



**The Northern Ireland Practice and Education Council
for Nursing and Midwifery Accounts**
For the year ended 31 March 2006

Laid before the Houses of Parliament by the Comptroller and Auditor General for Northern Ireland in accordance with Paragraph 12(2) and (4) of the Schedule to the Northern Ireland Act 2000 and Paragraph 38 of the Schedule to the Northern Ireland Act 2000 (Prescribed Documents) Order 2004

1 November 2006

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Contents

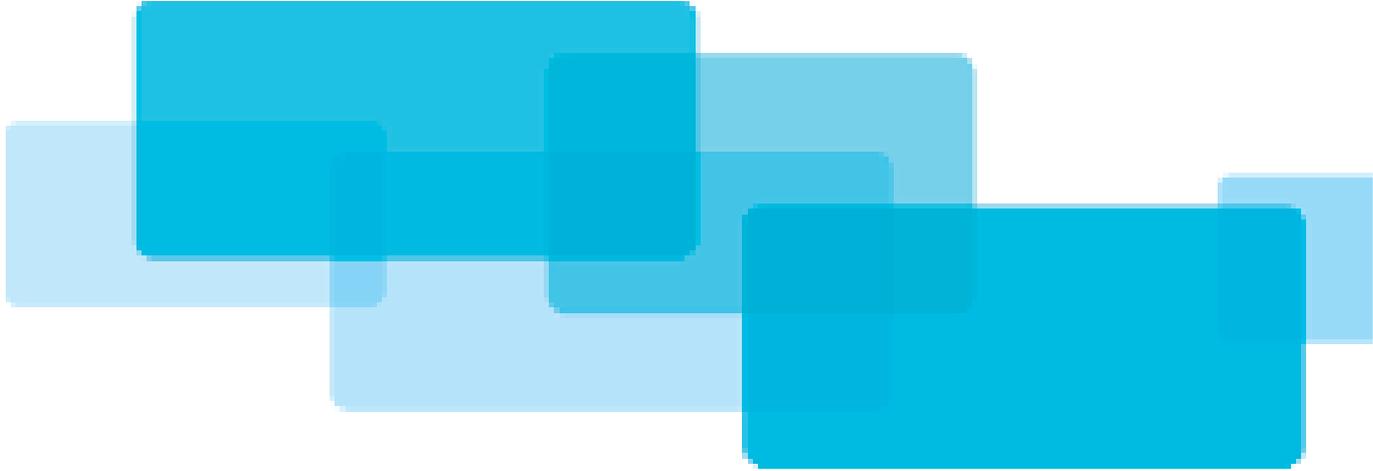
Management Commentary	4
Corporate Strategy and Business Plan Annual Report	7
Introduction	7
Development Framework for Nurses and Midwives	7
Development of Practice	8
Development of Education	10
Strategic Relationships	12
Corporate Governance	13
Equality Annual Report – Executive Summary	14
Remuneration Report	16
Statement of the Council and Chief Executive’s Responsibilities	22
Statement on Internal Control	23
The Certificate and Report of the Comptroller and Auditor General	27
Statement of Accounts for the Year Ended 31 March 2006	31
Appendix 1 Glossary	58
Appendix 2 NIPEC Legislation	59
Appendix 3 Individual Business Objectives Progress	60
Appendix 4 Membership of Council	72
Appendix 5 Membership of Audit Committee and Remuneration Committee	74
Appendix 6 Declaration of Interests	75
Appendix 7 Staff Organisation Structure Chart	76





The Annual Report and Accounts
of the Northern Ireland Practice
and Education Council (NIPEC)

1 April 2005 to 31 March 2006



Management Commentary



Mission Statement:

The Northern Ireland Practice and Education Council (NIPEC) aims to improve the quality of health and care by supporting the practice, education and performance of nurses and midwives.

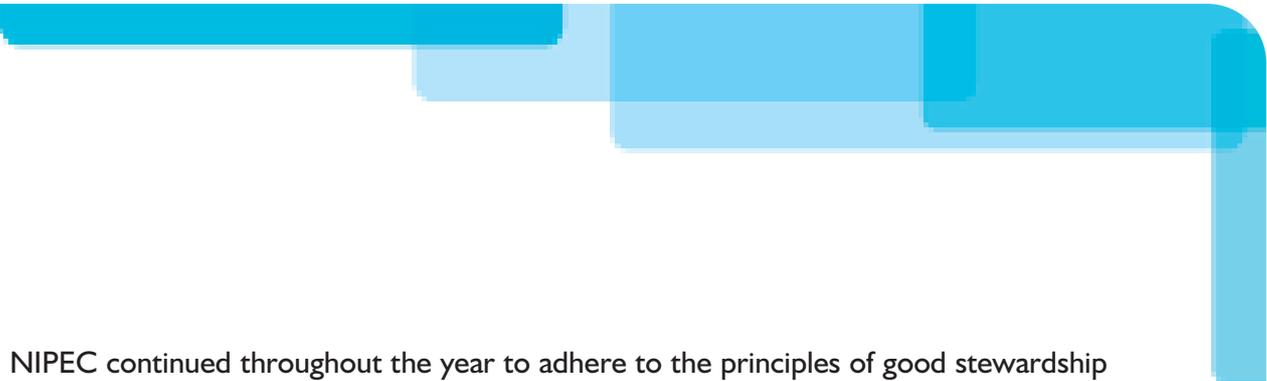
Mrs Maureen Griffith, Chair of Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC).

I am delighted to present this year's Annual Report and Accounts for the year 2005-2006. From its establishment in 2002 NIPEC has grown to be an important resource promoting and supporting the development of registrants¹ so that they provide the best nursing and midwifery care possible for the population across Northern Ireland. I am fortunate as Chair of the Council to be able to count on the active support and willing engagement of both lay and professional members of the Council whose commitment to the work programme of NIPEC has been outstanding and highly valued.

As Chair of the Council I am pleased with how well it has established itself with the registrant population and their employers across Northern Ireland. I also commend how NIPEC and its staff approach its work embodying the best partnership principles, utilising creative and effective communication techniques, marshalling professional expertise, validating and openly consulting. These qualities have distinguished NIPEC as a regional body respected by our peers and appreciated by registrants. NIPEC values working with integrity and in an open manner, its staff seek to provide professional leadership at all times and are committed to high quality robust outputs. These values have ensured that NIPEC once again has achieved its business objectives for 2005-2006. An overview of the achievements of NIPEC's activity against the five corporate areas identified within the Business Plan 2005-2006 is described in more detail later under the section entitled '*Corporate Strategy and Business Annual Report*'.

In this management commentary I would like to highlight some of NIPEC's business achievements this year and refer to the important context within which NIPEC will need to continue its work in the coming years.

¹ The term registrant(s) throughout this document should be taken to refer to Registered Nurses, Registered Midwives and Registered Specialist Community Public Health Nurses.



NIPEC continued throughout the year to adhere to the principles of good stewardship of public monies and the accounts show that it conducted its business within its financial allocation. The financial position at the year end from NIPEC's monthly management statements showed a small surplus of funds £23,531 which represented 1.7% of NIPEC's financial funds for the year. However, this position was before financial accounting provisions for future obligations were taken into account. Therefore, due to the establishment of a provision for the payment of ill-health retirement pensions to former employees of the National Board for Nursing, Midwifery and Health Visiting for Northern Ireland, NIPEC's accounts show a deficit of £161,672 for the year.

The NIPEC Business Plan for 2005-2006 set 26 business objectives within the context of its Corporate Strategy 2005-2008. Appendix 3 illustrates that NIPEC has achieved all these objectives showing the majority to have been fully achieved:

- NIPEC developed its Vision Statement for Learning and Education in partnership with colleagues across the service and education providers. The Vision Statement is guiding NIPEC in its strategic activities promoting and giving leadership to the learning and education activities of the registrant population.
- Achievements this year also represent the culmination of the significant work programme of the Development Framework Project. This was an umbrella project for a total of five strategic projects addressing different aspects of the development of individual registrants. The five projects covered areas such as performance assessment and identification of development needs, a learning resource promoting a range of learning and development activities, a career development and enhancement guide, a new role development guide and the promotion of reflective practice within a professional portfolio. Accessibility to the advice and guidance for registrants has been a paramount consideration for NIPEC and the design of a dedicated website housing the advice and guidance, tools and resources was launched in February 2006 and has already indicated high levels of interest among registrants.
- Lastly NIPEC has led a piece of work, with all of the Trusts Directors of Nursing, identifying in a mapping exercise, the challenges and opportunities for registrants undertaking development of practice and quality activities. Set within clinical and social care governance contexts registrants need to be supported to undertake these activities which seek to use evidence to direct improvements in practice and enhance patient safety. This year also saw the development and formal launch of the All Ireland Practice and Quality Database. This initiative carried out

in collaboration with our colleagues in the National Council for Nursing and Midwifery in the Republic of Ireland seeks to promote the sharing and dissemination of practice and quality initiatives.

Significant policy developments, reports, reviews and inquiries have resulted in a dynamic context within which NIPEC successfully achieved its Business Plan targets for this year. This context will continue to offer both opportunities and challenges for NIPEC's work over the next couple of years and I am confident that the Council will respond positively and creatively.

In a wider public services context the Ministerial announcements of November 2005² and March 2006 will have a significant impact on the structures and working practices within which registrants work. NIPEC will see its functions transfer into the new HSS Authority. The Council believes this will provide an environment within which there will be added opportunity to promote and support the development of the practice, education and professional development of registrants and we are keen to play a positive role in transferring NIPEC's well developed functions to the new Authority. It is my expectation that these functions will not only be retained but allowed to continue developing, helping shape and increase the capacity of this critical workforce in the years to come. I would also urge that consideration be given to how NIPEC's achievements can be extended to other professional groups. Lastly it is essential that established support systems such as the dedicated Development Framework website www.nipecdf.org and the All Ireland Practice and Quality Database www.nipec.n-i.nhs.uk/database are sustained in the transfer. I would also hope that NIPEC's well developed profile which has been established with registrants and employers is maintained.



Mrs Maureen Griffith
CHAIR, NIPEC

² The announcement of the Review of Public Administration (RPA) in November 2005 set out the proposals for the reform of the HPSS. Implementation of the RPA proposals will see the establishment of a new Health and Social Services Authority and seven Local Commissioning Groups (LCG's). An independent Patient and Client Council will also be established to safeguard the interests of service users. All these changes will be implemented in April 2008.

Delivery of health and personal social services will be in the hands of five new Trusts which will replace 18 of the existing Trusts. The new Trusts will come into operation in April 2007. The Northern Ireland Ambulance Service will continue to provide a regional ambulance service.

The RPA will also see a significant reduction in non-departmental bodies, with only the Blood Transfusion Service, the Social Care Council and the Guardian Ad Litem Agency unaffected. Several organisations will be absorbed into the new HSS Authority, and the Fire Authority will, in due course, become the responsibility of local government.

The Department of Health, Social Services and Public Safety has made a central provision for the identifiable one-off investment needed to underpin the establishment of the new HPSS structures created following the Review of Public Administration. The expenditure in question relates to early leaving payments which are not yet quantifiable at individual HPSS level.



Corporate Strategy and Business Plan Annual Report

Introduction

NIPEC reviewed its Corporate Strategy 2002-2005 '*Shaping Health – Improving Care*' in May 2005 and produced a new Corporate Strategy 2005-2008 which identified the key challenges which NIPEC will be addressing over the next three years.

Within the Business Plan 2005-2006 the opportunity was taken to rationalise some of the corporate objectives and the objectives 'Communication' and 'Strategy for Public Involvement' were replaced by a new corporate area 'Strategic Relationships' together with appropriate business objectives.

This section of the Annual Report addresses the overall progress made by NIPEC against each of these four corporate areas providing highlights of achievements made in the 2005-2006 year. Further detail on the achievements against the individual objectives is shown under each corporate area at Appendix 3 – 'Individual Business Objectives Progress'.

Development Framework for Nurses and Midwives

The end of the 2005-2006 business year also marked the completion of the Development Framework Project and it is gratifying to report that all the project aims and objectives were achieved within the planned timescale.

During the life span of the Project an ongoing Project Evaluation exercise was conducted which measured the progress and success of the Project against the Project plan. From the Project Evaluation Report it was pleasing to note that the internal Project Evaluator positively evaluated the Project as having robust project structures, active involvement of members, effective recording of meeting outcomes and achievement of important Project milestones.

This Project, which spanned over four years, has produced valuable outcomes which are designed to support the registrant workforce in Northern Ireland to provide safe and effective nursing and midwifery both now and into the future. These outcome resources were developed in partnership and tested extensively with relevant stakeholders and each component of the Development Framework was designed to support aspects of registrants' development, where relevant. This includes the assessment of performance, identifying appropriate opportunities to support learning and development in preparation for appraisal and promoting the building and maintaining of a professional portfolio to provide evidence of meeting post-registration education and practice requirements for renewal of professional registration.

Collectively the above components will play a vital role in the future development of this important workforce within the health and social care environment. The online electronic version of the Development Framework components which went 'live' in February 2006 will greatly facilitate implementation; this resource is available without charge for registrants to use on a secure individual basis. The resources are also accessible to organisations employing registrants and can be utilised to support their workforce development strategy.

The Development Framework can help reassure the public that registrants in Northern Ireland are supported in their role to be safe and competent practitioners. Also a number of broad recommendations to support effective implementation of the Development Framework are contained within the Final Development Framework Project Report which is available to download from the main NIPEC website www.nipec.n-i.nhs.uk

The NIPEC corporate area of Professional Development will continue following the formal end of the Development Framework Project and undertake the implementation of relevant recommendations, ongoing communications and other associated development work including working with managers to facilitate the maximum use of the Project resources.

Development of Practice

The NIPEC Vision Statement for Development of Practice (2004) has continued to drive this corporate area. NIPEC continues to promote the significant contribution that Development of Practice activities can make to improve the quality of care, workforce development and Clinical and Social Care Governance.

Early in 2005 a programme of work was agreed under three strategic areas:

- i. Supporting Clinical and Social Care Governance through promoting Development of Practice.
 - ii. Contributing to an infrastructure that supports Development of Practice.
 - iii. Developing strategic collaborative relationships.
- 



For the year 2005-2006 the focus has been on strategic area one, 'Supporting Clinical and Social Care Governance through promoting Development of Practice', with progress being made in the following areas:

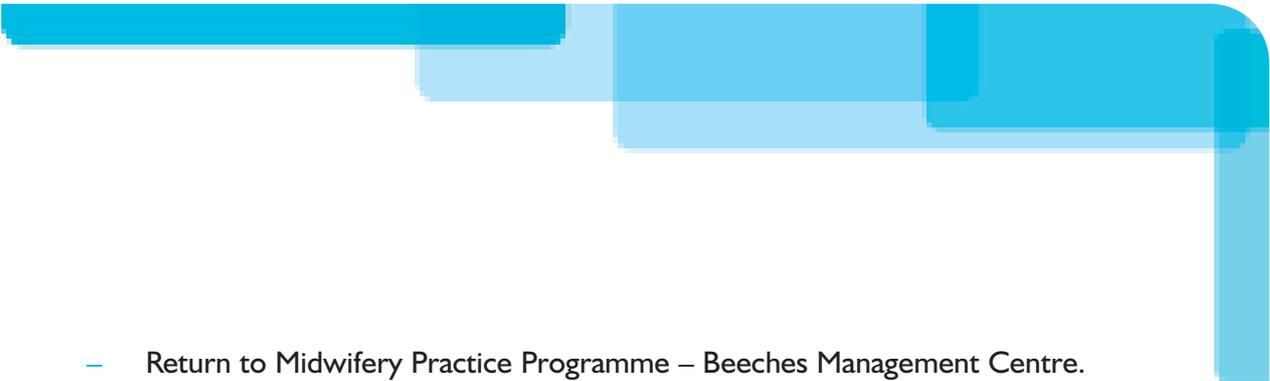
- A comprehensive mapping exercise was undertaken with Trust Nursing Directors and a report presenting an analysis of the themes which emerged was circulated to all participants in February 2006. These themes will further inform the ongoing work to develop a 'Guide to Best Practice for Development of Practice'. This element of the work is again being conducted in partnership with colleagues from the HPSS with recognised expertise in Development of Practice activities, and will continue into the 2006-2007 year.
- The NIPEC Practice and Quality Development Database went live in January 2005. Further development of the database has been undertaken in this year, in collaboration with the National Council for Nursing and Midwifery (RoI) to produce the first online All Ireland Practice and Quality Development Database. An official launch of the all Ireland resource is planned for April 2006.
- The final report from 'Using and Doing Research: Guiding the Future' was officially launched in October 2005. This report included action plans and recommendations highlighting actions and responsibilities of key stakeholders in achieving the 12 R&D priorities arising from the research.
- Within the NIPEC Development Framework the Career Development component has been successful in profiling Quality Improvement and Research and Development as legitimate career directions for registrants. Registrants occupying roles that support Development of Practice activities have contributed their career profiles which serve to promote the skills and competencies required to be effective in such roles.
- NIPEC Senior Professional Officers in Practice and Quality Development facilitated the development of a Strategy for Nursing in United Hospitals Health and Social Services Trust, at the request of the Director of Nursing and Allied Health Professionals.

Development of Education

In meeting NIPEC's remit to promote high standards in the education and training of nurses and midwives, NIPEC have undertaken a number of activities to assure standards and influence developments in 2005-2006. These have included education quality assurance activities and various operational and strategic education activities.

These are summarised below:

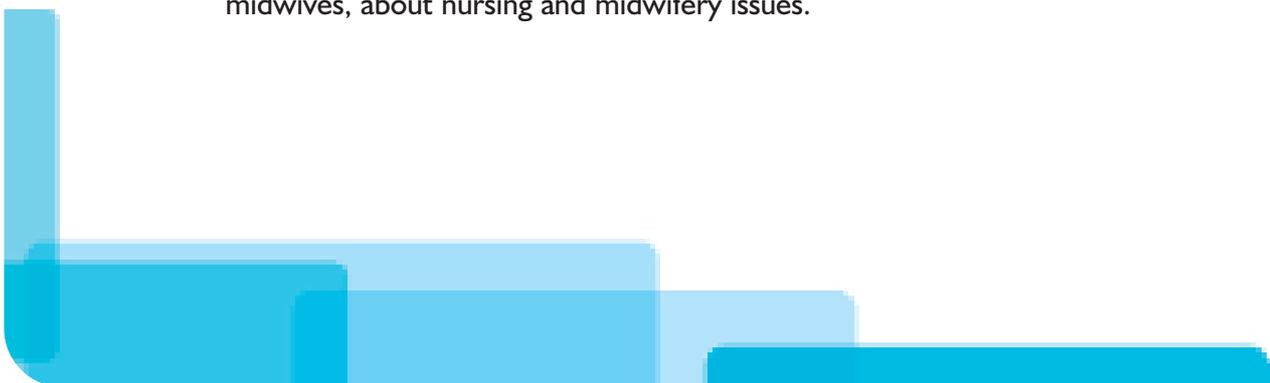
- This year marked the beginning of a new quality assurance service level agreement between the Nursing and Midwifery Council (NMC) and NIPEC to approve and monitor institutions and courses within Northern Ireland leading to registration or recording. The new agreement commenced on the 31 March 2005 for a period of 12 months, which was subsequently extended for a further six months up to 30 September 2006. The new quality assurance arrangements involved NIPEC implementing a new NMC model of quality assurance. Negotiations are ongoing with NMC in relation to a new quality assurance service level agreement which will commence on 1 October 2006. NIPEC has also participated in work that the NMC is taking forward to develop a model of quality assurance for implementation across the United Kingdom (UK) with the objective of ensuring a consistent approach in all four UK countries.
- NIPEC has continued to play an important role in quality assuring programmes of education for nurses and midwives on behalf of the NMC and the DHSSPS. This has been achieved through the implementation of enhanced quality assurance systems for the approval and monitoring of the wide range of pre and post-registration education programmes. Quality assurance activity continued throughout the year and a programme for annual monitoring of approved programmes has been designed. NIPEC has also worked closely with both universities to agree new Joint Validation Agreements.
- Courses recommended for approval to NMC and subsequently approved by NMC within the year 2005-2006 were:
 - The Overseas Nurses Programme – Beeches Management Centre, North and West In-Service Education Consortium and United Hospitals In-Service Education Consortium (North and West In-Service Education Consortium and United Hospitals In-Service Education Consortium have now amalgamated to form Educare).

- 
- Return to Midwifery Practice Programme – Beeches Management Centre.
 - The Overseas Nurses Programme – Queen’s University, Belfast.
 - Courses recommended for approval to NMC and being processed for final confirmation of approval by NMC within the year 2005-2006 were:
 - Pre-registration nursing programme (adult and mental health nursing) – University of Ulster.
 - Pre-registration nursing programme (adult, children’s learning disability and mental health nursing) – Queen’s University Belfast.
 - NIPEC also recommended approval of Educare to NMC as an education institution, which was subsequently approved by NMC.
 - NIPEC completed the Vision Statement for Learning and Education, which is now being implemented through NIPEC’s education activities.
 - Seven NIPEC Expert Education Partners were appointed in April 2005 to work with NIPEC to complement the work of the NIPEC officers by providing in-depth clinical expertise in the areas of midwifery and adult, mental health, learning disability and children’s nursing. These expert partners have been inducted into their role in 2005-2006, have attended two training days, and are currently shadowing and working with NIPEC officers across a range of quality assurance activities.
 - NIPEC is implementing the quality assurance framework for DHSSPS commissioned development and education (non-NMC registered or recorded) in 2005-2006 on behalf of the DHSSPS. It was agreed with the DHSSPS that the systems would be tested in this year to evaluate their utility.

Strategic Relationships

In seeking to deliver its Mission and raise its profile NIPEC recognises that strategic relationships are important. Therefore, work continued during the year to establish and maintain strategic relationships across a range of organisations, interest groups and stakeholders. Activities included:

- The maintenance and ongoing development and monitoring of the NIPEC website. The website was revamped during the year to reflect NIPEC's new corporate image and from NIPEC's internal monitoring data the website was accessed more than 36,600 times per month, an increase of 23% on the previous year's activity.
- A 'df' website was developed incorporating the five areas of Portfolio, Competency Profile, Learning Activities, Career Planning and New Roles and went live on 13 February 2006. Significant interest in the contents of the website has been shown not only within the UK but also from organisations outside the UK.
- The new corporate styled 'Communiqué' update which is produced after each Council meeting and the quarterly 'E-News' continued to be issued during the year.
- Further 'Memorandum of Understandings' were developed with the NISCC and the NIMDTA and a one year agreement was agreed with C.H.A.I.N. (Contact, Help, Advice and Information Network) to promote within Northern Ireland a virtual IT network for nursing and midwifery.
- NIPEC continued to make use of the Links Network members in relation to various aspects of NIPEC's work in 2005-2006. The Network has over 75 members representing organisations and structures across the HPSS and Independent Sector, Voluntary Agencies, Prisons, Practice Nurses and Occupational Health Nurses. NIPEC particularly values the Links Network as a mechanism by which it can both communicate with and hear from nurses and midwives, about nursing and midwifery issues.



Corporate Governance

NIPEC is resourced from public funding and needs to be responsible and accountable for all of its activities. In 2005-2006 NIPEC established and maintained mechanisms in order to assure the DHSSPS and the public of the efficient and effective performance of NIPEC in delivering its functions. The Internal Auditors annual report for the year assured the Audit Committee that adequate and effective systems of internal financial control had been established by management within the Council. Other progress this year included:

- The Executive Summary of the Equality report submitted to the Equality Commission is contained in page 14. Other activities have included the ongoing development and monitoring of NIPEC's Equality Scheme and continued participation on the CSA's 'Agencies Equality Forum'.
- Monitoring and administration of seven Service Level Agreements for outsourced services.
- Review and monitoring of both high and low level risk registers and implementation of the various control measures aimed at managing risk.
- Maintaining files of evidence, for auditing purposes, for a total of 13 areas out of the 19 standards (three core and 16 non-core standards), areas identified by the DHSSPS as 'Control Assurance Controls' in 2005-2006 for HPSS organisations.
- Annual Accountability Review meeting held on the 29 November 2005 with the DHSSPS.
- Responding to and monitoring freedom of information requests which are held on an in-house electronic database.
- Monitoring and submission of regular reports to the NMC in regard to NIPEC's quality assurance activity.



Signed: _____

Chief Executive

Dated: 29 August 2006

Equality Annual Report – Executive Summary

Good Practice Initiatives for Promoting Equality of Opportunity

In recognition of the increasing diversity of the Northern Irish workforce, the Council has now amended, as appropriate, its induction checklist to facilitate the needs of any staff recruited from outside Northern Ireland.

Building on a joint project on age undertaken by the HPSS Agencies and Special Bodies during the previous year, the Council has developed a work plan for reviewing the impact of its employment practices on different age groups. This will involve, for instance, a review of personnel specifications.

Equality Screening

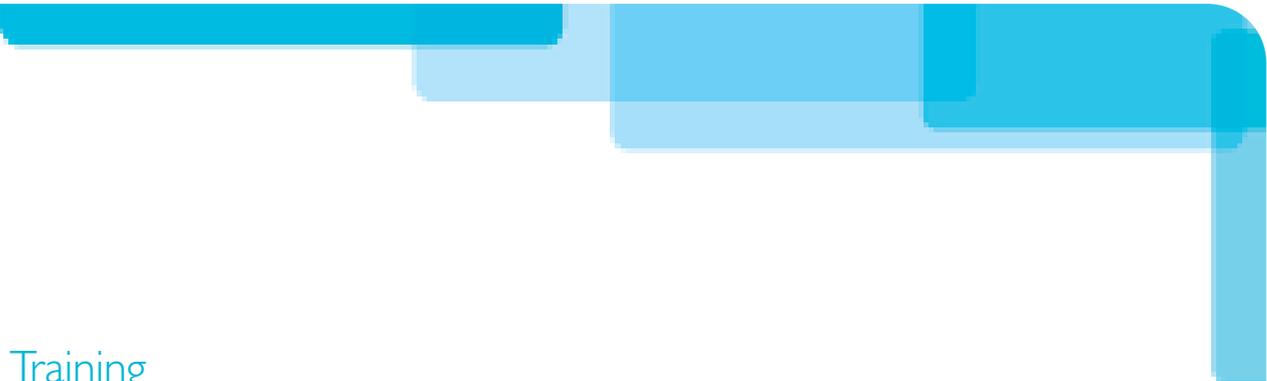
NIPEC subjected a further five policies to equality screening during 2005-2006:

- Policy for Public Involvement
- Drugs and Alcohol Policy
- Guidance to Staff on the Acceptance of External Gifts, Hospitality and Awards
- Policy on Smoking and Work

Towards the end of the financial year, NIPEC and its consortium partners commenced a joint consultation on the outcome of their equality screening exercises during 2005-2006, in line with requirements under Section 75. The consultation was scheduled to last for 12 weeks.

In this context, NIPEC and its partners developed a joint database of policies subjected to screening. It is the intention to maintain this database on an ongoing basis to allow learning to be shared between and within the HPSS Agencies and Special Bodies.





Training

The Council continued to provide specialised training on the implementation of Section 75 to its staff. Thus, for instance, senior managers participated in workshops on screening and equality impact assessments (EQIAs).

Regional Initiatives

Throughout the year, NIPEC also had an input into several regional good practice initiatives.

Through the Equality Unit, NIPEC contributed to the development of a regional tender for the provision of translation services. The initiative, carried forward by the Accessible Formats Working Group, sought to identify best-value providers of translation services from and into minority ethnic languages. Its aim was to ensure that all translations procured by HPSS organisations meet certain quality standards. The new regional contract was launched on 30 March 2006 in Antrim Area Hospital.

Likewise, the Equality Unit, CSA, continued to lead on the development of a booklet providing basic information about health and social services in Northern Ireland. The resource is targeted at people from black and minority ethnic groups. After seeking input from colleagues across the HPSS, consultation with voluntary sector organisations on a first draft of the booklet commenced in March 2006.

NIPEC also has had an input into the development of an e-learning resource on diversity, which is being progressed jointly by Boards, Trusts and Agencies and Special Bodies. Work on the content continues to be driven by John Kremer from the School of Psychology at Queen's University Belfast. It is the intention to pilot the resource in the new financial year.

Remuneration Report for the Year Ended 31 March 2006

Scope of the Report

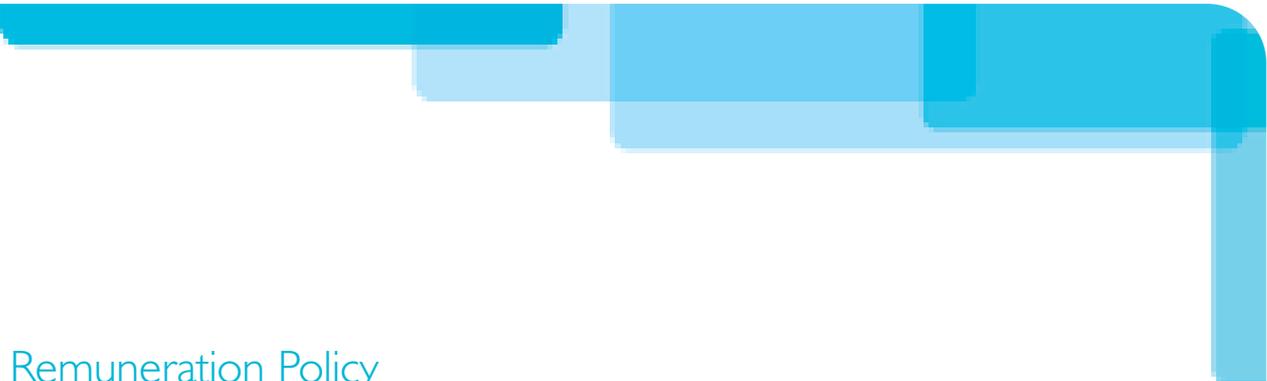
The Remuneration Report summarises the remuneration policy of Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) and particularly its application in connection with senior managers. The report also describes how NIPEC applies the principles of good corporate governance in relation to senior managers' remuneration in accordance with HSS (SM) 3/2001 issued by the Department of Health, Social Services and Public Safety (DHSSPS).

Remuneration Committee

The Board of NIPEC, as set out in its Standing Orders, has delegated certain functions to the Remuneration and Terms of Service Committee. The membership of this committee is as follows:

Chair:	Mrs Maureen Griffith
Professional Members:	Professor Jennifer Boore Mrs Thelma Byrne Mrs Dolores McCormick Mr Iain W McGowan Ms Frances McMurray Mrs Margaret O'Hagan Mrs Hazel Baird Mrs Eleanor Hayes
Lay Members:	Dr Sally Magee Dr Brendan McCarthy Mrs Maria O'Hare Mrs Pat Patten Mr Michael Rea Mrs Florence McMahon





Remuneration Policy

NIPEC applies the remuneration policy as directed by circular HSS (SM) 3/2001 issued by the DHSSPS in respect of Senior Managers. Senior Managers are subject to the NHS Individual Performance Review system. Within the system, each participant agrees objectives with his/her Senior Manager. At the end of each year performance is assessed and a performance pay award is given on the basis of that performance. This award is approved by the Chairman of the Board and endorsed by the Board's Remuneration Committee. There are no elements of Senior Managers remuneration that are not subject to performance conditions.

Contracts

HPSS appointments are made on the basis of the merit principle in fair and open competition and in accordance with all relevant legislation and circular HSS (SM) 3/2001. Unless otherwise stated the employee(s) covered by this report are appointed on a permanent basis, subject to satisfactory performance.

Miss Patricia Blaney was appointed Chief Executive on 1 May 2002.

Notice Periods

Three months notice is to be provided by either party except in the event of summary dismissal. There is nothing to prevent either party waiving the right to notice or from accepting payment in lieu of notice.

Retirement Age

Currently, employees are required to retire at age 65 years, occupational pensions are normally effective from age 60 years. With effect from 1 October 2006 with the introduction of the Equality (Age) Regulations (Northern Ireland) 2006, employees will be able to request to work beyond age 65 years.

Compensation for Premature Retirement

In accordance with Circular HSS (S) 11/83 and subsequent supplements, there is provision within the HPSS Superannuation Scheme for premature retirement with immediate payment of superannuation benefits and compensation for eligible employees on the grounds of:

- efficiency of the service
- redundancy
- organisational change.

Employers who retire staff early on any of the above grounds must pay the following:

- the basic pension plus increases up to normal retirement age
- the enhancement element of the pension plus increases for as long as this remains in payment
- enhancement element of the lump sum
- the actuarial charge for payment of the basic lump sum before normal retirement age.

There is also provision within the Scheme for early retirement with benefits on health grounds subject to confirmation of permanent incapacity by HPSS Medical Advisers.



Salary and Pension Entitlements

The salary, pension entitlements, and the value of any taxable benefits in kind of the most senior members of NIPEC were as follows:

Name	2005-06		2004-05	
	Salary including Performance related pay £000	Benefits in kind nearest £100	Salary including Performance related pay £000	Benefits in kind nearest £100
Patricia Blaney	50-55	–	50-55	–

Name	Real increase in pension and related lump sum at age 60 £000	Total accrued pension at age 60 and related lump sum £000	Cash equivalent transfer value (CETV) at 31 March 2005 £000	Cash equivalent transfer value (CETV) at 31 March 2006 £000	Real increase in CETV after adjustment for inflation and changes to market investment factors £000	Employer contribution to partnership pension account including risk benefit cover nearest £100
Patricia Blaney	2.5-5.0	60-65	183	204	8	–

HPSS Superannuation Scheme

Pension benefits are provided through the HPSS Superannuation scheme. The HPSS Superannuation scheme is a 'final salary' defined benefit scheme. The scheme is unfunded with the cost of benefits met by monies voted by Parliament each year. Pensions that are payable are increased annually in line with changes in the Retail Prices Index.

The contribution rate for most members is 6% of pensionable pay: manual workers pay 5%. Benefits accrue at the rate of 1/80th of pensionable salary for each year of service. In addition, a lump sum equivalent to three years' pension is payable on retirement.

Further details about the Health Service pension arrangements can be found at the website www.dhsspsni.gov.uk/superann

Cash Equivalent Transfer Values

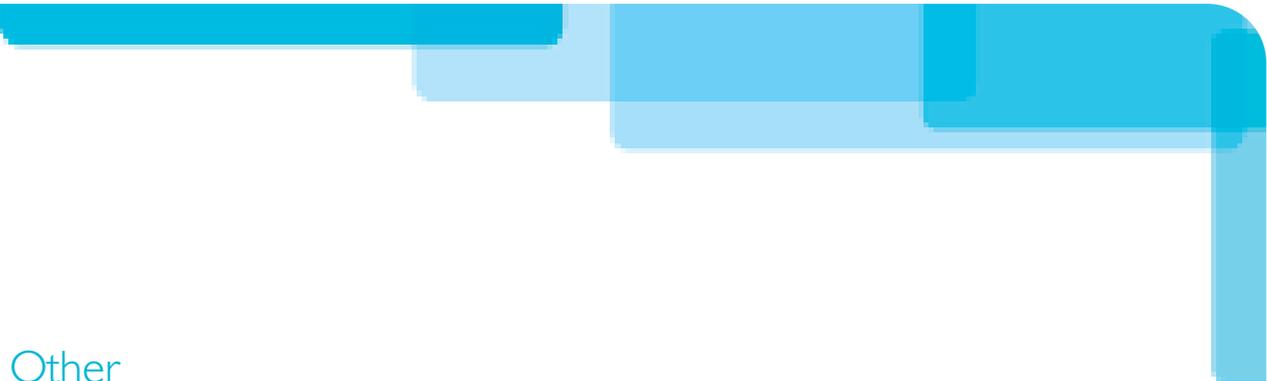
A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capitalised value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves the scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies.

The CETV figures, and from 2004-2005 the other pension details, include the value of any pension benefits in another scheme or arrangement, which the individual has transferred to the HPSS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.





Other

There are no elements of the remuneration package which are not cash.

There is no compensation payable to former senior managers.

There are no amounts included above which are payable to third parties for services of a senior manager.

There have been no awards made to past senior managers.

By order of the Council.



Signed: _____

Dated: 29 August 2006

Chief Executive

Statement of the Council and Chief Executive's Responsibilities

Under Schedule 1, paragraph 12 of the Health and Personal Social Services Act (Northern Ireland) 2002 of the Departments (Northern Ireland) order 1999, the DHSSPS has directed the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of NIPEC, of its income and expenditure, recognised gains & losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by the Department of Health, Social Services and Public Safety including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- Make judgements and estimates on a reasonable basis.
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts.
- Prepare the accounts on the going concern basis.

The Permanent Secretary of the Department of Health, Social Services and Public Safety as Accounting Officer for Health and Personal Social Services resources in Northern Ireland has appointed the Chief Executive of NIPEC as Accounting Officer of NIPEC. Her relevant responsibilities as Accounting Officer, including her responsibility for the propriety and regularity of the public finances for which she is answerable and for the keeping of proper records and for safeguarding the NIPEC assets, are set out in the Accounting Officer's Memorandum issued by the Department of Health, Social Services and Public Safety.



Statement on Internal Control

Scope of Responsibility

The Members of the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) are accountable for internal control. As Accounting Officer and Chief Executive of the Board of NIPEC I have responsibility for maintaining a sound system of internal control that supports the achievement of the policies, aims and objectives, whilst safeguarding the public funds and organisational assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Government Accounting.

Purpose of the System of Internal Control

The system of internal control is designed to manage to a reasonable level rather than eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of organisational policies, aims and objectives and to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in NIPEC for the year ended 31 March 2006, and up to the date of approval of the annual report and accounts, and accords with Department of Finance and Personnel guidance.

The Council exercises strategic control over the operation of the organisation through a system of corporate governance, which includes:

- a schedule of matters reserved for Board decisions
- a scheme of delegation which delegates decision making authority within set parameters to the Executive Director and other officers
- standing orders and standing financial instructions, the establishment of an audit committee.

The system of internal financial control is based on a framework of regular financial information, administrative procedures including the segregation of duties and a system of delegation and accountability. In particular it includes:

- comprehensive budgeting systems with an annual budget which is reviewed and agreed by the Council
- regular reviews by the Council of periodic financial reports, which indicate financial performance against the forecast
- setting targets to measure financial and other performances
- as appropriate, formal budget management disciplines.

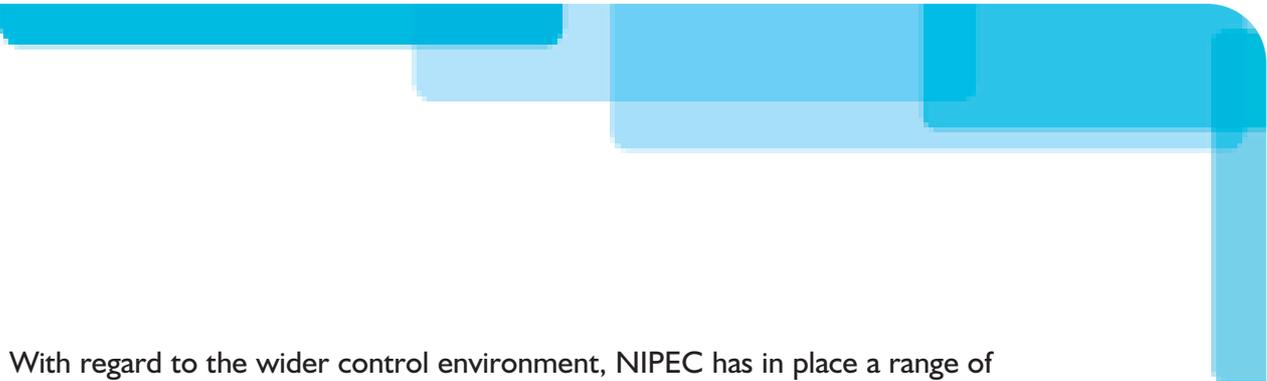
NIPEC has outsourced part of its financial management function under a Service Level Agreement, to another Health Service organisation and works with this organisation during the year to produce monthly management statements.

NIPEC has an outsourced internal audit function which operates to defined standards and whose work is informed by an analysis of risk to which the body is exposed and annual audit plans are based on this analysis. In 2005-2006 Internal Audit reviewed the following systems:

- Service Level Agreements
- Income
- Invoice payments
- Purchasing
- Petty cash
- Credit Card
- Mobile phones
- Budgetary control
- Asset Management
- Sickness reports
- Payroll Analysis/Staff in post

The Internal Auditor provided Management with adequate assurance with regard to the controls surrounding the financial systems. There were sound processes and procedures in place, with adequate levels of control overall. However, weaknesses in control were identified in a small number of areas. Recommendations to address these control weaknesses have been or are being implemented.





With regard to the wider control environment, NIPEC has in place a range of organisational controls, commensurate with the current assessment of risk, designed to ensure efficient and effective discharge of its business in accordance with the law and departmental direction. Every effort is made to ensure that the objectives of NIPEC are pursued in accordance with the recognised and accepted standards of public administration.

For example NIPEC's recruitment and selection policies are based on the principle of equality of opportunity and controls are in place to ensure that all such decisions are taken in accordance with the relevant legislation.

Capacity to Handle Risk

The organisation has developed a robust structure for overseeing the risk management process. The organisation's Audit Committee, which reports to the Council, has oversight for the initiatives taken by officers of the organisation to promote risk management. Executive responsibility for risk management resides with the Chief Executive who delegates day-to-day responsibility to the Head of Corporate Services. A Risk Management Group comprising of the Chief Executive and the Head of Corporate Services oversee the strategic and operational aspects of risk management.

The Council's Audit Committee has a responsibility for ensuring that the organisation adheres to best practice in regard to the management and control of risk.

The Risk and Control Framework

NIPEC has developed a risk management strategy, which has identified the organisation's objectives and risks. The Council has a high level risk register, based on the Council's corporate objectives areas and a lower, operational, level risk register. These registers are formally updated each six months and are approved by the Audit Committee who review all risk management activity. A section of the NIPEC's monthly internal business meetings is devoted to addressing risk management issues and regular updates on progress towards meeting risk management actions are made to the Audit Committee.

Over the past year the organisation has been evidencing its compliance with the controls assurance produced by the Department for Health Social Services and Public Safety (DHSSPS). At the end of March 2006 NIPEC has been able to demonstrate its adherence to levels of compliance with controls assurance standards set by the DHSSPS.

In the forthcoming year NIPEC will continue to review and develop the effectiveness of its current systems for managing risk, and will work to achieve the necessary compliance levels with new controls assurance standards produced by the DHSSPS.

Review of Effectiveness

As Accounting Officer, I have responsibility for the review of effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors and the executive managers within NIPEC who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Council and Audit Committee and a plan to address weaknesses and ensure continuous improvement to the system is in place.

By order of the Council.



Signed: _____

Dated: 29 August 2006

Chief Executive



The Northern Ireland Practice and Education Council for Nursing and Midwifery

The Certificate and Report of the Comptroller and Auditor General to the House of Commons and the Northern Ireland Assembly

I certify that I have audited the financial statements of the Northern Ireland Practice and Education Council for Nursing and Midwifery for the year ended 31 March 2006 under the Health and Personal Social Services Act (Northern Ireland) 2002. These comprise the Income and Expenditure Account, the Balance Sheet, the Cashflow Statement and Statement of Recognised Gains and Losses and the related notes. These financial statements have been prepared under the accounting policies set out within them.

Respective responsibilities of the Northern Ireland Practice and Education Council for Nursing and Midwifery, Chief Executive and Auditor.

The Northern Ireland Practice and Education Council for Nursing and Midwifery and Chief Executive are responsible for preparing the Annual Report and the financial statements in accordance with the Health and Personal Social Services Act (Northern Ireland) 2002 and the Department of Health, Social Services and Public Safety directions made thereunder and for ensuring the regularity of financial transactions. These responsibilities are set out in the Statement of the Northern Ireland Practice and Education Council for Nursing and Midwifery and Chief Executive's Responsibilities.

My responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements, and with International Standards on Auditing (UK and Ireland).

I report to you my opinion as to whether the financial statements give a true and fair view and whether the financial statements and the part of the Remuneration Report to be audited have been properly prepared in accordance with the Health and Personal Social Services Act (Northern Ireland) 2002 and the Department of Health, Social Services and Public Safety directions made thereunder. I also report whether in all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. I also report to you if, in my opinion, the Annual Report is not consistent with the financial statements, if the Northern Ireland Practice and Education Council for Nursing and Midwifery has not kept proper accounting records, if I have not received all the information and explanations I require for my audit, or if information specified by relevant authorities regarding remuneration and other transactions is not disclosed.

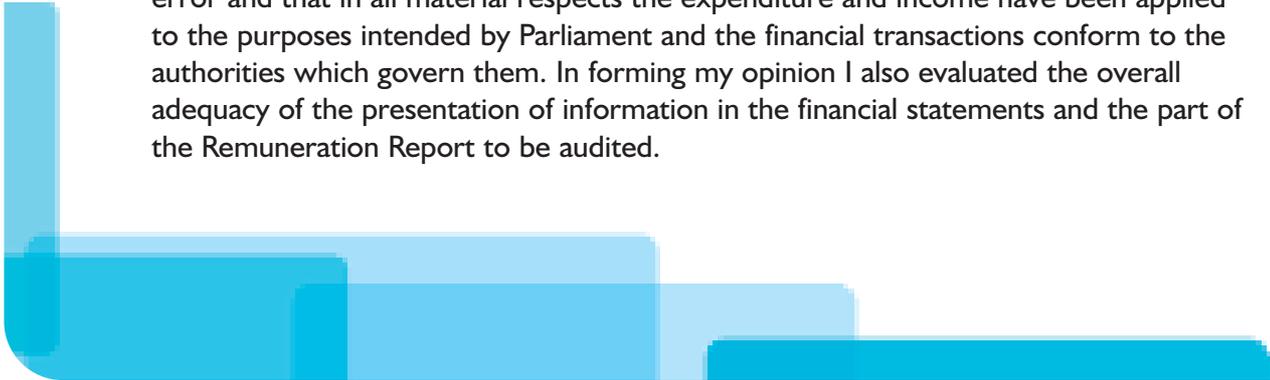
I review whether the statement on pages 23 to 26 reflects the Northern Ireland Practice and Education Council for Nursing and Midwifery's compliance with the Department of Finance and Personnel's guidance on the Statement on Internal Control, and I report if it does not. I am not required to consider whether the Accounting Officer's statements on internal control cover all risks and controls, or form an opinion on the effectiveness of the Northern Ireland Practice and Education Council for Nursing and Midwifery's corporate governance procedures or its risk and control procedures.

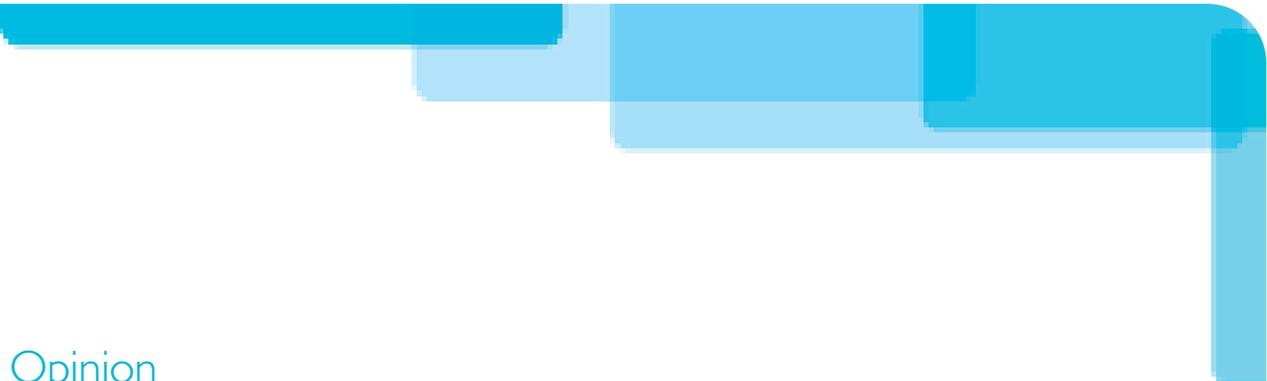
I read the other information contained in the Annual Report and consider whether it is consistent with the audited financial statements. This other information comprises only the Corporate Strategy and Business Plan Annual Report, the Equality Annual Report – Executive Summary, the unaudited part of the Remuneration Report and the Management Commentary. I consider the implications for my report if I become aware of any apparent misstatements or material inconsistencies with the financial statements. My responsibilities do not extend to any other information.

Basis of Audit Opinion

I conducted my audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. My audit includes examination, on a test basis, of evidence relevant to the amounts, disclosures and regularity of financial transactions included in the financial statements and the part of the Remuneration Report to be audited. It also includes an assessment of the significant estimates and judgments made by the Northern Ireland Practice and Education Council for Nursing and Midwifery and Chief Executive in the preparation of the financial statements, and of whether the accounting policies are most appropriate to the Northern Ireland Practice and Education Council for Nursing and Midwifery's circumstances, consistently applied and adequately disclosed.

I planned and performed my audit so as to obtain all the information and explanations which I considered necessary in order to provide me with sufficient evidence to give reasonable assurance that the financial statements and the part of the Remuneration Report to be audited are free from material misstatement, whether caused by fraud or error and that in all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. In forming my opinion I also evaluated the overall adequacy of the presentation of information in the financial statements and the part of the Remuneration Report to be audited.





Opinion

In my opinion:

- the financial statements give a true and fair view, in accordance with the Health and Personal Social Services Act (Northern Ireland) 2002 and directions made thereunder by the Department of Health, Social Services and Public Safety, of the state of the Northern Ireland Practice and Education Council for Nursing and Midwifery affairs as at 31 March 2006 and of its deficit for the year then ended;
- the financial statements and the part of the Remuneration Report to be audited have been properly prepared in accordance with the Health and Personal Social Services Act (Northern Ireland) 2002 and Department of Health, Social Services and Public Safety directions made thereunder; and
- in all material respects the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

I have no observations to make on these financial statements.

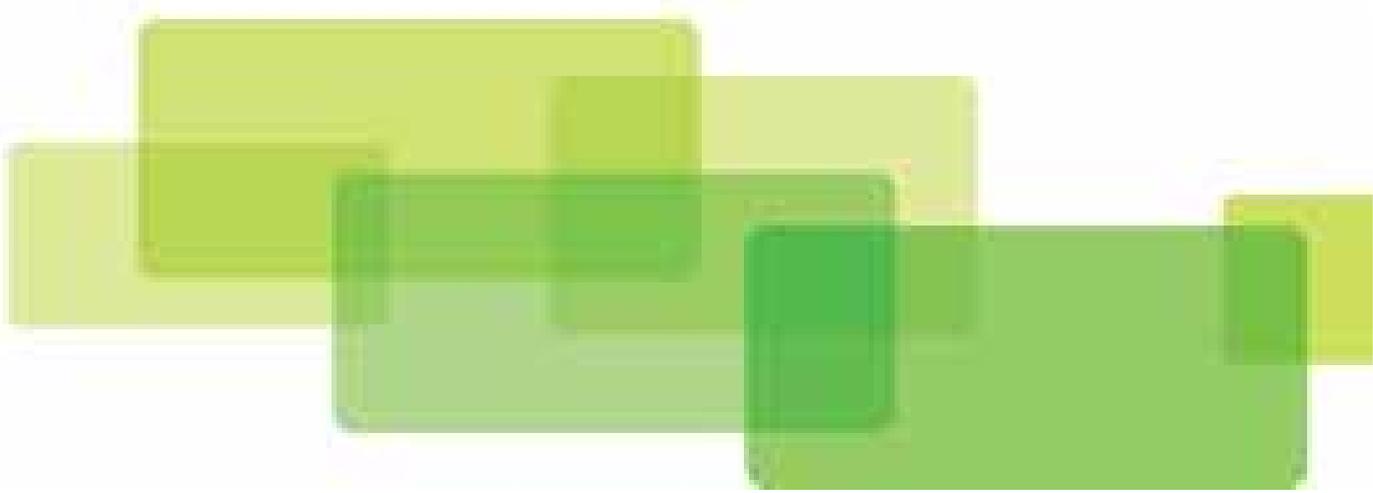
J M Dowdall CB
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
Belfast BT7 1EU

September 2006





Statement of Accounts
for the Year Ended 31 March 2006



Income and Expenditure Account for the Year Ended 31 March 2006

	Note	2006 £	2005 £
Income			
Grant from DHSS&PS	2.1	1,235,702	1,107,498
Income from Other Sources	2.2	143,212	147,673
Total income		1,378,914	1,255,171
Expenditure			
Staff costs	3	611,435	623,015
Depreciation	6	8,455	8,983
Other Operating Expenses	5	735,493	596,941
Notional cost of capital		9,853	8,057
Other notional costs		9,000	9,000
Total expenditure		1,374,236	1,245,996
Surplus/(Deficit) for year on ordinary activities		4,678	9,175
Provisions for future obligations	11	(185,203)	–
Surplus/(Deficit) after provisions		(180,525)	9,175
Adjustment to add back:			
Notional cost of capital		9,853	8,057
Other notional costs		9,000	9,000
Surplus/(Deficit) for year on ordinary activities excluding notional costs		(161,672)	26,232

All amounts above relate to continuing activities.
The notes on pages 36 to 55 form part of these accounts.

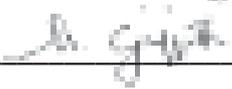
Balance Sheet as at 31 March 2006

	Note	2006 £	2005 £
Fixed Assets			
Tangible assets	6	82,956	32,820
Current Assets			
Stock	7	–	–
Debtors	8	20,227	31,237
Cash and Bank		422,488	384,180
Current assets		442,715	415,417
Current Liabilities			
Creditors: within one year	9	(207,093)	(203,326)
Net Current Assets/(Liabilities)		235,622	212,091
Total assets less current liabilities		318,578	244,911
Creditors: more than one year	10	–	–
Provisions for Liabilities and Charges	11	(185,203)	–
Net Assets/(Liabilities)		133,375	244,911
Financed by:			
General Fund	12	50,419	212,091
Government Grant Reserve	13	82,956	32,357
Donated Asset Reserve	14	–	463
		133,375	244,911

I certify that the annual accounts set out in the financial statements and the notes to the accounts (pages 36 to 55) have been submitted and duly approved by NIPEC.

Chief Executive: 

Date: 29 August 2006

Chair: 

Date: 29 August 2006

The notes on pages 36 to 55 form part of these accounts.

Cashflow Statement for the Year Ended 31 March 2006

	Note	2006 £	2005 £
Net cash inflow/(outflow) from operating activities	18.1	38,308	144,153
Capital Expenditure			
Payments to acquire tangible fixed assets		(60,753)	(9,285)
Proceeds from sale of fixed assets		—	—
Net cash inflow/(outflow) from capital expenditure		(60,753)	(9,285)
Management of Liquid Resources			
Purchase of current asset investments		—	—
Sale of current asset investments		—	—
Net cash inflow/(outflow) from management of liquid resources		—	—
Net cash inflow/(outflow) before financing		(22,445)	134,868
Financing			
Capital funding		60,753	9,285
Net cash inflow from financing		60,753	9,285
Increase/(Decrease) in Cash and Bank Balances	18.2	38,308	144,153

The notes on pages 36 to 55 form part of this statement.

Statement of Recognised Gains and Losses for the Year Ended 31 March 2006

31 March	Year Ended 31 March 2006 £	Year Ended 2005 £
Revenue surplus/(deficit) for the year/period	(161,672)	26,232
Unrealised surplus/(deficit) on the revaluation and indexation of fixed assets	(2,162)	–
Total recognised gains/(losses) for the year/period	<u>(163,834)</u>	<u>26,232</u>

Notes to the Accounts

I. Statement of Accounting Policies

a. Authority

The accounts have been prepared in a form determined by the Department of Health, Social Services and Public Safety in accordance with the requirement of Schedule 1, paragraph 12 of the Health and Personal Social Services Act (Northern Ireland) 2002.

b. Accounting Convention

The accounts have been prepared under the historical cost convention modified to reflect changes in the cost of fixed assets (see d below).

c. Basis of Preparation of Accounts

Without limiting the information given, the accounts have been prepared in accordance with the Financial Reporting Manual (FReM), issued by the Department of Finance and Personnel. The accounting policies contained in FReM follow UK Generally Accepted Accounting Practice (UK GAAP) for companies to the extent that it is meaningful to the public sector. Where FReM permits a choice of accounting policy, the accounting policy, which has been judged to be the most appropriate to the particular circumstances of the Council for the purpose of giving a true and fair view, has been selected.

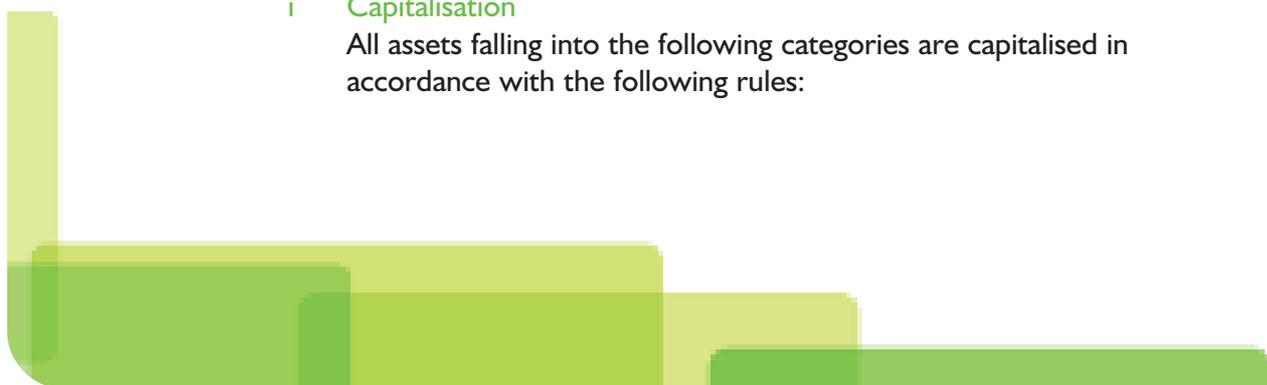
d. Fixed Assets

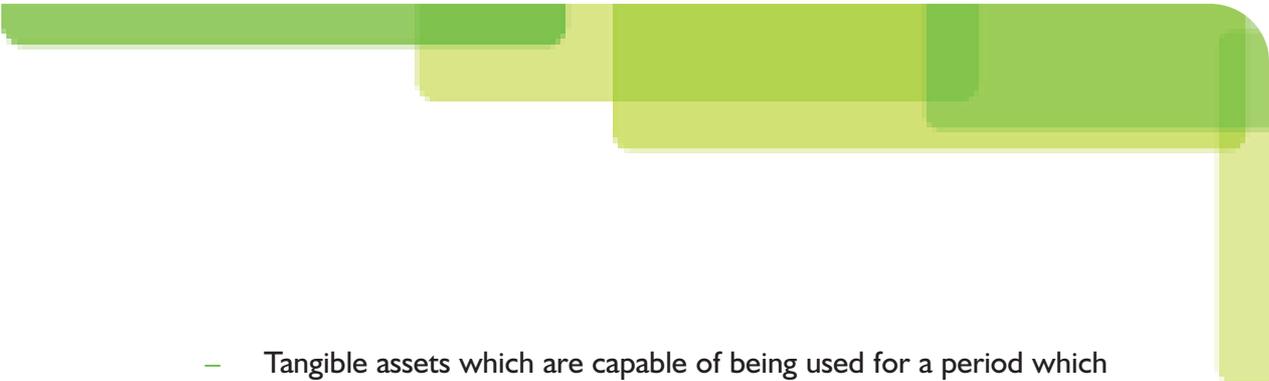
Fixed assets are capitalised in the accounts. The treatment of fixed assets in the accounts (capitalisation, valuation and depreciation) is in accordance with FReM.

Grants in aid received for specific capital expenditure on depreciable assets are credited to the Government Grant Reserve on the Balance Sheet. The same proportion of the amount of any revaluation that the amount of grant bears to the asset's acquisition cost is also credited to the Government Grant Reserve. The remainder of the revaluation relating to the proportion of assets not financed by grant is credited to the Revaluation Reserve.

i Capitalisation

All assets falling into the following categories are capitalised in accordance with the following rules:



- 
- Tangible assets which are capable of being used for a period which would exceed one year and have a cost in excess of £5,000.
 - Groups of tangible assets which are interdependent having a total cost of acquisition in excess of £5,000.

ii Valuation

Fixed assets are valued as follows:

- equipment is valued at the lower of depreciated replacement cost or recoverable amount.

Land, buildings, installations and fittings are stated at open market value for their existing use; except for surplus land and buildings which are valued at open market value for their alternative use. Valuations are carried out at three yearly intervals by the District Valuer.

All tangible assets are subject to indexation using a national price index for each category of fixed assets.

iii Depreciation

Depreciation is charged on a straight line basis on each main class of tangible asset as follows:

- Land and assets in the course of construction are not depreciated.
- Buildings, installations and fittings are depreciated on their revalued amount over the assessed remaining life of the asset as advised by the District Valuer.
- Equipment, e.g. IT and furniture is depreciated over the estimated life of the asset (in each case, five years).

iv Donated Assets

Donated assets are capitalised at their valuation on a full replacement cost basis on receipt and are revalued and depreciated as described above.

Notes to the Accounts

The value of donated assets and the donated element of part-donated assets is reflected in a donated asset reserve which is credited with the value of the original donation and any subsequent revaluation, and an amount equal to the depreciation charge is released from the reserve each year to the Income and Expenditure Account.

v **Profit and Loss on Sale of Fixed Assets**

Any difference between the net book value and income received from the sale of equipment will lead to an adjustment on disposal to be made to the depreciated figure.

The disposal of land and buildings will result in a corresponding reduction in the Capital Reserve. No profit or loss on the sale of those assets is recorded in the Income and Expenditure Account.

e. **Intangible Fixed Assets**

i **Capitalisation**

Intangible assets which can be valued, are capable of being used in NIPEC's activities for more than one year and have a value in excess of £5,000.

ii **Depreciation**

Intangible assets are amortised over the estimated lives of the assets.

f. **Stocks**

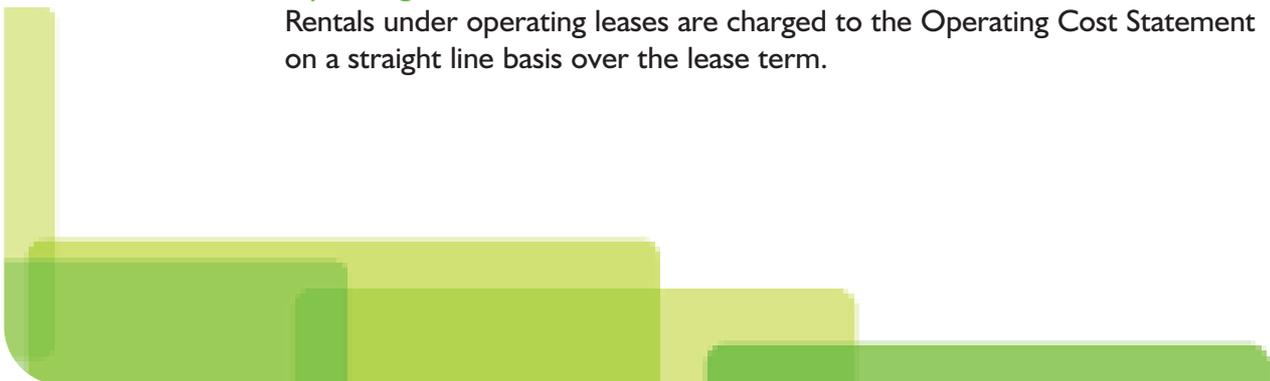
Stocks are valued exclusive of VAT and in calculating the cost NIPEC has generally used the average cost or latest purchase price.

g. **Losses and Special Payments**

Note 20 is a memorandum statement unlike most notes in the accounts which provide further details of the figures in the primary accounting statement. Most of the contents will be included in operating expenses.

h. **Operating Lease**

Rentals under operating leases are charged to the Operating Cost Statement on a straight line basis over the lease term.



i. **Value Added Tax**

NIPEC, as a non-Departmental Public Body, cannot recover VAT incurred through the Central VAT agreement.

As NIPEC is not required to register for VAT the figures in the accounts are shown inclusive of VAT.

j. **Pensions**

The Council participates in the HPSS Superannuation scheme. Under this defined benefit scheme both the Council and employees pay specified percentages of pay into the scheme and the liability to pay benefits falls to the DHSS&PS. Pension contributions are included in salaries and wages costs. The Council is unable to identify its share of the underlying assets and liabilities of the scheme on a consistent and reliable basis. Further information on the HPSS Superannuation scheme can be found in the Superannuation Scheme Account statement included in the DHSS&PS Departmental Resource Account.

The contributions are charged to the Income and Expenditure account as they arise. The costs of early retirements are met by the Council and charged to the Income and Expenditure account at the time the Council commits itself to the payment, irrespective of when the payment is made.

k. **Notional Costs**

In order to reflect the full economic cost of the Council's activities the accounts include notional costs for interest on capital employed, as well as notional costs of external audit.

The notional cost of capital employed by the Council is calculated as 3.5% of the average capital employed over the financial year.

l. **Provisions**

The Council provides for legal or constructive obligations that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are adjusted using the Treasury's discount rate of 2.2% in real terms.

Notes to the Accounts

2. Income

2.1 Grant from DHSSPS

	2006 £	2005 £
Grant Receivable	1,288,000	1,107,800
Grant credited to Government Grant Reserve	(60,753)	(9,285)
Transfer from Government Grant Reserve	8,033	7,016
Transfer from Donated Asset Reserve	422	1,967
	<u>1,235,702</u>	<u>1,107,498</u>

2.2 Income from Other Sources

	2006 £	2005 £
Income form SLA with Nursing & Midwives Council	74,860	74,860
Income from other Sources	68,352	72,813
	<u>143,212</u>	<u>147,673</u>

3. Staff Numbers and Costs

3.1 Staff Costs

	2006 £	2005 £
Professional & technical	156,425	186,141
Administrative & clerical	444,027	423,497
Agency/temporary staff	10,983	13,377
	<u>611,435</u>	<u>623,015</u>

	2006 £	2005 £
Salaries & wages	468,540	469,114
Social security costs	35,727	30,306
Other pension costs	27,923	28,098
Amounts IRO staff on secondment	75,085	119,868
Agency/temporary staff	10,983	13,377
Subtotal	<u>618,258</u>	<u>660,763</u>
Recovered staff costs re secondees	(6,823)	(37,748)
Total	<u>611,435</u>	<u>623,015</u>

Senior Executives' remuneration is detailed in the Remuneration Report (page 19).

Notes to the Accounts

3.2 Number of Employees

Professional & technical
Administration & clerical
Staff Seconded from other organisations

2006

4

15

2

21

2005

4

16

4

24

4. Related Party Transactions

The Northern Ireland Practice and Education Council for Nursing and Midwifery is a Non-Departmental Public Body sponsored by the Department of Health, Social Services and Public Safety.

The Department of Health, Social Services and Public Safety is regarded as a related party. During the year NIPEC has had various material transactions with the Department and with other entities for which the Department of Health, Social Services and Public Safety is regarded as the parent Department, particularly with the Northern Ireland Central Services Agency for Health and Social Services which provides financial, human resources and procurement services to NIPEC through Service Level Agreements.

None of the board members of NIPEC, members of the key management staff or other related parties has undertaken any material transactions with the Council during the year.



5. Other Operating Expenses

	2006 £	2005 £
Heat, light & power	7,367	5,565
Printing & stationery	123,035	86,964
Telephone & postage	34,645	18,717
Advertising	12,212	3,430
Repairs & maintenance	7,985	12,130
Rent & rates	198,592	176,381
Staff training	13,961	14,145
Catering (including hospitality)	4,327	3,097
Travel & subsistence	28,088	
Supplies & services	310,281	250,061
TOTAL	<u>735,493</u>	<u>596,941</u>

Notes to the Accounts

6. Tangible Fixed Assets

6.1 Donated Assets

	Buildings, Installations and Fittings	I.T.	Equipment	Total
	£	£	£	£
Cost or valuation				
At 1 April 2005	–	21,023	–	21,023
Revaluation	–	(41)	–	(41)
Additions	–	–	–	–
Transfers	–	–	–	–
Disposals	–	–	–	–
At 31 March 2006	–	20,982	–	20,982
Depreciation				
At 1 April 2005	–	20,560	–	20,560
Transfers	–	–	–	–
Revaluation	–	–	–	–
Disposals	–	–	–	–
Provided during year	–	422	–	422
At 31 March 2006	–	20,982	–	20,982
Net Book Value				
At 31 March 2006	–	–	–	–
At 31 March 2005	–	463	–	463

6.2 Purchased Assets

	I.T.	Equipment	Total
	£	£	£
Cost or valuation			
At 1 April 2005	33,942	8,449	42,391
Revaluation	(2,263)	142	(2,121)
Additions	2,614	58,139	60,753
Transfers	–	–	–
Disposals	–	–	–
At 31 March 2006	34,293	66,730	101,023
Depreciation			
At 1 April 2005	8,307	1,727	10,034
Transfers	–	–	–
Revaluation	–	–	–
Disposals	–	–	–
Provided during year	6,317	1,716	8,033
At 31 March 2006	14,624	3,443	18,067
Net Book Value			
At 31 March 2006	19,669	63,287	82,956
At 31 March 2005	25,635	6,722	32,357

Notes to the Accounts

6.3 Total Tangible Fixed Assets

	I.T.	Other Equipment	Total
	£	£	£
Purchased Assets	19,669	63,287	82,956
Donated Assets	–	–	–
At 31 March 2006	19,669	63,287	82,956

7. Stock	2006 £	2005 £
Consumables	—	—
<hr/>		
8. Debtors	2006 £	2005 £
HPSS Debtors	—	—
Other Debtors	311	24,005
Pre-payments	19,916	7,232
	<hr/>	<hr/>
	20,227	31,237
<hr/>		
9. Creditors (amounts falling due within one year)	2006 £	2005 £
HPSS Creditors	45,025	109,210
Other Creditors	162,068	94,116
Accruals	—	—
	<hr/>	<hr/>
	207,093	203,326
<hr/>		

Notes to the Accounts

10. Creditors (amounts falling due after more than one year)

There are no creditors falling due after more than one year.

11. Provision for Liabilities and Charges

	Ill-health retirements £
At 1 April 2005	–
Arising during the year	<u>185,203</u>
At 31 March 2006	<u><u>185,203</u></u>

	Ill-health retirements £
Within 1 year	20,878
1–5 years	83,512
Over 5 years	<u>80,813</u>
	<u><u>185,203</u></u>

Future pensions obligations are dependent on the life expectancy of former employees. These amounts relate to former employees of the National Board for Nursing, Midwifery and Health Visiting for Northern Ireland, the predecessor organisation to NIPEC.

12. General Fund

The movement on the General Fund in the year comprised:

	2006 £	2005 £
Opening Balance	212,091	185,859
Surplus/(Loss) for year	(161,672)	26,232
Closing Balance	50,419	212,091

13. Government Grant Reserve

The movement on the Government Grant Reserve in the year comprised:

	2006 £	2005 £
Opening Balance	32,357	30,088
DHSSPS Grant	60,753	9,285
Indexation	(2,121)	–
Transfer to I&E account	(8,033)	(7,016)
Closing Balance	82,956	32,357

Notes to the Accounts

14. Donated Asset Reserve

The movement on the Donated Asset Reserve in the year comprised:

	2006 £	2005 £
Opening Balance	463	2,430
Indexation	(41)	–
Transfer to I&E account	(422)	(1,967)
Closing Balance	–	463

15. Post Balance Sheet Events

There are no post balance sheet events which require to be recorded within the accounts.

16. Capital Commitments

There are no capital commitments.

17. Commitment under Operating Leases

Operating costs include the following amounts in respect of operating lease rentals.

	2006 Equipment £	2005 Equipment £
Photocopier Lease	7,000	7,000
Franking Machine	1,944	1,944

Commitments under operating leases to pay rentals during the year following the year of these accounts are given in the table below, analysed according to the period in which the lease expires.

	2006 Equipment £	2005 Equipment £
Expiry within one year		
Photocopier lease	3,500	10,500
Expiry after one year but no more than 5 years		
Franking Machine	1,944	6,155

Notes to the Accounts

18. Notes to the Cashflow Statement

18.1 Reconciliation of Operating Surplus to Net Cash Inflow/(Outflow) from operating activities.

	2006 £	2005 £
Operating surplus/(deficit)	(180,525)	9,175
Increase/(Decrease) in Provisions	185,203	–
Depreciation on fixed assets	8,455	8,983
Transfer from Donated Asset Reserve	(422)	(1,967)
Transfer from Government Grant Reserve	(8,033)	(7,016)
(Increase)/Decrease in debtors	11,010	197,727
Increase/(Decrease) in creditors	3,767	(79,806)
Notional costs	18,853	17,057
Net cash inflow from operating activities	38,308	144,153

18.2 Reconciliation of Net Cashflow to Movement in Net Debt

	£
Balance at 1 April 2005	384,180
Balance at 31 March 2006	422,488
Net cash increase/(decrease)	38,308

18.3 Analysis of Changes in Net Debt

	At 1 April 2005	Cash Flows	Non Cash Changes	At 31 March 2006
	£	£	£	£
Cash at bank and in hand	384,180	38,308	–	422,488
Debt due within 1 year	31,237	(11,010)	–	20,227
	<u>415,417</u>	<u>27,298</u>	<u>–</u>	<u>442,715</u>

19. Contingent Liabilities

There are no contingent liabilities.

20. Analysis of Losses and Special Payments

Type of Loss	Number of Cases	Value £
Compensation payments (legal obligation) and associated legal costs.	1	18,525

21. Performance against Key Financial Targets

NIPEC is required to break-even each year. During the year ended 31 March 2006, NIPEC made a deficit of £161,672 due to the establishment of a provision for the payment of ill-health retirement pensions to former employees of the National Board for Nursing, Midwifery and Health Visiting for Northern Ireland.

22. Prompt Payment Policy

NIPEC is committed to the prompt payment of bills for goods and services received in accordance with the Confederation of British Industry's Prompt Payers Code. Unless otherwise stated in the contract, payment is due within 30 days of the receipt of goods or services, or presentation of a valid or similar demand, whichever is the later.

During the period, 76.6% of bills were paid within this standard.

The Late Payment of Commercial Debts Regulations 2002, provides businesses with a statutory right to claim interest on the late payment of commercial debt. During the year NIPEC incurred no interest payments.

23. Disabled Employees

It is the policy of NIPEC to provide employment equality for all irrespective of, for example, religious belief, political opinion, gender and marital status, sexual orientation, disability, race or ethnic origin, domestic responsibility, trade union membership and age.

24. Employee Involvement

As part of its Human Resource SLA with the CSA, NIPEC participates in a Joint Collaboration Committee with Trade Unions.

Internally within the organisation there is a communication structure which involves the use of team briefing meetings, staff meetings and consultations with staff on draft policies.





25. Audit

The Accounts and supporting notes relating to the Council's activities for the year ended 31 March 2006 have been audited by the Northern Ireland Audit Office.

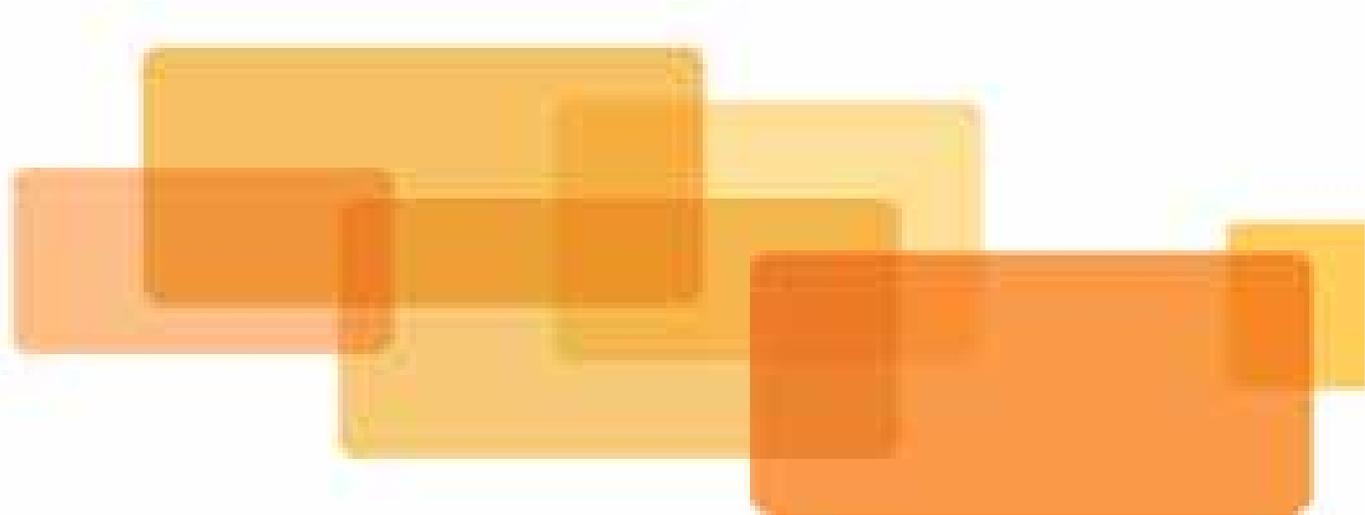
In so far as the Accounting Officer is aware, there is no relevant audit information of which the Northern Ireland Audit Office (NIAO) auditors are unaware, and the Accounting Officer has taken all steps that ought to have been taken to make herself aware of any relevant audit information and to establish that the NIAO auditors are aware of that information.

The report of the Comptroller and Auditor General is included on pages 27 to 29.





Appendices



Appendix I

Glossary

Abbreviations	Full Wording
AfC	Agenda for Change
CETV	Cash Equivalent Transfer Value
C.H.A.I.N.	Contact, Help, Advice and Information Network
CNO	Chief Nursing Officer
CHCR	Centre for Health Care Research
CSA	Central Services Agency
'df'	Development Framework
DHSSPS	Department of Health, Social Services and Public Safety
HSS	Health and Social Services
HPSS	Health and Personal Social Services
IIP	Investors in People
NDPB	Non-Departmental Public Body
NHS	National Health Service
NIPEC	Northern Ireland Practice and Education Council for Nursing and Midwifery
NMC	Nursing and Midwifery Council
NIMDTA	Northern Ireland Medical & Dental Training Agency
NISCC	Northern Ireland Social Care Council
R&D	Research and Development
RoI	Republic of Ireland
SR	Statutory Rule
UK	United Kingdom

Appendix 2

NIPEC Legislation

NIPEC was established on 7 October 2002 under the Statutory Rules “The Health and Personal Social Services (2002) Act (Commencement) Order (Northern Ireland) SR2002 No.311 (C.25).

Within the Health and Personal Social Services Act (Northern Ireland) 2002, Chapter 9, Section 2, NIPEC was established as an NDPB, sponsored by the DHSSPS. The Act identifies the following responsibilities for NIPEC.

- 2 It shall be the duty of the Council to promote:-
 - (a) high standards of practice among nurses and midwives;
 - (b) high standards in the education and training of nurses and midwives; and
 - (c) the professional development of nurses and midwives.
- 3 Without prejudice to the generality of subsection (2) the Council may:-
 - (a) provide guidance on best practice for nurses and midwives; and
 - (b) provide advice and information on matters relating to nursing and midwifery.
- 4 The Council shall, in the exercise of its functions, act:-
 - (a) in accordance with any directions given to it by the Department; and
 - (b) under the general guidance of the Department.”

Appendix 3

Individual Business Objectives Progress

A Development Framework for Nurses and Midwives

Business Objectives – 2005-06 Progress to Date

- a) Collate responses to the November 2004 – February 2005 Consultation Phase.

Fully Achieved – Internal working group convened to collate over 100 responses. A Consultation Responses subgroup was established in April 2005 comprising the Project Manager and two NIPEC Senior Professional Officers to collate and analyse the responses to the Consultation Document. A robust approach was employed including a thematic analysis of the many comments received. Initial feedback was provided to Project Board members and following further suggested refinements a Consultation Responses Report was published and distributed towards the end of 2005. A copy of this Report is available on the NIPEC website at www.nipec.n-i.nhs.uk

- b) Collate and report on the analysis of the Workforce Questionnaire issued in February 2005.

Well Achieved – Chief Executive and Project Manager with assistance from the Centre for Health Care Research (CHCR) prepared the Workforce Profile and Characteristics Paper which will be published in June 2006. There was a 35% response rate to the questionnaire which represented 7,500 registrants across the age ranges and appeared fairly representative. Presentation of results on the NIPEC section was provided to the Council in September 2005 and a presentation of full results was provided to the Project Board of the Development Framework in March 2006. The main findings of the survey supported the nature and content of the Development Framework components and provide a valuable informative baseline of workforce development information for the registrant population in Northern Ireland.

Business Objectives – 2005-06 Progress to Date

c) Produce Final Development Framework Project Report.

Fully Achieved – Draft Development Framework Project Report was prepared and commented on by Council and Project Board prior to going to the DHSSPS for comment. The Final Report was approved and signed off by Project Board at the final Project Board meeting in March 2006. Project aims and objectives were all achieved fully, six recommendations were made, a positive Evaluation Report achieved and a series of Project outputs achieved.

d) Publish relevant components of the Development Framework Project

Well Achieved – Project Board agreed to a three month extension to the Development Framework Project at the beginning of 2005. The publications provide the evidence base for the design of the Development Framework components. All relevant publications drafted and presented to the Project Board for comment including:

- Commissioned Research Project Report: Roles & Performance.
- Commissioned Research Project Report: Assessing Performance.
- Competency Profile Foundation Paper.
- Learning and Portfolio Foundation Paper.
- Careers Development Foundation Paper.
- Role Development Foundation Paper.

All Project Publications are available to download on the NIPEC website:

www.nipec.n-i.nhs.uk

Business Objectives – 2005-06 Progress to Date

- e) Develop an electronic version of the Development Framework to allow access to and use of resources and guidance.

Fully Achieved – There was Project Team involvement with a Learning Software Design company in the specification, design and development of the dedicated website resource. Over 100 registrants at 13 sessions were involved in testing the website and feedback was used to make amendments and improve the utility of the website. Development Framework Website went 'live' in February 2006. To the end of March 2006, a total of around seven weeks, there were approximately 96,000 hits and over 3000 visitors. The website provides information and guidance and facilitates a 'protected' portfolio aspect allowing registrants to build and maintain a learning and development portfolio online. The website has five sections relating to each of the main components of the Project: Competency Profile, Portfolio, Learning Activities, Careers and New Role Development and is freely accessible at www.nipecdf.org

- f) Continue to sustain an extensive communications strategy around the project.

Fully Achieved – The project team facilitated a range of communication activities aimed at informing and promoting the Development Framework components. Awareness and information presentations continued throughout the year and included widespread registrant involvement in the testing of the Competency Profile and Website Resource. Other communication mechanisms included:

- A mobile poster stand depicting the 'df' logo helped profile the Project at various conference and presentation opportunities.

Business Objectives – 2005-06 Progress to Date

- Promotional material (including 'df' logo pens, NIPEC 'Post-it note pads' and NIPEC logo calculators) to raise and spread awareness of the Project and to promote the NIPEC website address including the 'df' mini-website and to acknowledge contributions at the testing of the Competency Profile.
- NIPEC quarterly E-News and NIPEC website, to raise awareness and encourage feedback. Project was profiled in all 2005–2006 editions of the E-News and this resulted in 102,310 hits on the 'df' mini-site for the year.
- Various media activities including newspaper articles, radio interviews were undertaken to raise awareness and encourage feedback.
- *'Your Development Framework Part I: A Guide to Building and Maintaining Your Professional Portfolio'* was distributed in October 2005 to the home address of all NMC Northern Ireland registrants. It provided guidance in relation to building and maintaining a learning and development portfolio. The mailing of this publication resulted in a 16% rise in the number of website hits to the 'df' mini-site for the month of October 2005. The average monthly hits continued to rise for the remaining six months of the year resulting in an average monthly increase of 4,950 or 82% compared to the first six months average monthly hits.

Business Objectives – 2005-06 Progress to Date

- The www.nipecdf.org Postcard was distributed in February 2006 to the home address of all NMC Northern Ireland registrants announcing the going live of the dedicated 'df' website. This clearly attributed to the high numbers of 'df' website hits and visitors in the seven weeks to the end of the 2005-2006 year. (See (e) above).

- g) Complete the audit of Generic Competency Profile and performance indicators.

Fully Achieved – NIPEC commissioned this work from a consultancy firm and monitored close involvement throughout Phase 1 of the audit. Over 1,200 registrants took part in Phase 1 and a NIPEC staff member was present at all sessions to profile the project and acknowledge contributions. Five HPSS Trusts and an Independent sector organisation took part in Phase 2 which tested the utility of the Competency Profile as a Performance Assessment tool in real time settings. This included small groups of three to five registrants and their managers using the tool and contributing to feedback. The full report of the commissioned work is available as an Appendix in the Competency Profile Foundation Paper and which can be downloaded from the main NIPEC website at www.nipec.n-i.nhs.uk

Development of Practice Activities

Business Objectives – 2005-06 Progress to Date

- a) A higher profile for the Development of Practice at policy level.
- Well Achieved** – This is an ongoing activity, where NIPEC officers continue to profile the contribution that Development of Practice activities can make to improving the quality of care and contribute to clinical and social care governance, through membership of regional groups/forums, consultation responses and involvement in various initiatives.
- Within this year, NIPEC facilitated the development of a Strategy for Nursing in United Hospitals Health and Social Services Trust at the request of the Director of Nursing and Allied Health Professionals.
- b) The promotion of the Development of Practice as an activity that can contribute to Clinical and Social Care Governance.
- Well Achieved** – A comprehensive mapping exercise was undertaken with Trust Nurse Directors and a report presenting an analysis of the themes was circulated to all participants in February 2006. This programme of work is continuing with the development of a guide to best practice for the Development of Practice in partnership with colleagues from the HPSS with recognised expertise in Development of Practice activities.
- c) The populating and launch of the NIPEC Database
- Well Achieved** – The NIPEC Practice and Quality Development Database went live in January 2005. The focus of activity for 2005–2006 has been the further development of the database to become an All Ireland resource in collaboration with the National Council for Nursing and Midwifery (RoI). The launch of the All Ireland Practice and Quality Development Database is planned for 5 April 2006. NIPEC continues to promote and encourage contributions to the Database with just over 50 projects on the database at the end of March 2006.

Business Objectives – 2005-06 Progress to Date

- d) The promotion of nationally agreed core standards.

Fully Achieved – The Northern Ireland Essence of Care Project culminated in May 2005 with a very successful ‘Sharing the Learning’ event. Abstracts of the 52 benchmarking activities undertaken during the project were collated, printed and disseminated. An evaluation of the project, highlighting the importance of integrating Essence of Care benchmarks into existing Quality Management Systems to ensure sustainability was also printed and disseminated.

- e) The mapping of roles that support Development of Practice activities through the NIPEC Development Framework.

Fully Achieved – Within the Career Development component of the Development Framework, Quality Improvement has been identified as a specific career direction. Registrants occupying roles that support Development of Practice activities have contributed their career profiles to the Development Framework website resource which serves to promote the skills and competencies required to be effective in such roles.





Business Objectives – 2005-06 Progress to Date

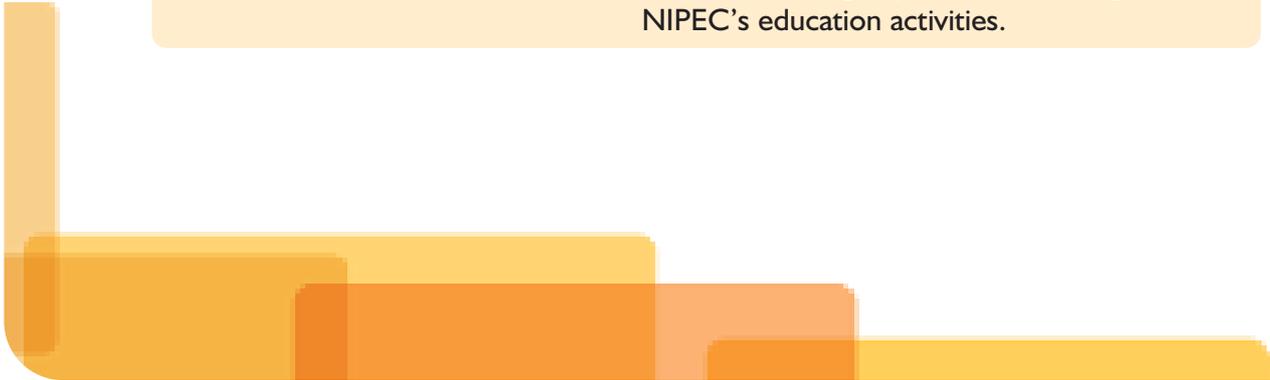
- f) Development of strategic partnerships at multi-professional and multi-agency level.

Well Achieved – This is an ongoing activity with relationships already developed with the NISCC and NIMDTA. Informal networks have also been established with the Service Improvement Unit, Clinical and Social Care Governance Unit, Regional Multi-professional Audit Group and the Royal College of Nursing Professional Development Unit.

Within this year, NIPEC has partnered with C.H.A.I.N. (Contact, Help, Advice and Information Network), an informal multi-disciplinary network to enable people in health and social care to exchange ideas and knowledge, and to facilitate networking.

Development of Education Activities

Business Objectives – 2005-06 Progress to Date

- a) Continued involvement in strategic education developments with a range of key stakeholders. **Well achieved** – NIPEC has continued to be involved in a range of strategic education developments including: membership of the DHSSPS Education Strategy Group, continuing to promote and engage in developments regarding 'Modernising Learning'.
- b) Conduct ongoing quality assurance activities to meet NMC/DHSSPS requirements for NMC regulated programmes. **Fully Achieved** – NIPEC has continued to quality assure NMC regulated programmes as an agent of the NMC and on behalf of the DHSSPS.
- c) In partnership with the DHSSPS implement the strategy to quality assure non-NMC regulated courses. **Fully Achieved** – The strategy has been implemented and in agreement with the DHSSPS, the systems are being tested in 2005-2006, for full implementation in October 2006.
- d) Continue to support the use of service expertise through appointing and preparing NIPEC Expert Education Partners for their roles in the quality assurance of nursing and midwifery education programmes. **Fully Achieved** – Seven NIPEC Expert Partners have been appointed and inducted into their role. They have participated in a training programme and are shadowing NIPEC officers. Two Expert Partners have acted as panel members in programme validations.
- e) Consult on and implement the NIPEC Vision Statement for Education. **Fully Achieved** – The NIPEC Vision Statement for Learning and Education was consulted on and published in September 2005 and is now being implemented through NIPEC's education activities.
- 

Business Objectives – 2005-06 Progress to Date

- f) Continue to develop a professional portfolio for nurses and midwives within the interactive online Development Framework and for access through CD ROM and hard copy versions.
- Fully Achieved** – A guide to developing and maintaining professional portfolios was published and circulated to all registrants resident in Northern Ireland in September 2006. The online version was completed in February 2006 and made available through the NIPEC Development Framework website. Work is on-going regarding additional electronic and hard copies for publication and dissemination.
- g) Encourage and assist nurses and midwives in personal and professional development through continuing to develop a comprehensive learning resource guide within the interactive online Development Framework and for access through CD ROM and hard copy versions.
- Well Achieved** – A learning resource was completed in February 2006 and made available through the NIPEC Development Framework website. Work is ongoing regarding additional electronic and hard copies for publication and dissemination.
- h) Maintain and continue to develop links with NMC and other regulatory bodies and agencies.
- Well Achieved** – Links with NMC and other regulatory bodies and agencies has continued through 2005-2006 through involvement at various levels, including close collaborative working and engaging in relationship building through meetings and shared activities.

Strategic Relationships

Business Objectives – 2005-06 Progress to Date

- a) Implementation of NIPEC's Public Involvement Policy. **Well Achieved** – NIPEC used the work of the 'df' project to engage the public and stakeholders in the Development Framework project activity with presentations and focus group meetings. The NIPEC 'Central Clearing House' was also used for the clearance of documents which would be issued in the public domain to ensure that they were clear, consistent and communicated in plain English the messages which NIPEC wished to convey.
- b) Establishment of further 'Memorandum of Understanding' with strategic agencies. **Well Achieved** – A tripartite memorandum of understanding was agreed and signed between NIPEC, the NISCC and the NIMDTA. NIPEC continue to pursue collaborative relationships with key stakeholder organisations. See also Business Objective (f) above under Development of Practice Activities.
- c) Monitor established collaborative arrangements. **Fully Achieved** – NIPEC hosted an event on the 9 November 2005 for Trust Nurse Directors and Council Members. The event's programme was structured to facilitate the Council Members meeting the Trust Directors and a keynote speech was given by the Right Honourable Sir Brian Kerr on the '*Judicial Review and Human Rights: A Health Perspective*'. The event also enabled NIPEC to discuss with the group of Nurses Directors ideas and issues which NIPEC could address on their behalf as part of its remit.

Business Objectives – 2005-06 Progress to Date

d) Evaluate the NIPEC Links Network.

Fully Achieved – A review of the NIPEC Links Network was carried out in 2005 and reported to the June meeting of the NIPEC Council. The Links Network was formally launched in September 2003 with a membership of 63 and this has risen to a current membership of 75 members which reflects a comprehensive representation across all health and social care sectors. Since the formal launch and briefing events in September/October 2003, the Links Network membership has been invited to take part in a total of 11 significant pieces of work by NIPEC. Examples include developing a strategy to implement the NIPEC Vision Statement for Development of Practice, pilot testing the NIPEC Database, and the Development Framework Consultation process.

e) To continue to monitor the number of 'hits' on the NIPEC website and take initiatives, as and when possible, to enhance the contents of the site.

Fully Achieved – With almost 440,000 total hits to the website during the year this resulted in a monthly average of 36,600 hits. Almost 23,500 visitors per annum were recorded to the site which equated to 18.7 hits per visit and spending an average 3 minutes 55 seconds per visit.

To reflect the new corporate image and colours a revised site was launched on 1 December 2005. This updating provided NIPEC with the opportunity to increase the animation within the site and to make it more user-friendly. The most popular website pages visited were:

- Course Information 42%
- Essence of Care Project 30%
- 'df' (Project Stage) 18%
- Education, Website essentials 10%

Appendix 4

Membership of Council

The membership of NIPEC consists of six lay members, nine professional members (including Chair), the Chief Executive of NIPEC (Executive member) and the Chief Nursing Officer, DHSSPS (ex officio member).

The Professional Members are:



(4)

Mrs Maureen Griffith
(Chair of NIPEC)



(4)

Mrs Margaret O'Hagan



(2)

Mr Iain McGowan



(3)

Prof. Jennifer Boore



(3)

Miss Frances McMurray



(3)

Mrs Dolores McCormick



(3)

Mrs Hazel Baird



(3)

Mrs Eleanor Hayes



(3)

Mrs Thelma Byrne

Numbers in brackets refer to Council meetings attended out of a total of five.

The Lay Members are:



(4)
Mr Michael Rea



(2)
Dr Brendan McCarthy



(3)
Mrs Maria O'Hare



(4)
Dr Sally Magee
(Deputy Chair)



(2)
Mrs Florence McMahon
(appointed 1 October
2005)



(4)
Mrs Pat Patten



(4)
Miss Paddie Blaney
Chief Executive
(Executive Member)



(2)
Mr. Martin Bradley
CNO (Ex-Officio
member from 23
November 2005)

(2)
Mr. Francis Rice
Acting CNO
(Ex-Officio member until
14 September 2005)

Numbers in brackets refer to Council meetings attended out of a total of four.

Senior members of staff who attend meetings of NIPEC are:

Miss Lesley Barrowman, Dr Tanya McCance and Mr Brendan McGrath, Senior Professional Officers, and Mr Edmund Thom, Head of Corporate Services.

Appendix 5

Membership of Audit Committee and Remuneration Committee

The Audit Committee met on five occasions during this financial year: 6 May 2005, 16 August 2005, 25 October 2005 and 7 February 2006 with an Extra Ordinary meeting held on 5 September 2005 to consider and agree the Final Accounts for 2004-2005 prior to them being submitted for 'signing off' by the Council.

The membership of the Audit Committee consists of:



(5)
Miss Frances McMurray
(Chair)



(3)
Mrs Thelma Byrne
(Member)



(5)
Mr Michael Rea
(Member)

Numbers in brackets indicates number of meetings attended out of a total of five.

In attendance at the Audit Committee meetings are: Mr E N Thom, Head of Corporate Services, representatives from NIPEC's External Auditor, the Northern Ireland Audit Office, representatives from NIPEC's Internal Auditor, the Beeches Management Centre and a Financial Representative from CSA. The Chief Executive NIPEC attends as and when required at the invitation of the Audit Committee Chair.

Remuneration Committee

The Remuneration Committee met on one occasion during this financial year and that was on 8 June 2005. The membership of the Remuneration Committee consists of the Lay and Professional Members of Council only and is chaired by Mrs M Griffith (Chair of NIPEC). The Chief Executive, ex-officio member and officers of NIPEC do not attend this meeting.

Appendix 6

Declaration of Interests

Professional/Lay/Executive Members of NIPEC declared the following private or business interests, position of authority in a charity, voluntary body or any other agency in the fields of health and social care education, or any connection with any body contracting for NIPEC services.

Name	Organisation
Mrs M Griffith	None
Professor J Boore	Professor of Nursing, Co-ordinator of Academic Affairs, University of Ulster
Mrs T Byrne	None
Mrs H Baird	None
Mrs E Hayes	None
Dr S Magee	None
Dr B McCarthy	'Shekinah' Centre, Omagh – Director LHSCG (Southern Sector) WHSSB – Chair
Mrs D McCormick	None
Mrs F McMahan	Member of the Southern Health & Social Services Council
Mr Iain McGowan	Lecturer in Nursing, University of Ulster
Miss F McMurray	Associate Head of School, Queen's University, Belfast
Mrs M O'Hagan	None
Mrs M O'Hare	None
Mrs P Patten	None
Mr M Rea	None
Miss P Blaney	None

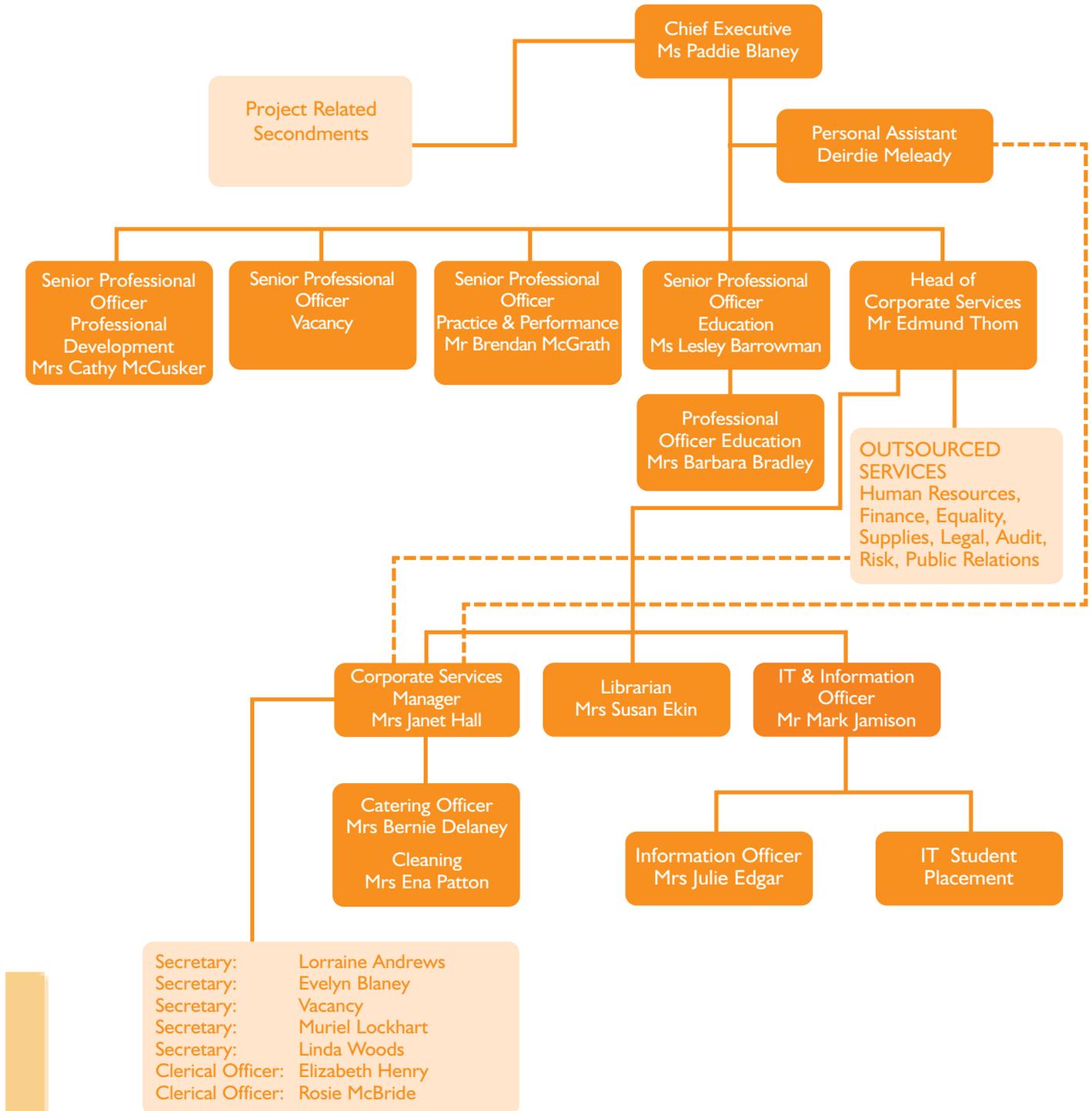
Remuneration of Council Members

The Chair of the Northern Ireland Practice and Education Council for Nursing and Midwifery is entitled to receive a payment of £11,360 per annum. This payment is made to the chair via her current employer the Northern Health & Social Services Board.

The members of NIPEC **do not** receive any remuneration but are entitled to claim any reasonable expenses incurred on Council business.

Appendix 7

Staff Organisation Structure Chart





Notes

Notes

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