

United Kingdom Central Council
for Nursing, Midwifery and Health Visiting

Annual Report

2000-2001

Protecting the public through professional standards

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**United Kingdom Central Council
for Nursing, Midwifery and Health Visiting**

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The UKCC is the regulatory body for nursing, midwifery and health visiting. Our purpose is to establish and improve standards of nursing, midwifery and health visiting care in order to serve and protect the public.

President
Alison Norman

Vice President
Mary Hanratty

Chief Executive/Registrar
Sue Norman

Protecting the public
through professional standards

Annual Report 2000-2001

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President's introduction

Whilst the year has been dominated by moves towards the establishment of the new Nursing and Midwifery Council [NMC], the Council can look back on 2000-2001 as a time when public protection continued to be strengthened and the services it provides for registered nurses, midwives and health visitors continued to expand.

During the Summer of 2000, the government finally published its consultation document setting out proposals for the structure and functions of the NMC, which, at the time, was due to replace the Council and the National Boards in September 2001. The Council agreed to judge the proposals against two criteria: the degree to which they will strengthen public protection and whether they will necessitate higher registration fees for practitioners. It welcomed some of the proposals, such as the expansion of public involvement in the new Council, staggered terms of office for Council members to enhance continuity, greater transparency and more options being available to conduct committees. All of these the Council had called for in its evidence to J M Consulting two years previously.

However, the additional steps in the disciplinary process raised questions about the balance between public protection and fairness to practitioners. They also suggested that the new system would be considerably more expensive to manage than at present and that the financial burden placed on registered nurses, midwives and health visitors would be greater. The Council's response highlighted further concerns about political intrusiveness and the unrealistic timetable for transition.

As the year closed, the government was preparing to publish the draft legislation for consultation and the Council was looking forward to seeing a revised series of proposals that would address the concerns it had raised. The government had already indicated that the transition would be deferred until April 2002, a sensible move that was welcomed by the Council. It is vital that the new arrangements are given every opportunity to be effective from day one.

It is to the great credit of Council members and staff that they refused to allow this background of change and uncertainty to deflect their focus from their public protection responsibilities. Indeed, levels of core activity in professional conduct, registration and communications continued to increase, whilst many important projects related to improving standards of care and enhancing public involvement commenced, continued or were brought to fruition.

Significant increases in all areas of professional conduct activity were recorded during the year, including an increased number of initial complaints and record levels of cases being processed. At the same time, the Council was able to revise its procedures in order to allow it to consider even more cases. Massive increases in applications for registration from overseas were seen during the year and the Council was able to ensure that these were dealt with efficiently. More new UKCC publications were published and more professional development events were held during the year than ever before.

Major pieces of work were successfully brought to a conclusion on the administration of medicines, preventing abuse, valuing diversity and establishing an audit process for PREP. Perhaps most significantly of all, a strategy for public involvement was published, setting the standard amongst health care regulatory bodies in moving from rhetoric to reality on this issue. Further information on all this work is published in the body of the annual report.

As ever, I am indebted to members of the Council, of its committees, panels and task groups, and to officers for their continuing commitment and expertise in advancing the Council's work. I would also like to thank our colleagues in the National Boards, government health departments, other regulatory bodies, consumer groups and professional organisations/trades unions for their contribution to the Council's work.

As the Council enters its final year of existence, I am confident that it does so better equipped than ever before to meet its responsibilities, to serve its diverse stakeholders and to protect the patients and clients in whose interests it strives.

Alison Norman

The year in brief

April 2000

An independent survey of over 10,000 registered nurses, midwives and health visitors shows significant improvements in awareness and perceptions of key areas of UKCC activity since the last comparable survey was undertaken in 1997. More registrants than ever before now believe that the UKCC is accessible, effective, credible and gives value for money. Fewer feel that it is bureaucratic or remote. There was a much greater awareness of the Council's professional advice service and levels of awareness of the Meet the UKCC roadshows almost doubled to 65%. A joint UKCC-UNISON conference explores the education and future role of health care assistants. The first Meet the UKCC of 2000-2001 is held in Aberdeen and the first open day takes place at the UKCC's offices in London. The *UKCC Handbook 2000-2001* is published together with *Foundations for the future*, the Council's business plan summary for the year.

May 2000

The Nursing and Community Health Care Nursing Committee launches a major twelve month exploration of the professional, occupational and educational expectations placed on nurses and midwives working outside the NHS. An estimated one in four registrants works outside the NHS. While practitioners in the NHS benefit from government initiatives such as clinical governance and from the support of professional colleagues, those working outside the NHS, many in isolated care settings, often do not. The project will explore continuity of care, support for continuing professional development, the isolation of practitioners, delegation to health care assistants and clinical and managerial supervision. Over three hundred registrants attend a Meet the UKCC roadshow in London.

June 2000

The Council meets in Belfast as part of its programme of holding meetings in each of the four countries of the United Kingdom during the year. Agreement is reached on giving reasons for decisions in professional conduct cases, thus enabling the UKCC to comply with the requirements of the Human Rights Act, which comes into force later in the year. The Council will start to give reasons immediately for removal from the register and interim suspension, whilst reasons for other decisions will be phased in by September 2000. The Council also calls for a clearer and quicker death certification process and welcomes proposals to strengthen private sector regulation in Scotland. It endorses the government's proposals to enhance the powers of the General Medical Council. The inaugural UKCC annual lecture for Northern Ireland is held the evening before the Council meeting. Professor Sydney Salmon addresses an audience of senior members of the professions and patients' organisations from Northern Ireland on the theme of telemedicine. The day after the Council meeting, a Meet the UKCC roadshow is held in Belfast.

The year in brief

July 2000

The government publishes its initial consultation document on the structure and functions of the Nursing and Midwifery Council [NMC], which was due to replace the UKCC and the National Boards from September 2001. The government's proposals involve the expansion of public involvement, staggered terms of office for Council members, more options for professional conduct committees and greater openness, all of which the Council called for in its submission to J M Consulting two years previously. The consultation, which is specifically for regulatory, professional and public organisations only, is due to close at the end of October. The proposals will then be refined in advance of a wider consultation from January. The UKCC welcomes the broad thrust of the NHS Plan. Three hundred registered nurses, midwives and health visitors attend a Meet the UKCC roadshow in Plymouth.

August 2000

The contract for undertaking the independent sector project is awarded to a team from the University of Liverpool. A steering group, comprising members drawn from the Council's two practice committees and the Joint Education Committee, is appointed to supervise the work. A larger reference group is also formed to provide the necessary breadth of expertise upon which the project team can draw. This includes representatives of nursing homes, hospices, independent hospitals and nursing agencies. Groups are established to study the future of inter-professional education and the branch programmes for nursing education as part of the continuing work arising from the report of the Commission for Education in 1999.

September 2000

At the quarterly meeting in Cardiff, the Council agrees a process for finalising its response to the government's consultation on the NMC. The Council agrees to judge the proposals on two criteria; how will they strengthen public protection and will they involve higher registration fees for nurses, midwives and health visitors? The strategy for public involvement is finalised, following extensive consultation with groups representing the interests of patients and the public throughout the United Kingdom. It involves work to be completed by September 2001 and other recommendations to be made to the NMC. Requirements for the content of pre-registration midwifery programmes are finalised by the Council, realising the move towards competency-based education recommended by the Commission for Education. Guidance on covert surveillance is agreed and the Council also endorses a CPHVA framework for the future of school nursing. Jane Hutt, Health and Social Services Secretary in the Welsh Assembly, delivers the inaugural UKCC annual lecture in Wales, entitled *Devolution and health*. A Meet the UKCC roadshow is also held in Cardiff.

The year in brief

October 2000

The Council finalises and submits its response to the government's consultation on the new Nursing and Midwifery Council [NMC]. Whilst endorsing the modernisation of regulation and the strengthening of public involvement in it, the Council's response highlights a number of areas of concern. These involve the accountability and independence from government of the NMC, the timetable for transition and concerns that some of the proposed changes in professional conduct would undermine, rather than improve, public protection. Major new publications launched during the month include the *Strategy for public involvement* and associated revised public information leaflets, the inaugural *Professional conduct annual report 1999-2000* and the revised *Guidelines for the administration of medicines*. The latter is sent to all registrants with the Autumn 2000 edition of *Register*. A Meet the UKCC roadshow is held in Liverpool.

November 2000

Around 300 registered nurses, midwives and health visitors attend a Meet the UKCC roadshow in Birmingham. A seminar involving members of other bodies discusses inter-professional issues arising from the Council's work on regulating a higher level of practice. These relate to the need for regulatory and other bodies to respond effectively to new role development across the health and social care professions, in the context of a rapidly changing health and social care environment and the NHS Plan. An open day is held at the UKCC's offices in London.

December 2000

At its quarterly meeting in Glasgow, the Council recommends a radical extension in the scope of nurse prescribing as being in the best interests of patients and clients. Responding to consultation documents from the Scottish Executive and the Department of Health in England, the Council says that the professional judgement and accountability of the practitioner should be the decisive factors in determining the scope of practice in this area. The Council also agrees to enact a rule change that will allow the Professional Conduct Committee [PCC] to have a quorum of two Council members, rather than the current three. This will enable the PCC to increase the rate at which cases are considered and provide a more effective use of members' time. No committee will sit with fewer than three people in total, with the additional person drawn either from the consumer panel or the practitioner panel. Due regard to the area of practice of the respondent will continue to be met. Susan Deacon MSP, Minister for Health and Community Care at the Scottish Executive, gives the inaugural UKCC annual lecture for Scotland and a Meet the UKCC roadshow is held in Glasgow the day after the Council meeting.

The year in brief

January 2001

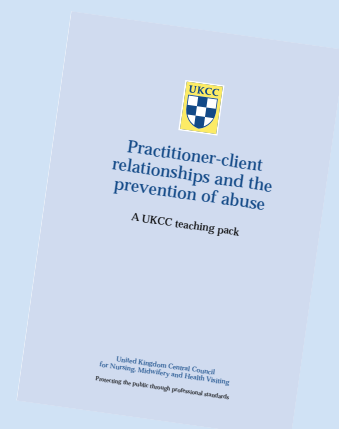
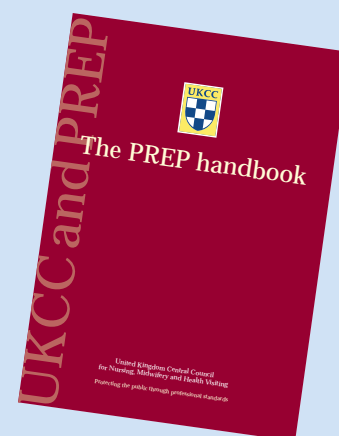
Two major new UKCC publications on continuing professional development – *The PREP handbook* and *Supporting nurses, midwives and health visitors through lifelong learning* – are sent directly to all registered practitioners. Seminars are held in each of the four countries on the Council's public involvement strategy and on inter-professional education. A Meet the UKCC roadshow is held in Newcastle and the first UKCC open day of the year takes place in London. A two month consultation begins on proposed guidance for the recognition, prevention and therapeutic management of violence. A record monthly total of 144 new complaints of misconduct is received.

February 2001

A Meet the UKCC event is held in Nottingham and the first senior staff induction day of 2001 takes place at the UKCC's offices. The UKCC publishes ethnic monitoring statistics demonstrating that the nursing, midwifery and health visiting professions reflect a greater ethnic diversity than the United Kingdom population as a whole. These figures are based on over 218,000 completed ethnic monitoring forms that were sent to registrants in July 1999 and July 2000. The Council's status as an Investor in People is successfully reassessed. A survey begins of nursing students and their clinical assessors in 14 higher education institutions. This aims to assess the clinical work of students on current pre-registration nursing programmes and is part of the Council's work to enable the new nurse education courses which began in September 2000 to be compared with previous programmes.

March 2001

At its quarterly meeting in London, the Council approves its business plan and budget for 2001-2002. Professional conduct statistics for the calendar year 2000 demonstrate increases of 16% in the number of complaints received, 36% in the number of cases considered by the Preliminary Proceedings Committee, 42% in the number of cases heard by the PCC and 53% in the number of practitioners removed from the register. The Council agrees that the rule change on the quorum for PCC meetings agreed in December should be enacted with immediate effect in order to continue the progress made in dealing with cases as efficiently as possible. The Council welcomes a new code of practice to promote quality and standards in placement learning, published by the Quality Assurance Agency. It suggests that a revised doctors' code published for consultation by the General Medical Council should include a reference to the need for prescriptions to be written legibly. The final Meet the UKCC of 2000-2001 takes place in Peterborough and a specialist conference in London explores ways in which employers and the regulatory body can work together in the public interest.





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Reviewing the Council's standards and guidelines

The culmination of almost two years detailed consultation was reached in October 2000 when the Council published *Guidelines for the administration of medicines* and distributed the new booklet to all registered nurses, midwives and health visitors. The revised guidance replaced the 1992 *Standards for the administration of medicines* and highlighted changes in the law, especially on prescribing and dispensing, which affect the scope of professional practice in this area. The new publication also stressed the need for employers and managers to maintain an open working culture which encourages the disclosure of honest mistakes. Practitioners who, fearful of the consequences for themselves, try to disguise drug errors are far more dangerous to the safety of patients and clients than those who are encouraged to admit and learn from their mistakes, the Council believes.

Three key UKCC publications remained under review throughout the year. Work had begun during 1998-1999 on revising the *Code of professional conduct*, *The scope of professional practice* and *Guidelines for professional practice* with two consultative conferences in Birmingham and Glasgow. These had been designed to canvass views from the professions and the public on the issues which needed to be addressed in the review. Through *Register*, the Council's news magazine, views were sought from all registered nurses, midwives and health visitors. These influenced the drafting of a revised text. As the year closed, this was being prepared for wide consultation with the professions and the public across the United Kingdom.

Promoting continuing professional development

The development of the Council's standards for post-registration education and practice [PREP] has been extensively documented in previous annual reports. During the year, piloting was completed of the audit system which will be used from April 2001 to assess how registered nurses, midwives and health visitors are meeting the PREP (continuing professional development) standard. The pilot demonstrated wide understanding of and compliance with it, 90% of practitioners meeting the standard fully.

In January 2001, all registered nurses, midwives and health visitors received a copy of *The PREP handbook*. This new UKCC booklet consolidates and replaces all previous publications on PREP and provides practitioners with everything they need to know in order to meet the requirements. It sets out both the practice standard and the continuing professional development standard, provides advice on maintaining a personal professional profile, examples of ways in which learning activity can be documented and sets out the form which the UKCC will use from April 2001 to test compliance with the PREP requirements.

This work was complemented in January 2001 when a further new UKCC publication was distributed directly to all practitioners. *Supporting nurses, midwives and health visitors through lifelong learning* explains how the Council's

standards and guidance underpins professional education throughout a practitioner's career. It covers areas such as support and advice for pre-registration students, preceptorship for newly-qualified registrants, continuing professional development and clinical supervision.

Supporting nursing and midwifery in the independent sector

The Council began a major exploration of the professional, educational and occupational expectations placed on nurses and midwives working outside the NHS.

The work began in May 2000 and was scheduled to take twelve months to complete. It included a literature review, a large-scale survey, focus groups and in-depth interviews with nurses and midwives working outside the NHS. Issues addressed included identification of characteristics of nurses and midwives working outside the NHS, support for staff training and continuing professional development, risk management, preparation for working in the independent sector, professional conduct issues and the relevance of clinical governance outside the NHS.

A reference group was set up to support the work and test ideas as they emerged. This includes representation from nursing homes, nursing agencies, independent hospitals, professional organisations and trades unions.

Promoting the therapeutic management of violence

During the year, the Council undertook a major consultation of practitioners, employers, educational institutions and patients organisations on draft guidance for the recognition, prevention and management of violence.

The issue was identified by the Council in the agenda for action of the *Nursing in secure environments* report, published in November 1999. Since then, a team from the Institute of Psychiatry in London had been commissioned to define principles on the therapeutic management of violence. This work included:

- a comprehensive literature review
- surveys of training and practice in the management of violence
- an overview of employers' policies
- analysis of current educational material on the management of violence.

The aim of the consultation was to make recommendations on issues such as the content of training, employers' policies and protocols, and to define a set of competencies. While the primary focus was adult mental health care settings, the study also encompassed acute in-patient care, psychiatric intensive care and forensic services across the United Kingdom.

As the year closed, the results of the survey were being analysed before presenting a report to the Council in September 2001. The final document will be of relevance to practitioners in different care settings who experience violence, or the threat of violence, by clients.



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The Policy and Standards Directorate ensures that UKCC standards are relevant, accessible and both monitored and evaluated in practice.

Planned activity 2000-2001

Standards promotion activity will be reviewed to ensure that it is well targeted and provides value for money.

The review of *Standards for the administration of medicines* will be completed and the revised text published and promoted.

A review will continue of the *Code of professional conduct*, *The scope of professional practice* and *Guidelines for professional practice*.

Issues relating to a higher level of practice will continue to be clarified.

The directorate will finalise and publish a strategy for enhancing public involvement in all aspects of the Council's work.

Work will be undertaken to develop the first-ever national standards on the therapeutic management of violence.

Tackling abuse in practitioner-client relationships

In October 1999, the Council published *Practitioner-client relationships and the prevention of abuse*. This sets out guidance on the management, detection and prevention of the abuse of clients by practitioners and explains how it is the responsibility of registered nurses, midwives and health visitors to maintain appropriate boundaries to relationships with clients at all times.

In order to explore these themes further, the Council published a resource pack towards the end of the year under report. Comprising a video, interactive CD-ROM, teaching notes and the original guidance booklet, the pack provides a more detailed exploration of what constitutes abuse, why it arises and how it can be addressed. A number of case studies explore different manifestations of abuse and encourage practitioners to reflect on the circumstances from which they derive. As the year closed, distribution of the pack to employers across the United Kingdom was underway.

Strengthening public involvement

The Council has promoted public involvement in its business for many years. However, it has also recognised the need to expand this involvement in scope and in terms of the different types of people that need to be involved. Following extensive consultation with members of the public, groups representing the interests of patients and clients, and registered nurses, midwives and health visitors, the Council agreed a strategy to achieve these objectives. It sets out ways to promote greater public involvement and an action plan to achieve this. Some of the measures will be completed by September 2001. Others will be recommended for adoption by the Nursing and Midwifery Council.

The Council also published a revised series of information leaflets about its public protection work. *Protecting the public* explains in general terms how the UKCC seeks to protect patients through professional standards. It is aimed at consumer and public groups, although the UKCC hopes that it will also help to inform members of the public who wish to know more about the regulatory body. *Have you been mistreated by a nurse, midwife or health visitor?* explains how the UKCC considers complaints about professional misconduct by practitioners. It details other organisations which may be able to help in these circumstances and sets out the types of misconduct that are likely to lead to removal from the register. It includes a complaint form which can be completed and sent directly to the UKCC. This leaflet is written specifically for individual patients and members of the public. It features a large print size and simple text to make it as accessible as possible to as wide an audience as possible. Both leaflets are available in separate editions for each of the four countries of the United Kingdom.

UKCC President Alison Norman explained: "The UKCC exists to protect the public through professional standards. It is only right, therefore, that the public should be directly involved in, and effectively informed about, this work. Public involvement is neither an optional extra, nor a series of token gestures. It is an essential element within good governance and effective regulation.

“While the Council has been ahead of the game in public involvement, there is much more that can be done. I am determined to ensure that the Council is as inclusive as possible during the remainder of its term and that the NMC has a firm foundation upon which to build. This is the way forward, and the only way forward, for professional regulation.”

Following publication of the *Strategy for public involvement* in October 2000, work continued throughout the year in ensuring that its recommendations were delivered. The report and the public information leaflets were widely disseminated, not just through the UKCC’s existing distribution channels but also through the networks of public and consumer organisations. A series of seminars was held with these groups throughout the United Kingdom during January and February 2001 in order to explain the forthcoming changes to professional regulation and to discuss ways of involving lay representatives in the work of the NMC.

Ensuring fitness for practice

In its report *Fitness for practice*, published in September 1999, the Council’s Commission for Education made a number of recommendations for the future of pre-registration nursing and midwifery education. These were summarised in the 1999-2000 annual report. During the current year, work continued in implementing the commission’s recommendations.

New outcomes-based requirements or competencies for pre-registration nursing programmes and pre-registration midwifery programmes were agreed by the Council and published in May 2000 and September 2000 respectively. Work continued on exploring specific recommendations related firstly to the development of inter-professional education and secondly to a review of branch programmes within pre-registration education. A Post-Commission Development Group [PCDG] was established to co-ordinate this work and separate sub-groups related to these two recommendations were set up.

The inter-professional sub-group was established in May 2000 with a membership reflecting the diversity of stakeholders in this issue. The sub-group considered various definitions of inter-professional education and settled on a working definition which encompasses “informal and formal opportunities that facilitate patient and users of health and social care and members of one or more professions interactively to learn with and from each other with the aim of improving the effectiveness of collaborative practice”.

A national focus group was established in each of the four countries in order to:

- examine local factors which would influence the development of inter-professional education
- identify key issues and policies which would influence inter-professional education in both education and practice settings
- raise awareness of current areas of best practice as a basis for further development
- identify patients’ perspectives and expectations of inter-professional education.



Planned activity 2000-2001

The Council will explore the professional and educational expectations of practitioners in the independent sector and identify the need to support nurses and midwives working outside the NHS.

An educational resource pack will be produced to focus on practitioner-client relationships and the prevention of abuse.

Options will be developed for the UKCC Commission for Education’s recommendations on reviewing inter-professional education and determining the appropriateness of the four branches within pre-registration nursing education.

The Council will complete the piloting of the post-registration education and practice [PREP] audit system prior to going live in April 2001.

The Council will complete the higher level practice [HLP] project; finish piloting the assessment process and clarify the relationship between initial registration, specialist practice and HLP.



Post-Commission Development Group terms of reference

To make recommendations about the future of the current programme model of four branches of nursing in the light of changing health care needs.

To make recommendations about the ways in which inter-professional education can be realised within pre-registration nursing and midwifery programmes.

To monitor the progress of the UKCC's Research Advisory Panel in establishing and implementing a strategy to evaluate the programme changes resulting from the recommendations of the UKCC's Commission for Education.

To steer the work of sub-groups to achieve these outcomes.

To act as a forum for discussing key issues emerging from the implementation of the new pre-registration programmes.

Seminars were held in each of the four countries during January and February 2001 in order to explore these issues further with the national focus groups and the work was continuing as the year under report closed.

The branch programmes sub-group was established with a similarly diverse membership in order to undertake the review of these programmes recommended in *Fitness for practice*. A concern frequently raised is that the model of nurse preparation in the United Kingdom is unlike that in the rest of Europe and, indeed, the rest of the world, which predominantly prepares general nurses. Specialisation generally takes place at a later stage.

The sub-group focused on the policies emerging from the four countries of the United Kingdom and mapped them against the key trends identified in *Healthcare Futures 2010*, a report commissioned by the Council to inform the work of the Commission for Education. On this basis, a coherent series of recommendations for the future shape of pre-registration nursing education began to emerge. Work was continuing on refining the possible new models as the year closed.

The PCDG's final report was scheduled to be submitted to the Council at its meeting in September 2001.

Clarifying a higher level of practice

A year-long higher level practice [HLP] standard and evaluation pilot project was successfully completed during the year under report. It demonstrated that an HLP standard can be measured with rigour and objectivity, and is applicable in all health care settings.

The pilot, which involved nurses, midwives, health visitors and other health professionals, provided data which will be used as part of a wider debate on the regulation of levels of practice within the professions. The HLP standard is already being used by some employers for appointments to consultant posts, in the development of job descriptions, to inform lifelong learning and for risk management. It is likely that practitioners working to this standard will be instrumental both in leading practice development and raising standards of patient care.

Nurses working primarily with adults were by far the largest group of practitioners involved in the pilot, although midwives were proportionately well-represented. The report showed that, of the 162 practitioners who were assessed against the HLP standard, 121 met all the criteria. More than two-thirds of those achieving the standard were aged 35 to 49. Half had a first degree or were working towards one, while 43% had a masters degree or were working towards one. Some 25% had no higher education degree. Of the 247 people who were involved as assessors, 143 were registered nurses, midwives or health visitors, 54 were from other health and social care professions and 50 were lay people.

The Council agreed to undertake further work on refining the content of the standard and the assessment system. Future work on the post-registration framework in general, and HLP in particular, will be undertaken by the Council's committees in partnership with the shadow Nursing and Midwifery Council [NMC].

Handling complaints of misconduct and unfitness to practise

The abuse of patients continues to constitute the largest number of charges proven against registered practitioners and which lead to a caution or to removal from the register. Physical, verbal or sexual abuse of, and theft from, patients constitutes around 40% of the total number of proven charges. A further 5% of charges concern neglect of patients' basic needs.

The number of allegations of misconduct against registered nurses, midwives and health visitors continued to rise during the year. The UKCC received 1331 complaints in 2000-2001. The Preliminary Proceedings Committee [PPC] considers all complaints about professional conduct made to the UKCC before deciding whether or not to forward the case to a full public hearing before the Professional Conduct Committee [PCC]. The PPC met on 29 occasions during the year and considered 1480 cases involving 1627 practitioners. Of these cases, 869 were closed by the PPC, 33 cautions were issued and 221 cases were forwarded for a hearing. A further 105 were referred to the professional screeners and 399 needed further investigation.

The PCC met on 201 days and considered 198 new cases and 11 applications for restoration to the register. PCC meetings continued to be held in a variety of venues in all four countries of the United Kingdom. Statistical information relating to Professional Conduct Committee cases during the year is available in the *Statistical analysis of the Council's professional register, 1 April 2000 to 31 March 2001* and in the *Professional conduct annual report 2000-2001* (see page 14).

Health Committee procedures are designed to consider the cases of practitioners who are alleged to be unfit to practise for reasons of ill health. Firstly, a panel of screeners assesses cases to determine the type of medical examination which a practitioner should undergo before deciding whether or not to refer a case to the committee. Such cases are heard in private because of the sensitive nature of the information involved. Referrals to the panel of screeners may come from the Preliminary Proceedings Committee, from the Professional Conduct Committee or directly from anyone concerned about a practitioner's fitness to practise.

During the year, the panel of screeners met on 29 occasions and considered 375 cases. One hundred and twenty two cases were referred to the Health Committee and 11 cases were closed when no serious health problems were revealed by the medical examinations. The panel also selected medical examiners for 10 applications to terminate suspension.

The Health Committee met in Belfast, Edinburgh and London on 32 occasions and considered 156 new cases. Forty seven cases were closed, judgement was postponed in 30 cases and 13 cases were adjourned for medical reports. Fitness to practise was found to be seriously impaired in 55 cases. Ten applications were made for the termination of suspension, of which eight were accepted and one adjourned for further investigation.

Of the 26 cases which were resumed after a period of postponed judgement, 18 were closed, one was adjourned and three were withdrawn. Three people were suspended from the register.



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Selected publications

Reporting misconduct –
information for employers
and managers

Reporting unfitness to
practise – information for
employers and managers

Issues arising from
professional conduct
complaints

Complaints about
professional conduct



The Professional Conduct Directorate investigates complaints against registered nurses, midwives and health visitors about professional misconduct or unfitness to practise due to serious ill health.

The directorate supports the work of the UKCC's Preliminary Proceedings, Professional Conduct and Health Committees, which are responsible in different ways and at different stages of the process for considering these complaints and taking appropriate action in the public interest.

Detailed information about these procedures is available in the publications listed on page 13. All are available free of charge by writing to the Distribution Department at the UKCC's address.

Planned activity 2001-2002

The UKCC will undertake the efficient and effective handling of complaints of misconduct and unfitness to practise, leading to faster throughput of cases and sound judgements.

The main reasons for referral to the Health Committee were:

- alcohol dependence (in 58 cases)
- mental illness (in 75 cases)
- drug dependence (in 26 cases)
- physical illness (in seven cases).

Appeals and judicial reviews

In October 2000, a nurse appealed against a decision of the Professional Conduct Committee to remove her name from the register. The hearing had taken place in her absence, even though she had asked for the hearing to be postponed. She had written to the UKCC to say that she wanted to attend and present her case but was unable to do so because of ill health. A letter from her GP confirmed her inability to attend the hearing at that time. The court ruled that the committee had been wrong to proceed in these circumstances and ordered that the nurse's name be reinstated on the register pending a rehearing of the case.

In December 2000, a nurse applied to the Court of Session in Edinburgh for a judicial review of a decision by the Preliminary Proceedings Committee to refer her case for a hearing before the Professional Conduct Committee. The nurse argued that the decision was unlawful because the PCC did not meet the Human Rights Act requirement for an independent and impartial tribunal. She argued that because members of the PCC also served as members of the PPC (although not in relation to the same cases), the PCC could not be an independent and impartial tribunal. She argued that although there is a right of appeal to the court if the PCC removed her name from the register, that right of appeal was not relevant in deciding whether a breach of the Human Rights Act had been made.

The Court of Session gave judgement in January 2001. It ruled that, because there is a right of appeal, the PCC was not in breach of the Human Rights Act. The judge observed that, although permissible in the legislation governing the committees, the practice of members serving on both the PPC and PCC could give cause for concern about the independence and impartiality of the members. As a result of this observation, the Council immediately changed its practices to create entirely separate membership for the PPC and the PCC.

Professional conduct annual report 2000-2001

Further details of the Council's professional conduct work during the year are published in the *Professional conduct annual report 2000-2001*. This sets out the statistics related to professional conduct work, describes the trends and issues which arise from them and includes a series of themed case studies based upon real cases which were heard during the year. Copies are available at www.ukcc.org.uk or by writing to the UKCC's Distribution Department.

Valuing diversity

The Council's commitment to valuing the diversity of the professions it regulates and the society it serves has been outlined in previous annual reports. Two significant developments took place during 2000-2001.

Based largely on returns from the ethnic monitoring forms enclosed with *Register* in July 1999 and July 2000, the Council published figures which demonstrate that the nursing, midwifery and health visiting professions reflect far greater ethnic diversity than the United Kingdom population as a whole.

Around one in 10 of those on the register categorises their ethnic origin as other than white. This compares with one in 16 of the population as a whole. Just over 218,000 (around one-third) of those on the register have so far completed an ethnic monitoring form. Some 89.5% categorise themselves as white. The next highest groupings are those who are Black and Asian, who represent 4.9% and 2.8% respectively. The fourth highest grouping is Chinese, at 1.4%. The Council used the same categories as in the 2001 national census and the exercise was endorsed by the Commission for Racial Equality.

The statistics will enable workforce planners and employers of nurses, midwives and health visitors to evaluate the effectiveness of their own recruitment policies and measure the ethnic breakdown of their workforce against the national pattern within the professions. As the Council has consistently stressed, the data will not be used to identify the ethnicity of individual registrants.

Reflecting its commitment as an employer to valuing diversity, training for all Council staff was undertaken on recognising and valuing diversity, and on tackling harassment within the workplace. An ethnic breakdown of UKCC staff is published on page 18. A disability access audit was also conducted and flexible working guidelines introduced.

Communications

The Communications Department promotes and informs the work of the Council through five key areas of activity. These are media relations, publications, events, parliamentary liaison and the UKCC website.

Record levels of core activity in all these areas were achieved during 2000-2001. Proactive media campaigns were undertaken to publicise the work of the Professional Conduct Committee, preparation for the launch of the PREP audit, the strategy for public involvement, valuing diversity and the new *Guidelines for the administration of medicines*. A record 20 new publications were published, distributed and promoted during the year, all of which support registered nurses, midwives and health visitors in their professional practice and/or inform the professions and the public about the work of the Council.

Sixty eight conferences and other events were organised by the department during the year. The core events programme comprises Meet the UKCC roadshows across the United Kingdom, open days at the Council's offices in London and induction days for senior health services staff. In addition, specific targeted events were held in all four countries to inform and promote the strategy for public involvement, the work of the Council's Post-Commission



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Jill Colbert

Committee Secretariat
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Stuart Skyte

Communications Manager
John Knap

External Events Manager
Julie Robinson



Business Systems Directorate

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Head of Finance

Viren Hindocha

Finance Manager

Bansi Kataria

Business Manager,
Registration

Geraldine Martin

Assistant Manager,
Registration

Dana Steyn

Registration Team Managers

Katherine Kavanagh

Norma Kolade

Fifi Latham

Agnes Magloire

Development Group and the consultation on a revised *Code of professional conduct*. Annual lectures were held in all four countries in conjunction with Council meetings and a joint conference with health services employers highlighted ways in which the regulatory framework supports the objectives of clinical governance.

Parliamentary liaison and monitoring focused largely on the proposed legislative changes to professional regulation and on the separate needs of each of the four countries of the United Kingdom. Independent market research was commissioned into registrants' perceptions of the UKCC and the services it provides. Significant improvements were recorded in all areas of activity compared with the last such survey in 1997.

The key communications innovation during the year involved the redesign of the Council's website as the first phase of a long-term electronic media strategy. This involved reconfiguring the existing site away from the straightforward presentation of factual information about the Council towards a more dynamic, news-focused and interactive system. The numbers of people accessing the site quadrupled during the three months following the redesign. Over the next four years, the continuing implementation of the strategy will revolutionise the ways in which the regulatory body communicates with registrants, stakeholders and the public.

Welsh Language Act

The Council produced a considerable amount of new material in Welsh during the year. It also considered the issue of the Welsh language as part of a wider review of diversity, and undertook market research to establish the Welsh language abilities, needs and ambitions of those on the register. Specific achievements included:

- evidence submitted to a review of the Welsh Language Board undertaken by the National Assembly for Wales
- a 50% increase in the number of registrants opting to receive material in Welsh
- the production in Welsh of the following UKCC publications; *Have you been mistreated by a nurse, midwife or health visitor?*, *Protecting the public in Wales*, *Guidelines for the administration of medicines*, *Midwives rules and code of practice*, *Requirements for pre-registration nursing programmes*, *Requirements for pre-registration midwifery programmes*, *Practitioner-client relationships and the prevention of abuse* and *A UKCC guide for students of nursing and midwifery*.

Registration and information technology

The work of the Registration Department expanded significantly during the year, primarily in response to the continuing escalation in the number of practitioners from overseas seeking registration in the United Kingdom. A total of 29,119 applications was received during 2000-2001, compared with 16,963 the previous year. Of these, 13,750 were from the Philippines.

The number of overseas-trained practitioners admitted to the register during

the year was 8,403, an increase of 41% on the 1999-2000 total of 5,945. The leading sources for admissions to the register were the Philippines, South Africa and Australia. There was also a small increase in the numbers of newly-qualified United Kingdom registrants. Additional staff and resources were targeted by the UKCC to manage this workload.

Progress continued on implementing and testing the new registration information technology system referred to in the previous year's report. When fully operational, this will allow the UKCC to manage its workload more efficiently and enhance the services it can offer to registrants, their employers and the public.

Finance

In accordance with the Council's business plan, the surplus reserves have been used to fund projects such as the new registration system and increased professional conduct activity. The fall in the stock market valuation has also affected the level of available reserves.

The reserves of £11.5 million should be considered taking into account that the lease of the Council's offices at 23 Portland Place continues to have a restrictive user clause and was revalued on 31 March 2001 at £7 millions, being included in the accounts at the net book value of £6.4 millions. The value of investments takes account of stock market fluctuations and the amount included in the reserves is based upon the market value as at 31 March 2001.

In view of the low level of the reserves, after eight years of maintaining the current fee level, it has been necessary to increase the fees from October 2001 to cover the UKCC's core activities. At the same time, the initial registration fee has been abolished to assist new registrants. The fee increase does not yield any funds for additional activities that may be taken over by the new Nursing and Midwifery Council from 1 April 2002.

The full accounts for the year are published on pages 23-42 of this report.

Personnel

The year saw the reaccreditation of the Council's Investor in People status and progress toward clarifying the position of UKCC staff during the transition to the Nursing and Midwifery Council. A diversity analysis of UKCC staff was also undertaken. The first such analysis had been completed during the previous reporting year. At October 2000, the UKCC employed 131 staff (compared with 123 in 1999). This means that the numbers involved are small and of uncertain validity. Furthermore, with only two years data collected, it is too early to analyse trends. Nevertheless, the survey yields some interesting information.

Some 70% of the UKCC workforce is currently female, compared with 73% in 1999. Seventy two per cent are white, compared with 75% in 1999. Over the year, there has been a slight increase in the number of employees under 30 years of age, with a subsequent decrease in the 30-39 range. The 40-49 range has remained stable. However, there has been a slight decrease in the 50-59 age range with a subsequent increase in the numbers aged over 60.



Audit Sub-Committee

Chairman
Robert Bertram

Council members
Eunice Foster

Alison Norman

Philip Pye

Madeline Coulter
Southern Health and
Social Services Board,
Northern Ireland

The Audit Sub-Committee keeps the internal audit programme under continual review and notes any recommendations for improvements to financial and operational controls that may be made by the internal or external auditor.

During the year, internal audit activity encompassed:

- internal risk management controls
- building contracts and tenders
- the Council's sickness absence management system
- testing and advising on the development and impact of the Council's new registration system.



Some facts and figures about the UKCC

There are about 635,000 nurses, midwives and health visitors on the register.

The UKCC handles about 5000 telephone calls each working day, with a record for one day of 8500.

Around 14,000 items of post are dealt with by the UKCC each working day.

The UKCC processes some 2000 changes to the register each working day.

The UKCC handles over 1300 complaints each year from the public, employers and registrants about alleged misconduct by nurses, midwives and health visitors.

All UKCC publications, events and professional advice are free of charge.

Around 2,500 people access the UKCC's website each day.

The 1999 report showed that the ratio of males gaining promotion or transfer since January 1996 was slightly higher than that of females. Over the last 12 months, the ratio of women gaining transfer or promotion is higher than that of men. Whereas the previous report showed that all transfers were undertaken by staff whose ethnic origin was white, the current years' figures for both transfers and promotions show a more proportionate split.

As with the 1999 figures, most transfers and promotions are in the 20-29 age range. The majority of the 19 people who left the organisation resigned, whilst two left after the expiry of their fixed term contracts. Some 79% of leavers were female, and nearly 90% were white. Nearly 75% of leavers were in the age ranges 20-29 and 30-39.

A slightly higher proportion of white employees has been classed as advancing or advanced in their role. A greater proportion of men has been assessed as meeting the advanced criteria for their role. Whilst all employees with the highest ratings are white, all those with the lowest ratings are also white. The UKCC is concerned that the number of non-white staff in the two senior job bands is disproportionately small. White staff may be more likely to be rated as either advancing or advanced, or to receive a higher rating.

The differences here are small but need to be viewed with concern. Further staff training on diversity issues will help to address these issues, particularly by challenging personal views and behaviours.

Ethnic origin profile of the Council's staff

Category	Number of employees	Percentage of total	Percentage of total as at 1 April 2000	Percentage of total as at 1 April 1999
White	94	70.2	72.4	75
Black Caribbean	12	8.9	7.3	8.0
Black African	7	5.2	4.1	2.4
Black other	2	1.5	1.6	1.6
Black mixed	1	0.8	0.8	0.8
Indian	12	8.9	9.8	9.0
Pakistani	1	0.8	0.8	0
Chinese	2	1.5	0.8	0.8
Other	3	2.2	2.4	2.4
Total	134	100	100	100

One person declined to provide this information

Council Members

Julie Alltoft

Agency nurse (medical)
Birmingham

Robert Bertram*

Visiting Professor
Heriot Watt University, Edinburgh

Jean Black

Enrolled nurse
North and West Belfast HSS Trust

Martin Bradley*

Chief nurse and director of healthcare
Western Health and Social Services Board
Northern Ireland

David Browning*

Independent consultant, biomedical science

Ian Bryan

Enrolled nurse
Edinburgh Health Care NHS Trust

James Buchan*

Reader
Queen Margaret University College, Edinburgh

Isabel Caskie

Health visitor
Lanarkshire Healthcare NHS Trust

George Castledine

Professor of nursing/community health and
assistant dean
University of Central England

Peter Clarke

Ward manager
Down Lisburn HSS Trust

Linda Coey

Staff nurse
United Hospitals HSS Trust, Antrim

Margaret Collingwood

Senior nurse lecturer
Napier University, Livingston



UKCC Council

The UKCC's Council comprises 40 elected members and 20 members who are appointed by the Secretary of State for Health. The elected members are representative of all parts of the United Kingdom and the three professions.

The Secretary of State appointments, denoted by an asterisk*, reflect the Council's accountability to Parliament, from where it derives its public protection powers, as well as to the nurses, midwives and health visitors who fund its work through their registration fees.

The Council's President is Alison Norman and the Vice President is Mary Hanratty.

The Council meets quarterly across the United Kingdom and is responsible for the governance of every aspect of the UKCC's business. This is undertaken by agreeing the Council's strategic objectives and annual business plan, and monitoring progress on their achievements. Much of the Council's detailed work is conducted through its committees, advisory panels and task groups.



UKCC Committees

A small number of committees support the work of the Council. Committee membership comprises Council members and external experts who are co-opted because of their specific professional expertise. All the committees are chaired by Council members and they meet quarterly.

The committees are:

Nursing and Community
Health Care Nursing
Committee

Midwifery Committee

Joint Education
Committee

Finance Committee

Other important UKCC business is undertaken by specially convened task groups, advisory panels and steering groups, which comprise a small number of Council and committee members, external advisers, and UKCC officers.

David Crowson*

Assistant director, public affairs
Royal Society of MENCAP

Jennifer Cruickshank

Lecturer, nursing studies
The Robert Gordon University, Aberdeen

Bryn Davis

Dean of nursing studies
University of Wales College of Medicine, Cardiff

Sheila Drayton

Independent nursing and midwifery consultant

Patrick Dwan

Senior enrolled nurse, Cefn Coed Hospital, Swansea
(appointed March 2001)

Kathleen Evans

Unit manager
St Winifrede's Nursing Home, Cardiff

Eunice Foster

Midwife manager
Belfast City Hospital HSS Trust
Midwifery Committee

Jenni Frost

Lecturer, nursing studies
University of Wales, Bangor (resigned December 2000)

Kevin Gournay*

Head of psychiatric nursing
Institute of Psychiatry, The Maudsley Hospital, London

Chris Grimes*

Former NHS accountant
UKCC Finance Committee Chair

Mary Hanratty (Vice President)

Head of nursing and midwifery in-service education
The Beeches Management Centre, Belfast
*UKCC Nursing and Community Health Care Nursing
Committee Chair*

Liz Hewett*

Board Secretary
Royal College of Nursing Welsh Board

Jessica Higson

Senior staff nurse
Royal Berkshire and Battle Hospitals NHS Trust

Karen Hughes

Operating theatre staff nurse

Eva Jacobs*

Consumer representative, The Patients Forum

Bobby Jones

Senior nurse – acute admissions co-ordinator
United Leeds Teaching Hospitals NHS Trust

Paddy Keavney*

General practitioner
Managing Medical Officer, HMP Nottingham

Anne Kelly

Lecturer in community services management
University of Wales, Swansea

Patrick Kelly*

Independent commissioning manager

Alam Khan*

Consultant anaesthetist
Manchester Royal Infirmary

Heather Laing

Clinical manager, intrapartum services
Lothian University Hospitals NHS Trust

Paul Lewis

Head of midwifery
Bournemouth University

Rita Lewis*

Consumer representative

Stuart MacDonnell*

Chief executive
Northern Health and Social Services Board
Northern Ireland

Jacquie Mahoney

United Kingdom nurse link manager
Marie Curie Cancer Care

Rosaleen Malone

Midwifery lecturer
The Queen's University of Belfast
Wales and Central England
UKCC Midwifery Committee Chair

Rose Marx

Community midwife
Carmarthenshire NHS Trust

Anne Matthew

Programme organiser, midwifery
Glasgow Caledonian University

Catherine McEvoy

Independent nurse adviser/lecturer
Northern Ireland

Christine McGilvray

Independent health adviser
(deceased, December 2000)

Catherine McLoughlin*

Chair, St George's Healthcare NHS Trust, London

Patrick McQuillan

Lecturer, department of nursing and community health,
Glasgow Caledonian University
(appointed July 2000)

Helen Millar*

Consumer representative
Chair, Rail Users Committee for Scotland

Miles Moffat

Charge nurse
Tayside Drug Problem Service

Jean Morris

Enrolled nurse
Morrison Hospital NHS Trust, Swansea

Valerie Morrison

Professional development adviser
Northern Ireland
UKCC Joint Education Committee Chair



UKCC Annual Report 2001-2002

Professional regulation and
clinical governance

Strengthening public
involvement in the work
of the UKCC

Audit of the PREP (CPD)
standard from April 2001

Reviews of inter-
professional education and
the branch programmes in
nursing education

Guidelines on the
therapeutic management
of violence

Reviews of inter-
professional education and
the *Code of professional
conduct, The scope of
professional practice* and
*Guidelines for professional
practice*

Nursing and midwifery in
the independent sector

Preparation for transition
to the new Nursing and
Midwifery Council

Sally Nethercott

Director of nursing, quality and clinical support
Great Ormond Street Hospital for Children
NHS Trust

Alison Norman (President)

Executive director of nursing/director of primary care
North Staffordshire Combined Healthcare NHS Trust

Peter O'Reilly

Project manager, nursing
Belfast City Hospital HSS Trust

Philip Pye*

Dean of faculty of health studies and head of school of
nursing and midwifery studies
University of Wales, Bangor

Elizabeth Rush

Retired staff nurse

David Sines*

Professor of community health nursing/dean of the
faculty of health
South Bank University, London

June Smail

Senior nurse, primary care
Gwent Health Authority

Eileen Walker

Education consultant, North Wales
(appointed May 2000)

Catherine Warwick

General manager, women's and children's services/
director of midwifery, Kings College Hospital, London
(appointed May 2000)

Mair Watkins

Senior nurse/hospital manager
Swansea NHS Trust

Mary Watkins*

Head of institute of health studies
University of Plymouth

Fiona Wright

Specialist nurse/health promotion manager
Craigavon and Banbridge Community HSS Trust



Accounts as at 31 March 2001

Statement of Financial Activities for the year ended 31 March 2001

		Unrestricted Funds		Unrestricted Funds	
	Note	2001		2000	
		£'000	£'000	£'000	£'000
INCOMING RESOURCES					
Investment income	2	971		1,194	
Income from charitable trading	3	9,799		9,064	
Total Incoming Resources			10,770		10,258
RESOURCES EXPENDED					
Direct Charitable Expenditure	4	13,533		11,012	
Other Expenditure					
Publicity	5	2,850		2,436	
Management and Administration	6	970		945	
Total Resources Expended	7		17,353		14,393
Net Outgoing Resources from Operations			(6,583)		(4,135)
Gains/(Loss) on Tangible Fixed Assets and Investments					
Realised from investments	12	2,022		2,953	
Unrealised from investments	12	(3,499)		(2,172)	
Unrealised gains on tangible fixed assets	11	93		512	
Total (Loss)/Gains			(1,384)		1,293
Net Movement in Funds			(7,967)		(2,842)
Total Funds brought forward			19,532		22,374
Total Funds carried forward			11,565		19,532

All of the Council's activities in the above two financial years were derived from continuing operations.

The notes on pages 26 to 37 form part of these accounts.



Balance Sheet as at 31 March 2001

	Note	2001 £'000	2000 £'000
Fixed Assets			
Tangible Assets	11	7,445	7,509
Investments	12	17,097	24,574
Total Fixed Assets		<u>24,542</u>	<u>32,083</u>
Current Assets			
Debtors	14	508	490
Cash at bank and in hand		1,192	1,147
Total Current Assets		<u>1,700</u>	<u>1,637</u>
Creditors (amounts falling due within one year)	15	<u>(9,291)</u>	<u>(8,744)</u>
Net Current Liabilities		<u>(7,591)</u>	<u>(7,107)</u>
Total Assets Less Current Liabilities		<u>16,951</u>	<u>24,976</u>
Creditors (amounts falling due after more than one year)	16	<u>(5,386)</u>	<u>(5,444)</u>
Net Assets		<u>11,565</u>	<u>19,532</u>
Income Fund – Unrestricted		<u>11,565</u>	<u>19,532</u>

All of the Council's activities in the above two financial years were derived from continuing operations.

The notes on pages 26 to 37 form part of these accounts.

Subject to audit



Cash Flow Statement for the year ended 31 March 2001

	Note	2001		2000	
		£'000	£'000	£'000	£'000
Net Cash Outflow from Operating Activities	21		(6,251)		(4,753)
Returns on Investment and Servicing of Finance					
Interest Received	24	638		686	
Dividends Received	24	320		529	
			958		1,215
Capital Expenditure and Financial Investment					
Payments to acquire Tangible Fixed Assets	25	(491)		(158)	
Receipts from Investment Portfolio	12	6,000		3,000	
Receipts from sale of Tangible Fixed Assets	8	-		2	
			5,509		2,844
			216		(694)
Management of Liquid Resources					
Decrease in short-term deposits			-		1,000
Increase in cash in the year	22		216		306

The notes on pages 26 to 37 form part of these accounts.



Notes to the Accounts

1 Accounting Policies

The accounts are prepared in accordance with the Accounts Direction from the Department of Health (see page 40) which requires the accounts to be prepared in accordance with the Statements of Recommended Practice 'Accounting by Charities' and that the accounts also comply with the Applicable Accounting Standards issued or adopted by the Accounting Standards Board.

(a) Accounting convention

The accounts are prepared under the historical cost convention as modified by the revaluation of tangible fixed assets and investments.

As stated in the foreword a new regulatory body is planned to be set up on 1 April 2002. However, this year's accounts have still been prepared on a going concern basis as the future position regarding the activities of the Council has still to be decided by the Department of Health.

(b) Depreciation

Depreciation is provided on tangible fixed assets to write them down to a nominal value of £1 over their estimated useful lives in equal annual instalments as follows:

Furniture	– 10 years
Equipment	– 3 years
Leasehold Premises	– 50 years (Note 11)

Tangible fixed assets costing over £1,000 have been capitalised. In view of the revaluation of leasehold premises in 1998, the remaining economic life has been re-stated at 50 years.

(c) Resources arising – income

Investment income

Investment income is accounted for when receivable and includes the related tax recoverable.

Income from charitable trading

Registration, Verification and Replacement of PIN card fees have been credited to Income on the day of receipt. Periodic Fees have been allocated to the appropriate financial year based on the accruals concept.

(d) Allocation of costs

The charity's operating costs include staff costs, premises costs and other related costs. Such costs are allocated between direct charitable expenditure, publicity and management and administration. Staff costs are allocated according to the costs of staff working directly in the relevant departments. Premises costs are allocated according to staff numbers in each department and computer and other costs are apportioned to departments on an appropriate basis (eg usage, staff numbers).

Direct charitable expenditure

Direct charitable expenditure includes all expenditure related to the objects of the charity which comprise Professional Conduct, Research, Maintaining the register and Standards Promotion and Policy Development.



Other expenditure

Other expenditure is analysed under the following two headings:

Publicity

Publicity costs relate to the costs of the Communications department, the main element of which is the expenditure on the Council's newsletter 'Register'.

Management and Administration

Management and Administration costs relate to expenditure incurred in the management of the Council's assets, organisational administration and compliance with statutory requirements.

(e) Investments

Investments are stated at market value. Realised and unrealised gains and losses are shown separately in the appropriate section of the statement of financial activities.

(f) Stocks

Since all publications are made available free of charge, the cost is written off when incurred.

(g) Development costs

Costs incurred on software developments are written off in the year in which they are incurred.

(h) Fund accounting

The charity's funds are all unrestricted funds.

(i) Leased assets

Rentals applicable to operating leases, where substantially all the benefits and risks of ownership remain with the lessor, are charged to the statement of financial activities in equal amounts over the periods of the leases.

	2001 £'000	2000 £'000
2 Investment Income		
Income from UK Listed Investments		
– Dividend Income	333	510
– Interest on Treasury Stock	591	591
Interest receivable		
– from cash in investment portfolio (Lazards)	12	50
– from Money market	4	21
– from Deposit account	31	22
	<u>971</u>	<u>1,194</u>
	£'000	£'000
3 Income from Charitable trading		
Periodic Fees	7,582	7,581
Registrations	2,080	1,357
Verifications	103	96
Replacement of PIN cards	33	29
Miscellaneous	1	1
	<u>9,799</u>	<u>9,064</u>

Subject to audit



	2001	2000
	£'000	£'000
4 Direct Charitable Expenditure		
Research	51	143
Standards Promotion and Policy		
Development	3,222	2,783
Maintaining the register	4,569	3,470
Professional Conduct	5,691	4,616
	<u>13,533</u>	<u>11,012</u>
The Professional Conduct costs include direct costs (as in note 8), staff costs and related overheads.		
	£'000	£'000
5 Other Expenditure – Publicity		
Conferences, Seminars and Publicity	182	201
Council Newsletter 'Register'	970	797
Communications	169	112
Printing of Council Publications	943	835
Allocation of operating costs (inc. Salaries) (Note 1d)	586	491
	<u>2,850</u>	<u>2,436</u>
	£'000	£'000
6 Other Expenditure – Management and Administration		
Members' Travel and Subsistence	162	140
Auditors' Remuneration – Audit fees	17	17
Auditors' Remuneration – Other fees	17	11
Allocation of operating costs (inc. Salaries) (Note 1d)	774	777
	<u>970</u>	<u>945</u>



7 Total Resources Expended

	Staff Costs	Depreciation	Other Costs	Total 2001	Total 2000
	£'000	£'000	£'000	£'000	£'000
Direct Charitable Expenditure					
Research	-	-	51	51	143
Standards Promotion and Policy Development	1,075	116	2,031	3,222	2,783
Maintaining the Register	1,403	164	3,002	4,569	3,470
Professional Conduct	1,099	146	4,446	5,691	4,616
Other Expenditure					
Publicity	267	35	2,548	2,850	2,436
Management and Administration	398	36	536	970	945
	<u>4,242</u>	<u>497</u>	<u>12,614</u>	<u>17,353</u>	<u>14,393</u>



	Note	2001 £'000	2000 £'000
8 Total Resources expended by natural classification			
Salaries and Associated Costs	9	4,242	3,839
Other Staff Expenses		141	146
Premises		555	394
Sundry, Furniture, Equipment and Maintenance		269	261
Hire of Equipment		133	113
Professional Conduct (Direct cost)		3,046	2,383
Depreciation	11	497	473
Nurses Welfare Service		330	311
Hospitality		23	39
Council Restaurant		104	95
Post-Registration Education and Practice Policy		549	542
Policy Development and Standards Promotion		448	137
Education Commission		111	287
Research		51	143
Loss/(profit) on Furniture Disposal		10	(2)
Loss on Equipment Disposal		1	-
Professional fees		228	193
Auditors' Remuneration – Audit Fees		17	17
Auditors' Remuneration – Other Fees		17	11
IT Development and Support		2,609	1,636
Telephones		75	66
Postage		492	408
Printing and Stationery		828	636
Advertising and Recruitment		88	119
Bank Charges		63	61
Communications		169	112
Conferences, Seminars and Publicity		182	201
Council Newsletter 'Register'		970	797
Printing of Council Publications		943	835
Members' Travelling and Subsistence		162	140
Total Resources Expended		17,353	14,393



	2001 £'000	2000 £'000
9 Information Regarding Employees		
Salaries and Associated Costs		
Wages and Salaries:		
Management	418	375
Administration	2,752	2,563
Social Security Costs:		
Management	39	28
Administration	216	208
Pension Costs – Present Staff (Note 19):		
Management	64	47
Administration	304	309
Pension Costs – Retired Staff of previous organisations (Note 19)	49	51
Temporary Staff	400	258
	<u>4,242</u>	<u>3,839</u>

- (i) £27,354 (previous year £27,354) was paid to the North Staffordshire NHS Trust to reimburse them for the President's time spent at the Council.
- (ii) No members received remuneration for their services from the Council for the year.
- (iii) The Chief Executive/Registrar's total actual remuneration was £104,216 (previous year: £92,119). This includes pension contributions paid by the Council of £15,131 (previous year: £13,373). The Chief Executive/Registrar is an ordinary member of the Federated Pension Scheme.
- (iv) Additional disclosure requirements in this area are being finalised.
- (v) The average number of employees in the year was 129 (management 7 and administration 122) and in the previous year was 126 (management 7 and administration 119).

10 Taxation

Due to its charitable status the Council is not liable to corporation tax.



**11 Tangible Fixed Assets
for use by the charity**

	Furniture	Equipment	Long Leasehold Premises Note (a)	Long Leasehold Premises Note (b)	Total
	£'000	£'000	£'000	£'000	£'000
Cost or valuation:					
1 April 2000	642	2,077	6,920	605	10,244
Additions during year	–	351	–	–	351
Disposals	(95)	(402)	–	–	(497)
Surplus on revaluation	13	44	88	8	153
31 March 2001	<u>560</u>	<u>2,070</u>	<u>7,008</u>	<u>613</u>	<u>10,251</u>
Depreciation					
1 April 2000	498	1,785	415	37	2,735
Charge for year	23	322	140	12	497
Disposals	(85)	(401)	–	–	(486)
Adjustment on Revaluation	12	42	5	1	60
31 March 2001	<u>448</u>	<u>1,748</u>	<u>560</u>	<u>50</u>	<u>2,806</u>
Net book value 31 March 2001	<u>112</u>	<u>322</u>	<u>6,448</u>	<u>563</u>	<u>7,445</u>
Net book value 31 March 2000	<u>144</u>	<u>292</u>	<u>6,505</u>	<u>568</u>	<u>7,509</u>

The comparable amounts of tangible fixed assets determined according to the historical cost convention at 31 March 2001 are:

	Furniture	Equipment	Long Leasehold Premises Note (a)	Long Leasehold Premises Note (b)	Total
	£'000	£'000	£'000	£'000	£'000
Cost	405	1,887	4,270	639	7,201
Accumulated depreciation	<u>(315)</u>	<u>(1,566)</u>	<u>(1,257)</u>	<u>(128)</u>	<u>(3,266)</u>
Net historical value at 31 March 2001	<u>90</u>	<u>321</u>	<u>3,013</u>	<u>511</u>	<u>3,935</u>
Net historical value at 31 March 2000	<u>119</u>	<u>283</u>	<u>3,098</u>	<u>524</u>	<u>4,024</u>

- (a) The Council acquired the leasehold interest in 23 Portland Place, London W1 from the General Nursing Council for England and Wales at Nil cost. The lease expires in the year 2933. The lease was revalued as at 31 March 1998 on existing use basis by Messrs Keith Cardale Groves, Chartered Surveyors, at £6,000,000 and has been included in the accounts at this amount and subsequently adjusted to current market value by use of appropriate price indices. It should be noted that due to the restrictive user clause the lease is unassignable.

Subject to audit



- (b) The Council acquired the leasehold interest in 21 Duchess Mews on 1 February 1991. The lease expires on 3 April 2953. The lease was revalued as at 31 March 1998 on existing use basis by Messrs Keith Cardale Groves, Chartered Surveyors, at £525,000 and has been included in the accounts at this amount and subsequently adjusted to the current market value by the use of appropriate price indices.
- (c) All other tangible fixed assets have been revalued on 31 March 2001 to market value by use of appropriate price indices. They have been included in the accounts at these revalued amounts.

Revaluation surpluses and deficits in respect of all the above revaluations are taken to the Income Fund.

**12 Investments in United Kingdom
as Fixed Assets**

Total Investments

	2001	2000
	£'000	£'000
Market Value at 1 April	24,574	26,788
Additions at cost (from realised gain)	2,022	2,953
Equalisation Adjustment	-	5
Return of funds to the Council	(6,000)	(3,000)
Net unrealised investment Loss	(3,499)	(2,172)
Market Value at 31 March	17,097	24,574

Investments comprise the following

	£'000	£'000
Investment Portfolio (Lazards)		
- Listed on London Stock Exchange	7,350	11,726
- Unit and Investment trusts	3,548	6,001
- Cash held as part of Investment Portfolio	598	1,180
12.5% Treasury stock 2003 - 2005	5,601	5,667
	17,097	24,574

Cost

	£'000	£'000
Investment Portfolio (Lazards)		
- Listed on London Stock Exchange	6,593	8,710
- Unit and Investment trusts	2,480	3,722
- Cash held as part of Investment Portfolio	593	1,180
12.5% Treasury stock 2003 - 2005	5,816	5,816
	15,482	19,428

The additions during the year are made up of £2,022,000 (2000 - £2,953,000) reinvested capital gains.

During the year £6 million was drawn from Lazards to meet the cash flow requirements as planned.



The Market value of Treasury Stock above reflects accrued income to 31 March 2001 of £212,000 which is included in the Balance Sheet under 'Prepayments and Accrued Income'.

The Council's Investment Portfolio is managed by Lazard Asset Management, who invest the funds in unit trusts and in equities listed on the London Stock Exchange.

13 Related Party Transactions

During the year travel and subsistence expenses of £162,000 were paid to the 60 members of the Council. Thirty-seven members held floats for the payment of travel and subsistence expenses. The total amount held by these members was £26,500.

14 Debtors

	2001 £'000	2000 £'000
Other Debtors	86	82
Prepayments and Accrued Income	422	408
	<u>508</u>	<u>490</u>

15 Creditors

(amounts falling due within one year)	2001 £'000	2000 £'000
Bank Overdraft	-	171
Other Creditors	2,770	2,003
Other Taxes and Social Security	80	79
Deferred Income – Periodic Fee for 2000/2001	-	6,491
Deferred Income – Periodic Fee for 2001/2002	6,441	-
	<u>9,291</u>	<u>8,744</u>

16 Creditors

(amounts falling due after more than one year)	2001 £'000	2000 £'000
Deferred Income – Periodic Fee for 2001/2002	-	3,965
Deferred Income – Periodic Fee for 2002/2003	3,954	1,472
Deferred Income – Periodic Fee for 2003/2004	1,427	7
Deferred Income – Periodic Fee for 2004/2005	5	-
	<u>5,386</u>	<u>5,444</u>

Deferred income relates to periodic fees prepaid, for amounts falling due after more than one year.

Subject to audit



17 Election Costs

In accordance with FRS 12, this year provision has not been made for Council's next election.

18 Charitable Status

On 22 January 1985 the Council was registered in the Central Register of Charities (Charity No. 290941). In view of this a rate relief has been allowed by the City of Westminster. There are also tax benefits because of this status (Note 10).

19 Pension Commitments

The Council participates jointly with the National Boards for Nursing, Midwifery and Health Visiting for England, Scotland and Wales in a Federated Pension Scheme (FPS 1654). The scheme, to which most of the Council's employees belong, is administered by Federated Pension Services and is a funded, defined benefit scheme.

Contributions to the scheme are charged to the Statement of Financial Activities so as to spread the cost of pensions over employees' working lives. Contributions are determined by a qualified actuary on the basis of triennial valuations. In view of the re-organisation the valuation has been carried out one year early.

The latest valuation of the scheme was carried out by William M Mercer Limited as at 31 March 2000, using the projected unit method of valuation. At the date of the valuation the market value of the fund of the scheme was £42,721,219. The actuarial value of the assets represented 98% of the value of the benefits which had accrued to members after allowing for expected future increases in earnings and pensions. The past service shortfall of assets is being amortised over the remaining service lives of the employees. The main assumptions used in the valuation were a real return on investments above salary increases of 3.5% per annum and above pension increases of 2.5% per annum.

The pension cost assessed on the basis of actuarial advice and charged in the account was as follows:

	2001	2000
	£'000	£'000
Council's (employer's) contributions to all schemes made in year	<u>368</u>	<u>356</u>
	<u><u>368</u></u>	<u><u>356</u></u>
Council's (employer's) contribution	17%	17%
Employee's contribution	6%	6%

If the scheme had discontinued on the valuation date (31 March 2000), the assets would have been approximately 80% of the amount necessary to purchase insurance contracts to meet the accrued benefits for active members and past leavers and the current benefits for pensioners. The actuary has recommended the Employers contribution to be increased to 22.4%. In view of the re-organisation the Trustees have recommended that employers contribution rate should only be increased from 17% to 20.3% to meet the minimum funding requirement (MFR) regulations, pending review of the scheme post re-organisation. The date from which this increase takes place is to be determined.



The Council, in conjunction with the English National Board and the Welsh National Board, also meets the cost of unfunded pension increases provided to pensioners of predecessor organisations who are not members of FPS 1654. These costs are met on a pay-as-you-go basis and are charged to the Statement of Financial Activities as they arise. In 2000–2001 this expenditure amounted to £49,155 (1999–00 £51,000).

20 Capital Commitments		2001	2000	
		£'000	£'000	
	Capital expenditure that has been contracted for but not been provided for in the financial statements	–	–	
		<u>–</u>	<u>–</u>	
21 Reconciliation of Net Outgoing Resources to Net Cash Outflow from Operating Activities		2001	2000	
		£'000	£'000	
	Net outgoing resources	(6,583)	(4,135)	
	Investment income	(971)	(1,194)	
	Depreciation Charges	497	473	
	Deficit/(Surplus) on Disposal of Tangible Fixed Assets	11	(2)	
	Increase in Debtors (Note 24)	(5)	(42)	
	Increase in Creditors (Note 25)	800	147	
		<u>(6,251)</u>	<u>(4,753)</u>	
22 Reconciliation of Net Cash flow to Movement in Net funds		2001	2000	
		£'000	£'000	
	Increase in Cash in Period	216	306	
	Net funds at 1 April 2000	976	670	
	Net funds at 31 March 2001	<u>1,192</u>	<u>976</u>	
23 Analysis of changes in Net Fund		1 Apr 00	Cash Flow	31 Mar 01
		£'000	£'000	£'000
	Bank overdraft	(171)	171	–
	Cash at Bank and in hand	1,147	45	1,192
	Total	<u>976</u>	<u>216</u>	<u>1,192</u>



24 Movement in Debtors

	Debtors	Interest	Dividends
	£'000	£'000	£'000
Figure per Accounts 31 March 2001	508	638	333
At 1 April 2000	490	-	-
Increase in debtors	(18)	-	-
Transfer Interest debtor	0	0	-
Transfer Dividends debtor	13	-	(13)
Total per Cash Flow Statement	(5)	638	320

25 Movement in Creditors/ Fixed Asset Addition

	Creditors	Fixed Asset Addition
	£'000	£'000
Figure in Accounts 31 March 2001	14,677	351
At 1 April 2000	14,017	
Increase	660	
Relating to Fixed Asset	140	140
Net Increase	800	491

26 Leasing Commitments

	2001	2000
	£'000	£'000
At 31 March 2001 the Council had commitments for payments in the following year under non-cancellable operating leases as set out below: Operating leases which expire:		
within 1 year	-	-
in the second to fifth years inclusive	121	103
Annual commitment at 31 March 2001	121	103

The rent payable under an operating lease for land and buildings is less than £1,000 per year and expires in more than five years.



Statement of Responsibilities of the Council and its Chief Executive in Respect of the Accounts

The accounts are prepared in accordance with the Accounts Direction from the Department of Health (see page 20) which requires the accounts to be prepared in accordance with the Statements of Recommended Practice 'Accounting by Charities' and that the accounts also comply with the Applicable Accounting Standards issued or adopted by the Accounting Standards Board.

The Nurses, Midwives and Health Visitors Act 1997 requires that annual accounts are prepared and audited. The Council and its Chief Executive (as Accounting Officer) are responsible for the preparation and approval of the accounts. In preparing these accounts they are required to:

- (a) observe the applicable accounts directions issued by the Treasury;
- (b) select suitable accounting policies and then apply them consistently;
- (c) make judgements and estimates that are reasonable and prudent;
- (d) prepare the accounts on a going concern basis.

The Council and its Chief Executive are responsible for the keeping of proper accounting records which disclose with reasonable accuracy at any time the financial position of the Council and enable them to ensure that the accounts comply with the Nurses, Midwives and Health Visitors Act 1997. They are also responsible for safeguarding the assets of the Council and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.



Accounting Officer's Statement on the System of Internal Financial Control

As accounting officer, I acknowledge my responsibility for maintaining proper financial systems and procedures of control, including internal audit, and for securing propriety, regularly and value for money in the use of the Council's resources.

The Council is responsible for ensuring that the system of internal controls is designed to deliver the stewardship of funds and the safeguarding of the Council's assets. Standards of internal control are kept under constant review, through the work of the Audit Sub-Committee. The system can provide only reasonable and not absolute assurance that assets are safeguarded, transactions authorised and properly recorded, and that material errors or irregularities are either prevented or would be detected within a timely period.

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

- Comprehensive budgeting system with an annual budget which is reviewed and agreed by the Council
- Regular reviews by the Finance Committee of monthly and annual financial performance against forecasts
- Setting targets to measure financial and other performance
- Clearly defined procedures for the authorisation and control of capital expenditure

The Council has an internal audit function, which operates to standards defined in the Government Internal Audit Manual.

The internal audit unit produces an annual internal audit plan, the coverage of which is determined from yearly risk analyses. Following full consultation with directors and other senior officers, the internal audit plan is approved by the accounting officer and Audit Sub-Committee on behalf of the Council. Periodic reports and plans are presented to the Audit Sub-Committee.

My review of the effectiveness of the system of internal financial control is informed by the work of the executive managers within the Council who have responsibility for the development and maintenance of the financial control framework, the internal auditor, the Audit Sub-Committee, and comments made by the external auditors in their management letter and other reports. Where enhancements to financial control systems are identified as necessary, they are prioritised and management action plans are prepared.

As accounting officer, I am aware of the recommendations of the Turnbull Committee and I am taking reasonable steps to comply with the Treasury's requirement for a statement of internal control to be prepared for the year ending 31 March 2002, in accordance with guidance to be issued by them.

Sue Norman
Chief Executive/Registrar



Accounts Direction

The Secretary of State, with the approval of the Treasury, in pursuance of section 18(1) of the Nurses, Midwives and Health Visitors Act 1997, hereby gives the following direction:

1 In this direction, unless the context otherwise requires –

“the Act” means the Nurses, Midwives and Health Visitors Act 1997

“the Council” means the United Kingdom Central Council for Nursing, Midwifery and Health Visiting.

2 The statement of accounts which it is the duty of the Council to prepare in respect of the financial year ended 31 March 1997 and subsequent financial years, shall be as set out in the following paragraphs and Schedule.

3 The statement of accounts in respect of the Council shall comprise:

- (a) a foreword;
- (b) a statement of financial activities;
- (c) a balance sheet;
- (d) a cash flow statement;
- (e) notes to the accounts.

4 The statement of accounts shall give a true and fair view of the incoming resources, application of resources and cash flow for the year and the balance sheet shall give a true and fair view of the state of affairs as at the end of the year. Subject to these requirements, the statement of account shall also, without limiting the information given, meet:

- (a) generally accepted accounting practice in the United Kingdom including accounting standards issued or adopted by the Accounting Standards Board;
- (b) all relevant guidance given by the Charity Commission, including the Statement of Recommended Practice “Accounting by Charities”;
- (c) all relevant guidance given by the NHS Executive;
- (d) any disclosure and accounting requirements which the Treasury may issue from time to time;

insofar as these are appropriate to the Council and are in force for the financial year for which the statement of account is to be prepared.

5 This accounts direction shall be reproduced as an appendix to the published account.

Signed by the authority of the Secretary of State for Health

Dated: 8 July 1997

Signed: J B Tomlinson
Head of Accounts and Trust Allocation



Schedule

Foreword

- 1 The foreword shall include a statement that the account has been prepared in accordance with a direction given by the Secretary of State, with the approval of the Treasury in accordance with Section 18(1) of the Nurses, Midwives and Health Visitors Act 1997.
- 2 The foreword shall include a description of the statutory background and main functions of the Council.

Statement of Financial Activities and Balance Sheet

- 3 The statement of financial activities, balance sheet and notes to the accounts shall follow the prescribed format shown in SI 1995 No. 2724.

Notes to the accounts, as required by SI 1995 No. 2724

- 4 The notes to the accounts shall include details of the accounting policies adopted.
- 5 Further explanatory notes to the account shall be provided wherever they are necessary in order to give users a proper understanding of the accounts;

Application of the Requirements of the Accounting Standards

- 6 The account is not required to include a note showing historical cost profits and losses as described in FRS 3.

Other

- 7 The foreword and balance sheet shall be signed by the Trustees and dated.



The Council's Advisers

Charity registration number: 290941

Solicitors

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33 Henrietta Street
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Computer Services

Electronic Data Systems Ltd
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Joint Auditors

Lawrence and Co
Chartered Accountants
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Joint Auditors

National Audit Office
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Victoria
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Architects, Surveyors

Geoff Beardsley and Partners
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Investment Advisors

Lazard Asset Management
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Bankers

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117 Great Portland Street
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