



Edited minutes of the meeting of the Nursing and Midwifery Board of Ireland (NMBI) held by video conference and in person in NMBI on Wednesday, 21 July 2021 starting at 9.00hrs.

**Members present in person:**

Ms E Cassidy, President of NMBI  
Dr L Sahm  
Ms E Kelly

**Members present by video:**

Ms S McArdle  
Mr D Murphy  
Ms L Collins  
Dr C Sullivan  
Ms AM Duffy  
Ms C Cocoman  
Prof M Rigby  
Mr J Horan  
Ms M Gorman  
Dr C McKenna  
Mr J Shalbin  
Ms M Vaughan

**In attendance:**

Ms S McClelland, CEO  
Dr A de Búrca, Head of Operations  
Mr M Balfe, Director of Finance  
Mr C O'Leary, Director of Fitness to Practise  
Ms J McEvoy, Director of Registration and Digitisation  
Ms D Johnston, Director of Midwifery  
Dr AM Ryan, Director of Professional Standards (Nursing)  
Ms C Donohoe, Director of Education, Standards and Policy  
Ms K Barrett, Communications Manager  
Mr J Hussey, IT Manager  
Mr C Lennon, Head of Security and Operations, Unity Technology Solutions  
Mr K O'Riordan, Finance Manager  
Ms O Coady, Governance and Secretariat Manager

**Item 1 – Apologies and conflicts of interest**



- 1.1 Apologies were received from Dr L Kavanagh McBride, Ms A Horgan, Ms L Clarke-Bishop, Mr M Blake-Knox, Ms A Lynch, Prof C O’Herlihy, Mr L Hamill and Dr D Lawler.
- 1.2 The President reminded Board members of the provisions of the conflict of interest policy. The President then asked Board members to review the agenda to identify any conflicts of interest. No conflicts were identified.

The President advised members that matters discussed during this hybrid meeting were to remain confidential to Board members and attendees.

### **Item 2 – Board *in camera* session**

As the Board wished to continue its discussion in private, members of the executive left the meeting. The CEO remained in the meeting at the invitation of the President.

Members of the executive returned to the meeting on conclusion of the *in camera* session.

### **Item 3 – Minutes and actions of previous meetings**

#### **3.1.1 Minutes of the meeting of 19 May 2021**

The Board considered the minutes of the meeting of 19 May 2021 which had previously been circulated to members.

**Decision** The Board approved the minutes of the meeting of 19 May 2021.

#### **3.1.2 Minutes of the meeting of 25 May 2021**

The Board considered the minutes of the meeting of 25 May 2021 which had previously been circulated to members.

**Decision** The Board approved the minutes of the meeting of the 25 May 2021.

#### **3.1.3 Minutes of the meeting of 10 June 2021**

The Board considered the minutes of the meeting of 10 June 2021 which had previously been circulated to members.

**Decision** The Board approved the minutes of the meeting of the 10 June 2021.

#### **3.2 Actions and matters arising from previous meetings**



The Board approved the updated action list which is attached as an appendix to these minutes.

There were no matters arising which were not dealt with elsewhere on the agenda or in the minutes or action list.

### 3.3 Written decision of the Board – appointment of non-Board members to FTPC

The Board noted the report on the above written decision of the Board whereby the Board approved the appointment of nine non-Board lay (non-registrant) members to the Fitness to Practise Committee.

## **Item 4 – President’s update**

### 4.1 Election of Vice President

Dr Kavanagh McBride’s term of office as Vice President had ended with the end of her first term of office on the Board on 5 December 2021. Registrant members had been requested to self-nominate for the role in advance of today’s meeting, however, no nominations had been received so far.

**Action** Members were requested to re-consider self-nominating or to nominate a fellow Board member (with that member’s prior agreement) in advance of the September Board meeting at which the election of a Vice President would take place.

### 4.2 Appointment of Vice Chairs to Preliminary Proceedings Committee (PPC) and Fitness to Practise Committee (FTPC)

Following the Board meeting of 19 May 2021, nominations had been sought for the roles of Vice Chairs to the PPC and FTFC, however, no nominations had been received so far. The President noted that many new members had been appointed to the committees and had perhaps required more time to familiarise themselves with the workload and asked whether the Board should wait until the end of the year and to then review the position. The Chair of the PPC, Mr Murphy said that his preference would be to seek nominations sooner rather than later as his term would end in 2022 and as much time as possible should be given to his replacement to familiarise themselves with the needs of the role.

**Action** Members of both committees were requested to re-consider self-nominating or to nominate a fellow committee member (with that member’s prior agreement) in advance of the September Board meeting at which the appointments of Vice Chairs would take place.

### 4.3 Resignation of Board member



The President advised the Board that Dr Sahm intended to resign from the Board in September 2021 due to work pressures and commitments.

#### 4.4 Succession planning

The Board noted the briefing document which had previously been circulated to members.

**Decision** The Board agreed to amend the Board Procedures to align with the President's term of office as a Board member and to state that the appointment of a successor takes place at the Board meeting three months before the end of term of office to allow for a transition period and handover.

**Decision** The Board agreed to extend the President's term of office to align with her term of office on the Board i.e. to 5 December 2022.

**Decision** The election of Ms Cassidy's successor as President would take place at the Board meeting in September 2022 with the appointment effective from 6 December 2022 to allow for a three month transition and handover between the outgoing President and the newly appointed President.

**Decision** New chairs would be appointed to the Midwives Committee and the FTPC from 6 December 2022, however, the appointments would be agreed by the Board at its meeting in September 2022. Nominations would be sought from Board members following the July Board meeting.

#### 4.5 Changes to Audit and Risk Committee charter and terms of reference

The Board considered the briefing document and amended charter and terms of reference setting out the proposed changes. The Board noted that these changes had been considered by the Audit and Risk Committee which was recommending them for approval.

**Decision** The Board approved the proposed changes to the charter and terms of reference.

#### 4.6 Change to Midwives Committee terms of reference

The Board considered the briefing document which had previously been circulated to members.

**Decision** The Board approved the proposed changes which included an increase in the membership of the committee by two one of whom shall be a self-employed



community midwife and one of whom shall be a non-registrant representative of the public interest.

#### 4.7 Reappointment of non-Board member to the FTPC

**Decision** The Board approved the re-appointment of Margaret Philbin, registered midwife, to the Fitness to Practise Committee for a final term of office of three years.

#### 4.8 Appointment of non-Board members to the Education, Training and Standards Committee

**Decision** The Board approved the appointment of the following non-Board members to the Education, Training and Standards Committee for an initial period of three years from 23 July 2021 to 23 July 2024:

- Orla Daly
- Mairead Boland

#### 4.9 Appointment of non-Board members to the Midwives Committee

The Board approved the appointment of the following non-Board members to the Midwives Committee for an initial period of three years:

- Mary Rowland – registered midwife: from 13 August 2021 to 13 August 2024.
- Karen Harmon – registered midwife with community midwifery experience: from 21 July 2021 to 21 July 2024.

#### 4.10 Board self-evaluation 2020 – action plan

Following the Board's end-of-year self-evaluation for 2020, facilitated by the Strategy and Programme Manager, Lisa Manselli, an action plan for 2021 with seven actions was identified.

The Board noted the status of the actions set out in the cover sheet which had previously been circulated to members, and which included a report titled *Ways of working – Covid lessons learned*.

**Decision** The Board approved the report including the proposed recommendations.

#### 4.11 Review of written decision process

In May 2018 the Board approved a process for the taking of a decision by the Board by written procedure in the interval between scheduled Board meetings.



The process was first reviewed in November 2018 when it was agreed to extend its use to all committees except the PPC and FTPC and again in 2019 when it was agreed to extend its use to all committees. It was agreed that the process would be reviewed again at a later date.

**Decision** The Board approved the continued use of the written decision process without amendment.

## Item 5 – CEO’s update

### 5.1 CEO report

The Board noted the CEO report, incorporating the directorate reports, which had previously been circulated to members.

### 5.2 Data breach notifications

The Board noted the seven data breaches which had occurred between May and July 2021 and which had previously been circulated to members. Four data breaches were considered low risk.

## Item 6 – Communications

### 6.1 Communications strategy

Ms Barrett joined the meeting.

The Board noted the communications strategy for 2021-2022 which had previously been circulated to members. The Board noted that the strategy had been considered in detail by the Business, Strategy and Finance Committee.

**Decision** The Board agreed to accept the recommendation of the Business, Strategy and Finance Committee and to approve the communications strategy for 2021-2022.

**Action** Quarterly updates on the strategy to remain a standing item on the agenda.

Ms Barrett left the meeting.

## Item 7 – Business, Strategy and Finance

### 7.1 Management accounts – May 2021

The Board noted the management accounts for May 2021 which had previously been circulated to members.



The chair of the Business, Strategy and Finance Committee advised the Board that the committee had discussed the accounts at its meeting on 12 July 2021.

The Board noted that Mr Balfe had presented a financial forecast to year's end to the committee chairs at their meeting on 19 July 2021.

**Decision** The Board agreed to accept the recommendation of the Business, Strategy and Finance Committee and approved the management accounts for May 2021.

## 7.2 HR strategy

The Board considered the HR strategy which had previously been circulated to members. Dr McKenna advised that the strategy had been discussed in detail by the Business, Strategy and Finance Committee at its meeting on 12 July 2021 and, following this meeting and feedback from the committee, had been slightly amended. The Board noted the following nine objectives set out in the strategy:

1. Staff development
2. Workforce planning
3. Organisation structure
4. Enhancing the corporate culture
5. Effective resourcing
6. Enhancing leadership and management capability
7. Teams initiative
8. Focus on our people
9. Developing NMBI beyond 2020-2022.

**Decision** The Board agreed to accept the recommendation of the Business, Strategy and Finance Committee and approved the HR strategy.

Ms Gorman left the meeting.

## 7.3 Equality, inclusion and diversity policy

The Board considered the draft policy which had previously been circulated to members. Dr McKenna advised that the policy had been considered by the Business, Strategy and Finance Committee at its meeting on 12 July 2021 and, following this meeting, had been expanded to include reference to Board members, registrants and the legislative context.

**Decision** The Board agreed to accept the recommendation of the Business, Strategy and Finance Committee and approved the policy.

## 7.4 Procurement: Scheme for monitoring the maintenance of professional competence (MMPC) services



The Board considered the briefing document which had previously been circulated to members.

**Decision** The Board agreed to accept the recommendation of the Business, Strategy and Finance Committee and to award the contract to Mazars.

7.5 Procurement: Business process outsourcing for overseas registration

The Board considered the briefing document which had previously been circulated to members.

**Decision** The Board agreed to accept the recommendation of the Business, Strategy and Finance Committee and to award the contract to Forward Emphasis International.

7.6 Contract extension

The Board considered the briefing document which had previously been circulated to members. The Board noted that Open Sky's initial contract was for three years and would come to an end on 30 November 2021.

**Decision** The Board agreed to accept the recommendation of the Business, Strategy and Finance Committee to extend Open Sky's contract.

7.7 Legal services contract extension

The Board noted the briefing document which had previously been circulated to members. The Board noted that Beauchamps Solicitors provided legal services to NMBI under an Office of Government Procurement (OGP) framework. The initial contract was for three years with an extension for one year and expired on 7 May 2021. The Board noted that, as a new OGP framework was imminent, a decision had been taken to extend the contract with Beauchamps Solicitors to 6 October 2021.

7.8 Progress against the statement of strategy 2020-2022

The Board noted the briefing document which had previously been circulated to members. The Board noted that the committee chairs had been updated on progress against the statement of strategy by the Strategy and Programme Manager at their meeting on 19 July 2021.

7.9 Training for Board members

The Board noted the email which had previously been sent to members advising that applications must be submitted by 20 August 2021.





## Item 8 – Audit and Risk

The Board noted that, as per section 7.2 of the *Code of Practice for the Governance for State Bodies*, NMBI was required to:

‘approve the risk management policy, set the State body’s risk appetite, and approve the risk management plan and risk register at least annually’.

### 8.1 Review of risk appetite statement

The Board considered the revised risk appetite statement and briefing note which had previously been circulated to members. The Board noted that the current risk appetite statement had been approved by the Audit and Risk Committee in December 2020 and the revised statement had been considered by the committee at its meeting on 9 June 2021. A new section had been included to capture the Strategic Risk category in the NMBI risk management policy.

**Decision** The Board agreed to accept the recommendation of the Audit and Risk Committee and approved the revised risk appetite statement.

### 8.2 Review of risk management policy

The Board considered the revised risk management policy and briefing note which had previously been circulated to members. The Board noted that the current risk management policy had been drafted in November 2019 and was then reviewed as part of the internal audit plan in 2020. The revised policy had been considered by the Audit and Risk Committee at its meeting on 9 June 2021.

**Decision** The Board agreed to accept the recommendation of the Audit and Risk Committee and approved the revised risk management policy. The revised risk appetite statement would be inserted into the revised risk management policy.

**Action** A full review of the policy and a risk management strategy would take place later in the year and would be brought to the Board for approval in December 2021. Board members were invited to provide feedback on the current risk management policy to Dr de Búrca or the chair of the Audit and Risk Committee, Dr Sullivan, in advance of this review.

### 8.3 Risk Register

The Board considered the Corporate Risk Register, including the Covid-19 Risk Register which had previously been circulated to members. The Board noted



that the Risk Register had been considered by the Audit Committee at its meeting on 9 June 2021 and was recommended for approval by the committee.

**Decision** The Board agreed to accept the changes to the ratings and the recommendation of the Audit and Risk Committee and to approve the Corporate Risk Register including the Covid-19 Risk Register.

Dr de Búrca advised that new risk management software was in the process of being procured and should be ready for use by September 2021.

#### 8.4 Internal audit services contract extension

The Board considered the briefing document which had previously been circulated to members. The Board noted that the initial three-year contract awarded to NMBI's internal auditors, Mazars, was due to expire in November 2021, however, there was a provision in the contract to allow for two one-year extensions.

**Decision** The Board agreed to accept the recommendation of the Audit and Risk Committee and to extend Mazars' contract by one year from the date of expiry of the current contract in November 2021 and begin planning the internal audit plan for 2022-2024.

#### 8.5 IT security policies

Mr Hussey and Mr Lennon joined the meeting.

The Board considered the following seven policies which had previously been circulated to members:

1. Information security policy
2. Acceptable usage policy
3. Minimum security standards – email and internet
4. Mobile device usage policy
5. Password policy
6. Password standard
7. Remote access policy.

The Board noted that the policies had been considered by the Business, Strategy and Finance Committee and the Audit and Risk Committee and were being recommended for approval by the Audit and Risk Committee.

In response to a comment from the Board, Mr Hussey confirmed that the review date of two years, as stated in each policy, was the maximum time for review. Earlier reviews would be undertaken in response to new security threats,



vulnerabilities or changes. Mr Hussey agreed to amend the documents to state that, if a major update was required, reviews would happen more frequently.

Mr Hussey assured the Board that the information contained in the policies would be communicated to staff in a meaningful way through videos and briefing sessions.

**Decision** The Board agreed to accept the recommendation of the Audit and Risk Committee and approve the seven policies.

**Action** Ms Coady to circulate an additional briefing note prepared by Mr Hussey for the Board which provided further clarity on the approach to the new set of policies with reference to existing IT policies.

#### 8.6 Aon and mature student testing

The CEO advised the Board that over 1800 candidates had been invited to re-take the verbal reasoning test. All elements of the mature testing process had now been completed and remedial actions had been a success. The finalised list had been sent to the Central Applications Office (CAO).

A process for procuring a new solution for the 2022 test would begin before the end of 2021 once consultation had taken place with the higher education institutes (HEIs) and as soon as the current process had been fully completed and a review had been undertaken.

The Board noted that the Audit and Risk Committee had been updated on the matter by the CEO throughout the process and most recently at its meeting on 9 June 2021.

### Item 9 – Registration

#### 9.1 Change of time of annual renewal cycle 2022

The Board considered the briefing document which had previously been circulated to members.

**Decision** The Board agreed that the annual renewal cycle for 2022 should commence on 25 October 2021 and end on 31 January 2022. The Board noted that should any changes be required to extend the deadline, a proposal would first be brought to the Board.

**Action** Following the meeting, the staff associations would be informed of the Board's decision and the website would be updated accordingly. The President advised that a communication should also be sent to the HSE directly.



## Item 10 – Project Nightingale

Ms McEvoy presented the status update report which had previously been circulated to members and which included the following:

- Main developments
  - System changes
  - User experience/user interface (UX/UI) update
- Update - workplaces
- Future actions
- Risk Register.

Following comments from the Board on the format of the report, Ms McEvoy agreed to change the report template for the future to ensure the information was provided in a clear and concise manner.

Prof Rigby questioned why there had been no follow-up with Board members who provided feedback as requested at the meeting on 19 May 2021. Ms McEvoy assured Prof Rigby that the feedback had been taken into account, where possible, but agreed that a report should have been provided to members and apologised for this oversight.

## Item 11 – Professional Standards (Nursing)

### 11.1 Site visit report from Dundalk Institute of Technology (DKIT)

Ms Gorman declared a conflict of interest and left the meeting.

The Board considered the briefing documents which had previously been circulated to members.

The Board noted that the report had been considered by the Education, Training and Standards Committee at its meeting on 7 July 2021 and that this was the second virtual HEI site inspection with DKIT, following on from the virtual site inspection undertaken on 6-7 May 2021. The site inspection was carried out on the back of the initiative to trial the proof of concept for the new approval and monitoring process for programmes leading to pre- and post- first time registration and specialist nursing and midwifery programmes.

Six programmes were inspected which included three pre-registration nursing programmes, one specialist nursing programme, one pre-registration midwifery programme and one postgraduate midwifery programme.

The HEI site inspection had two components:



1. Desktop review of the programme curriculum documents.
2. HEI site inspection.

A partial report was presented to the Board as the inspection team had not been able to complete the full site inspection. To complete the full site inspection, an inspection of the AHCPs (clinical partners) must be conducted. The inspection of AHCPs was postponed as a result of the Covid-19 restrictions in accessing clinical sites. The completion of the site inspection would take place as soon as possible but no dates had been set at the moment.

**Decision** In accordance with section 85(2) of the Nurses and Midwives Act 2011, the Board agreed to accept the recommendation of the Education, Training and Standards Committee that DKIT be approved to provide general, psychiatric, midwifery and intellectual disability nurse registration education programmes for a period of five years or until the next site visit. The Board noted that a list of conditions had been applied and must be met within six months.

Ms Gorman returned to the meeting.

#### 11.2 Graduate entry general nursing programme

The Board considered the briefing documents which had previously been circulated to members including a paper titled "Preparing the nursing workforce – alternative strategies for preparing individuals to enter the general nursing register with NMBI" and which set out proposed standards and requirements for both:

1. a conversion to a general nursing programme of 18-months for nurses on the Psychiatric, Intellectual Disability or Children's register and
2. a graduate entry programme of a minimum 2-year duration.

The Board noted that the documents had been presented to the Education, Training and Standards Committee for its consideration at its meeting on 7 July 2021.

**Decision** The Board agreed in principle to advance the above proposal and that a project proposal and documents should be prepared for consultation.

Ms Gorman noted that the proposal did not include those registered in the Midwives Division and queried whether this would be considered in the future. Dr Ryan advised that it was planned that this would be developed during the consultation process.

#### **Item 12 – Professional Standards (Midwifery)**



12.1 Review of fitness to practise inquiries relating to registered midwives from 2015 to 2020

The Board considered the report which had previously been circulated to members.

**Action** The Board agreed that general themes and trends should continue to be monitored and an update would be brought to the Board in 12 months' time.

**Item 13 – Fitness to practise**

Mr O’Leary provided a verbal update to the Board in relation to the following:

- Monitoring of conditions and undertakings
- Section 44 orders/undertakings
- Section 58 orders/undertakings

**Item 14 – Any other business**

There being no further matters for consideration the meeting ended at 11.55hrs.

Signed:

\_\_\_\_\_  
**Essene Cassidy**  
**President**

Date:

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