payments under non-cancellable operating leases for each of the following periods:

Operating lease payments recognised as an expense were €103,432 (2015: €103,432)

	2016	2015
	€	€
Payable within one year	51,716	103,432
Lease commitments at 31 December amounted to	51,716	103,432

At the final meeting of 2016, Council approved the relocation of the PHECC executive office to a more suitable facility in 2017.

13. Related Party Disclosures

The Director's remuneration for 2016 was €82,587. The Pre-Hospital Emergency Care Council adopts procedures in accordance with the guidelines issued by the Department of Public Expenditure and Reform covering the personal interests of Council members. In the normal course of business, the Pre-Hospital Emergency Care Council may approve grants or enter into other contractual arrangements with entities in which the Pre-Hospital Emergency Care Council members are employed or are otherwise interested.

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

15. Approval of Financial Statements

The Financial Statements were approved by the Council on the 8 Dec 2017.

Appendix 1 Schedule of attendance by Council Members 2016

Name	11 th Feb	10 th March	14 th April	8 th June	15 th Dec
Tom Mooney	√	√	√	√	NA
Stephen Brady	√	√	X	√	√
Michael Brennan	X	√	√	X	NA
Michael Dineen	X	X	X	√	NA
Thomas Keane	√	X	X	X	√
Mick Molloy	√	√	√	√	√
David Maher	√	√	X	X	NA
Shane Mooney	√	√	√	√	√
Barry O' Brien	X	X	X	X	X
Cathal O' Donnell	√	X	X	√	NA
Patrick Plunkett	√	√	√	X	√
Valerie Small	√	√	X	√	NA
Glenna Woods	√	√	X	√	√
Martin Dunne	X	√	√	X	X
Shane Knox	√	√	√	√	√
December Meeting (New Members)					
David Menzies					√
Jacqueline Burke					√
Hillery Collins					√
Pat Hanafin					X
Pat Fleming					√
Tess O' Donavan					√
Conor Deasy					X
Fiona Mc Daid					X

Appendix 2 Schedule of attendance by Quality and Safety Committee Members 2016

Name	8 th March	17 th May
Shane Mooney (Chair)	√	√
Derek Nolan	X	X
Michael O'Reilly	√	√
Tom Tinnelly	X	X
Valerie Small	X	X
Tom Mooney	X	X
Brigid Sinnott	√	√
Anthony Corcoran	X	X
Mick Molloy	X	√
Ricky Tracey	X	X
Brigid Doherty	X	X
Michael Dineen	X	X
Thomas Keane	X	X
Gregory Lyons	X	√
David Maher	X	X
Ian Brennan	√	X
David Willis	X	√
Rotational Members		
John Conroy	X	X
James Connell	X	X
Chris O'Connor	X	X
David Rock	X	X
Paul Brothers	X	X
Ronan Denning	X	X
Andrew Lyle	X	X
John McShane	X	X
David Bradley	X	X
Michael Dougan	X	X
Anthony Lawlor	X	X
Anna Rock	X	X
Bernie Stevenson	X	X
Pamela Skerritt	X	X
David Hall	√	X
James Carroll	X	X

Appendix 3 Schedule of attendance by Education and Standards Committee Members 2016

Name	5 th April	24 th May
Valerie Small (Chair)	√	√
Stephen McMahon	X	X
Sarah Cain	√	√
Mick Molloy	X	X
Glenna Woods	X	X
Maeve Donnelly	√	√
Michael Dineen	√	X
Thomas Keane	X	X
Shane Knox	√	√
Raymond Lacey	√	√
Paul Lambert	√	√
Tom Mooney	X	X
David Maher	X	X
Róisín McGuire	√	X
Brian Bruno	√	X
Shane Mooney	X	X
David Menzies	√	√
Sandra Fleming	√	√
Rotational Members		
Derek Fox	X	X
Conor McEvaddy	X	X

Appendix 4 Schedule of attendance by Medical Advisory Committee Members 2016

Name	28 th Jan	24 th Feb	31 st Mar	28 th April	26 th May	8 th June
Mick Molloy (Chair)	√	√	√	X	X	√
Seamus McAllister	√	X	X	X	X	X
Neil Reddy	√	X	X	√	X	X
Conor Deasy	X	√	X	X	X	√
Michael Dineen	X	X	√	√	√	√
David Hennelly	√	X	√	√	√	√
Macartan Hughes	√	X	√	√	√	√
Eoghan Connolly	N/A	√	√	X	√	√
Thomas Keane	X	X	X	X	X	X
Shane Knox	√	X	X	√	X	√
Declan Lonergan	X	√	√	√	√	X
Joseph Mooney	X	X	√	X	X	X
Shane Mooney	√	√	√	√	X	√
David O'Connor	√	√	X	√	√	√
Kenneth O'Dwyer	√	√	X	√	X	√
Martin O'Reilly	√	√	√	√	√	√
Rory Prevett	X	√	√	X	X	X
Derek Rooney	√	X	X	√	√	√
Jack Collins	X	X	X	X	X	X
Cathal O'Donnell	X	X	X	X	√	√
Valerie Small	X	X	X	X	X	X
Tom Mooney	X	X	X	X	X	X
Stephen Cusack	X	X	X	X	X	X
Peter O'Connor	X	X	√	√	√	X
David Menzies	√	X	√	X	√	X
Gerald Kerr	√	√	√	X	X	X
David McManus	X	X	X	X	X	X
Gerard Bury	X	X	√	X	√	X
Sean Walsh	X	X	X	X	X	X
Niamh Collins	√	X	√	√	X	√

Appendix 5 Schedule of attendance by Priority Dispatch Committee Members 2016

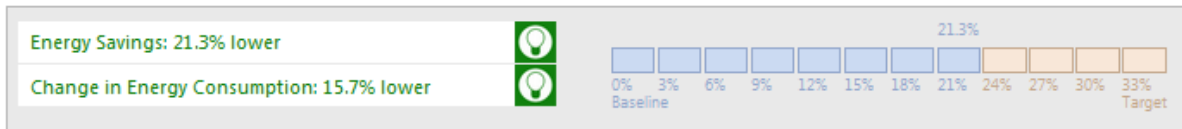
Name	15 th March	6 th May
Stephen Brady (Chair)	√	√
Mick Molloy	X	√
Conor Deasy	√	X
Anne McCabe	X	X
John Moody	√	√
Kathrina Murray	√	√
Niall Murray	X	X
Brian O'Connor	X	X
Martin O'Reilly	√	√
Brian Power	√	√
Dawn Stevenson	√	X
Cathal O'Donnell	√	X
Peter O'Connor	√	√
Mark Doyle	X	X
Michael Delaney	√	X

Appendix 6 Schedule of attendance by Compliance and Audit Committee Members 2016

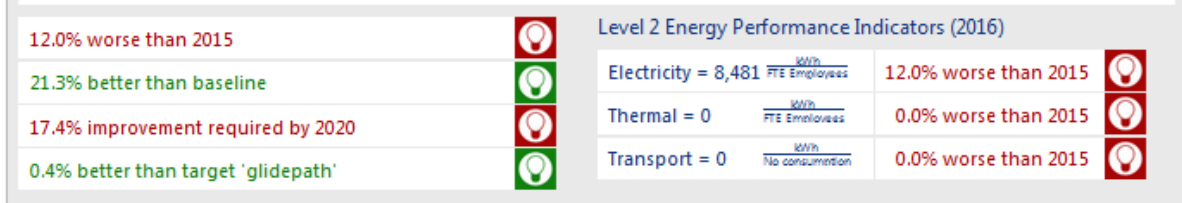
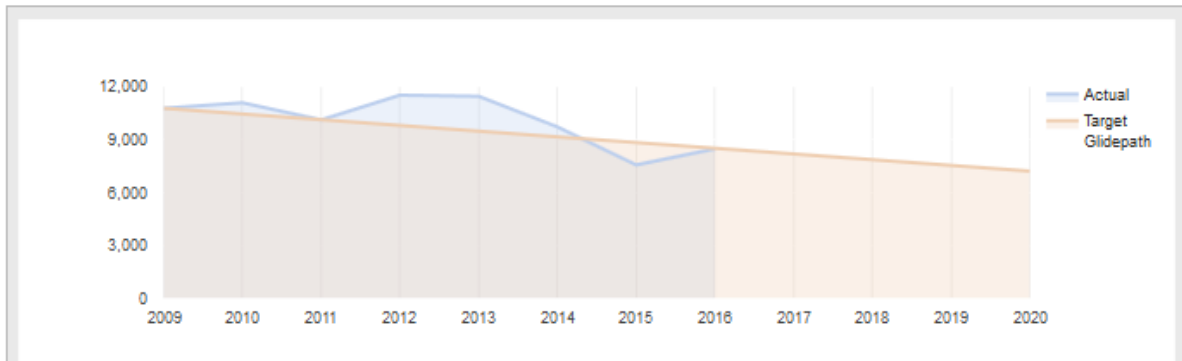
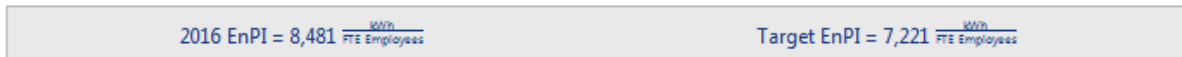
Name	4th February	12th May
Con Foley	√	√
Dermot Magan	X	√
Stephen Brady	√	√
Michael Brennan	√	√
Jacqueline Egan	√	√

Appendix 7 Sustainable Energy Authority of Ireland PHECC Scorecard

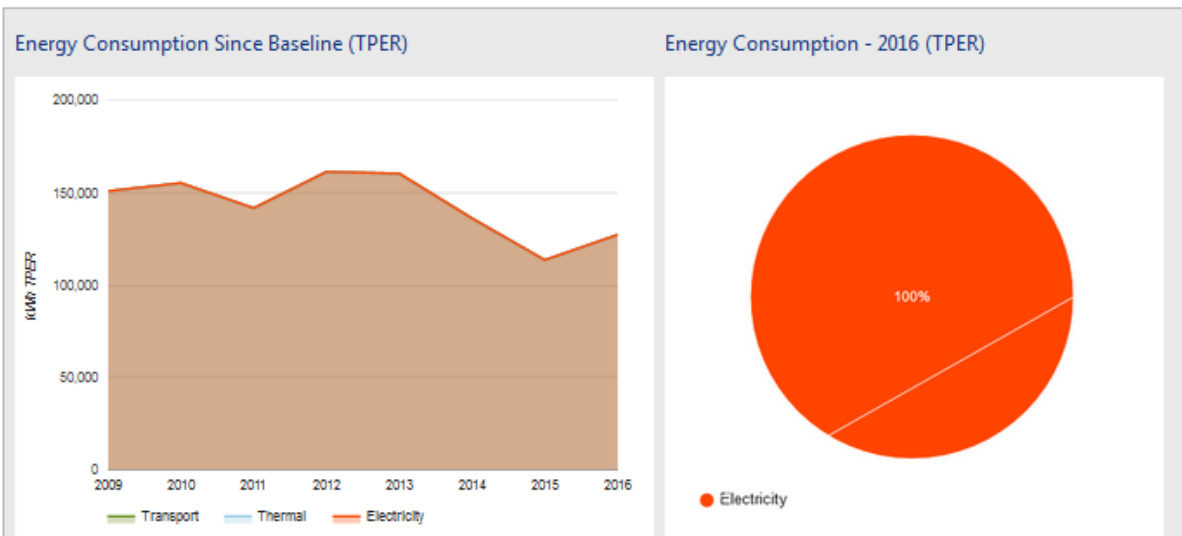
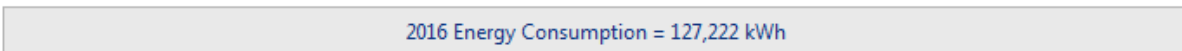
Since Baseline to 2016



Energy Performance Indicators - 2016

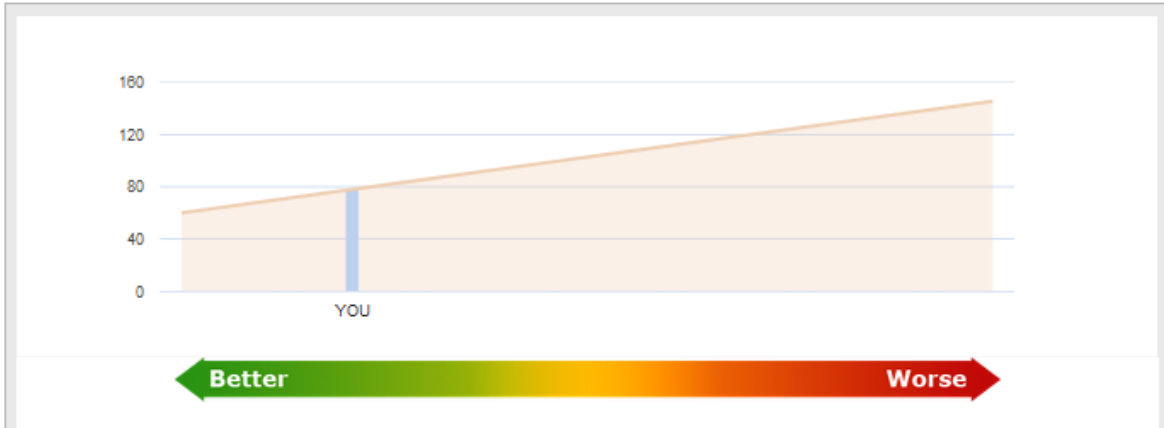


Energy Consumption (TPER) - 2016



Your Performance Compared to All Public Bodies

Your Normalized EnPI = 78.690



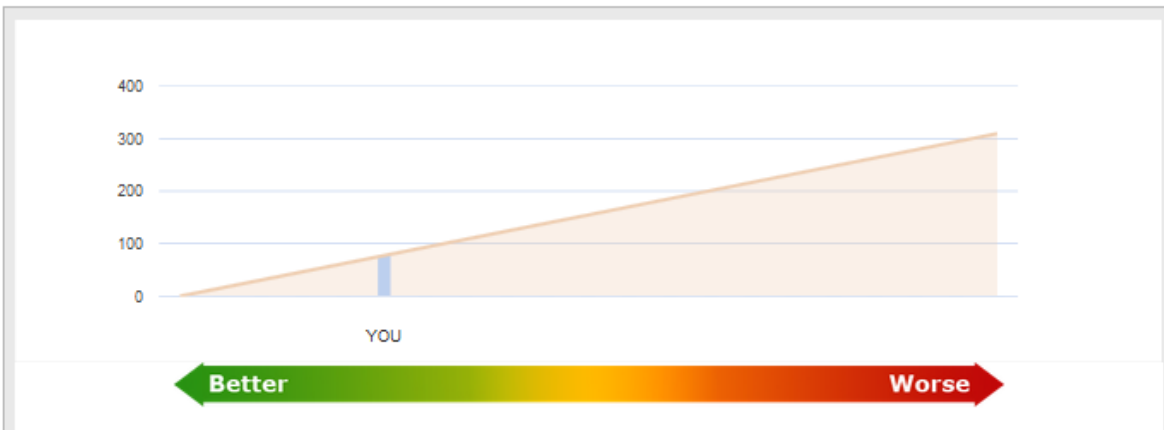
Your savings are 0.2% more than average (0.0%)

407th best performer (out of 1949)

Above the 21st percentile

Your Performance Among Office-based organisation

Your Normalized EnPI = 78.690



Your savings are 0.2% less than average (0.3%)

105th best performer (out of 183)

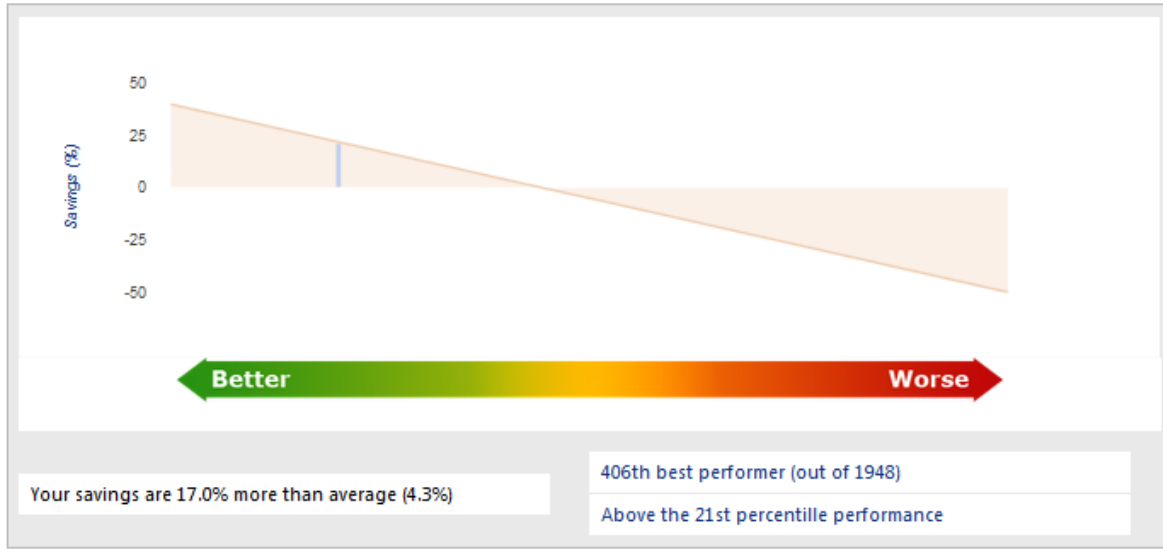
Above the 57th percentile

Savings since baseline: 21.3%



Since Last Year

Your Savings Compared to All Public Bodies



Your Savings Among Office-based organisation

