



PHECC Recognised CPG Service Provider
Annual Report

Mission Statement

The Pre-Hospital Emergency Care Council protects the public by independently co-ordinating, developing, reviewing, regulating and governing standards of excellence for the safe provision of quality pre-hospital emergency care.

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Version History

(Please visit the [PHECC website](#) to confirm current version.)

Doc No Title: LIS021_ PHECC Recognised CPG Service Provider Annual Report		
Version	Date	Details
1	Aug 2018	New document approved by Council as part of application and renewal process for CPG Licensed Providers.
2	Oct 2019	Council approved version 2 (AMDR).
3	Sept 2022	Name edit and document amended following GVF Model evaluation.
4	April 2024	Reviewed and updated.

Scope

This document identifies the reporting requirements for the **PHECC Recognised CPG Service Provider Annual Report** (LIS021), which has two parts:

Part 1	PHECC Recognised CPG Service Provider Report
Part 2	Annual Medical Director's Report

The report should be retrospective and cover the previous 12 months; content may be jointly developed by the Provider and their Medical Director. The completed report must be co-signed by the Medical Director and the Provider's nominated responsible person.

Cover page of the annual report should identify the name of the PHECC Recognised CPG Service Provider and the period the report is covering.

The report should include required information on each item identified below, giving it an appropriate heading. Following the order in which they appear is also suggested.

A checkbox is provided to help ensure no required information is omitted from the annual report.

Part 1
PHECC Recognised CPG Service Provider Annual Report (LIS021)

	This report should be retrospective and cover the previous 12 months.	Inclusion Checklist
Organisational Overview		
1.	Organisational Chart to include the supporting structure.	<input type="checkbox"/>
2.	A comprehensive summary of the nature and type of service provided, including an outline of the full patient care journey.	<input type="checkbox"/>
3.	A list of all employees, volunteers and/or contractors, to include their Name, PHECC PIN, CPG privileged status, CPG upskilled status, and date of Garda vetting (Template provided by PHECC).	<input type="checkbox"/>
4.	Evidence of: <ul style="list-style-type: none"> • Clinical Indemnity/ Medical Malpractice Insurance and the indemnity levels • Employee and Public liability 	<input type="checkbox"/> <input type="checkbox"/>
5.	Has there been any significant changes to the Provider's corporate structure, or change in key personnel? *Providers are reminded of their reporting responsibilities under PHECC Licensed GPG Service Provider Notification Process (LIS020) to report significant changes ASAP.	<input type="checkbox"/>
6.	Details of staff training conducted (relevant to pre-hospital care).	<input type="checkbox"/>
7.	Evidence of any SLA/MOU in place with PHECC Recognised Institutions (RI) regarding training/student placements, (If applicable). (or evidence of arrangements made with specific organisations/hospital, etc).	<input type="checkbox"/>
8.	Copy of any new or updated policies.	<input type="checkbox"/>
9.	Summary report on any employees, volunteers and/or contractors that were subject to review, to include any actions undertaken to protect the public.	<input type="checkbox"/>
10.	Report on any service provision-based complaints received.	<input type="checkbox"/>

Part 2
Annual Medical Director's Report (AMDR)

	The report should be retrospective and cover the previous 12 months.	Inclusion Checklist
Clinical Overview		
A.	Comprehensive summary of the Provider's clinical service arrangements to include all aspects of the service.	<input type="checkbox"/>
B.	Confirm that clinical indemnity is in place regarding your role as Medical Director.	<input type="checkbox"/>
C.	Level of clinical activity i.e., number of: <ul style="list-style-type: none"> • PCR/ACR completed • patients transported • patients refused treatment/transport 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D.	Summary report on: Adverse clinical incidents* Clinical based complaints Near-misses and no-harm events, and their resolution *No practitioners or patients to be identified	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
E.	Confirmation that the Medication Management arrangements and systems in place ensure safe service delivery and protect the public.	<input type="checkbox"/>
F.	Have any PHECC Practitioners had their privilege status adjusted due to clinical practice, behaviour, or misconduct concerns? (If yes, provide a de-identified report and any actions taken.)	<input type="checkbox"/>
G.	Report on Provider's Clinical Key Performance Indicators (KPI), to include PHECC KPI if appropriate to the Provider's service model.	<input type="checkbox"/>
H.	Submit one clinical audit to include the full audit cycle i.e., plan audit, gather information, review information, determine info impact, identify and develop outcome actions, assign responsibilities and communicate results to stakeholders.	<input type="checkbox"/>



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