Strategy 2015–2020
Dynamic regulation for a changing world
About the NMC

We are the independent regulator for nurses and midwives in the UK. Our role is to protect patients and the public through efficient and effective regulation. Our core regulatory functions are maintaining a register of those eligible to practise as nurses and midwives in the UK, setting standards to join and remain on the register, and acting when there are concerns about the conduct or practice of a nurse or midwife. These functions must be carried out to a consistently high standard to command public confidence, and demonstrate fairness, transparency, timeliness and accuracy.

We were established under the Nursing and Midwifery Order 2001 and came into being on 1 April 2002. We are governed by a Council of twelve members selected through open competition including an even number of lay people, and registered nurses and midwives. Our Council meetings are open to the public and further details are available on our website.

We are accountable to Parliament through the Privy Council and participate in an annual accountability hearing with the parliamentary Health Select Committee of the UK parliament.

The Professional Standards Authority for Health and Social Care (PSA) publishes annual performance reviews of the regulators against its standards for good regulation.

We are a registered charity in England and Wales (number 1091434) and in Scotland (number SCO38362).

Find out more

You can find out more about us from our website, www.nmc.org.uk, including more information about our Council, and the most recent reports on our performance by the Health Committee and the PSA.

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This is our strategy for the next five years. It sets out how we plan to develop to ensure we deliver our mission to protect patients and the public effectively and efficiently.

Public expectations of regulators have changed in recent years, not least as a result of various reports about high profile failings in health and social care. Furthermore, the nature and context of nursing and midwifery practice are shifting rapidly, at the same time as the workforce responds to demographic trends and the global mobility of both patients and professionals. These factors mean our regulatory programmes must evolve to respond to a changing landscape. In short, our approach to regulation must be dynamic.

Achieving dynamic regulation will require us to develop our use of evidence from data analysis and research to anticipate future trends and ensure our regulatory work responds to this challenging environment. So this strategy places the use of intelligence at the centre of our ambitions for the future. To do this we will need to invest progressively in better information technology as well as ensuring our staff have the knowledge and skills necessary to exploit it to the maximum.

We don’t act alone in public protection. Our day to day experience, as well as learning from the past shows that regulators and other health and care sector agencies, including representative bodies and employers, need to be better at responding to concerns, sharing information and working together. This includes taking appropriate enforcement action where necessary. So partnership and collaboration will be strong themes of the next five years.

“All regulators are receiving increasing numbers of complaints about registered professionals which impact on our costs and operations. If we are to pursue the ambitions in this strategy, we must find ways to respond to cases of poor practice more effectively and release our finite resources for investing in programmes for education, standards and revalidation which aim to help nurses and midwives maintain good practice. We also need to make sure our routes onto the register protect the public while being proportionate and easy to navigate. To help with this, the legislation that governs how we work needs to modernise and we will work with government to introduce long-needed legislative reform. While regulation has an important part to play, we must be clear about its limitations. We are not present where care is given and the best public
protection comes from nurses and midwives with the expertise to promote, and even defend high standards. So working with the professions, employers and the public, we want to promote a clear vision of professionalism as a force for public protection and confidence, with the register at the heart of this idea. Revalidation will support this by ensuring the Code becomes central to the daily practice of nurses and midwives and over time we hope it will shift our relationship with those on our register to become more proactive and less reactive.

We are excited by the opportunities of dynamic regulation that finds creative ways to meet new challenges. We don’t know everything the next five years will bring, but we must be ready to be a leading voice in shaping our sector and, where needed, adapt our plans to meet unexpected challenges. Whatever happens, our Council and staff will have a single aim: to promote the standards of care and practice we all deserve when we need to rely on nurses and midwives. This strategy sets out where we think we should focus our energies and resources to best achieve that aim.
Our values and principles are based on setting expectations for ourselves similar to those we set for the nurses and midwives we regulate. We aspire always to meet these expectations, but if we fall short we will quickly identify ways of putting things right. Our values and principles will underpin all that we do in pursuing our overall objective of public protection and provide a constant reference point for us in how this strategy will be implemented. They are to:

Be accountable

We will act in the interests of patients and the public in contributing to safe and effective care, and upholding confidence in the professions and regulation.

We will be well governed and take responsibility for our actions openly and transparently.

Be fair

We will act with integrity and use our powers responsibly.

We will be consistent in the way we deal with people.

We will ensure that we do not discriminate and will take opportunities to use our influence to promote equality and celebrate diversity.

Learn and improve

We will generate and use insights into regulation and the professions.

Our work will be informed by evidence that stakeholders can shape and scrutinise.

We will evaluate what we do to understand its impact on public protection and public confidence.

We will strive for and measure improvements.
Be collaborative

We will work with and through others where doing so is the best way to achieve our regulatory aims.

We will engage our different stakeholders in our work in a way that adds value and meets their needs.

We will explain our work clearly and show people where their views have made a difference to how we regulate.

Be dynamic

We will use intelligence to anticipate and shape new directions in regulation.

We will engage and influence the next generation of registrants.

We will plan for the medium and long term, and be flexible in response to change.

We will value and support innovation that advances our overall mission.

Remember we are only as good as our people

We aspire to recruit and keep the best people possible for our sector.

We will support our staff to do the best possible job.

We will invest wisely in the skills, technologies and approaches that will serve us well into the future.

Provide value for money

We will operate within our legislative framework and prepare responsibly to meet new legal requirements.

We will be proportionate in our approach to public protection.

We will monitor and address effectively risks that relate to our work.

We will plan effectively and spend our income carefully.

We will explore opportunities to work with others to extract maximum impact for the resources used.
Health and social care services in the UK continue to progress and the potential benefit of these services to patients and the public is way beyond what could have been imagined by previous generations. Nevertheless, it remains the case that most users of services and their families or carers feel powerless compared to those delivering services. In some cases, this disempowerment can amount to vulnerability.

This means all institutions and individuals involved in providing health and care must play their part in delivering the greatest possible benefit to service users while ensuring they are protected as far as practicable from avoidable harm or the consequences of poor practice.

Our role in setting and applying standards of practice and behaviour for 685,000 registered nurses and midwives – the largest registered care workforce in the UK – has a vital part to play. However, our role sits alongside and needs to work with that of others, such as employers, funders and other regulatory bodies, underpinned by the individual responsibilities of registered professionals themselves.

This strategy acknowledges that we are one part of a wider system for public benefit and protection. Its scope encompasses both those things for which we are directly responsible, such as fitness to practise or registration procedures and where we can exert influence on others, such as through information, communication or partnership.

Our role in public protection

Our overarching purpose is to protect the public. This incorporates promoting patient safety, professional standards and confidence in the professions. At the heart of what we do is making sure nurses and midwives on our register meet the professional standards we set.

Figure 1 below shows how our functions work together to ensure the integrity, meaning and usefulness of the register so it can be a source of confidence for the public, of assurance to employers and professional standing for nurses and midwives. Our functions are as follows:

We set standards for the education and training of nurses and midwives and check the training they receive is of the right quality.

• Our registration processes check that those applying to enter the register have the right qualifications and, where necessary, we test them to make sure they have the right skills to practise safely and effectively.

• Our Code sets out the standards of practice and behaviour expected of nurses and midwives.

• Once introduced, revalidation will require nurses and midwives to regularly show that they remain fit to practise.

• Our fitness to practise procedures can limit the work of a nurse or midwife who does not meet our standards and, where necessary, we can suspend or remove them from the register.
Over recent years we have focused on improving these core functions and preparing to introduce revalidation.* We will not change emphasis for 2015–2020; effective regulation remains our first strategic priority.

But there are further ways that we can strengthen our impact. We will harness the potential of other levers to develop more dynamic regulation.

By using evidence from research and data to develop intelligence about the diverse registered population and the settings where nurses and midwives work, we can learn how to make our work more effective and proportionate.

By working with others, we can collectively have more impact on the quality and safety for service users than by acting alone.

And by communicating well with registrants, employers and the public, we can influence professional practice, and the environment in which it takes place. Even small improvements in practice across 680,000 registrants could have a significant beneficial impact on service users and the public. We must play our part in encouraging such improvements.

* Subject to a Council decision in October 2015, we expect the first nurses and midwives to revalidate in April 2016
We have identified development in these areas as strategic priorities so we can deliver our overarching purpose with impact in a changing environment.

Our regulatory approaches need to be responsive and adaptable, using strong evidence, sound awareness and productive relationships to shape how we protect the public, now and for the future.

**Equality, diversity and inclusion**

All public bodies are subject to the requirements of equalities and human rights legislation and we will ensure we always comply with these. But as a regulator of a large and diverse professional population which itself is providing nursing and midwifery services to the wider public, we must place promoting equality, diversity and inclusion at the heart of what we do.

Our ambition must be not only to ensure our regulatory processes are fair and non-discriminatory in this regard and to be a good employer, but also to use our influence to promote wider improvements in equality, diversity and inclusion practice.

We live in an increasingly diverse world and we need to build the trust and confidence of our stakeholders through understanding and taking account of the needs and expectations of all. In all that we do, we will comply with equality and human rights legislation, and we will evaluate, and as needed address, equality issues raised by our work.

We will regulate consistently and fairly. We must command the confidence of stakeholders with protected characteristics, whether they are service users, registrants or others. We need to show understanding of their needs and preferences and ensure we challenge discrimination where evidence of this comes to our attention.

We will collect evidence that helps us know we are fair and consistent, and we will work to enhance the quality and extent of equality and diversity data about our registrants through their careers.

Our role in education must be used to ensure that new entrants to our register are equipped to practise effectively in diverse and in some cases, global environments.

Our Code sets out our expectation that nurses and midwives challenge discrimination in their practice, are mindful of difference and show respect to all patients, service users and colleagues.

“This Code sets out our expectation that nurses and midwives challenge discrimination in their practice…”

As an employer, we aspire to have a workforce that reflects the diversity of the communities in which we operate at all levels of our organisation. In particular, we will pursue diversity in those applying to become Council, committee and panel members.

Over this strategic period we aim to be recognised as an organisation that upholds best practice in equality, diversity and inclusion, including through meeting recognised sector standards.

“...we must place promoting equality, diversity and inclusion at the heart of what we do.”
We need to consider many external factors that can affect how nurses and midwives practise and how we regulate. This section sets out some of the trends and features in this ever-changing environment.

**The changing face of regulation**

The health sector has been profoundly affected by reviews into failures of care in settings such as Mid Staffordshire, Morecambe Bay and the Vale of Leven. Everybody involved in health is focused on learning the lessons of the reports and making sure concerns are received and acted on before they result in patient harm.

There is a clear expectation that regulators will improve their collective understanding of what they know about their regulated populations, from their own data or that of others, and ensure that the way they regulate increasingly focuses on identifying risk and preventing harm by pooling information and aligning regulatory activity.

We expect this will continue to be an important aspect of our work over the next five years. This strategy aims to improve our knowledge and help us consider how new knowledge may change how we regulate.

At the same time, European Union (EU) legislation on the recognition of professional qualifications will drive greater operational cooperation between regulatory bodies across the EU when checking the qualifications of applicants for registration and alerting each other of regulatory action against registrants.

Finally, especially if new legislation is brought in, we expect there to be a continuing debate about the nature and scope of professional regulation and by extension, of the regulators themselves.

**A stronger voice for patients and service users**

One of the key messages from high-profile failings in care was that harm could have been prevented if the views of patients and their families had been heard and acted upon.

This has led to informed commentators expressing views from the user perspective. As a result, it is increasingly common for policy development and public discussions to involve patients’ organisations or experts by experience.

Greater transparency of healthcare data will cause the public to be better informed and more scrutinising of services. Healthcare professionals will increasingly need the skills to work with expert patients, and sometimes, budget holding patients. The health and care sectors recognise that better involvement of informed service users in service design and evaluation will improve the quality and safety of care. The same is true for healthcare regulation.

**Demographic and workforce change**

Registered nurses and midwives deliver care in a wide range of settings, from hospitals, surgeries and care homes, to community-based services and service users' homes. They also work in related fields such as education, management and policy. They may be providing care directly, through others or even remotely, using new technologies. Our challenge is to regulate such a large and diverse workforce, to communicate effectively with all our registrants and to set and uphold standards that are meaningful and appropriate for a wide range of nursing and midwifery roles.

We have an ageing population with more complex health conditions and a higher
“Our challenge is to regulate such a large and diverse workforce, to communicate effectively with all our registrants and to set and uphold standards that are meaningful and appropriate for a wide range of nursing and midwifery roles.”
proportion of the population living with long-term conditions that can often be managed outside the hospital. We know more healthcare needs to be delivered in the community with closer working between health and social care. Integration is well established in parts of the UK and the direction of travel elsewhere. All four governments in the UK are focused in different ways on public health and early intervention. However, with more people suffering from multiple diseases, we also know that the complexity of acute admissions will increase. Presently, parts of the UK have integrated their health and care services more than others, but in all settings, nurses and midwives increasingly practise as part of teams with members of other professions where respective roles and accountabilities can be complex.

Complex births are also more common due to factors such as the age of mothers, the increase in obesity and substance misuse. While it is positive that survival rates for pre-term babies have improved, this has resulted in more newborns with complex needs. These factors place new demands on midwives and specialist community and public health nurses.

These changes, along with the ongoing debate about the necessary numbers and types of healthcare professionals in any given setting, will continue to drive a global recruitment market. Alongside this discussions will continue about how nursing and midwifery education should develop to ensure nurses and midwives emerging from training meet the needs of the patients and families of the future.

Data and technology

Technology is changing healthcare, and it is changing healthcare regulation. Patients and families are providing instant feedback to health and care providers on experiences of services and professionals through social media and other methods. Patients are also using technology to find evidence about their treatment and this is gradually changing the relationship between the expert practitioner and the service user. In many settings, health and maternity care are becoming more of a partnership between service users and professionals.

More sophisticated and more localised data (for example at ward, department and even shift levels) about things such as infections, mortality rates, complaints and avoidable harm will become available to patients and others. We need to consider the effect this may have on public expectations of the professions we regulate. We will remain alert to technology-related changes in the health and care sectors such as the growth of tele-health that may require us to develop our standards, issue new guidance or improve an aspect of education.

Devolution and divergence

We regulate nurses and midwives in England, Northern Ireland, Scotland and Wales. Health is a devolved matter and divergence is an increasing trend in healthcare policymaking. There are differences in the role of competition in healthcare, of integration between health and social care, and around the development of some roles. However, because the regulation of healthcare professionals is a UK-wide matter, the public should be assured that a nurse or midwife in any part of the UK is working to the same standards, irrespective of the setting. To work in this environment effectively, UK regulators need to be aware of the priorities for and differences in healthcare and professional education in each part of the UK, through strong relationships and good intelligence.

Legislative change

Our working environment is constantly changing and that is why we want changes to the legislation that governs our work that allow us to adapt and improve. We believe the public would be better served by legislation that sets out the ‘whats’ of regulation without specifying ‘hows’, as it does now. We are clear that our current legislation ties us to a way of regulating that over time will not be what works best and will be unsustainable in the long term; so over the period covered by this strategy, we will need statutory change whether through primary or secondary legislation.
Our focus on public protection will not waver, but our vision over the next five years involves a progressive shift in how we work. What effective public protection means will change as the environment changes. We must regulate for the needs of the future rather than the past and to help us do this we will adopt the principles of dynamic regulation. This is regulation that is innovative, forward looking and able to adapt to changing demands.

Improving our use of evidence, from research and from our own data, is a key tool which we will use as a dynamic regulator. We will make regular and thoughtful use of such evidence to ensure that we understand the changing environment, to develop up-to-date insights about the professions we regulate.

To achieve our aspiration to be a dynamic regulator, we must achieve a better balance in how we use our resources between our core functions. Our sustainability, as well as our effectiveness, depends on spending proportionately less time and money ‘downstream’ on the relatively small number of nurses and midwives who have been complained about, and more on ‘upstream’ areas such as revalidation, education and standards where our work can help prevent poor practice and promote good practice.

We know that continuing to improve how we work in a resource-constrained environment will make strong demands on our organisation and our people. For this reason, all of our strategic priorities for 2015–2020 are supported by a determination to be a modern, effective and efficient organisation. And communicating the outcomes of our work well and working closely with others will help us better deliver our overarching objective of public protection and promote improved confidence in the professions.

Figure 2 summarises how our strategic priorities support our overarching objective of public protection.
Figure 2: Our strategic priorities support our overarching objective of public protection

The next sections set out in more detail what we will do to develop in each of these strategic priority areas.
Strategic priority 1: Effective regulation

Why this is important

To achieve dynamic regulation that protects the public effectively in a changing world, we need to design and deliver our regulatory programmes to be flexible and adaptive, while ensuring they are grounded fully in our statutory purpose and powers.

Each of our regulatory functions is facing strategic challenges they will need to respond to in the period covered by this strategy. While in some cases the scale of change possible will be limited by the extent of legislative change available to us, we will seek to develop and improve across the board. This section sets out in more detail the regulatory developments we aim to deliver in the next five years.
A sound basis for use of our regulatory powers

Underpinning effective regulation is a clear connection between primary and secondary legislation, our high-level regulatory policy, and the operational policy and procedures that ensure we make sound decisions in our core functions. We will focus our internal quality assurance and oversight systems on making sure there is always this clear connection between our statutory powers and duties to our actions.

Our policies will always be made within our legislative powers, with reference to our Order and rules, and other legislation that applies to us, for example, EU directives and equalities legislation.

Strategic direction for our core functions

We will ensure that we have clear strategic outcomes for our core functions which are reflected in the policies agreed by Council, and the procedures and guidance governing our actions. Our regulation development work will be focused on working towards these objectives.

Considering the views of our stakeholders, we will define quality for our core functions so that we can assess how our work impacts on public protection and public confidence. The key areas we will focus on over the next five years include:

**Education**

- ensuring students have high quality experiences when they are practising in an ever evolving range of health and care settings
- developing our relationship with students as future registrants and learning from their insights into education, and practice
- exploring the potential of a national assessment framework

**Standards**

- pursuing joint standards or guidance with other regulators where there are common issues and concerns
- developing pre-registration standards that are fit for purpose and deliver new entrants to the professions ready for the needs of current and future service users
- implementing change in midwifery regulation
- reviewing the nature and role of post graduate standards in the light of our work of the purpose and shape of the register

**Registration and revalidation**

- defining the regulatory purpose of the register and reviewing its shape and content so that we maximise the regulatory impact of professional registration
- implementing an effective first-phase model of revalidation and using evaluation to inform implementation of the next phase in its development
- implementing the new requirements of the EU Directive on Mutual Recognition of Professional Qualifications, maintaining a clear focus on public protection
- evaluating, and where necessary adapting, our approach to overseas registration to ensure it remains effective with reference to labour market trends, including increased globalisation

**Fitness to practise**

- striking the right balance between the public interest and proportionate use of resources by making appropriate use of alternative means of disposal, in place of full hearings
- engaging with employers to ensure our referral thresholds are understood and matters better handled locally do not result in referrals
- exploring the benefits of other approaches to adjudication
making use of better data to understand the context of referrals, the characteristics of referred registrants and the nature of allegations and sharing this learning with the sector.

**Legislative reform**

We are clear that aspects of our legislative framework make it harder for us to be a modern and dynamic regulator. We will continue to press for reforms to our legislation and will implement effectively any change resulting from legislative change. We recognise that when we evaluate the first cycles of revalidation we may need legislative change to develop the model further. We recognise that our stakeholders expect us to continue to improve regardless of legislative change, and we will do the best we can to ensure we achieve the best possible public protection within our current legislative framework.

**The Future**

- We will reform our register to improve its impact, usefulness and value to diverse users.
- Our standards for entry to the register (UK, EU and overseas) will command confidence, and we will have the ability where necessary to obtain evidence of language competence from EU registrants.
- We will effectively interpret and implement changes required by EU directives.
- We will have fit for purpose legislation that allows us to adapt and improve. Revalidation will prompt nurses and midwives to focus on the Code and standards in the first phase and based on the learning from this, revalidation will develop to add further value, for example, by reflecting risk and different practice settings.
- We will routinely evaluate how we deliver our core functions against our strategic outcomes for each.
- Fewer of our judgements will be subject to successful challenge.
- We will know what our stakeholders expect of us and we will perform well in meeting these expectations.
- Our regulatory approaches will take account of the diversity of our register and of health and care service users.
Strategic priority 2: Use of intelligence

Why this is important
To deliver dynamic regulation we need to use intelligence drawn from data (whether our own or others’), analysis, research and horizon-scanning. Understanding what our own data tell us, and making good use of what others know, are now core competencies for regulators. Along with other regulators, we are rethinking the significance to our overarching purpose of intelligence. We know that intelligence will help us respond better to risks and we hope that in the future, better intelligence will allow us to understand risk-factors for poor practice and use these to anticipate and ideally avoid its impact on service users.
Using intelligence well

By focusing on intelligence, we hope to gain new insights into what we do, helping us to be more effective, transparent and proportionate. But intelligence is a resource for other important aspects of our work. We can share our data with other bodies responsible for quality and safety to better understand the health system, including risk. Sharing data and insights can help registrants, employers and educators to meet our requirements. Good public data reporting can reduce the time taken responding to ad hoc queries from the media and others, demonstrate our compliance with equality legislation and improve the quality of our influencing and public commentary.

We aim over time to make anonymised data available on an open-source basis, for example, to support academic research and add to the wider body of knowledge about our sector.

Evidence-informed regulation

Our stakeholders have a legitimate interest in the evidence base for how we regulate. We will increasingly make this publicly available because we benefit from a dialogue about what we do. This is particularly true of the inter-relationship between our core functions, for example: our fitness to practise work should inform our standards; what we learn from revalidation should shape return to practice programmes.

Building our data capability

We will be clear about the data we need to obtain, hold or use to be an intelligent professional regulator now, and in the future.

We will progress our digital information strategy which is designed to improve the relevance, quality, usefulness and management of our data. To support this we will develop a new approach to capturing and holding data to give a ‘single view’ of a nurse or a midwife on our register, rather than being organised according to our regulatory functions as now. This will allow us to more easily integrate what we know about the registered population and relate it to other information such as healthcare settings.

We will continue to prioritise data security.

We will recruit and retain staff with the expertise we need to translate data into intelligence, for our own and others’ use. We will encourage all staff to be curious, to ask questions and to challenge each other to provide evidence in support of how we regulate.

Research

Some of our knowledge needs will be best met through research and we will invest in our in-house research capability as well as becoming an effective commissioner of research. We will further develop our networks with the research community and counterparts in other regulatory bodies so that we can share and collaborate where doing so helps us be an intelligent regulator.

We will develop and implement an outcomes-based evaluation model to be applied to all substantial changes to how we regulate and refine our practice in the light of findings where needed.

Intelligent accountability

Stronger evidence will help us to provide assurance to those who hold us to account. It will help our Council to hold our Executive to account and assist the Professional Standards Authority and the Health Select Committee in their scrutiny of our work.
“By focusing on intelligence, we hope to gain new insights into what we do, helping us to be more effective, transparent and proportionate.”

The Future

• We will have and use a single source of high-quality data about our registrants, the sector and our staff, including equality and diversity data, so we can learn from our work and be sure that we are fair and transparent.

• We will regularly review the outcomes from our horizon scanning, and consider whether and how our approach to regulation needs to adapt.

• We will analyse professional career paths and set these against place of training, practice setting, revalidation and referral to gain knowledge of what supports and hampers good practice.

• We will produce regular data reports, share analysis of our core functions and improve knowledge of our standards among nurses and midwives.

• We will be able to meet partners’ needs for data relating to work setting, profession, region or nation.

• We will be an effective partner contributing to a valuable collective understanding of risk and this understanding will shape how we regulate.

• We will be able to assure those who hold us to account by providing strong evidence about the effectiveness of our regulation.
Strategic priority 3: Collaboration and communication

Why this is important
We regard communication as a fundamental tool of regulation rather than a by-product of it. This priority is about increasing the impact of our core regulatory purpose through communication and partnership. Dynamic regulation demands that we work as part of a wider system of regulation and use our sphere of influence on registrants and those that dictate the environment in which they practise, such as employers, to drive continuous improvement.

To do this we must hear as much as we say and put processes in place to achieve this. We must sophisticate our understanding of and engagement with front-line nurses and midwives, and develop relationships with key organisations locally, regionally, nationally and internationally. We must also continuously enrich our relationships with important stakeholders, patients and the public.
Greater understanding of our role and how to use our services

As a public body accountable to Parliament, we will prioritise developing public awareness of our role and what to expect from nurses and midwives. This is on the basis that an understanding of this may shape ‘consumer’ behaviour and where needed encourage serious concerns to be raised. When the public needs us, our role needs to be clear and it must be easy to use our services.

We will use our relationships with patient and consumer rights groups who are well placed to promote our role where care is given. We will continue to improve channels for communicating with patients and the public to make sure they are available in accessible formats.

We will maintain a comprehensive programme for communication and stakeholder relations, ensuring there is a clear plan for engaging with and listening to others and to promote our objectives.

Maintaining positive and value-adding relationships with the media in all its various forms will be a priority and we will invest in ensuring our relationships with this important stakeholder group are managed effectively.

Promoting professionalism

Our approach to revalidation will support a career-long relationship between nurses and midwives and their regulator. This will allow us to reinforce the values and standards of practice expected of nurses and midwives. It will also allow us to better understand the factors that influence the quality of nursing and midwifery care, which in turn will make us more effective as a regulator.

We will seek to have an influence on the environments in which nurses and midwives work by making it clear to employers the responsibilities that go with employing registered professionals. Over the period of this strategy, we will increasingly use data to highlight where concerns about nursing or midwifery practice appear to relate to a particular institution or setting. We will learn through research more about the factors that support resilience on the part of professionals as well as understanding what can prevent problems from becoming fitness to practise referrals.

Support for regulation closer to the frontline

Employing registered professionals is associated with benefits and responsibilities. We will develop more active relationships that provide closer support for professional leaders and employers in the workplace to maintain and improve standards of nursing and midwifery. This will help us provide better guidance on handling concerns about nurses and midwives, and support the introduction of revalidation.

We will explore whether bespoke regulatory features (standards, annotations) for leaders and managers of nursing and midwifery would strengthen public protection.

We will engage more actively with employers’ handling of professional standards, to promote the conditions where good practice thrives, and poor practice is more likely to be predicted and prevented.

We will also invest time and resources in understanding better the varied settings in which nurses and midwives work and the factors that support or hamper good practice.

Impact through partnership

We have a number of partnership agreements with other bodies with a role in public protection, including system regulators. Over the period covered by this strategy we will improve our partnership working by information sharing, joint activity and measuring the impact of collaborative work. In addition to our partnership agreements, we will increasingly use strategic collaboration to further specific goals, such as working through patient advocacy groups to disseminate information. Our culture will be receptive to learning from partners. We will establish and develop international links where this aids our overarching purpose.
Mindful that nurses and midwives are increasingly part of multi-professional teams, and even in some cases fulfilling hybrid roles, we will work closely with other regulators and make the case for joint standards or guidance where appropriate.

**Beyond partnership**

We are committed to the public interest and value for money and we will actively encourage proposals that go beyond partnership, into shared services or more radical approaches to integration and role convergence.

**The future**

- We will develop a comprehensive strategic communications and collaboration programme to support and increase the impact of our regulatory activity.

- We will work to understand the practice environment and factors that support or hamper good practice.

- We will progressively use the power of digital technology to support better communications.

- We will routinely use surveys to measure understanding and confidence in our regulatory programmes.

- We will have more active relationships and sound networks that contribute to public protection in each of the UK nations.

- We will undertake more collaborative activity such as shared guidance where this improves public protection.

- We will develop an interactive and accessible website and ensure all our communications and engagement activities are featured on the website.

- We will plan and evaluate our communications and engagement activity to ensure it is delivering the impact and value required.

“When the public needs us, our role needs to be clear and it must be easy to use our services.”
Strategic priority 4: An effective organisation

Why this is important

The next five years are characterised by significant (and possibly radical) change whilst maintaining absolute focus on consistently strong performance in our core functions. We have work to do to become the sort of organisation that can be an intelligent, collaborative, forward-looking regulator. We will need to further develop our culture, systems and how we use resources to help us do this. We recognise that the next stage of our development will make different demands of our Council, Executive and staff at all levels.
Modernising our delivery

We will modernise the way we deliver regulation, placing improvement to our information and technology systems and associated processes at the heart of our development programme. More of our business will be done online, with more self-service, thereby improving customer service and increasing efficiency.

We will, after making important changes to our underlying infrastructure, invest in new technologies that will enable us to make a change in the way in which we capture and store data. This will enable us to make more accurate and effective use of data and be better able to share information, both internally and with third parties.

High-performing operations

We will set out what good looks like for our operational processes and will change them where we see benefits to regulatory effectiveness or business efficiency. We will focus our efforts in these process reviews on delivering improved outcomes and customer service, for example in the speed in which we process applications and renewals and continue to reduce the cost and time taken from receiving a complaint about a nurse or midwife to resolving the matter appropriately.

Capabilities

We will adapt our organisation to be fit for the delivery of this strategy and for working in a more technology-enabled way. We will therefore be proactive in keeping our structures and requirements under regular review to ensure we develop our capacity and capability in advance of need and as an intrinsic part of a change programme. We will ensure our systems develop at a pace that matches our ambitions in fields such as data and intelligence.

Customer focus

We will adopt a recognised customer service standard and work towards external accreditation within the strategic period. This will entail understanding who our customers are, obtaining feedback from them and putting in place measures to improve where necessary. We will look at all of our systems to ensure the experience of people we deal with is as good as it can be.

We recognise that our reputation is shaped by the experience of people when they use our services. They are concerned with clarity, speed, accuracy, responsiveness and courtesy. They are used to being able to shop, pay bills, book appointments and bank online, and they expect the same standard of service from us.

Capacity to learn and improve

We will continue to develop a culture of reflection and learning to ensure that we have the right environment in which staff are encouraged to grow, develop, seek out and implement improvements and best practice. This includes using proactively the findings from serious event reviews, complaints and whistleblowing.

We will focus our efforts on achieving good quality assurance in our key regulatory and business processes. Once achieved we will move to focus on quality improvement initiatives. We will embed qualitative objectives in the annual reviews of staff performance, ensuring that all employees are appraised on their performance in this area and have a clear role in delivering quality services.

Resources

Unless we can release resources through driving efficiencies in our fitness to practise function, we will not be able to achieve all our ambitions for improvement. We are committed to using our resources wisely, but dynamic regulation relies on dynamic use of resources. Built on a solid foundation of effective financial controls, we will continue to improve how we plan expenditure and manage our business. In doing this we will drive out the links between activities, costs and benefits to ensure that our expenditure represents good value for money and is progressively deployed to deliver the priorities set out in this strategy. We will be clear about the returns we expect on investments, and the period over which benefits will be realised.
We will continue to explore opportunities for greater efficiency by analysing our business models, how we are organised and whether we can secure greater efficiencies through the way we procure services or through closer collaboration with other bodies.

We will review our long-term accommodation needs, including location, which will address both financial efficiency and operational effectiveness.

We will explore opportunities to diversify our income base, thereby reducing total reliance on the registration fee.

**Information technology**

Over the strategic period we will progressively invest in technology that allows us to make the most of its potential to transform how we work. This includes:

- Core functions are supported by safe, stable and effective systems
- Effective information management to support our use of data
- Progress toward a single-record database that carries all registrant interactions
- Developing ways of drawing on other data to increase the usefulness of our own.

**Good governance and strong leadership**

We will underpin our strategy through strong corporate governance and leadership, with a clear focus on outcomes. The Council will hold the Executive to account for translating this vision into the supporting implementation plans that will help the organisation perform well. This includes ensuring that all our plans are aligned in supporting this corporate strategy.

**The future**

- Our governance structures will provide effective assurance that we have the right strategies, plans and programmes to deliver the change we need.
- We will have new technologies and our core transactions will be ‘digital by default’, which will make our operations fast and accurate, and improve our capacity to bring together information from different parts of the organisation.
- Our resources will be used with greater balance between our regulatory functions underpinned by strong but flexible business management practices.
- We will take and implement decisions about our operations such as location and accommodation in the light of this strategy, balancing the need to control costs with the importance of continuity in our core functions.
- Regular staff surveys will show continuous improvement in areas such as staff engagement.
- We will maintain an environment where all staff, including those with protected characteristics, can flourish.
- We will deliver quality outcomes through cost efficient, effective business processes. Our in-house quality assurance programme will assess on a rolling basis the management checks in place across our regulatory functions.
- Stakeholders will report increasing satisfaction with our customer service which is benchmarked against recognised national standards.