

Meeting of the NMC Council

to be held from 09:30 to 13:30 on Wednesday 30 July 2014
in the Council Chamber at 23 Portland Place, London W1B 1PZ

Agenda

Mark Addison
Chair of the Council

Matthew McClelland
Secretary to the Council

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|----|--|-----------|-------|
| 1. | Welcome from the Chair | NMC/14/61 | 09:30 |
| 2. | Apologies for absence | NMC/14/62 | |
| 3. | Declarations of interest | NMC/14/63 | |
| 4. | Minutes of the previous meeting | NMC/14/64 | |
| | Chair | | |
| 5. | Summary of actions | NMC/14/65 | |
| | Secretary | | |

Corporate reporting

- | | | | |
|----|--|-----------|-------|
| 6. | Chief Executive's report | NMC/14/66 | 09:40 |
| | Chief Executive and Registrar | | |
| 7. | Performance and risk report | NMC/14/67 | 09:50 |
| | Chief Executive and Registrar | | |
| 8. | Monthly financial monitoring: June 2014 results | NMC/14/68 | 10:10 |
| | Director of Corporate Services | | |

Matters for decision

- | | | | |
|----|---|-----------|-------|
| 9. | Corporate Key Performance Indicators 2014 - 15 | NMC/14/69 | 10:20 |
| | Director of Strategy | | |

Refreshments: 10:40

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|-----|---|-----------|-------|
| 10. | NMC Strategy 2015 - 2020
Director of Strategy | NMC/14/70 | 10:50 |
| 11. | Policy for overseas registration
Director of Registration | NMC/14/71 | 11:40 |
| 12. | Registration fee payment by instalments
Chief Executive and Registrar | NMC/14/72 | 11:50 |
| 13. | Draft annual report and accounts 2013 – 14
Chief Executive and Registrar | NMC/14/73 | 12:05 |
| 14. | Draft fitness to practise annual report 2013 – 14
Director of Fitness to Practise | NMC/14/74 | 12:30 |
| 15. | NMC Health and Safety Policy and Health & Safety Annual Report
Director of Corporate Services | NMC/14/75 | 12:45 |

Matters for discussion

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|-----|---|-----------|-------|
| 16. | PSA performance review 2013 – 14
Chief Executive and Registrar | NMC/14/76 | 12:50 |
| 17. | Annual NMC equality and diversity report 2013 – 14
Director of Strategy | NMC/14/77 | 13:05 |

Questions from observers

- | | | | |
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| 18. | Questions from observers | NMC/14/78 | 13:15 |
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Lunch: 13:30

Matters for information

Matters for information will normally be taken without discussion. Members should notify the Chair or the Secretary to the Council in advance of the meeting should they wish for any item to be opened for discussion.

19. **Chair's report** NMC/14/79
Chair
20. **Chair's actions taken since the last meeting of the Council** NMC/14/80
Chair
21. **Reports from Chairs of the Committees** NMC/14/81
- Chair of the Audit Committee
 - Chair of the Midwifery Committee
22. **Schedule of business** NMC/14/82
Secretary

The next public meeting of the Council is scheduled to be held on Wednesday 1 October 2014 at 9.30am in 23 Portland Place, London.

Meeting of the Council
Held at 09:30 on 4 June 2014
at Merchant's Hall, Edinburgh

Minutes

Present

Members:

Mark Addison	Chair
Maura Devlin	Council member
Professor Judith Ellis	Council member
Quinton Quayle	Council member
Louise Scull	Council member
Carol Shillabeer	Council member
Elinor Smith	Council member
Amerdeep Somal	Council member
Lorna Tinsley	Council member
Dr Anne Wright	Council member

NMC officers:

Jackie Smith	Chief Executive and Registrar
Jon Billings	Director of Strategy
Katerina Kolyva	Director of Continued Practice
Sarah Page	Director of Fitness to Practise
Alison Sansome	Director of Registration
Mark Smith	Director of Corporate Services
Matthew McClelland	Assistant Director, Governance and Planning (Secretary to the Council)
Paul Johnston	Council Services Manager (minutes)

The meeting of the Council commenced at 09:30.

Minutes

NMC/14/42 Welcome from the Chair

1. The Chair welcomed all attendees to the meeting.
2. The Chair welcomed Jon Billings, Director of Strategy, and noted that this would be Professor Judith Ellis' last meeting as a member of the Council. The Council thanked Professor Ellis for her work for, and on behalf of the NMC, and wished her well.

NMC/14/43 Apologies for absence

1. Apologies for absence were received from Maureen Morgan and Stephen Thornton.

NMC/14/44 Declarations of Interest

1. There were no declarations of interest.
2. The Council noted that the Secretary to the Council was proposed for appointment as an Assistant Registrar (as per NMC/14/52). The Secretary was not a member of the Council and would not, therefore, take part in decision making.

NMC/14/45 Minutes of previous meetings

1. The minutes of the previous meeting of the Council held on 26 March 2014 were agreed as a correct record.

NMC/14/46 Summary of actions

1. The Council noted progress on responding to actions arising from previous meetings of the Council.
2. The Council noted that a cost-benefit analysis had been commissioned to inform the consultation phase and shaping of the revalidation model. It would be reported to the Council at its 1 October 2014 meeting.

NMC/14/47 Chief Executive's report

1. The Council considered the report, which detailed high level strategic engagement and key developments internally and in the external environment.
2. In discussion, the following points were noted:
 - a) The second phase of NMC Online was to be launched in June 2014. Roll-out of the second phase would allow for

registration renewals to be made online and efforts would be made to encourage registrants to use the online facility. The improvements in customer service delivered through this facility would be assessed through a number of measures, including collection of feedback and monitoring the number of complaints.

- b) The 'Shape of Caring' review had been announced on 6 May 2014. The Chief Executive and Registrar had invited Chief Nursing Officers across the four UK nations to participate in the review.

NMC/14/48 Performance and risk report

1. The Council received a report detailing progress against key performance indicators and the corporate risk register.
2. On progress against the Corporate Plan 2013 – 16, the following points were noted:
 - a) The Council would continue to be informed of the development of the employer liaison model, which was designed to ensure that the NMC worked more proactively with employers across the UK;
 - b) Following a delay to the website development project earlier in the year, a revised NMC website was due to be in place by December 2014. Quantitative and qualitative feedback would be sought as part of a systematic review to ensure that the revised website, once in place, met the needs of the public, nurses and midwives;
 - c) The Council noted that progress was ongoing in respect of the NMC's approach to rewarding and incentivising staff.
3. On progress against the Key Performance Indicators (KPIs), the following points were noted:
 - a) KPI 1 (Registrations): Performance was in line with the target.
 - b) KPI 2 (Interim Orders): Performance was above the target and had improved toward the end of 2013 – 14. The Council would reconsider the year end average target for this KPI at its July 2014 meeting.
 - c) KPI 3 (Investigations): Performance was in line with the target.
 - d) KPI 4 (Adjudications): Performance for April 2014 was in line with forecasts and above the performance profile.

Performance in May 2014 was 37%, which was below the profile. The Executive remained confident that there was sufficient organisational capacity to meet caseloads to achieve the December 2014 target.

- e) The Council noted that the Executive was intending to provide management information on the witness experience and other measures of customer services.
- f) The Council also noted the additional information on FtP performance as set out in Annexe 3 to the report. The screening closure rates remained broadly in line with expectations and the Executive were confident that the assumption of an average length of a CCC hearing of 3.5 days was appropriate.
- g) KPI 5: Performance was in line with the target.
- h) KPI 6: All staff turnover was above the profile while permanent staff turnover was in line with the profile. The Executive Board would consider an annual workforce report, which would include detailed feedback on the reasons staff were presenting for leaving the NMC.
- i) The Council requested that data on KPI 6 included the previous year's data to allow for trends to be established.
- j) The Council also noted that, from July 2014, the NMC would report publicly on the proportion of cases resolved from start to finish in 15 months.

Decision: The Council agreed that, from July 2014, the NMC would report publicly on the percentage of cases resolved from start to finish within 15 months, alongside existing Fitness to Practise Key Performance Indicators;

The Council agreed that options for a new 15 month end to end KPI would be presented to the Council in December 2014.

- 4. In discussion on the corporate Risk Register, the Council noted the addition of a corporate risk on ICT. The Council endorsed the corporate Risk Register.
- 5. The Council received an update on legislative provisions to mandate registrants to hold Professional Indemnity Insurance and noted that communications with registrants on PII were paramount. The transposition of the EU Directive on PII into UK law had been subject to parliamentary delays.

NMC/14/49 Monthly financial monitoring – April 2014 results

1. The Council received and noted the monthly monitoring information. The Council was assured that expenditure variances were considered to relate to the timing of expenditure, which had been reforecast in the year.

NMC/14/50 NMC Strategy

1. The Council received a presentation from the Director of Strategy on the NMC's strategic context, emerging strategic themes and the developing transformation priorities over 2015 – 2020. The Council was asked to approve the components of the proposed strategy as working principles that the Executive could take forward.
2. In discussion, the following points were noted:
 - a) Timeframes and key milestones for each strategic theme would be included as the strategy developed. Similarly, the Executive would ensure that there was consistency between the strategy and the NMC's Corporate Plan and corporate planning process.
 - b) The strategic context in which the NMC was operating was challenging. External drivers included the Scottish referendum, any future referendum on the UK's membership of the European Union and it was important that the NMC understood the strategic implications arising from these drivers.
 - c) Education was a key area for the NMC and would be an important strand within the strategy.
 - d) ICT would be an important enabler of the strategy, with the ability to improve business efficiency, customer service and intelligence.
 - e) The strategy, once developed needed to be concise, accessible and speak well to a number of audiences.

Decision: The Council approved the components of the proposed NMC strategy 2015 – 2020 as working principles that the Executive could take forward.

NMC/14/51 Revalidation update

1. The Council considered the update, which set out the key themes arising from the part one consultation on the proposed revalidation model and next steps in developing the model. The consultation had

seen a large number of responses from registrants, organisations and members of the public.

2. In discussion, the following points were noted:
 - a) The Council had approved a model for revalidation as a basis of consultation for nurses and midwives in September 2013, rather than having approved the model. The Council would approve the proposed model in December 2014.
 - b) The interaction between the ongoing review of midwifery regulation, and the strong support emerging through part 1 of the revalidation consultation for Supervisors of Midwives to provide a third-party confirmation role for revalidation purposes, would need to be carefully thought through.
 - c) Part 2 of the consultation would deliver further engagement with 'seldom heard' groups, along with those sectors increasingly involved in healthcare, such as local authorities and voluntary organisations,.
3. The Council noted that a further update following the close of part two of the consultation would be presented at the 1 October 2014 meeting.

NMC/14/52 PSA initial stages audit 2013

1. The Council considered the report, which informed the Council of the outcome of the Professional Standard Authority's (PSA) 2013 audit of the NMC's initial stages fitness to practise process and the learning points and actions arising. The report also sought the Council's approval of revisions to the guidance on voluntary removal decision making; and approval of the appointment of two additional Assistant Registrars.
2. In discussion, the following points were noted:
 - a) The learning derived from the PSA report was valuable, particularly on the voluntary removal process, which had been introduced in 2013.
 - b) The proposed guidance on voluntary removal decision making set out in Annexe 2 to the report had been designed to address the points made by the PSA to articulate more clearly definitions on, for example, misconduct. Nonetheless, it was further noted that the guidance had not been put to the PSA ahead of its presentation to the Council.
 - c) Training and support had been provided to the two proposed

additional Assistant Registrars to support them in undertaking the role. The Council asked that the training process be evaluated to ensure that those individuals proposed as Assistant Registrars would be consistent in their decision-making.

Decision: The Council agreed that the Executive should consult with the PSA to establish whether any further changes to the guidance on voluntary removal decision making were required; and that, if any such changes were required, the Chief Executive and Registrar would decide whether the changes required further consideration by the Council.

The Council agreed, subject to the incorporation of any further suggested points from the PSA, the revisions as set out within Annexes 2 and 3 to the report to the guidance on voluntary removal decision making;

The Council approved the appointment of two additional Assistant Registrars.

Action:	Report to the Council on the outcomes of discussion with the PSA on whether further changes to the guidance were required
For:	Director of Fitness to Practise
By:	30 July 2014

NMC/14/53 Fitness to Practise: policy on issuing guidance

1. The Council considered the report, which set out a proposed policy that set out both matters on which it was appropriate to provide Fitness to Practise related guidance and a standard approach to the creation and revision of guidance.
2. In discussion, the following points were noted:
 - a) The policy had been drafted to ensure operational efficiency and appropriate delegation to the Executive and officers in operational matters. The Council agreed that it did not have a role in approving all guidance issued by the NMC and the Executive's role was to provide assurance to the Council that the organisation had robust processes for developing, evaluating and reviewing guidance.
 - b) The Council requested that the policy be revised to:
 - Include reference to outcomes of quality assurance driving creation of new guidance or revision of existing guidance;
 - removing limitations on definitions of external guidance

- within paragraph 6 of the policy presented;
- include reference within the policy to stipulate that the Council would be advised when revised guidance is issued and provided with an explanation of any substantive changes.

Decision: The Council agreed that the policy be reviewed in light of the above comments in paragraph 2 and presented to the Chair of the Council for approval.

Action: Revise the policy in view of the above for approval by the Chair of the Council
For: Director of Fitness to Practise
By: 30 July 2014

NMC/14/54 Appointments and reappointments policy

1. The Council considered the report, which proposed policy principles on the appointment and reappointment of members of the Council.
2. In discussion, it was noted that the Remuneration Committee had considered the policy principles, and had endorsed an initial term of office of three years, with potential for reappointment for a second term of three years. The constitutional limit was a term of 8 years within any 20 year period, and there was therefore flexibility for an additional 2 year appointment following the two terms.

Decision: The Council approved the policy principles as set out in paragraph 5 of the report.

NMC/14/55 Law Commission update

1. The Chief Executive and Registrar noted that the proposed Law Commission Bill had not been included within the Queen's Speech. The Executive would consider next steps in view of the announcement and would present an update paper to the Council on 30 July 2014.

Action: Include "legislation update" on the Council agenda for the meeting on 30 July 2014
For: Chief Executive and Registrar
By: 30 July 2014

NMC/14/56 Reports from the Chairs of the Committees

1. The Council considered the report from the Chair of the Audit Committee, detailing the discussions at the most recent Committee meeting on 30 April 2014. The Chair of the Committee drew attention to the Committee's discussions on a recommendation of the internal

auditors to appoint a Chief Information Officer The Executive was considering the recommendation.

2. The Council considered the report from the Chair of the Midwifery Committee, detailing the discussions at the most recent Committee meeting on 29 April 2014. The Chair of the Committee added that Committee members would be meeting with colleagues from the King's Fund, who had been commissioned to undertake the review of midwifery regulation, and that this was very welcome.

NMC/14/57 Questions from observers

1. The Chair of the Council invited questions from observers.
2. In discussion, the following points were noted:
 - a) It was important to ensure that the proposed revalidation model was not understood as a further tool for performance management and that the appraisal mechanism for revalidation was as straightforward as possible.
 - b) It was noted that Fitness to Practise referrals for registrants working in Scotland were broadly proportionate to the number of those registered. The NMC was committed to working more closely with local employers to ensure the right matters were referred. The proposed additional regional presence would assist with this closer working.
 - c) The NMC's engagement with social media was praised. Concern was expressed by one attendee that the information published on the NMC's website on Fitness to Practise hearings and outcomes could lead to distress for the registrant and family members. It was noted that the NMC's legislation obliged the publication of charges.
 - d) Training and education was in place for midwives to be able to work with those with learning disabilities at ante-, pre- and post-natal stages and this was built into the NMC's pre-registration standards. Those standards were currently subject to evaluation.
 - e) A small number of cases had been identified where the implementation of interim orders should have been expedited. The Executive took such cases very seriously.

NMC/14/58 Review of Midwifery Regulation: update

1. The Council received and noted the report.

NMC/14/59 Chair's report

1. The Council received and noted the report.

NMC/14/60 Council and committee schedule of business

1. The Council received and noted the report.

The date of the next meeting is to be 30 July 2014.

The meeting ended at 13:05.

SIGNATURE (CHAIR):.....

DATE:.....

Council

Summary of actions

Action: For information.

Issue: A summary of the progress on completing actions agreed by the meeting of Council held on 4 June 2014 and progress on actions outstanding from previous Council meetings.

Core regulatory function: Supporting functions.

Corporate objectives: Corporate objective 8: "We will develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions."

Decision required: To note the progress on completing the actions agreed by the Council.

Annexes: None.

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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Summary of actions outstanding (Council)

Actions arising from the Council meeting on 4 June 2014

Minute	Action	For	Report back to: Date:	Progress
NMC/14/52	Report to the Council on the outcomes of discussion with the PSA on whether further changes to the guidance were required	Director of Fitness to Practise	Council 30 July 2014	Completed. The PSA has confirmed that they do not usually comment on draft documentation except as part of a formal consultation. The guidance has therefore been issued unamended
NMC/14/53	Revise the policy [Fitness to Practise: policy on issuing guidance] in view of Council discussions for approval by the Chair of the Council	Director of Fitness to Practise	Council 30 July 2014	Completed. Reported to the Council under the "Chair's actions taken since the last meeting" item.
NMC/14/55	Include "legislation update" on the Council agenda for the meeting on 30 July 2014.	Secretary	Council 30 July 2014	Completed.

Actions arising from the Council meeting on 12 September 2013

Minute	Action	For	Report back to: Date:	Progress
NMC/13/146	Report on the cost-benefit analysis undertaken with the Department of Health [as part of the Council's decision to agree the recommended option three (as set out at Annexe 2) to inform the consultation phase and shaping of the revalidation model].	Director of Continued Practice	Council 1 October 2014	Not yet due.

Council

Chief Executive's report

Action: For information.

Issue: The Chief Executive's report on (a) key developments in the external environment; (b) key developments internally; (c) key strategic engagement activity.

Core regulatory function: This paper covers all of our core regulatory functions.

Corporate objectives: Corporate objective 4: "We will maintain open and effective regulatory relationships with patients and the public, other regulators, employers, parliamentarians and the professions. This will help us positively influence the behaviour of nurses and midwives to make the care of people their first concern, treat them as individuals, and respect their dignity."

Decision required: None.

Annexes: None.

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

Author: Mary Anne Poxton
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Chief Executive: Jackie Smith
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Context: 1 This is a standing item on the Council agenda and reports on (a) key developments in the external environment; (b) developments internally; (c) key strategic engagement activity. Updates on operating performance – including the change programme – can be found in the Performance and Risk Report.

Discussion: Legislative developments

- 2 We were disappointed at the government's decision not to include the draft Law Commission Bill, Regulation of health and social care professionals, in its final session of parliament. We are continuing to engage closely with the Department of Health and other regulators in relation to the Law Commission Bill and are continuing to press for it to be brought forward at the earliest opportunity. We are also looking at alternative options for legislative change, including future section 60 Orders.
- 3 We have completed our consultation on our current section 60 Order and the amended Order is proceeding through the parliamentary process. This section 60 Order will give us the legislative ability to introduce Case Examiners in Fitness to Practise and make other process improvements. We are awaiting the analysis of consultation responses in relation to the Rule amendments and these amendments will be considered by the Council in December, once the amended Order has come into force.
- 4 The Department of Health has indicated its support to the NMC seeking a Rule change within this Parliament to enable us to move towards the introduction of the option of phased payments for the registration fee in 2016. We are committed to developing this facility, which we know will be welcomed by registrants.

Health Select Committee

- 5 The Chief Executive and Director of Fitness to Practise appeared before the House of Commons' Health Select Committee on 17 June 2014 to give evidence to their enquiry into Complaints and Raising Concerns. The NMC gave evidence alongside colleagues from the General Medical Council (GMC). In addition to discussing the new measure for supporting witnesses through the FtP process, we were also able to raise the need for legislative reform and the NMC's disappointment at the lack of a Law Commissions Bill in this session of Parliament. The final oral evidence session will be held in the middle of July and we are expecting the Committee's report and recommendations before Parliament rises for the summer recess on 22 July 2014.
- 6 The day after our appearance, the new Chair of the Health Committee was elected by MPs. Dr Sarah Wollaston, a former GP,

now chairs the committee. The Chair and Chief Executive have written to congratulate Dr Wollaston and to request a meeting.

Strategic Review: Independent assessment of progress

- 7 As reported to the last meeting, we have commissioned an independent review to assess our progress against the Strategic Review recommendations made by the Professional Standards Authority (PSA) in 2012. The PSA said that it would expect to see demonstrable improvements after two years. The review is now underway and is intended to provide an objective assessment of what has been achieved so far and how we can continue to improve further in the future. As part of the evidence gathering process, the external team will be undertaking an extensive review of documentation, observing meetings and seeking views from a wide range of external stakeholders, public and patient representatives, Council members and staff. We will publish the outcomes of the review in the autumn.

NMC Online

- 8 In early June 2014, NMC Online was successfully rolled out and is operating well and receiving positive feedback. Nurses and midwives are now able to view their registration record, renew their registration and make their annual fee payment through the online facility. Online activation codes are being included with retention and renewal packs and therefore over the next 12 months all nurses and midwives on the NMC register will receive details of how to manage their registration online. Just under 10,000 nurses and midwives have requested / activated accounts and over 2,500 have successfully completed online renewals.

Duty of candour

- 9 The inter-regulatory working group on candour will shortly publish a joint statement of principles on consistent approaches to candour. The wording of this statement is to be considered by the Chief Executive Steering Group on 23 July 2014. The NMC and the GMC have both contributed to a recent Department of Health publication on candour and continue to work on joint wording for guidance on candour, near misses, and apology, which will be released for consultation late in 2014. Subject to consultation, the NMC's revised Code will also contain references to the professional duty of candour.

Liverpool Care Pathway

- 10 Published in July 2013, *More Care, Less Pathway* was the report that looked in depth into the issue of care for the dying in hospitals, care homes and hospices, in particular focusing on the use of the Liverpool Care Pathway. The NMC has contributed to a system

wide response, the priorities of care guidance, and the responsibilities of health and care staff guidance, all of which were published on 26 June 2014. The last of these now effectively becomes our guidance to nurses who are caring for people in the final days and hours of life. We have committed to taking recommendations of the review into account in future development and evaluation of our relevant standards. We have also set up a dedicated page on our website highlighting the work we have done in response to this report and providing links to all relevant documents and publications.

NMC consultations

- 11 The consultation on a proposed increase to the annual registration fee to £120 from March 2015 closes on 31 July 2014. As at 11 July (end of week 9) we had received 4,329 responses to the consultation, which compares to 22,131 responses to the fee consultation carried out in 2012. Through August, we will be analysing the results and reviewing the narrative feedback before bringing forward proposals to the Council in October 2014.
- 12 On 19 May 2014, we launched our consultation on the revised Code. The consultation, which is the second part of the revalidation and Code consultation, will run for twelve weeks. The consultation exercise itself falls into two separate elements. Firstly, there is the on-line public consultation exercise, run on our behalf by IPSOS MORI, which to date has received 1,051 responses. Secondly, there is a series of qualitative research events, focus groups and interviews, also being run on our behalf by IPSOS MORI, targeting specific stakeholder groups including those 'hard to revalidate' groups. These events commenced on 1 July and will continue until 13 August.

Senior registrant group

- 13 We have established a new group to engage senior registrants in providing strategic advice to the NMC's executive team. The purpose of the group is to improve the dialogue between the NMC and leaders in the professions and to ensure their expertise is brought to bear on our work at a formative stage when it can have the most impact. The group comprises stakeholders who we do not currently have regular contact with. We are also seeking their guidance on the best means of communicating with nurses, midwives and SCPHNs. The first meeting of the Senior Registrants Strategic Advisory Group was held on 14 July 2014 and was chaired by the Chief Executive.

Engagement activities

- 14 Development of the test of competency for overseas applicants has continued and we have undertaken extensive communication

activities with major stakeholders. We have held events or one to one meetings with Unions, NHS Employers, professional bodies, recruitment agencies and all universities who are authorised to run the current programmes.

- 15 Revalidation and Code summits were held in Belfast, Leeds, Cardiff and Glasgow and attracted over 1,000 nurses, midwives, their employers and leaders. The Chief Nursing Officer for each country spoke at each event and they all announced similar plans to establish senior stakeholder groups to support the implementation of NMC revalidation across the four countries of the UK. Delegate feedback has been very positive about our engagement approach.
- 16 The Director of Continued Practice and NMC staff have participated in 18 additional events directly involving approximately 800 nurses, midwives and other healthcare professionals. This engagement included a half-day workshop with the Trust Development Agency on preparing Directors of Nursing for revalidation and also focused on the harder to revalidate groups, such as practice, occupational health and agency nurses. Engagement is now moving from awareness raising that focused on promoting our consultation to strategic partnership building, based on summit and wider engagement feedback.
- 17 At the beginning of June 2014, we hosted a number of events in Edinburgh and met over 100 stakeholders. These activities have enabled us to better understand the experience of our stakeholders in Scotland and the issues that are specific to them. Feedback from the activities was very positive.
- 18 In addition to a Council meeting attended by 36 observers, activity included:
 - 18.1 A meeting with members of the Scottish Government Health and Sport Committee.
 - 18.2 A reception event attended by senior nurses and midwives, employers, educators, Scottish government and patient groups.
 - 18.3 A roundtable discussion on professionalism, led by Professor Brian Webster, Edinburgh Napier University and Professor Brendan McCormack, Queen Margaret University.
 - 18.4 Site visits by Council members and directors to meet staff at the Royal Infirmary of Edinburgh, and staff and students at Edinburgh Napier University.
 - 18.5 A meeting of our Patient and Public Engagement Forum attended by groups including Scottish Independent Advocacy

Alliance, Citizens Advice Scotland and Carers Trust Scotland.

- 19 The NMC co-hosted the Northern Ireland Health and Social Care Regulators Reception in the Northern Ireland Assembly in June. The event aimed to increase awareness of health and social care professional regulators to Members of the Legislative Assembly (MLAs) and their researchers and raise awareness of the relationship between health and social care professional regulation and devolved health policy. The event attracted 60 attendees including members of the Health committee, MLAs, senior officials in DHSSPS, NI Ombudsman, HSC safety forum, senior stakeholders in education, Royal Colleges and professional bodies. Nine MLAs attended, including five members of the Health Committee. NMC staff raised with them issues around the Law Commission Bill and the Code review.
- 20 Our Patient and Public Engagement Forum met in London on 9 July 2014. We discussed our role in education and shared an update on the Code review. Members of the forum are also contributing to the Fitness to Practise patients' and families' working group. This group is looking at how the NMC can improve our communications with patients and their families involved with or affected by Fitness to Practise hearings.
- 21 The leaflet *Raising concerns about nurses and midwives: What can I do if I am unhappy about the care I have received or witnessed?* was developed in collaboration with our Patient and Public Engagement Forum and is now available on our website. We have contacted nearly 1000 organisations including patient advocacy groups, health charities, local Healthwatch, Citizens Advice, Patient and Client Council, Community Health Councils, Health and Social Care Alliance Scotland, Patients Advice and Liaison Services and hospital complaints teams. Many of these organisations have told us they will share the leaflet through their websites, e-newsletters, by printing and displaying copies and by sharing them with staff and volunteers.
- 22 We continue to be involved in a number of education initiatives with key education stakeholders. These include:
 - 22.1 The Shape of Caring review of nurse education and health care assistant training which is being chaired by Lord Willis and which we are co-sponsoring with Health Education England.
 - 22.2 The review of pre-registration nursing education by the East of England Local Education and Training Board, which commenced in November 2013 and which we were invited to join in April 2014.
 - 22.3 Development of standards for quality placement learning by

South East London Local Education and Training Board.

- 22.4 Attendance at the Higher Apprenticeship for nursing roundtable events chaired by Baroness Wall and the Higher apprenticeship trailblazer meetings chaired by Terry Tucker. Attendance is essential to ensure that this initiative is underpinned by our pre-registration nursing education standards.

Chief Executive's activity

- 23 In addition to activity already mentioned, the Chief Executive has given presentations at the following events:
- 23.1 Nursing appraisal and revalidation event on 20 May 2014 (London)
 - 23.2 Patient Safety Congress on 22 May 2014 (Liverpool)
 - 23.3 RCN Congress 'fringe' event on 16 June 2014 (Liverpool)
 - 23.4 Keynote speech at Oxleas Foundation NHS Trust on 20 June 2014 (London)
 - 23.5 NHS leadership event on 4 July 2014 (London)
- 24 The presentations have covered the NMC's regulatory work, current progress, developments with the 'shape of caring' review, the consultation on revalidation, and the ongoing consultations on the review of the Code and the fee level.
- 25 The Chief Executive has held meetings with senior professional colleagues including Jane Cummings, the Chief Nursing Officer for England on 11 and 16 June 2014, Viv Bennett, the Director of Nursing at Public Health England and the Director of Nursing at the Department of Health, England and her deputy, David Foster, on 21 May and 16 July 2014. The Chief Executive also met with Peter Blythin, the Director of Nursing at the NHS Trust Development Agency (TDA) on 21 May 2014. Among the issues covered with the TDA was the development of a closer formal working relationship with the NMC.
- 26 The Chief Executive met Baroness Emerton on 12 June 2014 in the context of references to the NMC's work in recent House of Lords debates. Later that day, the Chief Executive met Gail Adams, the Head of Nursing at Unison, for a regular catch-up discussion.
- 27 On 10 June 2014, the Chief Executive met Mandy Bailey, the Chair of the Association of UK University Hospitals to discuss issues relating to revalidation, the sharing of risk intelligence and the NMC's engagement with senior nursing figures, and in particular,

directors of nursing.

- 28 The Chief Executive continues to play a leading role in the high-level engagement work supporting the introduction of revalidation. She spoke at revalidation stakeholder events in Leeds (18 June 2014), Cardiff (26 June 2014) and Glasgow (11 July 2014). The Chief Executive also chaired the most recent meeting of the Revalidation Stakeholder Advisory Group on 28 May 2014.
- 29 The Chief Executive continues to engage with key regulatory partners on a regular basis, including the Chief Executives of the healthcare professional regulatory bodies and, accompanied by the NMC Chair, David Behan, the Chief Executive of the Care Quality Commission on 27 May 2014.
- 30 The Chief Executive co-chaired the most recent 'shape of caring' review meeting on 16 July 2014 and an event in Birmingham with directors of nursing in the West Midlands on 17 July 2014. The Chief Executive hosted a discussion on 24 June 2014 with two members of the Shelford Group. With Lisa Bayliss-Pratt, the co-chair of the review, the Chief Executive met Eileen Sills, the Chair of the Shelford Group and the Chief Nurse at Guy's and St Thomas's NHS Foundation Trust and Ann-Marie Ingle, the Chief Nurse at Cambridge University Hospitals NHS Foundation Trust.
- 31 As part of the Edinburgh Council meeting in June 2014, the Chair and the Chief Executive Alex Neil MSP, the Cabinet Secretary for Health in the Scottish Government, to discuss the NMC's regulatory work in Scotland. The meeting was also attended by Ros Moore, the Chief Nursing Officer for Scotland.
- 32 Edwin Poots, the Minister of Health, Social Services and Public Safety in the Northern Ireland Executive has responded positively to a request for a meeting to discuss the NMC's work. A date has been fixed for the Chair and Chief Executive to meet with Mr Poots in September 2014.

Public protection implications:

- 33 No direct public protection implications.

Resource implications:

- 34 No direct resource implications.

Equality and diversity implications:

- 35 No direct equality and diversity implications.

Stakeholder engagement:

- 36 Stakeholder engagement is detailed in the body of this report.

Risk implications: 37 No direct risk implications.

Legal implications: 38 No direct legal implications.

Council

Performance and risk report

Action: For decision.

Issue: Embedding performance and risk management across the NMC.

Core regulatory function: All of our core regulatory functions.

Corporate objectives: The NMC corporate objectives provide the context for performance and risk management.

Decision required: The Council is invited to:

- Note the summary of performance for Quarter 1 2014 – 15 (paragraph 38).
- Discuss the KPI information provided (paragraph 42).
- Note the Annual workforce report 2013-2014 (paragraph 44).
- Note and discuss the assessment and management of risks on our corporate risk register (paragraph 52).
- Note the assurance map summary as at June 2014 (paragraph 54).

Annexes: The following annexes are attached to this paper:

- Annexe 1: Q1 progress report against Corporate Plan 2014-2017
- Annexe 2: Progress against our key performance indicators (KPIs)
- Annexe 3: FtP performance dashboard: January 2014 - June 2014
- Annexe 4: Annual workforce report 2013-2014
- Annexe 5: Corporate risk register
- Annexe 6: Risk map
- Annexe 7: Assurance map summary – June 2014

**Further
information:**

If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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- Context:**
- 1 The information in this paper collectively provides an overview of our current position in achieving Corporate plan outcomes and the actions we are taking to mitigate key risks.
 - 2 Progress against our key performance indicators (KPIs) and the assessment and management of risks on our corporate risk register, are both reported here.
 - 3 On this occasion, two additional items are presented:
 - 3.1 Annual workforce report 2013–2014 (links to KPI 6 and corporate risk CR9 “Staffing”), and
 - 3.2 Assurance map summary as at June 2014.

Performance

Performance for 2014–2015

- 4 This paper reports on the progress we have made, in the first quarter of the financial year 2014–2015, towards the delivery of our planned activities for 2014–2015 as stated in our Corporate plan 2014–2017. Assessment is based on a red/amber/green rating system.
- 5 This paper also provides key operational updates, since the June Council meeting.

Key performance indicators (KPIs)

- 6 As part of the business planning process, we reviewed corporate performance measures against the updated corporate objectives for 2014-2017.
- 7 Elsewhere on today’s agenda, Council is invited to agree the KPI targets for 2014–2015 in the separate proposals paper. For the purposes of this paper, the KPI report at **Annexe 2** presents progress against the provisional targets that the Executive is proposing to the Council for approval.

Risk

- 8 Since the June 2014 Council meeting, directorates have continued to review and update their respective risk registers and the corporate risk register was considered by the Executive Board at its meetings in June and July.
- 9 The Risk Scrutiny Group continues to undertake a monthly scrutiny of the corporate, Change Management and Portfolio Board (CMPB) and directorate risk registers. The outcomes of these meetings are shared with directorates and the CMPB, in order to strengthen our risk management and ensure compliance with our agreed approach. Formal terms of reference for the Risk Scrutiny Group were agreed

by the Executive Board at its June meeting.

- 10 Risks are scored on a 5 x 5 matrix on the basis of impact and likelihood, and a traffic light system is used for reporting. Risks scored at eight or below are green rated. Risks scored between nine and 15 are amber rated. Risks scored at 16 and above are red rated.

Discussion: Change programme

- 11 The Change Management and Portfolio Board (CMPB) is looking ahead to the programme of change required to meet our longer term needs; in particular, how we move from our short term approach to one of transformation with a five year outlook. There are number of drivers identified for change in the future which include: the emerging corporate strategy; legislative reforms; efficiencies; customer service improvements; and risk and intelligence.
- 12 As reported in the Chief Executive's report, we have commissioned an independent review to assess our progress against the Strategic Review recommendations made by the Professional Standards Authority in 2012. The review is now underway and we will publish the outcomes in autumn.
- 13 The CMPB has also committed to reviewing governance arrangements around programme and project work, as we emerge from the two-year review period.
- 14 The CMPB has considered a benefits management framework, which sets out the NMC's approach to defining, measuring and realising benefits. The framework will focus both on benefits derived from change projects and on other business activities. The Board agreed that the framework be promoted amongst staff with accompanying communications and training for managers and staff. This will mitigate red risk CMPB07 (Lack of benefits definition) which can be seen on the risk map.

Revalidation programme (*Francis commitment*)

PSA Standard not met – Education and training 2

- 15 The Revalidation Strategic Advisory Group continues to advise the NMC at strategic level around our model for revalidation. Their work at the moment is focusing on the criteria and approach to early implementers and the risk base for NMC revalidation while they continue to discuss feedback from the consultation and engagement.
- 16 An interim Programme Manager has been appointed to take the revalidation programme forward. The governance structure around revalidation will be reconsidered and refreshed.

Registration improvement programme

PSA Standard not met – Registration 2

- 17 The online renewal facility was successfully rolled out on the weekend of the 6 June 2014. This enables all registrants to renew their registration online, with activation codes for online access being included in renewal and retention packs sent out in batches on a monthly basis based on renewal dates. Initial indications are that this is working well and it has attracted positive feedback. Just under 10,000 nurses and midwives have signed up for online access and over 5,000 have activated their accounts. We have seen over 4,000 online registration transactions (including 2,400 renewals), plus a further 2,200 equality and diversity submissions. Encouragingly we have had only 40 calls to the call centre around this new online functionality which is excellent, but we continue to monitor any issues raised to pick up any required improvements, bedding in adjustments or communication requirements. This is a fundamental step in improving customer service and enhancing data quality both within the Registration function and as a wider platform across the organisation.
- 18 The overseas registration project is progressing at pace with the detailed design to deliver a model for test of competency for overseas applicants and an enhanced process to strengthen public protection and provide better customer service. This work is exploiting available technology to offer an online application process. We are working with system developers, test providers, exam content designers and OSCE developers. We are communicating on the planned implementation, paying particular attention to transitional arrangements and policy development. The approval event for the test of competence will be held at the University of Northampton on 24 July 2014. The high level policy document is being presented to Council this month.

Fitness to practise change programme

- 19 At its meeting in June the CMPB considered recommendations in relation to the development of a Regional Liaison service (*Francis commitment*). It was agreed that, based on the design principles which were developed through stakeholder engagement, we should proceed to:
- 19.1 procure a consultancy capability to develop an operating model for regional liaison. This will include developing options for the potential employer settings we might cover, how the Regional Liaison service could be organised based on regional/geographic areas and what type of resources would be required to support and operate the capability, and

19.2 scope the ancillary work on which the Regional Liaison service would be dependent.

- 20 The design principles are that Regional Liaison will provide signposting and escalation for issues, including FtP referrals, live FtP cases, corporate communication, and revalidation as well as gathering data on risks, issues and trends.
- 21 It is anticipated that implementation of any model will commence in early 2015 as previously reported.

Accommodation

- 22 Plans for the transfer of hearing venues from the Old Bailey to a new site in Stratford remain on track to meet the November 2014 completion timescale. A lease for 2 Stratford Place was completed and signed and will provide 22,000 square feet of accommodation. We have tendered for the fit out of the site and have a project plan that anticipates a timely completion and transfer.
- 23 The new accommodation will provide 14 hearing rooms and offices for 50 employees. It will remove the need for holding hearings at 23 Portland Place and will therefore consolidate our London hearings to two sites. The lease is for a ten year period with a five year break clause to be co-terminous with the current leases that we hold at the Aldwych and at Kemble Street.

Quality assurance of education and midwifery supervision

- 24 We have concluded our extensive review of all 22 monitoring reports and reported our findings to Mott MacDonald. We worked with Mott MacDonald on the subsequent changes to the formatting and language of all reports. The reports were sent out to the 16 Approved Education Institutions and Local Supervising Authorities on 4 July and they have also been uploaded onto our website.
- 25 We are currently evaluating the first year of the quality assurance framework as part of the planning for the second year of the framework and the contract with Mott MacDonald. The lessons learned from the review of the monitoring reports will inform the plans for the training and development of quality assurance reviewers for the second year of the contract.

Education

- 26 Plans continue as we undertake the scoping for the development of our education strategy. The Education Advisory Group continues to advise on our proposed plans including the draft stakeholder engagement plan at the meeting in July.

Standards development

Education standards evaluation (*Francis commitment*)

- 27 We have completed the tender exercise to procure an independent organisation to evaluate our pre-registration education standards for nursing and midwifery as well as the standards to support learning and assessment in practice. The exercise is running on time and is expected to produce a final report in June 2015 - with an interim report in January 2015 - which will tie into the jointly sponsored HEE and NMC Shape of Caring Review.

Registration

PSA Standards not met – Registration 2 and 3

- 28 In May and June 2014 the Registration centre received 63,585 calls.
- 29 The top 5 call types for both months were:
- 29.1 EU nurse enquiries
 - 29.2 Notification of Practice enquiries
 - 29.3 Annual Retention enquiries
 - 29.4 Annual Retention Payments
 - 29.5 Overseas nurse enquiries
- 30 In May and June 2014 1,352 UK, 1,029 EU and 134 overseas applicants were registered. All overseas applicants were subject to an individual ID verification interview at Portland Place.
- 31 In May 2014 eight appeals were heard. Six were heard within the eight months target.

Fitness to Practise

PSA Standard not met – FtP 8

High Court Appeal activity May and June 2014

- 32 Appeals received and determined:

Appeals since last report	Number
Judicial review by the originator of the case	0
Professional Standards Authority appeal	1
Appeal by registered nurse or midwife	2
Total appeals since last report	3

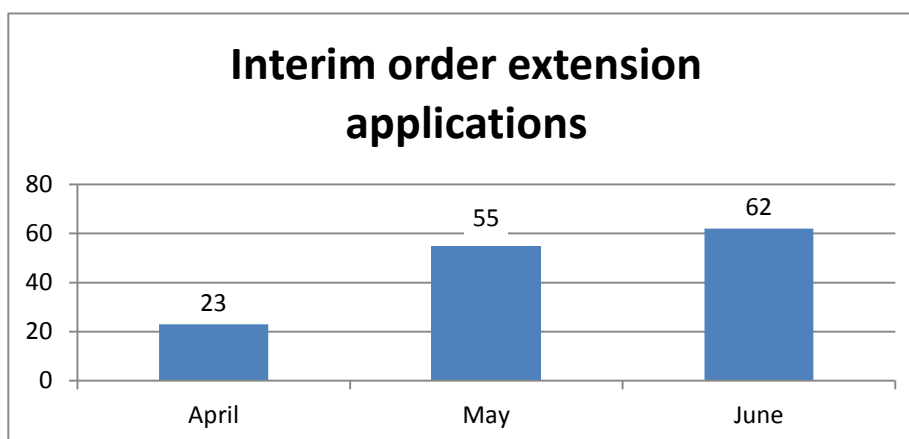
Outcomes of appeals May and June 2014	Number
Remitted back to practice committee to reconsider	0
Judgment pending	0
New sanction imposed/agreed	2
Upheld NMC decision (IO and statutory)	4
Other agreement	0
Total	6

Current caseload June 2014	Number
Judicial review by the originator of the case	1
Professional Standards Authority appeal	2
Appeal by registered nurse or midwife	15
Total	18

Interim order extension applications

PSA Standard inconsistently met – FtP 4

- 33 At its June 2014 meeting, the Council requested further information on interim order extension applications made to the High Court.
- 34 A total of 140 applications to extend interim orders were made to the High Court over the last three months. These are instances where an interim order will reach its maximum term of eighteen months and expire before the conclusion of the registrant's case.
- 35 The increase in applications during May and June is a result of us taking a proactive approach ahead of the High Court recess in August. We make advance applications to extend interim orders expiring during that period.



Quarter 1 report

- 36 A summary of performance for Quarter 1, broken down by corporate goal, is provided on the first page of the report at **Annexe 1**.
- 37 There were 63 commitments in our Corporate plan for the 2014-2015 financial year. Of these, 53 have been rated green and, as at 30 June 2014, were on course for delivery as originally specified. 9 commitments have been rated amber, where a significant issue or potential problem has been identified but action has been taken to resolve it and to bring the activity back on track. 1 commitment has been rated red.
- 38 **Recommendation: The Council is invited to note the summary of performance for Quarter 1.**

KPI reporting

- 39 **Annexe 2** provides information on June progress against our key performance indicators (KPIs).
- 40 Supplementary information about FtP performance is provided on the 'dashboard' at **Annexe 3**.

Performance summary

- 41 In June performance was generally on track or improved, with the exception of KPI 1. Here is a summary.
- 41.1 **KPI 1 (registrations):** *PSA Standard not met – Registration 2:* June saw a dip in performance due to a drop in EU/overseas performance. We anticipate that performance will return to the target level for August 2014.
- 41.2 **KPI 2 (interim orders)** *PSA Standard inconsistently met – FtP 4:* Performance since April has been consistently above the 80% target and the June figure of 93% continues that

trend.

- 41.3 **KPI 3 (investigations) PSA Standard not met – FtP 6:** Performance has been maintained above target at 93%, as it was for May.
- 41.4 **KPI 4 (adjudications) PSA Standard not met – FtP 6:** Performance has continued to improve since March 2014, although we are tracking below profile. We expect to meet the December 2014 target.
- 41.5 **KPI 5 (available free reserves):** Performance for June continues the trend of exceeding our monthly budgeted level of available free reserves, largely due to timing differences. Further detail is available in the monthly financial monitoring paper.
- 41.6 **KPI 6 (staff turnover):** Performance for June is reported against a proposed new target of 22.2%, following re-evaluation of the profile. The turnover rate has continued to decrease.

42 Recommendation: The Council is invited to discuss the KPI information provided.

Annual workforce report 2013-2014

- 43 We continue to develop our workforce intelligence through improved processes, systems and reporting. We now have quarterly and annual workforce reports, which are reviewed by directors. Through these reports we are better able to understand aspects of our workforce profile, including the number of formal employment processes undertaken, the reasons why employees leave and trends in sickness absence. This data can then be used in the context of other initiatives, including pay and grading, the outcome of the staff survey, and in formulating the next human resources and organisational development strategy. The annual workforce report for 2013–2014 is attached at **Annexe 4** to this report for information.
- 44 Recommendation: The Council is invited to note the Annual workforce report 2013-2014.**

Staff survey

- 45 We conducted our annual staff survey in June and the Executive Board has received a presentation on the outcomes. The survey, which ran over a two week period, was completed by 361 employees (73% of eligible staff), which is down on 82% last year but still an excellent response. We are pleased to report that the survey reported a clear overall improvement in staff satisfaction over the previous year and an improvement in the overall employee

engagement score.

- 46 The results have been shared with staff across the organisation. Directorates will now explore their local results in more detail and we will develop a series of action plans to address the issues raised by this year's survey.

Corporate risk register

- 47 There are no new risks and no risks have been closed since the June 2014 Council meeting.
- 48 Since the June 2014 Council meeting, there have been no changes to the scores of any of our corporate risks, although mitigating and planned actions have been updated where relevant.
- 49 In discussion on the corporate risk register at its June 2014 meeting, the Council noted the addition of risk CR12 (ICT business systems) and requested that further consideration be given to the post-mitigation scoring of 16 (red). The Executive Board reviewed this risk at its July meeting and agreed that the scoring remains appropriate at the present time and will be kept under review.
- 50 Risk CR11 (The Law Commissions Bill) has been updated in light of the known position and will be updated following the July Council meeting in light of Council discussion.
- 51 A map of all corporate, CMPB and directorate risks is presented at **Annexe 6** for the Council's consideration. This map shows the distribution of risks across our 5 x 5 matrix and also shows recent changes in risk scoring.
- 52 Recommendation: The Council is invited to note and discuss the assessment and management of risks on our corporate risk register.**

Assurance map summary – June 2014

- 53 The Council agreed in July 2013 to receive regular updates on the business assurance map. The assurance map, which is an assessment of assurance activities as reported by management, was considered by the Audit Committee on 24 June 2014, and is recommended by the Committee for consideration by the Council alongside other assurance and risk management mechanisms as set out within this report.
- 54 Recommendation: The Council is invited to note the assurance map summary as at June 2014.**

Public protection implications:	55	Public protection implications are considered when reviewing performance and the factors behind poor or good performance, plus also when rating the impact of risks and determining mitigating actions.
Resource implications:	56	Internal staff time has been accommodated as business as usual.
Equality and diversity implications:	57	Equality and diversity implications are considered when rating the impact of risks and determining action required to mitigate risks.
Stakeholder engagement:	58	The corporate risk register, KPI information and FtP dashboard are in the public domain.
Risk implications:	59	The impact of risks is assessed and rated on the risk register. Future action to mitigate risks is also described.
Legal implications:	60	Failure to identify and effectively manage risks potentially exposes the NMC to legal action.

Annexe 1

Assessment of quarter 1 progress against the Corporate Plan 2014-2017 1 April to 30 June 2014

This report outlines the progress we have made, in the first quarter of the financial year 2014, towards completing the work that we said we would do in 2014-2015 as stated in the Corporate Plan.

Overview of performance for quarter 1 by corporate goal

NMC Corporate goals 2014-2017		Red	Amber	Green
Goal 1: Protecting the public	Protecting the public will be at the centre of all our activities. Our work will be designed around and measured against the benefits we can bring to the public.	1	4	17
Goal 2: Open and effective relationships	We will have open and effective relationships that will enable us to work in the public interest.		2	16
Goal 3: Services, systems and staff	Our staff will have the skills, knowledge and supporting systems needed to help us provide excellent services to the public and the people that we regulate.		3	20
Activity RAG totals		1	9	53

Key to the table headings

Activity	As outlined in the Corporate Plan, this is key work that we planned to do in the financial year 2014-2015.	
Status	Assessment as at 30 June 2014.	
Red/amber/green (RAG) rating	R	Some significant aspects of the activity, as originally specified, may not be completed within the year and remedial action is required for delivery.
	A	A significant issue or potential problem has been identified but action is being taken to resolve it and overall the activity is expected to be completed by the end of the year.
	G	All significant dimensions of schedule, cost, resource and decisions required are on course for delivery as originally specified.
Evidence from Q1	Brief explanation of what has happened in quarter 1 and also any key issues which could pose a challenge to progression of the activity.	

GOAL 1: Protecting the public

Corporate objective 1: We will protect the public's health and wellbeing by keeping an accessible accurate register of all nurses and midwives who meet the requirements for registration and who are required to demonstrate that they continue to be fit to practise.

Activity	Status	Evidence from Q1
<p>Continue to strengthen and improve our registration policies and processes.</p> <p><i>PSA Standard not met – Registration 2</i></p>	A	<p>A new UK Registration policy has now been written and it is awaiting final sign off and approval by the Executive Board. In anticipation of the expected sign off of the policy document, the writing of guidance and standard operating procedures (SOPs) is commencing to maintain planned progress.</p> <p>Improvements, included automated solutions to Higher Education Institution (HEI) upload issues, are still being explored.</p> <p>A new assistant director was appointed in Q1 but started in post on 14 July 2014. Recruitment has been initiated for roles in the Continuous Improvement team and will be proactively progressed by the new assistant director.</p> <p>A draft performance dashboard is now complete and under review by the senior management team in Registration. This will replace the current subsidiary performance indicator report and will be further developed as part of the continuous improvement activity.</p> <p>Quality checking processes are in place within all teams and functions in the directorate. These will be subject to further development and improvement throughout 2014-2015, with directorate level quality assurance being introduced as part of the work of the Continuous Improvement function.</p> <p>Work continues on the development of the new overseas policy and related Competency Test (see below for detail).</p> <p>Progress towards the voluntary removal (VR) readmission process: FtP has provided initial material to Registration for development, in light of revisions to the FtP VR process following the PSA audit and then implementation.</p>

<p>Provide secure and easy-to-use online services for nurses and midwives.</p> <p><i>PSA Standard not met – Registration 2</i></p>	G	<p>The new system for online registration renewals went live on 6 June 2014. As at 8 July 2014, nearly 10,000 registrants had requested online access. 4,000 transactions had been completed, including 2,393 Notification of Practice (NoP) transactions. A further 2,200 equality and diversity declarations have also been completed online. Rollout continues in monthly batches based upon the renewals and payments due that month. Further online functionality will be added throughout 2014-2015, building to the ability to complete initial registrations and standard readmissions online.</p>
<p>Introduce a test of competence for overseas applicants who were trained outside the European Economic Area.</p> <p><i>PSA Standard not met – Registration 2</i></p>	G	<p>The development of the test of competence, as part of the overseas applications process, is continuing in line with the project plan.</p> <p>Main suppliers have now been identified and engaged with. Final contract negotiations are in progress, however contractors are working in anticipation of this to maintain progress towards the challenging timelines. Development of the IT platform for an online portal for applications is in progress.</p> <p>Extensive communication activity has taken place with all external stakeholders. This continues as we approach the go-live date.</p>
<p>Improve our customer service for everyone who seeks registration with use or relevant information about our register.</p> <p><i>PSA Standard not met – Registration 2</i></p>	G	<p>As at 8 July 2014, nearly 10,000 registrants have requested online access since the new online system went live on 6 June. The number of support calls generated by the new system has been very low, at less than 1 percent, and the customer feedback has been positive.</p> <p>The overseas registration process is also being streamlined and improved from a customer service perspective, as part of the work to introduce a test of competence.</p> <p>Bespoke customer service training was designed and delivered for all Registration staff. We currently measure customer satisfaction in terms of calls to the Registration Centre via a rolling survey, which we review monthly.</p>
<p>Scope our business requirements and commence modernisation of the systems supporting registration activities.</p>	G	<p>A new cross-directorate project group has been constituted and is business led. Business requirements are being detailed to enable the identification of solutions and subsequent procurement. We are mapping current architecture and are capturing business requirements to enable a roadmap for change and delivery.</p>
<p>Enable nurses and midwives to self-declare that they have in place, or will have in place, an</p>	G	<p>At the time of writing, the legislation was expected to be approved by Privy Council on 16 July and therefore reflected in law from 17 July 2014. All development work was completed in early 2014 pending confirmation of the go live date. Final IT testing was due to take place on 12/13 July for implementation on 16/17 July 2014.</p>

appropriate indemnity arrangement when they practise in the UK. <i>PSA intend to follow up 2014–2015</i>		
Continue to implement and engage on changes to European legislation.	G	The Strategy policy team has provided an analysis of the changes being brought by EU legislation for each directorate. An internal reference group has been set up with representation from each part of the business, pending the creation of a formal project group. The Strategy policy team continues to engage with the Department of Health, Department of Business, Innovation and Skills, and the European Commission on a number of policy issues with the aim of mitigating any negative impacts on the NMC. We are reviewing policy resources available to focus on this area and the Change Management and Portfolio Board (CMPB) has agreed to establish a formal pan-organisation project to oversee implementation of the Mutual Recognition of Professional Qualifications directive.

Corporate objective 2: We will set evidence-based and accessible standards of education and practice. We will assure the quality of education programmes for nurses and midwives and the quality of supervision of midwives, so that we can be sure that everyone on our register is fit to practise.

Activity	Status	Evidence from Q1
Consult on, refine and publish evidence about our model for revalidation of nurses and midwives. <i>Francis action 8</i> <i>PSA Standard not met – Education and Training 2</i>	G	Part 1 of the consultation closed on 31 March and attracted responses mainly from professionals; 6,741 responses in total, of which 212 were from organisations. There was also a shorter, simplified omnibus survey for the public for which we received 3,058 responses. The Part 1 final report was received 23 April 2014. The outcomes of part 1 shaped the second part of the consultation and helped target the groups for the qualitative strand of work to ensure good coverage. Part 2 of the consultation went live on 19 May 2014 and it will close on 11 August 2014. An evidence report is in development, which combines all elements of evidence to support the development of the model such as formal consultation, stakeholder feedback and research. The report is due for publication prior to the Council meeting in December 2014.
Develop and publish a revised Code and standards for practice supported by guidance	G	The consultation of the Code was launched as planned in May and will conclude on 11 August. The engagement through face to face events and social media continues, while Ipsos Mori are holding targeted focus groups, discussing the Code in depth with nurses and midwives. Our Patient and public engagement forum has provided input to the public expectations section. A full evidence report on the Code will be

on revalidation. <i>Francis actions 5 and 8</i> <i>PSA intend to follow up 2014–2015</i>		published before the end of this year.
Develop and publish guidance on the duty of candour.	A	A joint statement across the regulators has been agreed and is due for approval across all parties in July. Owing to the joint work streams across regulators, the consultation period for joint guidance will now take place in November and not July 2014, with publication due in Q4.
Review our current model of midwifery regulation to ensure that it is fit for purpose. <i>PSA intend to follow up 2014–2015</i>	G	The King's Fund has been commissioned to undertake an independent review of midwifery regulation on behalf of the NMC and with reference to the partners set out in the Parliamentary and Health Service Ombudsman (PHSO) report <i>Midwifery Supervision and Regulation: Recommendations for Change</i> . The King's Fund is progressing with phase 1 of the work which focuses on evidence gathering and engagement. Regular monitoring meetings are in place.
Monitor and review our framework for the quality assurance of nursing and midwifery education to ensure that it is fit for purpose.	G	We are approaching the end of the first year of using the new framework, so we have reviewed the document and are currently making revisions for year two and this will inform the training and development for QA reviewers. We have quality checked all approved education institution (AEI) and local supervising authority (LSA) monitoring reports. All monitoring reports were circulated on 3 July 2014 to the AEIs and LSAs. All monitoring reports were uploaded onto the NMC website on 4 July 2014. We will produce our AEI and LSA annual reports, which will be presented to the Council later this year as per our original schedule.
Develop a new education strategy. <i>Francis action 6</i>	G	We continue to update the Education Advisory Group on progress and the proposed timelines. We are aligning our education work with the overall strategy.
Evaluate our pre-registration nursing and midwifery standards.	G	The evaluation exercise tender is complete and we have appointed IFF Research to undertake the evaluation of the pre-registration and SLAiP standards. The ratification document for the evaluation was signed by Jackie Smith on 1 July 2014. The first meeting will be held on 16 July 2014

<i>Francis action 6</i>		The questions underpinning the evaluation are being refined in collaboration with the supplier and the work is on track to deliver as planned.
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Corporate objective 3: We will take swift and fair action to deal with individuals whose integrity or ability to provide safe care is questioned, so that the public can have confidence in the quality and standards of care provided by nurses and midwives.

Activity	Status	Evidence from Q1
<p>Continue to review our fitness to practise processes to improve efficiency, speed, quality, proportionality, fairness and learning.</p> <p><i>Francis action 2</i></p> <p><i>PSA Standards not met – FtP 6 and 8</i></p> <p><i>PSA Standards inconsistent – FtP 4 and 5</i></p>	G	<p>Improvements to the FtP voluntary removal (VR) process were implemented in June, in light of feedback from all sources.</p> <p>Improvements have been made to the consensual panel determination (CPD) process via further guidance and training and a pilot of early CPD at the investigation stage.</p> <p>Business Improvement Initiatives (BIIs) and Systems Improvement Initiatives (SIIs) have been collated and prioritised.</p> <p>Business analysts are working in partnership with the software suppliers to produce systems improvement design specifications. Implementation costs and lead times will be provided by the supplier in Q2.</p> <p>A Change Champion's network has been created. The initial remit of implementing the BIIs, embedding changes to practice, evaluating the impact of those changes and collating the lessons learned from their implementation.</p>
<p>Review and implement changes to our scheduling to ensure we are efficient with our resources.</p>	G	<p>A process has been drawn up for changes to scheduling processes.</p> <p>Engagement with user groups to discuss the new approach is completed.</p>
<p>Deliver a new investigations model.</p> <p><i>PSA Standard not met – FtP 6</i></p> <p><i>PSA Standard inconsistent – FtP 4</i></p>	G	<p>Full implementation of the new investigations model requires the completion of a number of initiatives / plans. These are to be phased throughout the year and into the following year.</p> <p>Resource issues (attrition and recruitment delays) affecting caseloads and flexible resource have impacted upon a number of initiatives.</p> <p>Plans implemented in Q1 are: automated case categorisation system, front end case categorisation / 'potting' according to new model, with expertise moved to 'front end,' a merged multi-skilled legal team, proportionality</p>

		<p>training and coaching, cases prepared to be 'hearing ready', and reduced external investigation allocation.</p> <p>Plans partially implemented in Q1 are: Investigation plan accreditation, early stage CPD.</p> <p>The new method of allocation has been delayed. This is a key initiative to increase resource capability and the speed of investigations. A partial implementation will occur in Q2.</p>
<p>Subject to legislative change, introduce case examiners to improve the timeliness, consistency and quality of early-stage decision making.</p> <p><i>Francis action 7</i></p> <p><i>PSA Standards not met – FtP 6 and 8</i></p> <p><i>PSA Standards inconsistent – FtP 4 and 5</i></p>	A	<p>Recruitment of a pool of case examiners has been carried out and 12 people (8fte) have been offered the roles.</p> <p>The Section 60 change is to be considered at Privy Council in December 2014 (Q3). A project work stream lead has been engaged to develop the induction training, case allocation process and quality assurance to be completed in early Q3.</p> <p>This activity has been given an amber rating due to the continued uncertainty around the approval date of the legislative change and the risk posed by the delay in offering contracts.</p>
<p>Improve the quality of decision making by capturing learning points to inform guidance and training and to create a culture of continuous improvement.</p> <p><i>PSA Standard not met – FtP 8</i></p>	G	<p>There has been an ongoing review of outcomes and Decision Review Group (DRG) oversight fed into panel training.</p> <p>Learning from PSA learning points and DRG is analysed and is being used to inform training and guidance.</p> <p>New processes are in place to capture learning from all FtP areas to feed into continuous improvement.</p>
<p>Implement changes to our case management system leading to greater efficiencies.</p>	A	<p>CMS systems improvement requirements have been collated and prioritised. As already mentioned, business analysts are working in partnership with software suppliers to produce systems improvement design specifications. Implementation costs and lead times will be provided by the supplier in Q2.</p>

		This activity is rated amber due to the continued lack of information relating to cost and delivery lead times for the first release of the CMS systems improvements and the scope of the improvement project.
<p>Deliver a programme of customer service improvements based on feedback from our customers.</p> <p><i>Francis action 4</i></p> <p><i>PSA Standard not met – FtP 7</i></p>	G	<p>Customer service satisfaction indicators have been developed based on customer service feedback scores.</p> <p>Witness experience improvements to waiting rooms implemented.</p> <p>Witness support team roles have been developed and advertised.</p>
<p>Develop new and improved processes in accordance with changes to the legal framework.</p> <p><i>Francis action 7</i></p>	R	This work has been delayed due to the Law Commissions Bill delay.

GOAL 2: Open and effective relationships

Corporate objective 4: We will maintain open and effective regulatory relationships with patients and the public, other regulators, employers, parliamentarians and the professions. This will help us positively influence the behaviour of nurses and midwives to make the care of people their first concern, treat them as individuals, and respect their dignity.

Activity	Status	Evidence from Q1
<p>Improve our UK-wide understanding and engagement.</p> <p><i>Francis action 1</i></p>	G	<p>We held a suite of engagement activities around the June Council meeting in Edinburgh, including a high level roundtable, a reception and a lunch with the Scottish Parliament's Health and Sport Committee.</p> <p>Interviews continue as part of the mapping exercise of NMC engagement in Scotland, Wales and Northern Ireland.</p> <p>We held a joint reception with other regulators in the Northern Ireland Assembly.</p>

<p>Strengthen our approach to patient and public engagement across the four countries of the UK.</p> <p><i>Francis action 1</i></p> <p><i>PSA Standard not met – Registration 3</i></p>	G	<p>Meetings of the Patient and Public Engagement Forum were held on 25 April in Glasgow and 5 June in Edinburgh. Scoping for an appropriate presence in Wales and Northern Ireland will be underway later this year.</p> <p>At the beginning of June we hosted a number of events in Edinburgh. Patients and the public attended our June Council meeting as observers and joined other stakeholders at a reception event.</p> <p>We published two information leaflets for patients and the public, which have been shaped by our Patient and Public Engagement Forum. One sets out how to raise concerns about a nurse or midwife; the other provides information about being treated by student nurses and midwives. The leaflets are available on our website and they are being distributed through our patient and service user networks.</p>
<p>Learn through engagement about how senior nurses and senior midwives can contribute to our communications.</p>	G	<p>Our position statement on safe staffing responded to issues raised by senior registrants and was distributed to them, as well as being published on our website in June.</p> <p>A Senior Registrants Strategic Advisory Group has been convened with members drawn from a variety of practice settings across the four countries. The first meeting will be in quarter two (July-September). Invitations have been sent and draft terms of reference circulated to the group.</p>
<p>Develop a model to provide improved regional employer liaison and advice.</p> <p><i>Francis action 2</i></p>	G	<p>External and internal stakeholder engagement work has been undertaken and an internal workshop took place on 22 April where design principles for regional liaison were agreed. The work was discussed by the Change Management and Portfolio Board in June and it agreed on the procurement of a consultancy capability to develop an operating model for regional liaison. This will include developing options for the potential employer settings we might initially cover, how the regional liaison service could be organised based on regional/geographical areas and what type of resources would be required to support and operate the capability. We would also need to scope the ancillary work on which the regional liaison service would be dependent.</p>
<p>Engage proactively with developments and inquiries in the healthcare landscape and swiftly respond.</p>	G	<p>The NMC gave evidence to the Health Select Committee about Raising Concerns and Complaints. A detailed analysis of our work and position on Whistleblowing was part of the preparation for this evidence session which will enable us to proactively engage with a new inquiry launched on Whistleblowing.</p> <p>We have active membership with the Leadership Alliance for the Care of Dying People (LACDP), and have added statements to our website to coincide with the launch of the review into the Liverpool Care Pathway.</p> <p>Collaboration with Health Education England (HEE) on the Shape of Caring Review, including launch at the Royal College of Nursing (RCN) Congress in June.</p> <p>Safe staffing position statement has been created, published on our website and promoted.</p>

<p>Explore ways in which we can assess the impact and effectiveness of our activities to raise awareness and understanding of our role.</p> <p><i>PSA Standard not met – Registration 3</i></p>	G	<p>Since we relaunched our Facebook page to focus on the Code, we can now monitor and assess the effectiveness and impact of different posts.</p> <p>The emailing system we use for distributing our e-newsletters has enabled us to test alternative designs and content to ascertain preferences. Our greater engagement in Twitter has been recognised through thanks for involvement in other organisations' Twitter chats.</p> <p>We receive and review quarterly Precise reports to support our media activity, as these reports provide information on the amount of coverage in non nursing and midwifery trade press.</p> <p>We are planning a piece of research work on nurses, midwives and raising concerns which is not a formal evaluation of our guidance but which will explore awareness and use of the guidance as part of a wider brief.</p> <p>The pre-registration education standards evaluation is underway and early scoping work is taking place for the post-registration standards evaluation in collaboration with Education, Quality Assurance and Evidence and Research teams.</p>
<p>Promote understanding of our case for legislative change.</p>	G	<p>Significant work went into briefing MPs and Peers in advance of, and in the period subsequent to, the Queen's speech. This resulted in several mentions of the need for legislative change for the NMC in Parliament and greater understanding among parliamentarians of the limitations of our legislation.</p> <p>We also maintained a high media profile on the subject of legislative change.</p>

Corporate objective 5: We will develop and maintain constructive and responsive communications so that people are well informed about the standards of care they should expect from nurses and midwives, and our role when standards are not met.

Activity	Status	Evidence from Q1
<p>Continue to keep stakeholders up to date on our progress and be honest about the improvements we still have to make.</p>	G	<p>A new corporate plan has been produced and circulated. Quarterly reports against this plan are presented to the Council in public meetings.</p> <p>We took a stand at the RCN Congress in June.</p> <p>An education stakeholder engagement plan is under development and will be presented to the Education Advisory Group in July.</p> <p>We have commissioned an independent review to assess our progress against the PSA Strategic Review recommendations made in 2012. We will publish the outcomes in the autumn, and share the information with</p>

		key stakeholders such as the UK parliament (particularly the Health Committee), Privy Council, Department of Health and administrations in Scotland, Wales and Northern Ireland and the Professional Standards Authority.
Launch our refreshed website to meet the needs of the public, and nurses and midwives. <i>Francis action 1</i>	G	The website is on schedule to be re-launched in December 2014.
Improve materials which explain our role to the public. <i>Francis action 1</i> <i>PSA Standard not met – Registration 3</i>	G	The new Raising Concerns leaflet for public and patients gained a crystal mark and has been sent to a wide range of organisations which have agreed to circulate it further.
Promote the revised Code as a resource for patients and the public in understanding what they can expect from nurses and midwives. <i>Francis actions 1 and 5</i>	G	<p>The revised Code has been discussed at the Public and Patient forum and a media engagement plan had been produced to publicize the Code consultation. The Code consultation has been widely promoted through social media, with an indirect promotion to many non-registrants. The Code is on the agenda for the first meeting of the Strategic Advisory Group of Senior Registrants.</p> <p>A new section has been included in the draft Code (currently subject to consultation) to outline what members of the public may expect from nurses and midwives. This section has included the views of our Patient and Public Forum.</p>
Enhance our digital presence through increased online services and extend our use of social media.	G	<p>The new online registrations system (NMC Online) has been launched and promoted.</p> <p>We have substantially enhanced our Wikipedia page. By re-launching our Facebook page to focus on the Code we have generated debate, had posts viewed by tens of thousands of people and shared by hundreds. We have increased our Twitter activity, co-hosting other organisations' Twitter chats.</p>
Review and develop the content, promotion and distribution of our public e-newsletters.	G	We tailor content for the four e-newsletters, for example about our Health Select Committee appearance. Subscription rates have increased across all newsletters.

Use plain English in all our public-facing materials.	G	<p>All public-facing publications (and indeed all aimed for a substantial external or internal audience) are edited for plain English.</p> <p>We have undertaken a review of all FtP templates to ensure that they are in plain English. FtP template champions have been created and they have been trained in plain English. All standards and guidance produced this year has been or will be subject to a plain English review.</p>
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Corporate objective 6: We will improve the collection and use of our both own data and intelligence from other sources, and share what we know with other regulators and relevant partner organisations to improve public protection.

Activity	Status	Evidence from Q1
<p>Improve the quality and completeness of data available to enable evidence-based regulation.</p> <p><i>PSA Standard not met - Education and training 2</i></p>	G	<p>We are developing proposals around the organisation's business data governance.</p> <p>The Standards Development team has commenced work to develop an evidence framework to underpin our evaluation and review of our standards and guidance. The evidence framework will set out the available and proposed sources of evidence that may be of use in making decisions about standards and guidance revisions.</p>
<p>Build risk and intelligence capabilities, aligned with a research and evidence function, so that we can identify potential issues and risks to patients.</p> <p><i>PSA Standard not met - Education and training 2</i></p>	A	<p>The Executive Board discussed and approved a data strategy which will provide the basis for the initial work of the new intelligence function.</p> <p>We secured the resources to establish an intelligence function in the budget round and have held initial scoping discussions but we do not want to proceed to appointments until we are clear about our start up and ongoing needs.</p> <p>Risk intelligence handling in the Standards Development team has been incorporated into operational processes so that information from a variety of sources can be considered on an ongoing and annual basis. This enables us to respond to risks appropriately and plan the standards development cycle in response to emergent risks. This is embedded in the operational handbook for the Standards Development team, and will be supported by a work plan project due to be completed by November 2014.</p>
<p>Continue to develop a programme of collaborative work with other regulators and</p>	G	<p>The NMC wrote to all the systems regulators in early 2014 regarding implementing an information sharing protocol or something similar.</p> <p>The Strategy directorate continues to work with a number of regulators on implementing new or refreshing</p>

<p>organisations so that we can improve our joint working and intelligence-sharing arrangements to help identify and act on risks to patients.</p> <p><i>Francis action 3</i></p>		<p>current Memoranda of Understandings (MoU). A new MoU is nearing completion with the Trust Development Authority and the Disclosure and Barring Service. Discussions are ongoing with NHS Education Scotland. The refresh of the current Care Council Wales MoU is advanced, with minor changes expected to be made to the document. The Information Sharing Protocol with Care Quality Commission (CQC) is now complete.</p>
<p>Develop and deliver a robust evaluation model to support our understanding of the effects of our interventions and standards.</p>	<p>A</p>	<p>The new Research and Evidence Manager took up post in mid-May and has had some initial discussions about an evaluation framework but this work is not yet formally underway.</p>

GOAL 3: Services, systems and staff

Corporate objective 7: We will promote equality and diversity in carrying out our functions and in delivering our services as a regulator and as an employer.

Activity	Status	Evidence from Q1
<p>Implement a revised equality and diversity strategy across the organisation.</p>	<p>G</p>	<p>The first draft of the equality and diversity strategy has been developed, though there has been and will be an ongoing dependency on the development of the corporate strategy. The Director of Strategy is now in post and further work will be undertaken to ensure that internal and external stakeholders are involved in developing the equality and diversity strategy.</p>
<p>Improve our methods of collecting and analysing data about the diversity of nurses and midwives on our register and fitness to practise outcomes.</p>	<p>G</p>	<p>Online diversity data Work is ongoing to integrate the revised diversity questionnaire into the online registrations (NMC Online) system. The revised questionnaire aims to improve the method of collection and the quality of our diversity data. The questionnaire itself was completed last year and had been circulated externally for best practice views and also approved by the Executive Board. The integration element is continuing, though it has been recently overshadowed by the work to launch the online system and facilitate a smooth launch.</p>

		<p>Equality and diversity annual report 2013 - 2014</p> <p>Work to produce the equality and diversity annual report 2013-2014 was on track, with the report due to be presented to the Council at its July meeting. The report demonstrates our progress against our equality objectives 2013-2014, and includes FtP equality and diversity monitoring data about each of the equality groups who have undergone our FtP stages during 2013-2014.</p>
Analyse our activities, services and functions to see how they affect diverse groups.	G	<p>We have considered and analysed the equality and diversity implications when developing policies and procedures.</p> <p>Standards evaluation and development methodologies now take account of the impact of our standards across diverse groups. An FtP policy has been approved which confirms that an equality and diversity impact assessment is to be carried out when considering new additions or revisions to internal operational guidance and external guidance in FtP.</p> <p>We are currently performing equality analyses on three major projects:</p> <ul style="list-style-type: none"> • Registration fees • Overseas registration • The revalidation model.
Deliver quality services relevant to the needs of diverse groups and communities.	G	<p>We are working in partnership with the Business Disability Forum, a best practice organisation for disability related issues, to develop a reasonable adjustment policy. A project plan is currently being scoped to consider the costs, timeframe, staff engagement workshop and policy implementation methods.</p> <p>The purpose of the reasonable adjustment policy is to improve the quality of reasonable adjustments for staff and service users with disabilities. The scope of the policy plans to cover the functionalities of FtP procedures, handling complaints and procurement (facilities management).</p>
Ensure that our staff and partners are aware of their accountabilities and responsibilities in relation to equality and diversity.	G	<p>Equality and diversity training (face to face and online)</p> <p>Mandatory equality and diversity training has been included as part of the staff induction process. The Learning and Development team are currently reviewing the contents of both our equality and diversity face to face training course and online video. This is to ensure they both continue to meet the needs of the organisation.</p> <p>Revising the staff intranet webpages</p> <p>The staff intranet (iNet) webpages have been revised to remind and inform staff of our equality and diversity duties and the policies and procedures we have in place to promote an inclusive work environment.</p> <p>The revised webpages also inform staff about Equality and Diversity Steering Group activities and include meeting agendas and minutes.</p>

Continue to work in partnership with diverse groups and external diversity experts to inform our work.	G	<p>We are working in partnership with the Gender Identity Research and Education Society, a best practice organisation who focuses on trans-related issues, to develop a trans-policy. The trans-policy aims to provide a set of guidance to understand and prevent issues which may negatively impact on trans members of staff, nurses and midwives and service users.</p> <p>We recently joined membership with Race for Opportunity, a best practice organisation which focuses on race related issues. We intend to use their expertise to help us understand key issues which affect Black, Asian, Minority Ethnic (BAME) members of staff and service users.</p> <p>We are also working with the Equality Human Rights Commission, a best practice organisation which focuses on both human rights and diversity issues, to understand key issues that affect public bodies. We currently attend their quarterly meetings to share best practice ideas with other regulators (healthcare and non-healthcare), inspectorates and ombudsmen.</p>
Improve our governance processes to support the delivery of equality and inclusion.	G	The work of the Equality and Diversity Steering Group, comprising of 18 staff members, has assisted in the improvement of our governance processes. Members are involved in monitoring the organisation's progress against the equality objectives action plan for 2014-2015. They are also involved in gathering views on E&D opportunities and challenges within their own directorate, as well as wider E&D issues, for discussion at Group meetings.
Demonstrate a good reputation as a fair employer and regulator.	G	<p>We monitor progress against the equality objectives action plan 2014-2015. Quarterly meetings with each director are held to discuss assessment of our performance against the equality objectives action plan.</p> <p>An equality and diversity annual report has been drafted, which reports on our progress against the equality objectives action plan 2013-2014. The annual report, once approved by the Council, will be made available to the public both in English and Welsh.</p>

Corporate objective 8: We will develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions.

Activity	Status	Evidence from Q1
Set a budget and long-term financial plan that support business needs and achieve our reserves targets.	G	A budget for 2014-2015 and medium term financial plan for 2015-2017 were set and approved by the Council in March 2014. The latter two years are dependent on the outcome of the current fee consultation, the outcome of which will be decided in October 2014. The KPI for available free reserves to be restored to its minimum level of £10m by January 2016 remains on track.

<p>Achieve efficiency savings through improved contracts management and procurement practice.</p>	<p>G</p>	<p>A Corporate Efficiency Steering Group is overseeing the development and implementation of a value for money framework and setting and monitoring a programme of cost efficiencies. Efficiency savings are embedded in the budget for 2014-15 and will be reported upon quarterly. In addition, further procurement savings are being captured. Finally, we are developing a training programme for staff and managers in contract management and procurement practice.</p>
<p>Embed a culture of continuous learning and improvement which provides strong assurance and results in process improvements, risk reduction and efficiency savings.</p> <p><i>PSA intends to follow up effectiveness of our Quality Assurance</i></p>	<p>G</p>	<p>We have implemented the revised complaints policy and process and have started a programme of training for all managers which will be completed by the end of July 2014. The new policy and process focusses on learning and continuous improvement.</p> <p>We have implemented updates to the serious event review (SER) database and individual teams and directorates have made changes in light of issues that have been identified.</p> <p>We have revised the Assurance Map and reported this to the Audit Committee.</p> <p>All directorates are developing plans to meet the requirements of Outcome 1 of the organisation's Quality Assurance (QA) strategy.</p> <p>Terms of reference for the Risk Scrutiny Group were agreed by the Executive Board in April, as part of further strengthening our risk management. The Group's responsibilities include the consideration of risks identified through our SERs, QA reviews, internal audit and complaints processes and to ensure, through the Group's feedback, that directorates and the CMPB consider such risks.</p>
<p>Improve the experience of all our customers when they interact with us.</p> <p><i>PSA Standards not met – Registration 2 and FtP 7</i></p>	<p>G</p>	<p>Improvement work is ongoing in Registration (see update under objective 1) and FtP (see objective 3). Continued Practice has commenced a review of query handling in the directorate to provide improved customer service, increased accuracy of information provided to enquirers and also improved risk intelligence recording.</p> <p>As already mentioned under objective 7, we are developing a new policy about reasonable adjustments to help the organisation provide a better service to service-users with disabilities. In Q1 we undertook discussions and scoping of the project and have liaised with the Business Disability Forum about best practice. Discussions have involved key members of staff across customer facing teams. A draft policy will be developed by 2015.</p> <p>At its meeting in May the CMPB considered a proposal for development of a Customer Relationship Management (CRM) framework. It aims to bring together number of initiatives into a coordinated programme of work to deliver improvements to our engagement with our key stakeholders. The initial work will provide a roadmap setting out the key changes and cross programme dependencies required to deliver the improvements. This is a critical piece of work in transforming how we deliver services and has the potential to deliver a step change in stakeholder perception of the NMC and ultimately bring about processes efficiencies.</p>

<p>Ensure we are prepared for forthcoming legislative change.</p>	<p>A</p>	<p>We were disappointed at the government’s decision not to include the draft Law Commissions Bill, Regulation of health and social care professionals, in its final session of parliament. We are continuing to engage closely with the DH and other regulators in relation to the Law Commissions Bill and are continuing to press for it to be brought forward at the earliest opportunity. We are also looking at alternative options for legislative change, including future section 60 Orders.</p> <p>We have completed our consultation on our current section 60 Order and the amended Order is proceeding through the parliamentary process. This section 60 Order will give us the legislative ability to introduce Case Examiners in Fitness to Practise and make other process improvements. We are awaiting the analysis of consultation responses in relation to the rule amendments and these amendments will be considered by Council in December, once the amended Order has come into force.</p> <p>Recruitment for specialist legislation and policy lawyers in FtP and Registration.</p>
<p>Redefine our Change programme to be one of transformation supporting our emerging corporate strategy.</p>	<p>G</p>	<p>We have commissioned an independent review to assess our progress against the Strategic Review recommendations made by the Professional Standards Authority (PSA) in 2012. The PSA said that it would expect to see demonstrable improvements after two years. The review is now underway and is intended to provide an objective assessment of what has been achieved so far and how we can continue to improve further in the future.</p> <p>We are continuing to develop our change programme to support our emerging corporate strategy. The Change Management and Portfolio Board discuss this on a monthly basis at its meeting. The board has agreed to move towards a model which is thematic rather than based per directorate. We await the Council’s approval of the corporate strategy with a view to moving towards a new programme structure in Q3 of this year.</p>
<p>Continue to improve our information technology, security and governance arrangements.</p> <p><i>PSA Standards not met – FtP 10 and Registration 3 (CMS/Wiser)</i></p>	<p>A</p>	<p>We continue to work through our information security programme in line with the ISO 27001 framework. We have now implemented 36 of 51 high priority recommendations with the remainder due to be implemented by March 2015. An Executive ICT Board with external specialist input continues to meet to develop detailed plans for the next phase of ICT development, in line with the Council’s approved direction of travel.</p> <p>The amber rating is because we are still experiencing a number of breaches, including those reportable to the Information Commissioner’s Office (ICO). We still need to address the 15 remaining high priority actions from the Information Security Improvement Plan, and this will happen by March. The Information Governance and Security Board reviews progress against the plan and the risk profile and at the last meeting in June, it agreed to maintain the risk as high risk on the corporate risk register. The amber rating is also a realistic measure of progress against our plan.</p>

Develop our capacity regarding business analysis and project management.	G	<p>The Programme Management Office has developed a central pool of project management resources. We have recruited a project manager who was developed and trained internally to support projects within the Registration directorate. We recently recruited two more project managers to work on the FtP Improvement programme and Revalidation programme.</p> <p>We continue to deliver internal project management training to staff who are interested in project management or are/will be working on projects. In addition, we continue to host monthly project and programme management forums which bring all project and programme managers together to share best practice and discuss and understand cross project dependencies, risks and issues.</p> <p>We are developing a process for embedding learning from project working. We have made changes to our framework, guidance and templates to incorporate recommendations from serious event reviews and have amended our training material to focus on some of the key lessons learnt from projects.</p>
Manage the transition of our hearings facility at Old Bailey to new accommodation.	G	We are at the final stage of negotiations to secure a lease on premises in Stratford to replace and expand the Old Bailey facility. Designs have been approved, tenders for works are in hand and a project team is in place to oversee the transition. The project remains on track to complete by November 2014.

Corporate objective 9: We will build an open culture which engages and empowers staff to perform to their best and which encourages learning and improvement.

Activity	Status	Evidence from Q1
Implement effective workforce planning, demonstrating a proactive and longer term approach to decision making and resource planning.	G	<p>We now have better workforce intelligence, as evidenced by annual and quarterly workforce reporting and online real-time information for managers. HR now meets with directors and assistant directors to discuss workforce needs and skills.</p> <p>A review of our long term accommodation needs will also align closely to workforce planning.</p>
Improve performance management by implementing a new appraisal system.	G	A new online appraisal system was implemented from 1 April 2014 with staff input into its design. It enables better management reporting and compliance monitoring and its content includes behaviours as a mandatory element for the first time.

Further develop career progression pathways, a rewards system and our market position as an employer.	A	Phase 1 of the Pay and Grading review is complete and included a revised rewards system. It also introduced job families for grouping roles that may form the basis of skill development and cover progression. Job family heads are developing career progression routes. Although these mechanisms are in place for developing career progression routes, they are yet to demonstrate effectiveness. Phase 2 of the pay and grading review has not yet started but is set for 2014-2015, and it will better address the NMC's market position.
Develop clear alignment between our workforce skills and behaviours and our emerging corporate strategy and transformation work.	G	Our Behaviours Framework has been incorporated into the setting of personal objectives for staff for 2014-2015, so staff will be judged against both outcomes and behaviours in their annual performance review. Workforce Planning considerations were included in the 2014-2017 business planning process in terms of capacity and skill capability. Work on business capabilities was completed in 2013 and will be reviewed in line with the emerging corporate strategy.
Foster a culture of openness in which staff feel able to raise concerns so we can learn from our mistakes.	G	We have implemented updates to the serious event review (SER) database and individual teams and directorates have made changes in light of issues that have been identified. There have been nearly 150 serious events and adverse incidents reported by staff in the period 1 January – 30 June 2014, which are then followed up by management. This shows an increasing preparedness to raise issues as part of our continuing improvement programme.
Conduct an annual staff survey, learn from what staff say and implement improvements in response.	G	The 2014 staff survey was completed in June. The outcomes of the survey are to be fed back to directors in July and then cascaded throughout the organisation. Initial high level feedback shows a marked improvement in staff satisfaction over the previous year. An action plan to address the detailed findings will be prepared over the summer.

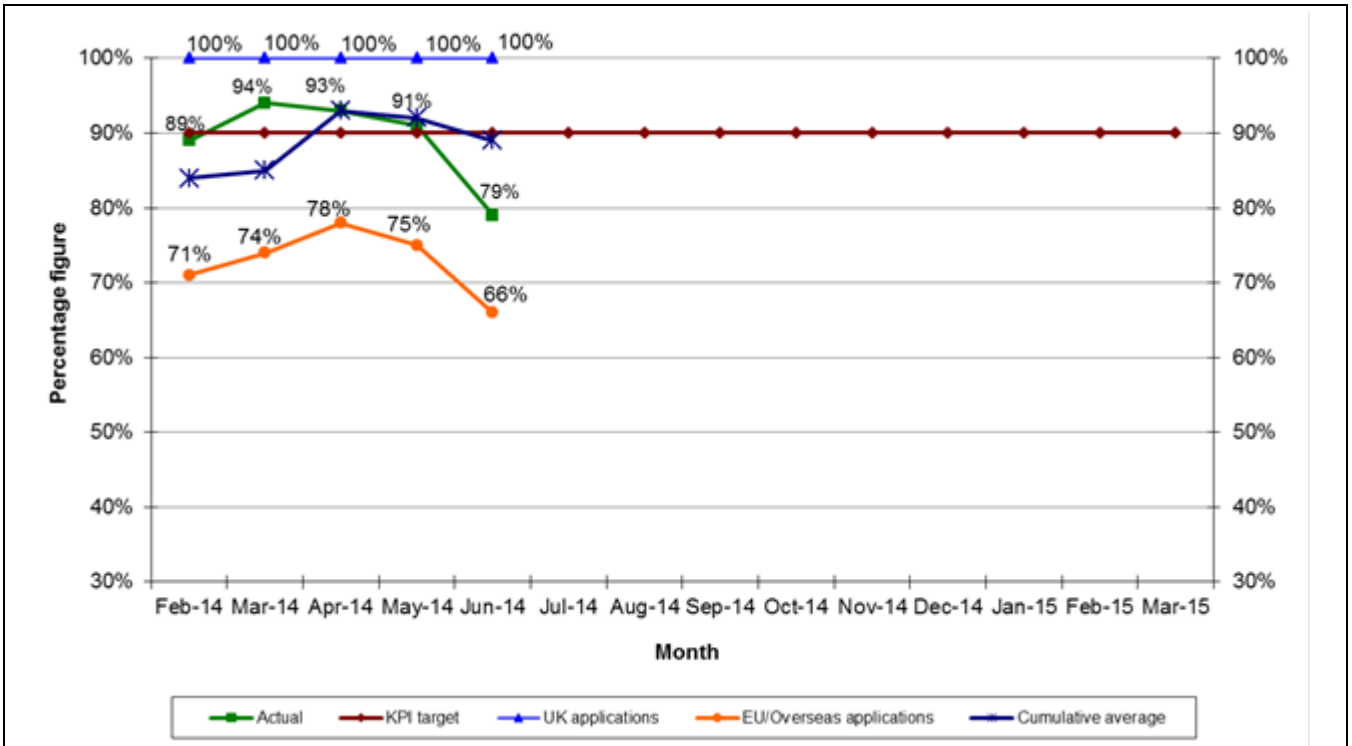
Annexe 2

Progress against our key performance indicators (KPIs)

All targets subject to Council approval

This report is based on information as at 30 June 2014.

KPI 1						
Percentage of registration applications completed within 90 days						
Rationale:	<p>In the short term we are able to measure receipt of completed initial paperwork through to entry to the register. Over time we will refine this to enable us to isolate NMC processing time and a separate record of time with the applicant.</p> <p>Relates to increased efficiency in Registration and improved customer service / communication. <i>(PSA standard not met – Registration 2)</i></p>					
Definition:	<p>The KPI will measure the time elapsed between receipt by the NMC of a new application and where appropriate the applicant joins the register. Ultimately we hope to develop reporting to include processing time (based on “stopping the clock” when information or decisions are required from the applicant for any reason).</p>					
<p>Corporate goal 1, objective 1 We will protect the public’s health and wellbeing by keeping an accessible accurate register of all nurses and midwives who meet the requirements for registration and who are required to demonstrate that they continue to be fit to practise.</p>						
			Current performance		Year end (March 2015)	
Historical figure (Average for the year 2013-14)	April 2014	May 2014	June 2014	Year to date cumulative average	Year end average forecast	Year end average target
85%	93%	91%	79%	88%	90% (Green)	90%
<p>RAG rating: Year end average forecast vs. Year end average target. Year end average forecast is based on the average of monthly forecast figures.</p> <p>Red/Amber/Green rating: Based on 10% variance threshold. Green = figure matches or is higher than the target figure of 90%. Amber = figure is between 80-89%. Red = figure is 79% or lower.</p>						
Graphical information and commentary:						



Graph includes data for February and March 2014, for comparison with the year to date.

The cumulative average line reflects two report periods. The figures for February and March are a continuation from the rest of 2013-2014. The cumulative averages from April onwards are reset as of April, to reflect the year to date only.

June 2014 saw a reduction in our performance in relation to processing within 90 days. This is partly due to the seasonal patterns that determine the blend of cases – June and July are traditionally relatively quiet months for UK registration activity and therefore the overall performance is more heavily influenced by the EU/overseas processing times. It is also the result of some staff turnover in the international team resulting in temporary gaps while recruitment takes effect. This drop in EU/overseas performance from 75% in May to 66% in June has led to a reduction for the overall combined performance from 91% in May to 79% in June. These issues are being addressed by current recruitment action and we therefore forecast a return to the target performance levels for this KPI in August 2014. We continued to process UK registrations promptly, registering 99.7% within 7 days.

KPI 2

Percentage of interim orders (IOs) imposed within 28 days of receipt of referral

Rationale: We aim to protect the public in the most serious cases by applying restrictions to a nurse or midwife's practice as quickly as possible after the need is identified.
(PSA standard inconsistently met – FtP 4)

Definition: Percentage of interim orders imposed within 28 days of the referral received date.

Corporate goal 1, objective 3

We will take swift and fair action to deal with individuals whose integrity or ability to provide safe care is questioned, so that the public can have confidence in the quality and standards of care provided by nurses and midwives.

			Current performance		Year end (March 2015)	
Historical figure (Average for the year 2013-14)	April 2014	May 2014	June 2014	Year to date cumulative average	Year end average forecast	Year end average target
84%	94%	95%	93%	94%	80% (Green)	80%

RAG rating: Year end average forecast vs. Year end average target

Red/Amber/Green rating:

Based on 10% variance threshold.

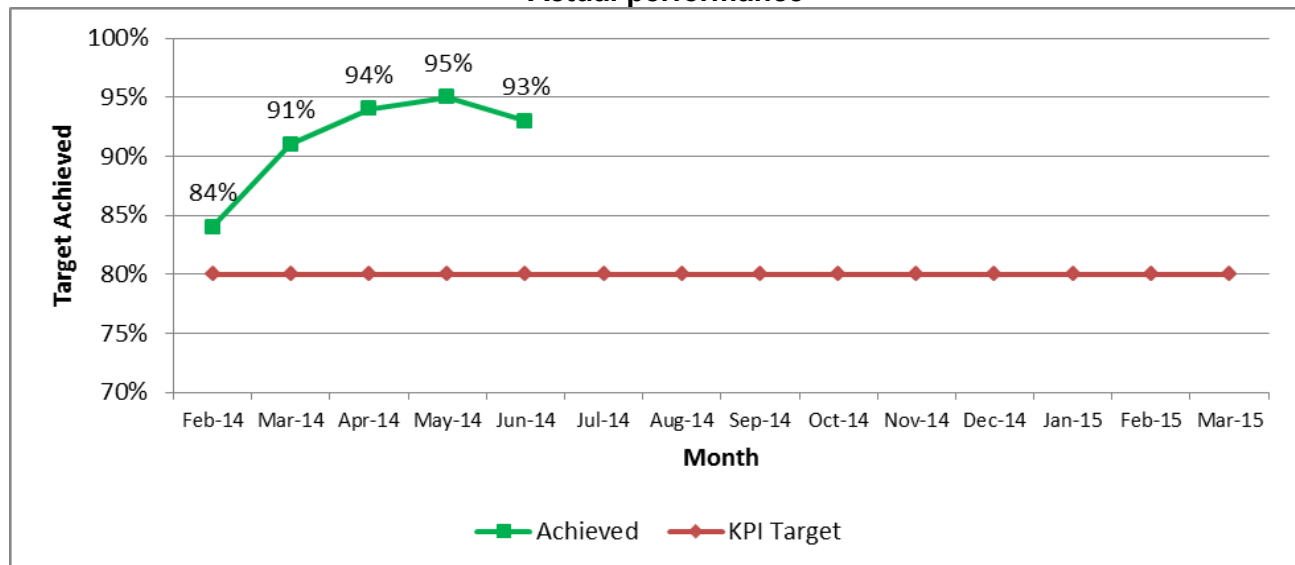
Green = figure matches or is higher than the target figure.

Amber = figure is between 70-79.9%.

Red = figure is 69.9% or lower.

Graphical information and commentary:

Actual performance



Graph includes data for February and March 2014, for comparison with the year to date.

Performance in June was consistent with what has been achieved in recent months. The average time taken to impose an IO was 26 days. The longest and shortest times taken were 56 and 12 days respectively.

KPI 3

Percentage of cases progressed through the investigation stage within 12 months

Rationale:	We aim to screen and investigate referrals within 12 months. We have a responsibility to balance the need for a swift decision on whether to refer the case for a substantive decision with the need for a proportionately thorough investigation. <i>(PSA standard not met – FtP 6)</i>
Definition:	The percentage of investigations which have been completed within 12 months of the referral received date.

Corporate goal 1, objective 3

We will take swift and fair action to deal with individuals whose integrity or ability to provide safe care is questioned, so that the public can have confidence in the quality and standards of care provided by nurses and midwives.

			Current performance		Year end (March 2015)	
Historical spot figure (March 2014)	April 2014	May 2014	June 2014	Year to date cumulative average	March 2015 current forecast	Year end average target
87%	89%	93%	93%	92%	90% (Green)	90%

RAG rating: current forecast vs. March 2015 target

Red/Amber/Green rating:

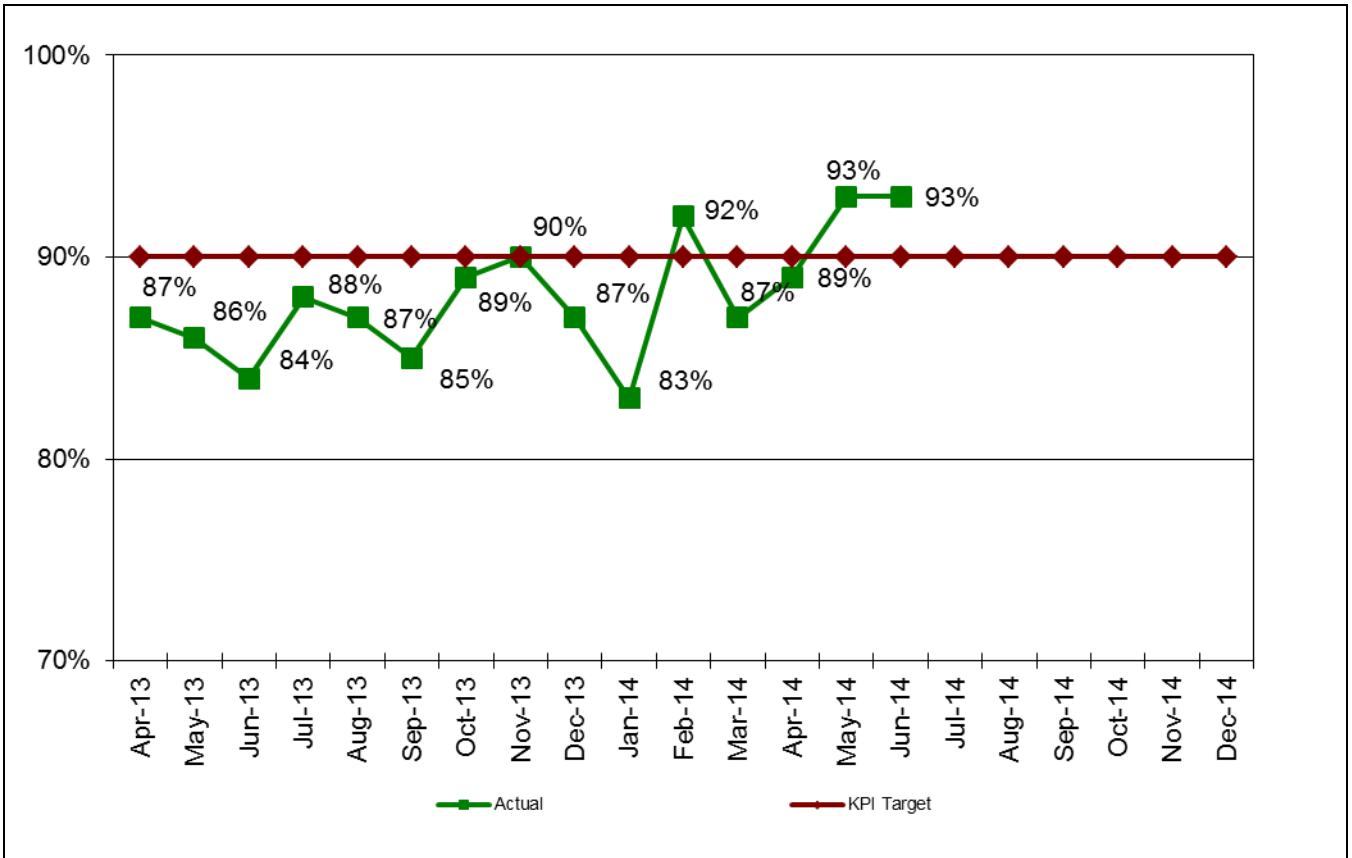
Based on 10% variance threshold.

Green = figure matches or is higher than the target figure.

Amber = figure is between 80-89%.

Red = figure is 79% or lower.

Graphical information and commentary:



The KPI target was exceeded for a second consecutive month. This is positive and shows what is achievable but should be viewed in context of the investigation caseload. Cases which have missed the KPI will be scheduled over the coming months and will dilute performance to some extent. It is better to schedule cases for a decision as soon as possible so some months may see more of an impact on KPI performance than others.

KPI 4

Percentage of cases progressed through the adjudication stage to the first day of a hearing or meeting within 6 months

Rationale:	When the investigating committee decides that there is a case to answer we have a responsibility to put it to a substantive committee as swiftly as possible. (PSA standard not met – FtP 6)
Definition:	The percentage of cases which have reached their first day of a hearing or meeting within six months of referral from the investigating committee.

Corporate goal 1, objective 3

We will take swift and fair action to deal with individuals whose integrity or ability to provide safe care is questioned, so that the public can have confidence in the quality and standards of care provided by nurses and midwives.

			Current performance		December 2014		March 2015
Historical figure (Average for the year 2013-14)	April 2014	May 2014	June 2014	June 2014 profile*	December 2014 current forecast	December 2014 target**	March 2014 target***
31%	31%	37%	40%	55%	90% (Green)	90%	90%

RAG rating: current forecast vs. Dec 2014 target

* Profile is the forecast frozen at July 2013

** Target is a spot target

***Target we are aiming for at the end of this year.

Red/Amber/Green rating:

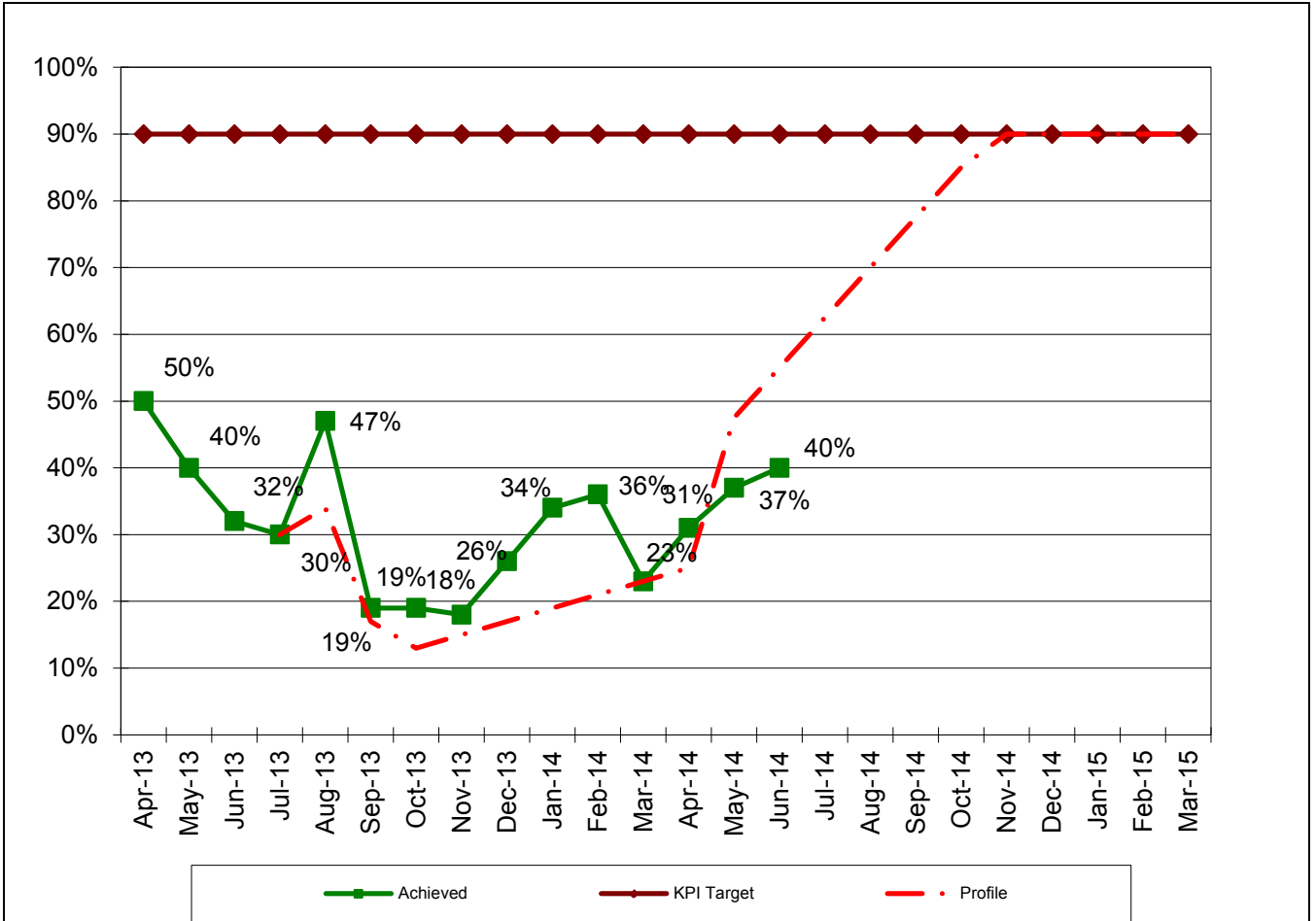
Based on 10% variance threshold.

Green = figure matches or is higher than the December 2014 target figure of 90%.

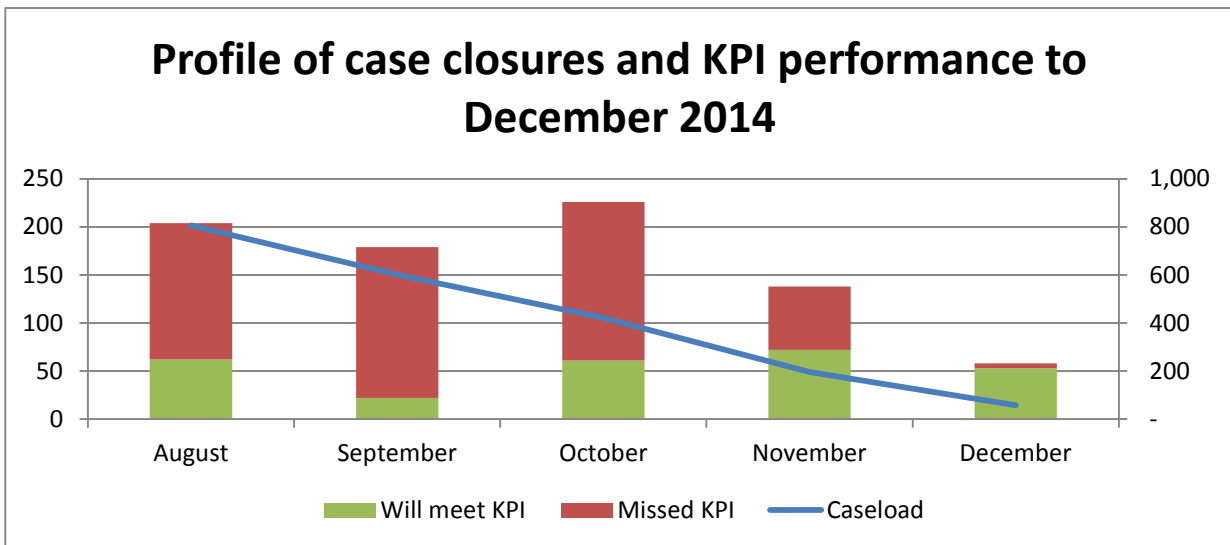
Amber = figure is between 80-89%.

Red = figure is 79% or lower.

Graphical information:



Performance in June continued the recent upward trend but is tracking below the profile put forward last year. We now have a clear picture of the caseload which needs to be cleared by December and have forecast when each case will be heard. A profile of when we aim to close the cases, whether following a full hearing or by an alternative disposal, is shown in the graph below. The caseload line shows a steady reduction through to December, after which we should have only current cases to schedule. The mix of cases which have missed the KPI and recent referrals to adjudication will cause KPI performance to vary over the months before we see consistent performance in the new year.



KPI 5

Available free reserves

Rationale:	<p>The NMC's budget and financial strategy is predicated on a gradual restoration of minimum available free reserves to a minimum target level of £10 million by January 2016. This KPI measures how close we are to our plan for achieving this target.</p> <p>This KPI also demonstrates delivery against meeting the target for available free reserves as agreed with the Department of Health.</p>
Definition:	The level of available free reserves at month end compared with budgeted available free reserves at that month end.

Corporate goal 3, objective 8

We will develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions.

			Current performance		Year end (March 2015)	
Historical figure (March 2014)	April 2014	May 2014	June 2014	June 2014 budget*	March 2015 current forecast	March 2015 budget*
£7.6m	£8.7m	£9.5m	£9.8m	£7.6m	£7.5m (Green)	£7.5m

RAG rating: current forecast vs. March 2015 budget

* As adjusted for restatement of opening balance sheet, subject to final clearance of year end audit

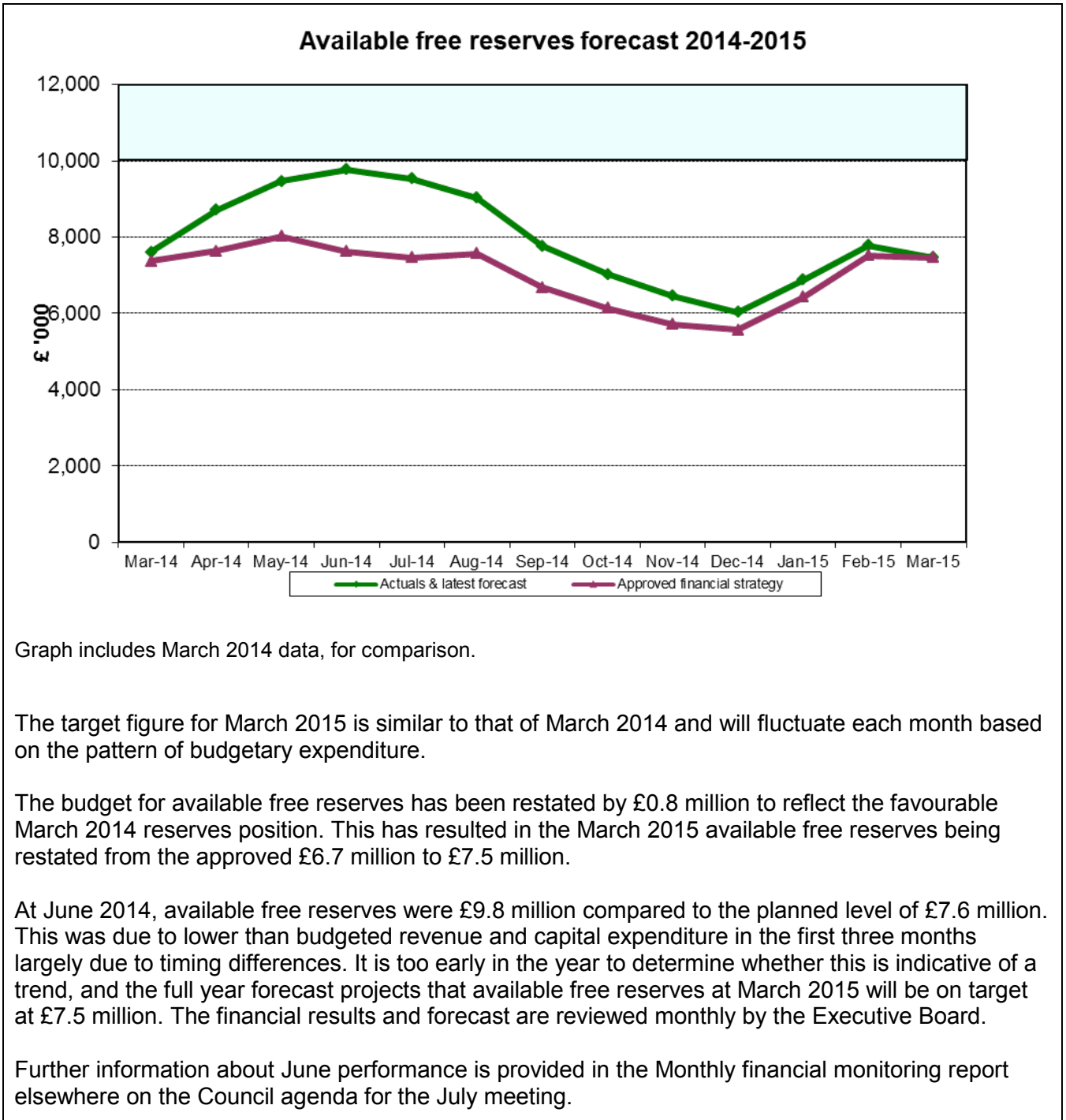
Red/Amber/Green rating:

Green = the figure matches or is above the target figure.

Amber = within 5% of the target figure.

Red = greater than 5% of the target figure.

Graphical information and commentary:



KPI 6

Staff turnover rate

Rationale:	<p>The level of staff turnover has been consistently high and represents a high risk and cost to the NMC and an indicator of a sub-optimal organisational culture.</p> <p>A number of initiatives included within the Human Resources and Organisational Development Strategy are aimed at retaining staff, hence this KPI being a key measure of the effectiveness of that strategy.</p>
Definition:	<p><u>Sum of permanent leavers in last 12 months</u> Average number of permanent staff in post in last 12 months</p>

Corporate goal 3, objective 9

We will build an open culture which engages and empowers staff to perform to their best and which encourages learning and improvement.

			Current performance		Year end (March 2015)	
Historical figure (as at March 2014)	April 2014	May 2014	June 2014	June 2014 profile*	March 2015 current forecast***	March 2015 target**
26.3%	25.6%	25.2%	24.8%	24.6%	22.2% (Green)	22.2%

RAG rating: current forecast vs. March 2015 target.

* June profile here is based on the forecast from April 2014

** Target is a spot target representing a rolling 12 month average based on July re-evaluated profile

***Current forecast for March 2015 is based on July re-evaluated profile

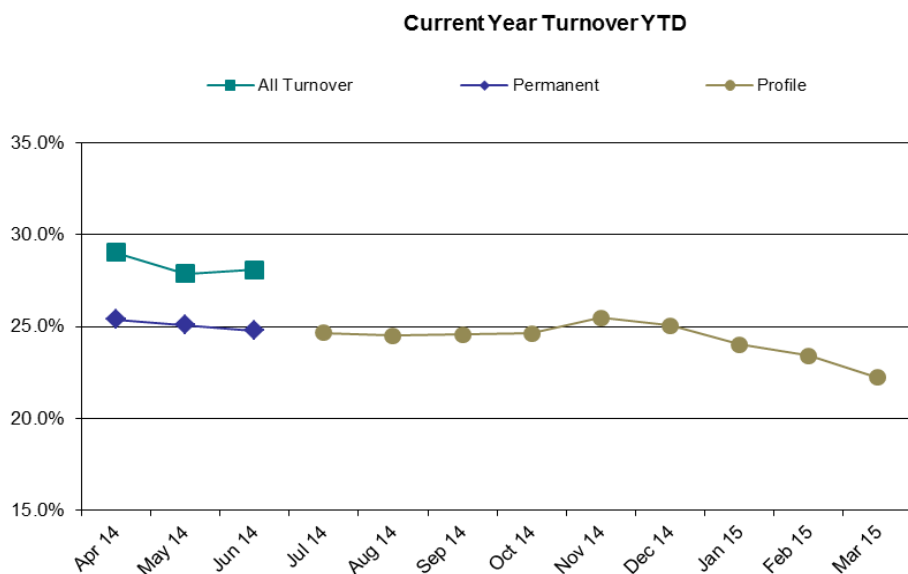
Red/Amber/Green rating:

Green = the figure matches or is below the target figure.

Amber = within 1% of the target figure.

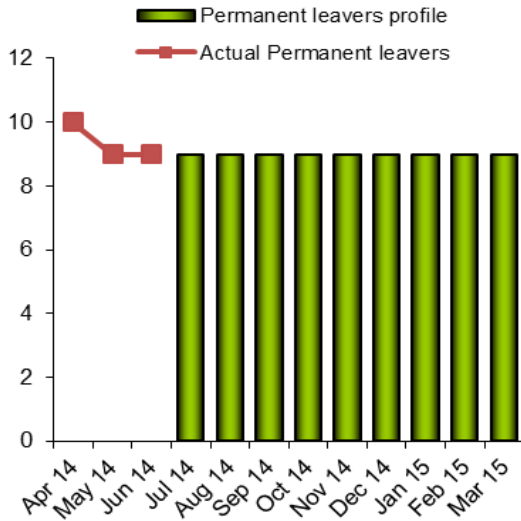
Red = where there is a difference of greater than 1% of the target figure.

Graphical information and commentary:



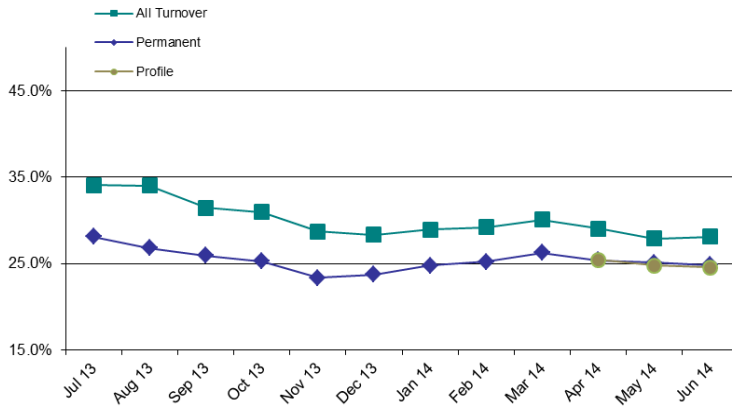
Profile was re-evaluated in July 2014 and takes into account progress during first quarter

Leavers



Permanent leavers for July onwards were profiled in July 2014 based on average of actual leavers in first quarter.

12 month rolling Turnover



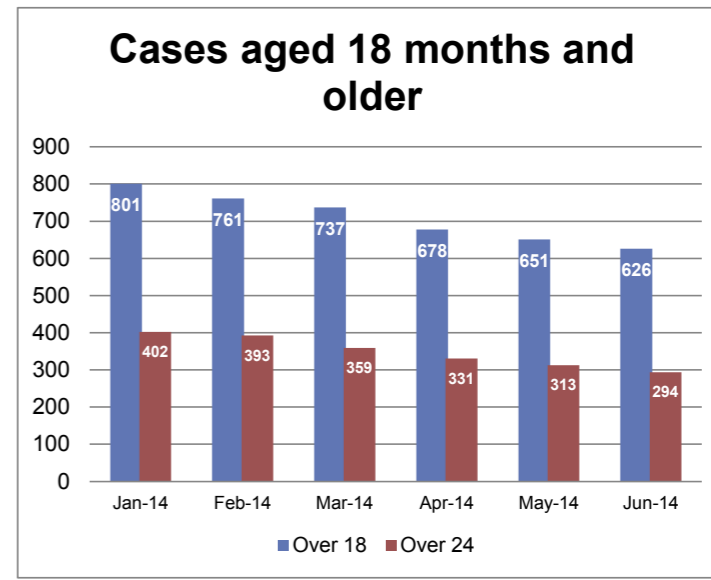
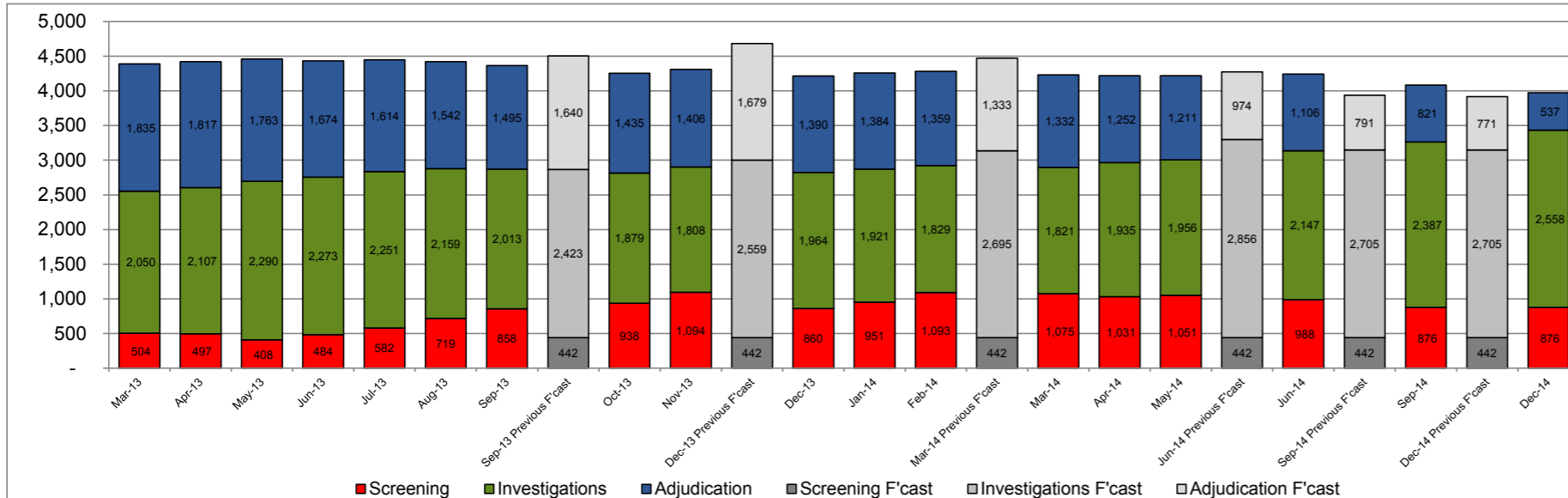
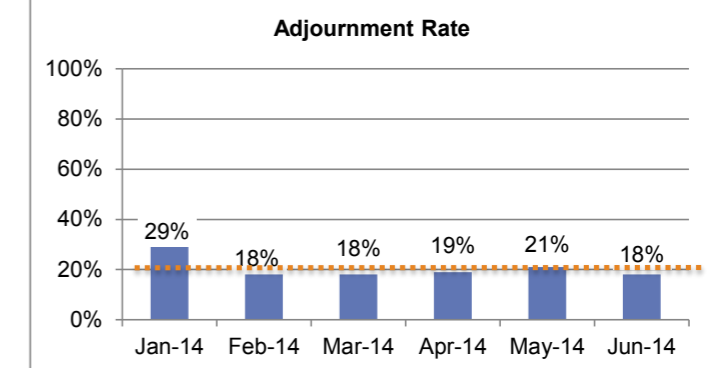
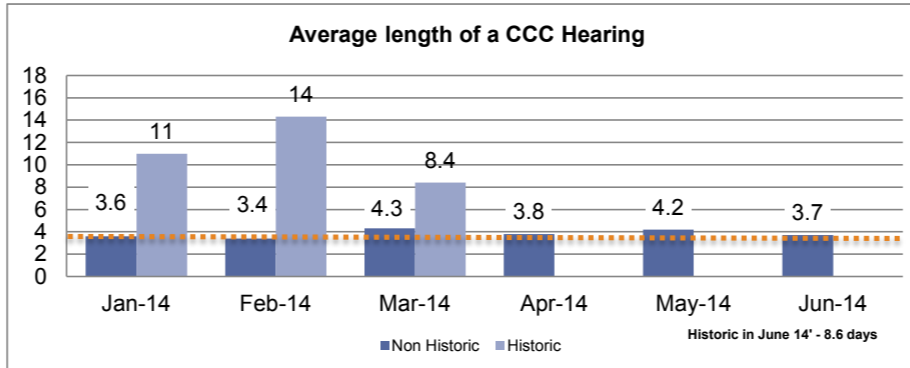
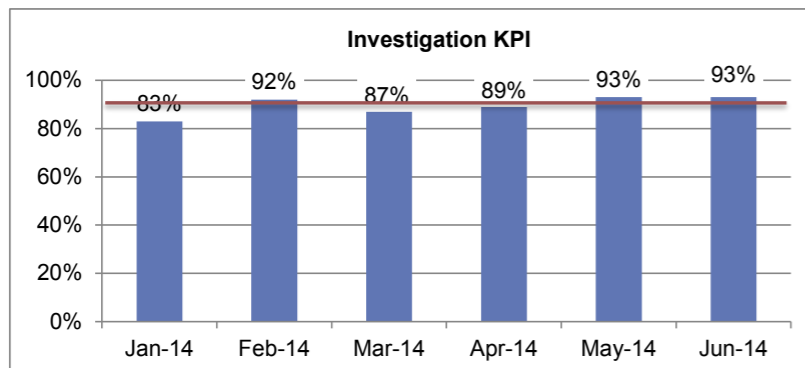
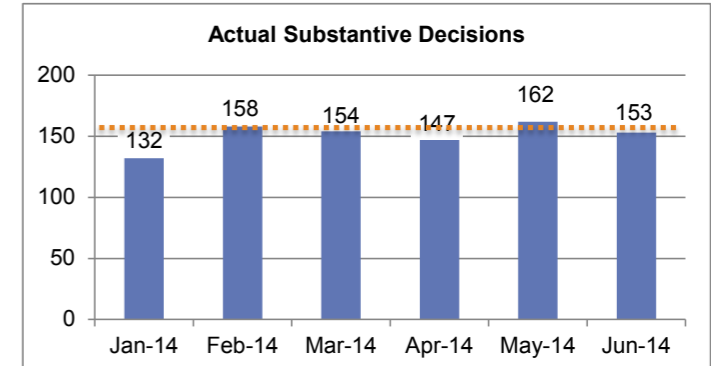
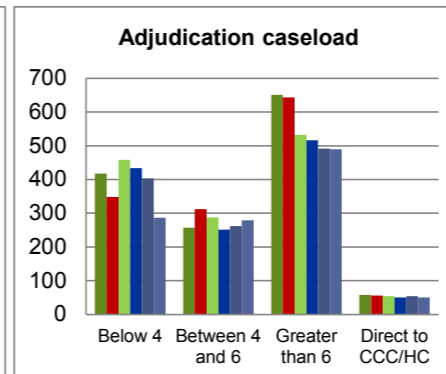
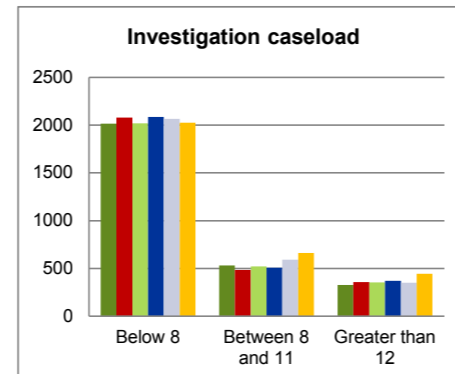
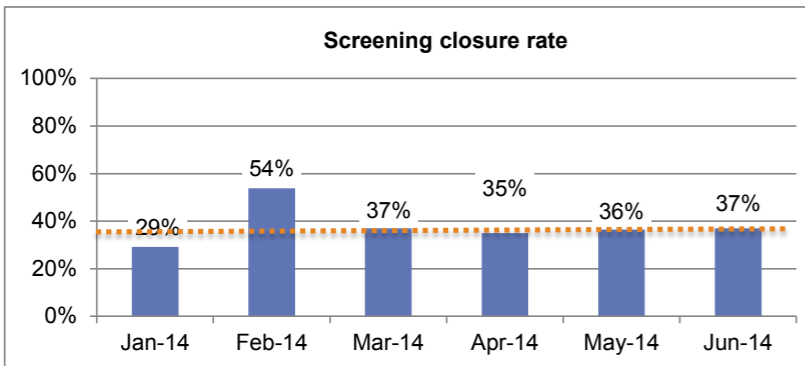
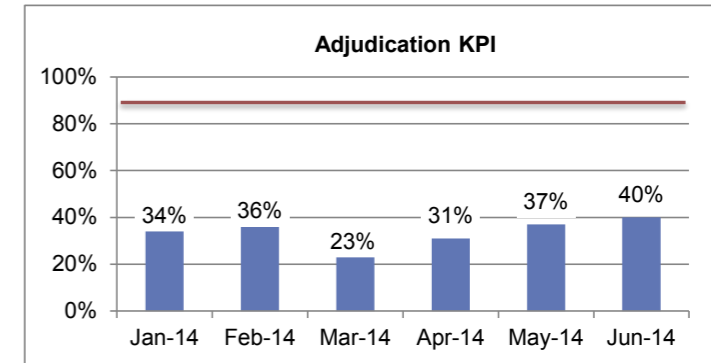
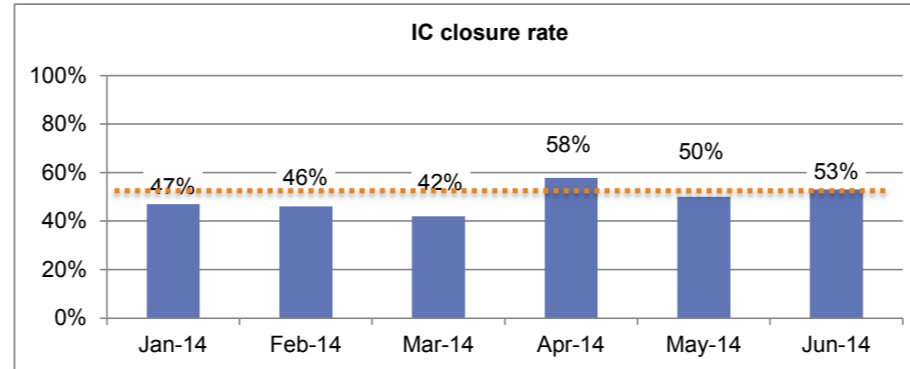
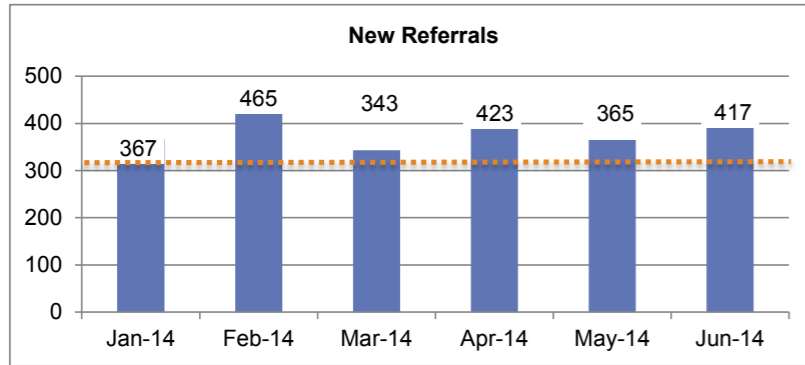
For reference, this graph shows all and permanent turnover for the last 12 months, including the profile for the year to date.

For the third month running, the trend in permanent annualised turnover figure has continued to decrease. In reviewing the reasons for staff leaving, two out of the nine leavers in June were due to visas ending and the remainder provided the reason of career progression.

The target of 22.2% and leavers information presented here are based on the re-evaluated July profile that we recommend the Council to use going forward. This recommendation is set out in the separate Corporate KPIs report, found elsewhere on the Council agenda.

FtP Performance for January to June 2014

12 month average



HR & OD

Year-End Report

2013-14



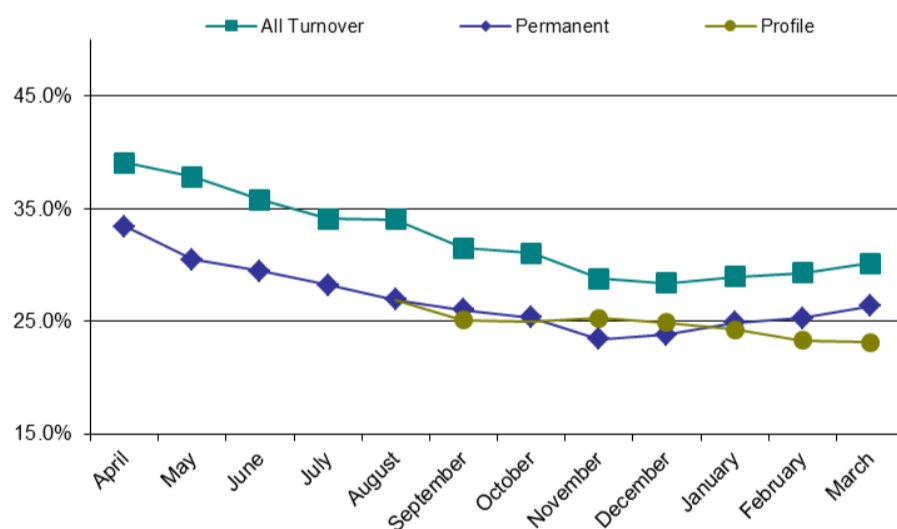
Staff in Post

Directorate	Staff in Post April 2013			Staff in Post March 2014		
	Fixed Term	Permanent	All	Fixed Term	Permanent	All
Fitness to Practise	32	265	297	35	275	310
Corporate Services	1	75	76	9	71	80
Registration	6	50	56	8	50	58
Corporate Governance	3	33	36	1	33	34
Continued Practice	0	16	16	6	15	21
Office of the Chair and Chief Executive	1	10	11	1	12	13
Total	43	449	492	60	456	516

Turnover commentary

During the year a general downward trend in turnover occurred, however due to an increase in leavers in the last quarter, the actual turnover figure was above the year-end target ending at 26.3%. Across the year, the turnover figure reduced by 21%. In reviewing the turnover by Directorate, Continued Practice is the second smallest Directorate with the highest turnover rate for permanent staff, followed by the largest Directorate, Fitness to Practise with both being above the NMC year-end turnover rate. All other Directorates sit below the NMC year-end figure with OCCE having no permanent leavers throughout the whole year.

Current Year Turnover



Turnover by Directorate

Directorate	Turnover (Permanent Only)
Continued Practice	33.3%
Fitness to Practise	27.3%
Corporate Services	25.3%
Corporate Governance	20.6%
Registration	18.4%
Office of the Chair and Chief Executive	0.0%

Leavers Commentary

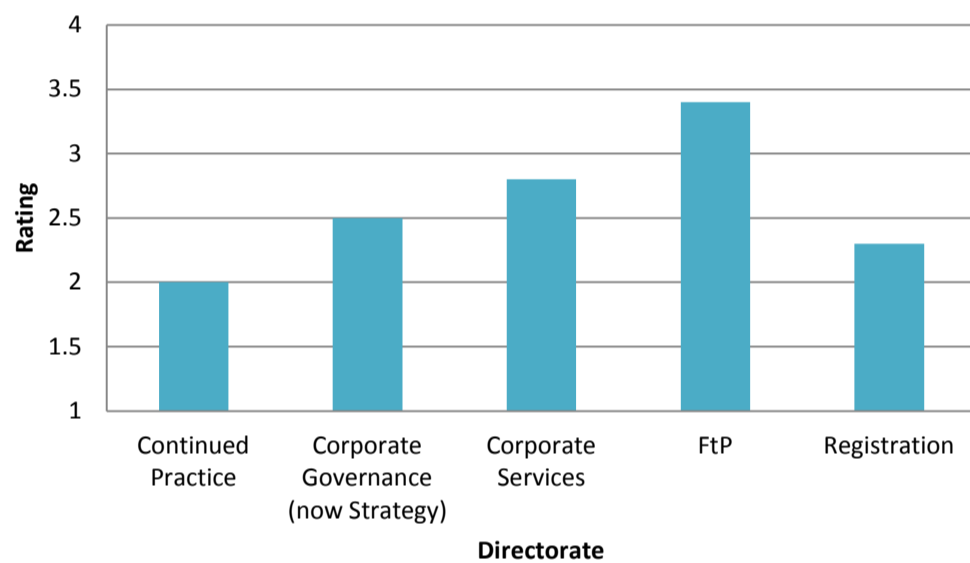
It is apparent from the analysis of exit interviews that the most common reason for leaving is career progression. Another common reason was due to leaving the country for visa reasons. It should be noted that out of the 115 leavers, 77% completed the online exit interview via the HR system hence the high proportion of 'prefer not to answer'. This part of the exit interview consists of 5 categories (overall experience, pay, manager, development and other benefits) in which leavers are asked to rate out of 5 (1=Poor, 5=Excellent). Fitness to practise rated the overall experience of the NMC as the highest but rated pay as below average. Continued Practice had the average lowest rating for overall experience however rated pay significantly higher than the other directorates. Pay, development and benefits were the categories that got the lowest ratings however it should be taken into consideration that the outcome of the pay and grading was implemented in the last quarter and therefore the majority of leavers were before this took place and improvements were seen.

Common reasons for leaving (permanent leavers)

Reason for leaving	% of 115 leavers
Career Progression	40%
Prefer not to answer	23%
Visa reasons	20%
Termination mutual	3%
Health	3%
Other	11%
Total	100.0%

* See Annex A. for more analysis on leavers, broken down by directorate.

Overall Experience Rating



* (1= Poor, 5=Excellent)

* See Annex B. for more detailed exit interview ratings

Employee relations

Cases dealt with in year	Number
Disciplinary	5
Grievance	10
Failed Probation	2
Capability	1
Total	

Sickness Commentary

Overall sickness absence per head has reduced from 6.6 days to 6.1 days during the last year which has brought us very close to our 6 day target and below both the industry average of 8.1 days and the national average of 7.6 days. Corporate Governance and Registration are above average for sickness. Absences are managed through back to work interviews and for longer term cases, via occupational health advice.

Sickness absence by directorate

Directorate	Average days per head in last 12 months	Instances per head in last 12 months	% long term (2 weeks or more)
Registration	10.0	2.6	46%
Corporate Governance	8.3	1.9	67%
Corporate Services	5.9	2.1	47%
Fitness to Practise	5.3	2.4	27%
Continued Practice	4.2	1.9	29%
Office of the Chair and Chief Executive	3.8	1.0	66%
Total	6.1	2.3	38%

Recruitment commentary

Resourcing activity was extremely high across 2013-2014 which was due to a combination of high staff turnover and the growth in established posts which is evidenced by the increase in staff in post on Page 1. The route for the majority of recruitment campaigns was to advertise externally initially on the NMC website and other job boards where there was an overall 80% success rate in filling first time. The 20% of roles that were filled on a second attempt were specialist post which required additional recruitment agencies' support. Others weren't filled first time due to there being several vacancies for the same role, of which not all were filled first time. In these situations, a second round of external recruitment took place.

Recruitment campaigns during year

Directorate	Number of campaigns	% of total
Filled first time	106.0	80%
Filled at second attempt	26.0	20%
Total	132.0	100%

Training commentary

During the year 416 learning events took place and attendance levels remained high at 93%. With the upgrade of the new Windows and Office in IT taking place this year, a large amount of training activity took place in Quarter 3 bringing the overall numbers up. Information security compliance continues to improve and has reached 90% compliance.

Training in year

Directorate	No. of events held
External	7.0
Internal	409.0
Total	416.0
Attendance Rate %	93%

Diversity commentary

Black and minority ethnic groups account for 36% of the NMC's workforce, in line with the proportion of the Greater London economically active population (35% in Sep 2013). The NMC has a relatively young workforce with 76% being aged under 40 years old.

Diversity across the NMC

Belief	%	Ethnicity	%	Age	%
Buddhist	1	Asian	13	<20	0
Christian	38	Black	16	20-29	36
Hindu	5	Mixed	5	30-39	40
Jewish	1	Other	2	40-49	14
Muslim	4	White	61	50-59	9
Sikh	1	Unknown	3	60+	1
Other	0				
None	31				
Unknown	19				

Sexuality	%	Disability	%	Gender	%
Bisexual	0	Disabled	2	Female	64
Gay Man	4	Not disabled	90	Male	36
Gay Woman/Lesbian	1	Unknown	8		
Heterosexual	88				
Other	0				
Unknown	7				

Annex A.

Common reasons for leaving by Directorate (permanent leavers)

Continued Practice- Reasons for leaving	% of 5 leavers
Other	60%
Prefer not to answer	20%
Visa reasons	20%
Total	100.0%

Corp Governance- Reasons for leaving	% of 7 leavers
Prefer not to answer	43%
Career Progression	29%
Other	28%
Total	100.0%

Corp Services- Reasons for leaving	% of 19 leavers
Career Progression	53%
Prefer not to answer	26%
Visa reasons	11%
Other	10%
Total	100.0%

FtP- Reasons for leaving	% of 75 leavers
Career Progression	41%
Visa reasons	27%
Prefer not to answer	17%
Health	3%
Other	12%
Total	100.0%

Registration- Reasons for leaving	% of 9 leavers
Prefer not to answer	44%
Career Progression	33%
Health	12%
Other	12%
Total	100.0%

N.B. 'Other' can include reasons such as 'retirement' or 'work related issues' which would be recorded in face-to-face exit interviews, if requested by the leaver.

Age of leavers by Directorate (permanent leavers)

Continued Practice- Age of leavers	% of 5 leavers
50-59	60%
19-29	20%
30-39	20%
Total	100.0%

Corp Governance- Age of leavers	% of 7 leavers
30-39	29%
40-49	29%
50-59	29%
60+	14%
Total	100.0%

Corp Services- Age of leavers	% of 19 leavers
30-39	63%
40-49	26%
19-29	5%
60+	5%
Total	100.0%

FtP- Age of leavers	% of 75 leavers
19-29	59%
30-39	28%
40-49	5%
50-59	5%
60+	3%
Total	100.0%

Registration- Age of leavers	% of 9 leavers
30-39	56%
19-29	44%
Total	100.0%

Ethnicity of leavers by Directorate (permanent leavers)

Cont Practice- Ethnicity of leavers	% of 5 leavers
White	60%
Asian or Asian British	20%
Black / African / Caribbean / Black British	20%
Total	100.0%

Corp Governance- Ethnicity of leavers	% of 7 leavers
White	100%
Total	100.0%

Corp Services- Ethnicity of leavers	% of 19 leavers
White	53%
Black / African / Caribbean / Black British	26%
Asian or Asian British	16%
Mixed / Multiple Ethnic Groups	5%
Total	100.0%

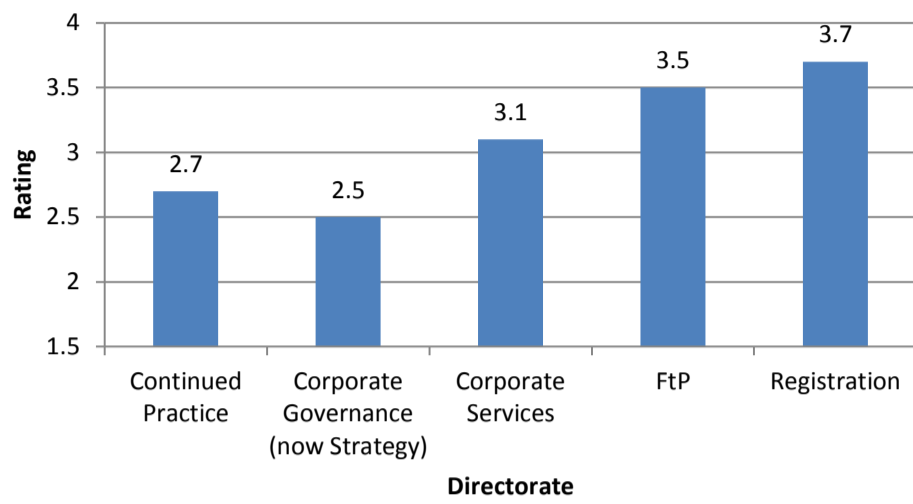
FtP- Ethnicity of leavers	% of 75 leavers
White	64%
Black / African / Caribbean / Black British	17%
Asian or Asian British	7%
Prefer Not to Answer	7%
Mixed / Multiple Ethnic Groups	5%
Total	100.0%

Registration- Ethnicity of leavers	% of 9 leavers
White	67%
Black / African / Caribbean / Black British	22%
Asian or Asian British	11%
Total	100.0%

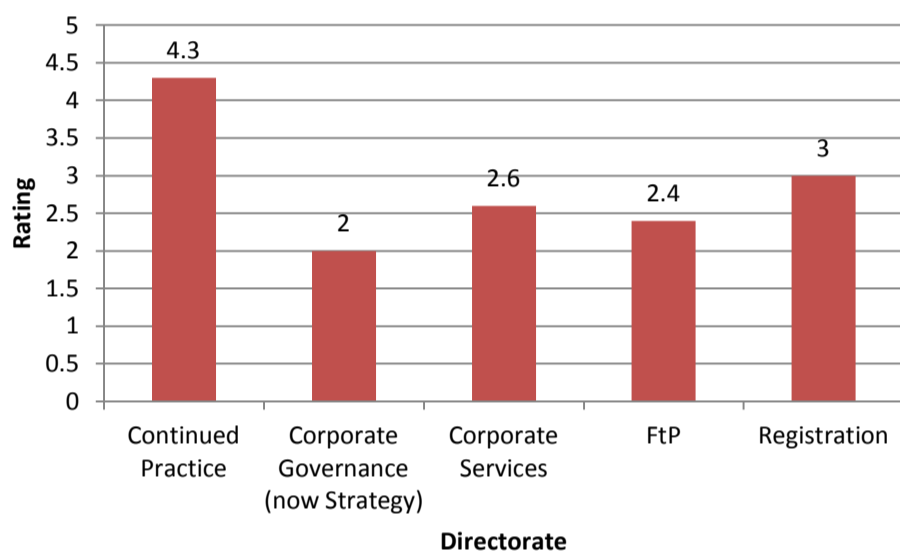
Annex B. Average ratings from exit interview categories by Directorate

Ratings (1=Poor, 5=Excellent)

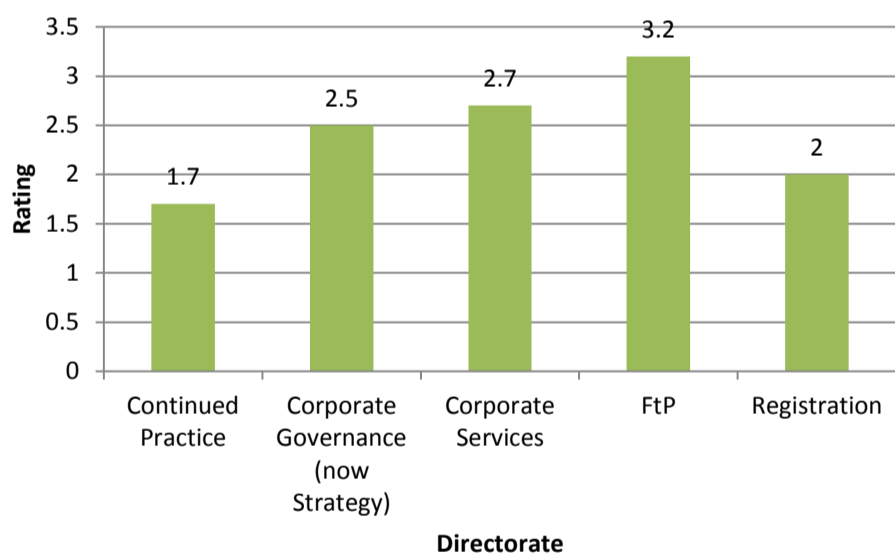
Manager Average Rating



Pay Average Rating



Development Average Rating



Benefits Average Rating



Corporate risk register

		Date: 8 July 2014			Issue No: 16 (following 8 July Executive Board)			Note: The 'inherent risk scoring' column does not take into account any mitigation. The 'post-mitigation scoring' involves taking into account the mitigation in place but not the planned action.									
No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action			Post-mitigation scoring	Risk Owner (and Mitigation Owner)	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)		
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score	Likelihood	Impact	Score							
CR1 A	May-13 (previously risk Reg 2011/02. Date of origin: Apr 2011)	Integrity of the register - Current						Mitigation in place: (1) Standard operating procedures and improved training. (2) Daily reconciliation reports and manual processes to address system anomalies. (3) Overseas registration procedures strengthened following pause and review. (4) Council has committed to introduce a proportionate and effective model of revalidation by the end of 2015. (5) All Overseas applicants are now required to attend the NMC in person to present original I.D Documents. (6) ID Checker now in post. (7) 2nd ID Verification officer now in post and effective in role. Planned action: (1) Implement Registration Improvement Programme (September 2013-September 2014). (2) Address prioritised system defects (Feb-April 2014) - this is an ongoing piece of work and WISER improvements are to be implemented as part of other IT releases throughout 2014-15. (3) Further process refinements and alignment of FiP and Registration data (ongoing). This planned action is aligned to Risk BI2 - see for further information. (4) Implementation of Internal audit recommendations on registration control framework and registrant data integrity - Q2 2014-15. (5) Establish longer term strengthened overseas process, incorporating competency test pending planned consultation (October 2014). (6)The Code and standards will be reviewed and revised to ensure they are compatible with revalidation. Guidance for revalidation will also be developed (December 2015). (7) Further investigation to take place of APD Database and it's veracity and possible impact on integrity of the register - joint CP/Registration review of this area to take place in July 2014.			3	4	12	Director, Registrations	18/6/14 - Update to planned action 4	Open - on track. Risk reviewed monthly. Focused on current registration activity and therefore is more controllable through mitigation actions than the historic risk below. Risk reduction expected June 2014	No change
Cross ref:		(1) Wiser and Case Management System (CMS) not fully integrated. (2) Current policies, processes and procedures may be ineffective or inconsistently applied.	The online register may be inaccurate.	(1) Public protection compromised. (2) Negative impact on registrants. (3) Reputation damaged.	5	5	25										

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Mitigation Owner)	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
CR1 B Cross ref:	May-13 (previously risk Reg 2011/01. Date of origin: Apr 2011)	Integrity of the register - Historic						Mitigation in place: (1) Standard operating procedures and improved training. (2) Initial Overseas Audit (April 2002 - 2013) results indicate a strengthening of process over time (since 2007). (3) Council has committed to introduce a proportionate and effective model of revalidation by the end of 2015. (4) FtP/Registration working group who have identified all known issues relating to historical inaccuracies. (5) Daily reports available to FtP/Registration to identify anomalies for these to be rectified. Planned action: (1) Analysis of specific cohorts where potential issues/risks are identified - to provide assurance or scope any issues (on-going). (2) Introduction of data integrity manager who will interrogate register to establish areas of risk (July/August 2014). (3) Investigate gathering employer data to allow analysis of appropriate registration (ESR) (July 2014). (4) Further risk based audits as required (ongoing).				Director, Registrations	18/6/14 - update to date of recruitment of data integrity manager	Open - on track. Risk reviewed monthly. Involves a long lead time for any action to play forward and impact the risk scoring. Very marginal improvement predicted until after revalidation in place from 2015. Reduction in post mitigation scoring of likelihood to 4 based on joint FtP/WISER work completed and outcomes of audit work completed by external reviewers	No change
		(1) Policies and procedures may have been absent, ineffective or inconsistently applied in the past. (2) Historic decisions may have been made on a different basis, but cannot be reversed. (3) Circumstances may have changed after initial admission to the register, however these are not routinely checked. (4) Historic inaccuracies in recording FtP case statuses.	We may identify individuals currently on the register who would not meet current requirements for admission, and we may not have appropriate plans in place to respond to this.	(1) Public protection compromised. (2) Reputation damaged.	5	5	25		4	4	16				
CR2 (FtP1) Cross ref:	26/06/2013	Fitness to practise performance						Mitigation in place: (1) Detailed profiling and forecasting of caseload and activity and oversight by FtP Board. (2) Improved case management processes including voluntary removal and consensual panel determinations. (3) Standard operating procedures and improved training for staff. (4) Increased staffing base. (5) Targeted review of adjudication caseload. (6) Increase in number of panel members and introduction of rolling recruitment for panel members and chairs. (7) Training for panel members and introduction of rolling programme. (8) Increased number of hearing venues. (9) External review of management information and forecasting assumptions (September 2013). (10) Contingency planning for increase in hearing activity at the end of Q3. (11) Further workforce planning (March 2014). (12) Targeted review of investigation cases. (13) Quality assurance management to be fully implemented (July 2014). (14) Interim order proportionality review (July 2014). (15) Refocused FtP scheduling (July 2014). (16) Diverted resources from FtP teams to schedule cases further in advance (July 2014). Planned action: (1) Closer working with employers (October 2014). (2) Legislative change (December 2014).				Director, Fitness to Practise	17/07/2014	Open - on track Weekly performance/delivery against target reviewed at weekly management meeting and risk reviewed monthly. Risk reduction expected in by the end of Q1 2014/15 once adjudication caseload has decreased and new case management measures have embedded. A full review of progress has taken place. We have refocused our scheduling strategy in light of the review.	No change
		(1) Historic under investment in FtP. (2) Inflexible legislative framework. (3) Fluctuations in referrals above the forecast levels. (4) Possibility that processes may be unable to sustain required volume of case progression/hearings at the expected quality.	The quality of our decision making may be compromised and we may not achieve the investigation/adjudication targets	(1) Public protection compromised. (2) Negative impact on registrants. (3) Negative impact on referrers. (4) Reputation damaged. (5) PSA Standards of Good Regulation not met (6) Adverse PSA initial stages audit'	5	5	25		3	5	15				

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Mitigation Owner)	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
CP1 (CR3)	May-13 (previously risk T30. Date of origin: May-13)	Revalidation			4	4	16	Mitigation in place: (1) Ongoing engagement via Revalidation Strategic Advisory Group, Patient and Public Forum, Stakeholder Summits between March - July 2014 and ongoing consultation - all helping to shape the revalidation model and manage stakeholder expectations. (2) Oversight and scrutiny by Revalidation Programme Board and Executive Board, to address issues of complexity and cost of model. (3) Programme resourcing plans in place for future projects. Planned action: (1) Set up of revalidation boards/stakeholder groups at four country level proposed to Revalidation Strategic Advisory Group (meeting of 22 July) (2) Implications on system project report - August 2014 (3) Risk based revalidation model for audits – September 2014 (4) Early implementers to be announced – end of September 2014 (5) Evidence report on revalidation published - December 2014 (6) PSA update provided through annual performance review.	3	4	12	Director, Continued Practice AD Revalidation	9/7/14	Open - Programme to be achieved in Dec 2015	No change
(1) Complexity of revalidation model delivery at four country level by end of 2015. (2) Cost of revalidation process to the NMC and to the wider system. (3) Lack of buy-in from stakeholders/ PSA/ HSC regarding revalidation model and how it aligns to corporate objectives. (4) Stakeholders expectations of a fully developed model during the consultation stage.	(1) Delivered model may be ineffective and/or fail to be applicable to all scopes of practice and registrants. (2) Possibility that the model is not delivered on time and/or to budget. (3) Cost of revalidation may be perceived as burden on system. (4) Allocation of resources to manage stakeholder expectations may be disproportionate.	(1) Public protection compromised. (2) Negative impact on registrants and employers. (3) Criticism drawn as PSA standards of good regulation, and expectations of HSC are not met. (4) Further criticism from stakeholders.													
CR4	01/06/2012 (previously risk T26. Date of origin: Jan-13)	Professional indemnity insurance (PII)			4	3	12	Mitigation in place: (1) Council decided NMC policy principles in April 2013. (2) NMC response to Department of Health consultation submitted May 2013. (3) Project plan currently overseen by Rag Programme Manager and existing staff. (4) Project Manager in place (01/07/2013). (5) NMC self declaration approach is approved. (6) New Notification of Practice form (method of capture) re-designed. (7) FAQs detailing NMC position for staff circulated in July to assist in responding to registrant queries. (8) Initial engagement with stakeholders completed. (9) All IT development and testing completed - awaiting DH confirmation for deployment. Current intelligence suggests July or October 2014 Planned action: (1) Implement in line with the direction from the Department of Health. Go live date of 17/7/2014 communicated by DH. Comms planning now taking place to facilitate go-live. (2) New risk for post PII implementation to be drafted in July 2014	2	3	6	Director, Registrations	18/6/2014 - update to planned actions	Open - on track	No change
(1) Short timescale for implementation following outcome of DH consultation. (2) Changes to Wisser carry inherent risk.	We may be unable to implement a proportionate solution to the PII requirement by the required deadline - initially 25 October 2013, but date yet to be confirmed by DH.	(1) Public protection compromised. (2) Negative impact on registrants. (3) Reputation damaged.													

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Mitigation Owner)	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
CR5	May-13 (previously risk G39. Date of origin: Mar-13)	Financial resources			4	5	20	Mitigation in place: (1) Prudent budgeting aligned to corporate planning and change management programmes. (2) Financial strategy. (3) Risk based reserves policy. (4) Monthly finance and planning meetings with each directorate. (5) Monthly monitoring by Executive Board. (6) Standing financial report to the Council. (7) Grant secured to meet unexpected costs re overseas registrations (8) Balanced budget for 2014-15 after careful prioritisation of activity, approved by Council. (9) Targetted efficiency savings monitored through Corporate Efficiency Board. Planned action: (1) Consultation on fees for longer term financial position.	3	5	15	Director, Corporate Services	17.06.14	Open - on track. Risk reviewed monthly ----- Linked to Department of Health KPI of January 2016 ----- Review after outcome of fee consultation.	No change
Cross ref:	(1) Limited sources of income and projected fee income dependent on outcome of consultation. (2) Possible increase in resource requirements as a result of external factors e.g. external reviews, inquiries, government policy etc. (3) Possible increase in fitness to practise referrals above forecast rate. (4) Resource requirements arising from several, simultaneous improvement projects. (5) Possibility that we do not achieve targeted efficiency savings.	We may have insufficient financial resources to meet all our planned operational requirements.	(1) Inability to deliver corporate objectives and/or improvement programme. (2) Negative impact on registrants. (3) Reputation damaged.												
CR6 (CS4)	May-13 (previously risk T24. Date of origin: Oct-12)	Information Security			5	4	20	Mitigation in place: (1) Information security and data protection policies. (2) Mandatory training for staff and panellists. (3) Oversight by Information Governance Steering Group. (4) Laptop encryption programme. (5) Information security gap analysis completed and independently validated, identifying risk areas. Improvement Plan in place. (6) Internal audit activity on data security completed, with amber rating (7) New email encryption solution rolled out. (8) More than 90% compliance with mandatory training (9) May 2014 - 36 of 51 high priority actions complete Planned action: (1) Continue to Implement information security improvement plan, addressing remaining highest risk areas as priority (2014-15 as per planned schedule).	4	4	16	Director, Corporate Services AD ICT	17.06.14	Open - on track. Risk last reviewed by IGSBM in June 2014. Next review by IGSBM will be in September 2014.	No change
Cross ref:	(1) Large volume, complex information processing. (2) Possibility that policies and procedures may be ineffective or inconsistently applied. (3) Security enhancements to some systems needed.	Sensitive information may be accessed by, or disclosed to, unauthorized individuals.	(1) Negative impact on data subject. (2) Regulatory intervention and/or fine by the Information Commissioner's Office. (3) Reputation damaged. (4) Failing to meet PSA standard of good regulation												

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Mitigation Owner)	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
CR7 Cross ref:	May-13 (previously risk G20 & G35. Date of origin: 26.3.2012)	Quality of information						Mitigation in place: (1) Short term improvements to strengthen understanding of management information across registration and fitness to practise systems. (Cross reference CR1) (2) Short term improvements to support stakeholder engagement intelligence needs underway, including liaison with other regulators. (3) Improved FtP MI to support corporate KPIs. (4) Initial intelligence shared with CQC. (5) High level data strategy completed and approved. Planned action: (1) QA Strategy to include providing assurance on data quality and management (first report due July). (2) Project Manager to be appointed to develop detailed delivery plan (July/August 2014). (3) Data and Intelligence function established in accordance with business plan provision (Q3). (4) Production of Data Dictionary (June 2014 - March 2015). (5) Development of Data Cleansing activities (May 2014- Dec 2015).				Director, Strategy Assistant Director, Strategy and Comms	20.06.2014- planned action 2 updated following advice from Change Programme Manager. 16.07.2014 - planned actions updated.	Open. High level strategy will provide framework for a range of activities to deliver the strategic benefits outlined. A follow on project to address the identified priority activities and an ongoing data and intelligence capability provided for in ongoing business plan.	No change
	(1) Inconsistency in collection and use of data. (2) Ownership and governance arrangements for data and information management fragmented. (3) Enhanced system and analysis tools needed.	We may not consistently provide a coordinated response to management information and data requests.	(1) Inability to deliver corporate objectives and/or improvement programme. (2) Barrier to making sound business decisions and prioritisation of work. (3) Ineffective use of resources. (4) Reputation damaged.	5	3	15	4		3	12					
CR9 (CS3) Cross ref:	May-13 (previously risk T25. Date of origin: Oct-12)	Staffing						Mitigation in place: (1) Improved employee communication and engagement in place. (2) Human Resources and Organisational Development Strategy in place and being implemented. (3) Annual staff survey and action plans (4) Learning and development programme implemented (5) Focus groups and CEO lunches ensure feedback is received. (6) Pay and grading review implemented. (7) Opportunity for developing Career Pathways embedded in pay and grading proposals. Planned action: (1) Long term workforce planning aligned to strategic direction. (In 2014-15 Business Plan) (2) Career pathways and succession planning to be developed as part of 2014-15 business plan. (3) Discussion on pay award/pay progression with Rem Com (Ongoing).				Director, Corporate Services AD HR & OD	17.06.14	Open - on track. Linked to KPI on employer turnover.	No change
	(1) Perception that our rewards package is poor. (2) Organisational and people development historically a low priority. (3) Lack of clear career progression pathways.	We may experience continued high staff turnover.	(1) Inability to deliver corporate objectives and/or improvement programme. (2) Negative impact on staff morale, motivation, and performance. (3) Reputation damaged. (4) Ineffective use of resources. (5) Loss of corporate memory.	5	4	20	3		3	9					

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Mitigation Owner)	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
CR10	May-13 (previously risk T29. Date of origin: Feb-13)	Profile and proactivity						Mitigation in place: (1) Council seminar on engagement in March 2014. (2) Seminar on professionalism in regulation held March 2014. (3) Programme of key stakeholder meetings ongoing between Chief Executive, Chair and senior staff with the DH, professional bodies and unions, patient groups, nurses, midwives and other regulators. (4) Patient and Public Engagement Forums held quarterly in England and first Patient and Public Engagement Forum held in Scotland 25 April. (5) Changes made to NMC website in response to Patient and Public Engagement Forum feedback. (6) System in place for tracking and recording FtP referrals. (7) MoU with CQC agreed. (8) Public facing leaflets approved and published. (9) Council meeting held in Scotland in June 2014 - Council members met with public and professionals and members of the Scottish Govt. Health and Sport Committee to boost profile (10) Health Committee appearance 17 June - gave evidence to the Complaints and Raising Concerns Inquiry. Planned action: (1) Patient and Public Engagement Forums to be held in Wales and Northern Ireland (Q3 2014-2015). (2) Employer engagement on revalidation. (3) Website relaunch to make it more public focused and interactive (by end 2014). (4) Memorandums of understanding to be underpinned with information and data sharing protocols (March 2014 and ongoing). (5) FtP developing regional liaison model (for implementation in early 2015). (6) Next CMS release to enable capture of referrals to and from other regulators (Q2 2014-2015). (7) Planned internal audit activity to look at communication and engagement in Q4 2014 - 15. (8) Decision taken to produce an annual review to supplement more formal reporting (July 2014). (9) Joint input to party conferences planned with GMC (Autumn). (10) Next seminars following on from professionalism being planned. (11) Proactive media strategy being developed (July 2014). (12) Four nations stakeholder mapping project underway. (13) Establishment of a senior registrants strategic advisory group to advise the Executive - inaugural meeting planned in July or September 2014.				23.06.14 - planned actions (8) & (10) moved to mitigation 16.07.14 - planned actions updated	Open 16.05.2014: Website redevelopment on track, user testing to inform content structure underway. 16.05.2014: Progress on MoU development continuing - TDA and CCW near to finalisation.	No change	
Cross ref: CP2	(1) Engagement with patients, public and stakeholders not yet fully embedded. (2) Complex healthcare landscape and regulatory environment. (3) Joint working with other regulators inconsistent.	The NMC's lack of public profile means we may not communicate our role effectively and therefore our role is not properly understood. Ineffective joint working inhibits sharing of information about potential identification of unsafe practice or health provision settings where nurses and midwives provide care.	(1) Inability to deliver public protection effectively. (2) Reputation damaged. (3) Inappropriate or lack of referrals to fitness to practise. (4) Inappropriate recommendations from external reviews.	4	4	16	3		3	9	Director, Strategy Assistant Director, Strategy and Comms				

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Mitigation Owner)	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
CR11 (S11)	14-Feb-14	The Law Commission Bill						Mitigation in place: (1) We have an engagement plan in place to work with, and alongside, other key stakeholders to continue to exert pressure and influence on all parties to include this Bill in the next parliament. (2) We are now engaging directly with DH with a view to influencing their response to the draft Bill and engaging with other regulators, PSA and patient groups to secure consensus on many key issues. (3) Legislation Programme Board has been set up to support this work. (4) Joint regulators working group and CEOs forum set up to share information and agree joint regulatory approaches where possible. (5) Corporate legislation adviser is leading this work towards developing a new legislative framework. Planned action: (1) We are now looking at the alternative options for legislative change, including future section 60 orders and the Private Members Bill being introduced by Jeremy Lefroy MP, whilst still pressing for the Law Commission Bill.				Chief Executive Corporate Legislation Adviser	09.07.2014: updated by Corporate Legislation Adviser	Open Post-mitigation scoring reflects concern that Bill may never be introduced rather than expected contents of Bill.	No change
Cross ref:	(1) The government decided not to include the Bill in the fourth session of this Parliament. (2) The Department of Health may not make all the amendments we are seeking to the Law Commission draft Bill in its own draft Bill, whenever this is taken forward.	(1) The Bill may not be introduced by the government at all. (2) We may be unable to secure all our desired amendments or correct all the oversights. (3) The Bill may reserve too many powers to the government.	(1) We will be left operating within our current unsatisfactory legislative framework, which will not be financially viable and which will render us unable to carry out our regulatory functions without continuing to raise the registration fee. (2) The DH Bill does not deliver the promised streamlined and flexible legislative framework, but actually either maintains too many of our existing legislative problems or creates more mandatory requirements so that the additional burdens outweigh the benefits. (3) A requirement for further legislation leading to long delays before some of the benefits can be felt.	4	4	16	4		4	16					

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action			Post-mitigation scoring			Risk Owner (and Mitigation Owner)	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score	Likelihood	Impact	Score							
CR12	May-14	ICT business systems						Mitigation in place: 1. Review of servers completed with operational loads more even spread to reduce risk of server failure. 2. Change Management process updated to improve quality of ICT changes. 3. Testing policy updated to improve quality of testing and roll-out. 4. Upgrades to our operating platforms and telephony system to supported and more up to date versions, thereby reducing risk. 5. Series of enhancements to Windows 7 environment to improve concerns over performance (in progress, complete Jun 2014). 6. Replacement of old hardware for newer machines (98% complete). 7. Enhanced contract management with key ICT supplier to improve contractor performance. 8. Performance testing taking place as normal practice on all major upgrades.						AD ICT (Director, Corporate Services)	16.07.2014 - mitigations/planned actions updated	Open (Next review - June 2014 after SAN upgrade)	No change
Cross ref:		1. Lack of robust procedures and controls over the management, testing and roll-out of changes to hardware and software, and development of new products and systems. 2. Ongoing use of critical business systems that are now unsupported by suppliers. 3. Insufficient capacity in our telephony system to handle peak periods in the Registration call centre. 4. Inadequate management of key third party ICT supply contracts. 5. Lack of quality-assured ICT service support. 6. Lack of planning for business continuity and disaster recovery. 7. IT infrastructure insufficient to cope with our operational requirements.	Current systems are either already at risk of failure or become at risk of failure.	1. Critical business operations either stop or performance is negatively impacted. 2. Key performance targets or corporate commitments are not met or are put at risk. 3. Staff frustration contributes to poor motivation and increases staff turnover. 4. Wasted resources used in reacting to events. 5. Loss of confidence by staff, the Council and external stakeholders.	4	4	16	4	4	16							

Risk map of all corporate, CMPB and directorate risks as at 11 July 2014

Impact	Critical	5			<div style="border: 1px solid black; padding: 5px;"> CR2 (FtP performance) CR5 (Financial resources) CMPB03 (Resources) CS9 (Business continuity) </div>		
	Major	4		<div style="border: 1px solid black; padding: 5px;"> CMPB02 (Achievement of Corp Plan) FTP13 (Fraud) </div>	<div style="border: 1px solid black; padding: 5px;"> CR1A (Integ of register – current) CR3 (Revalidation) CMPB04 (Leadership, gov & mgmt) CP5 (Integ of Register – QA database) CP7 (Education function) CS1 (Financial management) CS7 (Improvements in ICT) CS10 (Accommodation) FTP5 (Downtime: ICT & print) FTP6 (Substantive order caseload) FTP10 (Inadequate data/risk intel) R12 (Provision of telephone services) S16 (E&D and Welsh Lang Scheme) S17 (Compliance framework) S18 (Accountability commitments) </div>	<div style="border: 1px solid black; padding: 5px;"> CR1B (Integrity of register – historic) CR6 (Information security) CR11 The Law Commission Bill CR12 (ICT business systems) CMPB07 (Lack of benefits realisation) </div>	
	Moderate	3	<div style="border: 1px solid black; padding: 5px;"> CR4 (Prof indemnity insurance) CP3 (Corporate memory) CS12 (Lack of succession planning) FTP9 (CMS case stages not automated) R6 (Gathering risk intelligence) R8 (Disclosure policy for Registration) R14 (Fraud and bribery) S12 (Appt of the Chair) </div>	<div style="border: 1px solid black; padding: 5px;"> CP4 (Standards) ↓ CP8 (Contractor for QA of education) NEW RISK </div>	<div style="border: 1px solid black; padding: 5px;"> CR9 (Staffing) CR10 (Profile & proactivity) CMPB01 (Direction of the programme) CMPB05 (Comms/ staff engagement) CS2 (Workforce capability) CS5 (Review of policies) CS8 (Review of processes) CS13 (Fraud, bribery & corruption) FTP8 (High Court IO extensions) FTP11 (Bribery) R4 (IT support for Registration) IR4 (Overseas Nursing programme) IR5 (Competency test) </div>	<div style="border: 1px solid black; padding: 5px;"> CR7 (Quality of information) CMPB06 (Learning and improvement) R7 (Functionality of WISER) R10 (Recording contacts) S3 (QA strategy) S13 (Complaints function) S15 (Learning from SERs/complaints) </div>	<div style="border: 1px solid black; padding: 5px;"> FTP12 (FtP legislation changes) </div>
	Minor	2	<div style="border: 1px solid black; padding: 5px;"> CS6 (Delivery ICT stabilisation projs) CS11 (PDR process) </div>	<div style="border: 1px solid black; padding: 5px;"> CP2 (Strategic engagement in CP) ↓ </div>	<div style="border: 1px solid black; padding: 5px;"> CP6 (QA of education framework) </div>	<div style="border: 1px solid black; padding: 5px;"> R13 (Workforce planning impact on Reg) </div>	
	Insignificant	1					
			1	2	3	4	5
	Likelihood	Very low	Low	Medium	High	Very high	
					Risk scores: 1-8	9-15 *	16-25

Arrows indicate the direction of travel:

- ↑ Risk score has increased since 20 May 2014
- ↓ Risk score has decreased since 20 May 2014
- ↔ Risk score has stayed the same since 20 May 2014

Risk references:

- CR: Corporate risk
- FTP: Fitness to Practise risk
- IR: Registration risk (International Reg)
- R: Registration risk

- CMPB: Change Management and Portfolio Board risk
- S: Strategy (formerly Corporate Governance) risk
- CS: Corporate Services risk
- CP: Continued Practice risk

* due to their 'Critical' impact, an amber rating is also given to risks which score 5 for Impact and 1 for Likelihood

Item 7
NMC/14/67
30 July 2014

Annexe 7

Assurance Map Summary - June 2014

Objective or Function	First Line	Second Line	Third Line
Core functions			
Registration		↑	
Continued Practice: Education			
Continued Practice :Standards	↑		↑
Continued Practice: Revalidation Programme	↑	↑	↑
Continued Practice: Revalidation Process			
Fitness to Practise	↑	↑	
Customer service			
Core enablers			
Communication & external relations			
Governance	↑	↑	
Projects, Programmes & change	↑	↑	
Strategy, business planning & performance	↑		↑
Risk Management	↑	↑	↑
Core support functions/objectives			
People, knowledge & skills	↑	↑	↑
Data security , protection, records mgt	↑		↑
IT			↑
Legal & regulatory compliance		↑	
Finance & payroll	↓		
Procurement			
Business continuity		↑	↑
Health & safety	↑	↑	↑
Efficiency and financial resources	↑	↑	↑

Key to the Assurance Map

Green	<i>Unlikely that further assurance activity is required in principle.</i>	
Yellow	<i>Assurance activity not sufficient but planned new assurance activity is moving this to a level of assurance that is reasonable.</i>	
Amber	<i>Limited assurance, requires improvement.</i>	
Red	<i>No assurance activity understood to be in place.</i>	
White	<i>New activity, no assurance activity as yet required</i>	

Director's assessment of increased level of assurance



Director's assessment of decreased level of assurance



Council

Monthly financial monitoring – June 2014 results

Action: For information.

Issue: The provision of financial performance information for current and future reporting periods.

Core regulatory function: Supporting functions

Corporate objectives: This paper relates to Objective 8 of the Corporate Plan for 2014-2017, namely 'We will develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions'.

Decision required:

- None

Annexes: The following annexes are attached to this paper:

- Annexe 1: Management results for 2014-2015 by month and year to date as at June 2014, plus the latest projections for the year to go and the full year 2014-2015.
- Annexe 2: Actual results and forecast projections by month to March 2015.
- Annexe 3: Graph showing forecast available free reserves versus the approved financial strategy available free reserves for 2014-2015.
- Annexe 4: Graph showing forecast available free reserves versus the approved financial strategy available free reserves for 2013-2017.
- Annexe 5: Graph showing forecast available free reserves versus the financial strategy available free reserves for 2013-2017, with the fee level held at £100.
- Annexe 6: Waterfall graph showing the main variances in available free reserves between the full year budget and forecast for 2014-2015, by cost category.
- Annexe 7: Efficiency performance 2012-2015.

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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Context: Financial information

- 1 The budget information used throughout these reports is based on the budget approved by Council on 26 March 2014, as adjusted for the final year end reserves level at 31 March 2014.
- 2 The budget was set in the context of the three year plan to achieve our Fitness to Practise KPIs by December 2014 and the minimum available free reserves target by January 2016. Progress towards meeting the available free reserves target is also regularly presented to Council in the KPI report.
- 3 On a monthly basis, meetings are held with each directorate to review progress against both the Corporate Plan and budget, and to update the activity and financial forecasts.
- 4 Detailed month end reporting packs are produced for the Executive Team, showing results by directorate, cost centres and projects, together with summary reports, commentary and an update of the Contingency position.
- 5 The Executive Board reviews and approves the financial results and forecast each month.
- 6 Where significant variances are identified during the year which would impact our achievement of our reserves target, directors will determine the necessary corrective actions.
- 7 It should be noted that the results in this paper are for three months only, and therefore overall trends are difficult to predict at this stage.

Discussion: Executive summary

- 8 The latest forecast is for available free reserves at March 2015 to be on target at £7.5 million. The reserves level will fluctuate during the year based on the pattern of expenditure.
- 9 The budget and forecast reserves were restated upwards by £0.8

million to reflect the favourable actual position at March 2014. The March 2015 budget available free reserves have therefore been restated from the approved £6.7 million to £7.5 million.

- 10 Available free reserves at June 2014 were £9.8 million, which is £2.2 million higher than the restated budget position. This was due to lower than budgeted expenditure, across all directorates, as set out below.
- 11 The expenditure variances are considered at this stage to relate to the timing of activity and associated expenditure, and therefore this expenditure has been reforecast to later in the year.
- 12 At March 2015, the cash position is forecasted to be £72.5 million, £0.1 million favourable to budget.

Monthly management results

- 13 The detailed management results and forecast for June are set out at Annexe 1.

Actual results versus budget

- 14 The principal variances for the three months to June against budget are as follows:
 - 14.1 Income is £0.2 million lower than budget, with lower grant and interest income offset by higher periodic fee and overseas applications income. The grant income reflects the level of costs incurred for government funded projects which has been lower than budget to date.
 - 14.2 Costs in Continued Practice were lower than budget by £0.3 million due to lower than budgeted QA costs, professional and engagement costs relating to revalidation to date and vacancies within the directorate. At this point in the year, this is considered to be an issue of timing of expenditure.
 - 14.3 Costs in Corporate Services were £0.3 million lower than budget primarily through savings on software licence and system maintenance costs and reduced administration and building maintenance costs.
 - 14.4 FtP costs were £0.4 million lower than budget. This is principally due to lower than budgeted hearing activity (mainly ICIO's and CCC substantive hearings) resulting in lower hearing associated costs, combined with vacancies within the directorate. This represents 3.6% of the year to

date budget.

- 14.5 The substantive hearing activity will be increased in the next quarter to over 22 hearings per day.

Full year forecast versus budget

- 15 The principal variances for the full year forecast compared to budget are as follows:
- 15.1 £0.1 million higher than budget in OCCE due to additional project management resource approved in 2014-2015, which was transferred from the contingency fund. This is partly offset by a transfer of funds relating to the independent review of progress against the PSA Strategic Review recommendations, which will now be reported and controlled in the Strategy directorate.
- 15.2 Costs are forecast to be £0.5 million higher than budget in Strategy. £0.3 million additional costs are forecast in Policy due to the external review of midwifery regulation; this work was budgeted as part of the contingency as it was not fully defined at the time of the budget. An additional £0.2 million has been included in the Strategy forecast for the independent review of progress against the PSA Strategic Review recommendations, and for the Chair's recruitment.
- 15.3 Continued Practice is forecast to be £0.1 million lower than budget owing to vacancies within the directorate.
- 15.4 ICT is forecast to be in line with budget. The variance in revenue costs is due to a transfer from the capital budget but has no impact on projected reserves.
- 15.5 HR & OD is forecast to be £0.1 million higher than budget resulting from a slight increase to the pension costs provision (which were budgeted in the contingency fund) combined with additional resource needed to support the implementation of e-recruitment.
- 15.6 FtP is forecast to be £0.1 million higher than budget reflecting the full year activity required, and the re-phasing of expenditure from quarter 1 to later in the year.
- 15.7 The forecast now reflects the capital expenditure required to fit out the new leased hearing accommodation at Stratford Place. This is higher than the budgeted amount, but this overspend will be offset by lower than budgeted rental payments in future years. The total agreed for Stratford Place (rental costs and fit-out) is within the envelope agreed by Council. The budget was based on the Old Bailey fit-out. Since then the market has changed and the new

accommodation will provide extra capacity, hence the increased costs this year.

- 15.8 Increases in forecast expenditure have been funded from the contingency. The contingency fund is set up as part of the budget to fund items which could not be budgeted at the time, either because they could not be accurately quantified or were not envisaged.

Efficiencies

- 16 Performance against efficiency initiatives is set out in Annexe 7.
- 17 As part of the financial strategy, efficiency savings of £55 million were identified in Fitness to Practise for 2014-2015 to 2016-2017 and are being actively targeted. £17 million of savings are currently forecasted to be achieved for 2014-2015, and although this currently shows a shortfall to the the budget, the overall target is expected to be met by the end of the three year period.
- 18 Further efficiency savings are being monitored, identified and targeted via the Corporate Efficiency Board, which reports to the Executive Board. Efficiencies for Quarter 1 will be reported in the July finance report.

Public protection implications: 17 The monitoring of financial results and forecasts enables the NMC to ensure it has sufficient resources to deliver continued public protection.

Resource implications: 18 The key financial indicators for current and projected levels are discussed in this paper.

Equality and diversity implications: 19 None.

Stakeholder engagement: 20 None

Risk implications: 21 There are a number of risks which should be considered on an ongoing basis when reviewing the financial position.

- 21.1 Council's risk based reserve policy is that available free reserves should be held in a target range of £10 million to £25 million. Our available free reserves are £9.8 million at June 2014, which is in breach of our reserves policy. A reduction in reserves from the policy level should only be authorised by trustees where there is a clear and robust

plan to rebuild reserves. In our case, our financial and fee strategy is designed to build reserves back up to the required level.

Legal implications: 22 None.

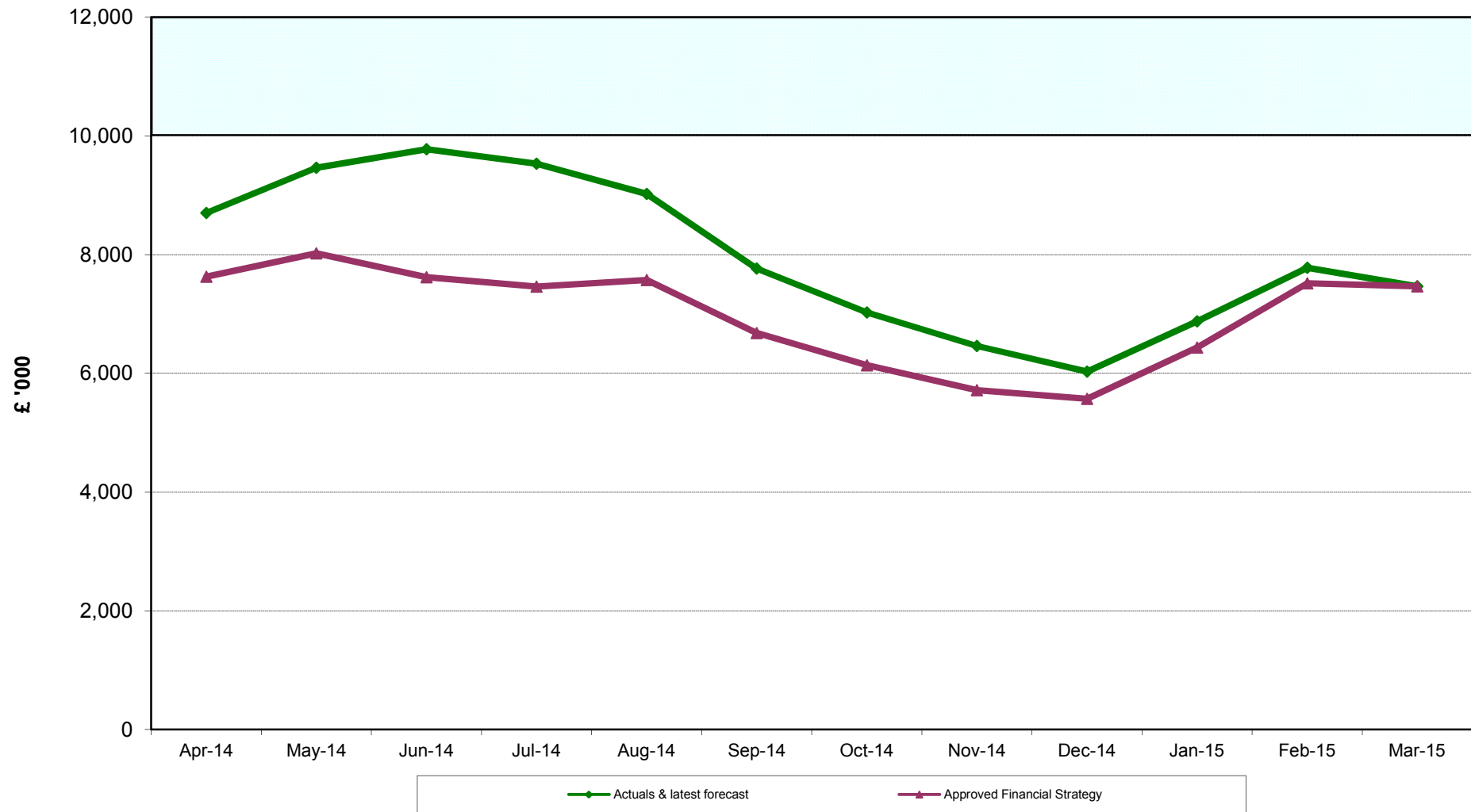
Actual, budget & forecast 2014-2015
£000's

2014/2015	Month of June				April to June					July to March					Full Year				
	Actual	Budget	Prior Forecast	vs budget	Actual	Budget	Prior Forecast	vs budget	vs prior forecast	Forecast	Budget	Prior Forecast	vs budget	vs prior forecast	Actual/Forecast	Budget	Prior Forecast	vs budget	vs prior forecast
Grant Income	44	121	120	(78)	157	402	234	(245)	(77)	1,485	1,252	1,538	232	(53)	1,642	1,654	1,771	(12)	(129)
Periodic Fee Income	5,675	5,629	5,629	46	17,019	16,886	16,973	132	46	50,734	50,734	50,734	0	0	67,753	67,620	67,707	132	46
Overseas Applications	37	18	18	19	83	53	65	30	19	160	160	160	0	0	244	214	225	30	19
Eu Assessment Fee	50	40	40	10	158	120	148	38	10	359	359	359	0	0	516	478	506	38	10
Interest Income	57	77	56	(20)	165	238	165	(73)	1	504	664	504	(160)	0	669	902	669	(233)	1
Other Income	21	32	32	(12)	62	97	74	(34)	(12)	290	290	290	0	0	352	386	363	(34)	(12)
Total Income:	5,882	5,917	5,895	(35)	17,644	17,796	17,657	(152)	(13)	53,531	53,459	53,584	73	(53)	71,176	71,255	71,241	(79)	(66)
Office of the Chair & Chief Executive	67	91	66	24	194	217	194	22	(1)	884	740	811	(144)	(73)	1,078	956	1,005	(121)	(73)
Communication	70	76	67	6	184	228	182	44	(2)	748	688	748	(60)	(0)	932	916	930	(16)	(3)
Council Services	74	66	75	(7)	172	152	173	(20)	2	335	309	315	(26)	(20)	507	461	488	(46)	(18)
Governance	153	116	105	(37)	346	337	298	(9)	(49)	1,175	1,004	1,192	(171)	17	1,521	1,341	1,489	(180)	(32)
Policy	146	77	146	(68)	243	279	243	35	0	1,112	777	1,134	(335)	22	1,355	1,056	1,377	(300)	22
Strategy	442	336	393	(107)	945	995	896	50	(49)	3,370	2,778	3,388	(592)	18	4,316	3,774	4,284	(542)	(31)
Registration	292	286	265	(6)	889	890	863	1	(26)	2,886	2,873	2,900	(13)	14	3,775	3,763	3,763	(12)	(12)
Continued Practice	285	325	282	40	685	955	682	270	(3)	3,123	2,908	3,126	(215)	3	3,808	3,863	3,808	55	(0)
ICT	508	535	574	27	1,269	1,365	1,336	95	66	4,080	3,380	3,871	(700)	(210)	5,350	4,745	5,206	(605)	(143)
Finance	189	201	169	12	505	569	486	64	(19)	1,738	1,667	1,750	(70)	12	2,243	2,236	2,236	(6)	(7)
Facilities Management	443	502	495	59	1,325	1,416	1,378	91	53	4,206	4,114	4,153	(91)	(53)	5,531	5,531	5,531	(0)	0
HR&OD	228	216	231	(12)	637	650	640	13	3	2,120	1,997	2,007	(123)	(113)	2,757	2,647	2,647	(110)	(109)
Corporate Services	1,367	1,454	1,470	87	3,737	4,000	3,840	264	103	12,144	11,159	11,781	(984)	(363)	15,880	15,160	15,621	(721)	(260)
Directors office	60	53	53	(7)	188	160	181	(28)	(7)	561	477	516	(84)	(45)	749	636	697	(112)	(52)
Screening	101	123	123	22	332	369	353	38	22	1,108	1,108	1,108	0	0	1,440	1,477	1,461	38	22
Case Investigations - Total	458	424	424	(34)	1,246	1,185	1,212	(61)	(34)	3,871	3,834	3,871	(37)	0	5,116	5,019	5,082	(98)	(34)
Investigations - IC	89	116	116	27	233	349	260	116	27	1,236	1,236	1,236	0	0	1,469	1,585	1,496	116	27
Case Management	0	24	24	24	44	73	69	29	24	219	219	219	0	0	263	292	288	29	24
Scheduling	66	80	80	14	182	229	196	47	14	720	720	720	0	0	902	949	916	47	14
Case Preparation	108	121	121	13	315	363	328	47	13	1,071	1,071	1,071	0	0	1,387	1,434	1,399	47	13
Admin / General	95	129	129	35	347	348	381	2	35	1,055	1,045	1,055	(10)	0	1,401	1,393	1,436	(9)	35
Adjudication	281	247	247	(34)	813	722	779	(91)	(34)	2,254	2,245	2,254	(9)	0	3,067	2,967	3,033	(100)	(34)
CCC	1,363	1,423	1,423	59	4,204	4,171	4,263	(33)	59	11,767	11,507	11,552	(260)	(215)	15,971	15,678	15,815	(293)	(156)
HC	91	95	95	4	350	285	354	(65)	4	770	770	770	0	0	1,120	1,055	1,124	(65)	4
Investigations - ICIO	180	328	328	148	550	988	698	438	148	3,074	3,052	3,074	(22)	0	3,624	4,040	3,772	416	148
Regulatory Legal Team	486	390	390	(96)	1,338	1,164	1,242	(174)	(96)	3,349	3,318	3,318	(32)	(32)	4,687	4,482	4,560	(205)	(127)
Panel support	77	82	82	5	191	197	196	6	5	705	705	705	0	0	896	902	901	6	5
Case Investigations Team 5	0	33	33	33	0	99	33	99	33	297	297	297	0	0	297	396	330	99	33
FtP Programme Initiatives	0	6	6	6	0	18	6	18	6	300	294	300	(6)	0	300	312	306	12	6
FTP	3,455	3,675	3,675	220	10,331	10,720	10,551	388	220	32,356	31,896	32,065	(460)	(292)	42,687	42,616	42,616	(71)	(72)
Projects	101	202	203	101	330	487	432	157	102	1,798	1,645	1,851	(153)	53	2,128	2,131	2,283	3	155
Depreciation	282	298	298	15	877	876	892	(1)	15	2,552	2,553	2,553	1	1	3,429	3,429	3,445	0	16
NMC Corporate/General	56	5	5	(51)	65	14	14	(51)	(51)	42	42	42	0	0	108	57	57	(51)	(51)
Contingency	0	250	0	250	0	750	0	750	0	988	2,250	2,303	1,262	1,315	988	3,000	2,303	2,012	1,315
Revenue Spend	6,347	6,921	6,657	573	18,054	19,903	18,364	1,850	310	60,143	58,845	60,820	(1,298)	676	78,197	78,748	79,183	551	986
Surplus / (Deficit)	(465)	(1,004)	(762)	538	(409)	(2,108)	(706)	1,698	297	(6,612)	(5,386)	(7,235)	(1,226)	624	(7,021)	(7,493)	(7,942)	472	921
Capital	183	360	358	177	306	750	481	444	175	4,260	3,455	3,292	(805)	(969)	4,566	4,205	3,772	(361)	(794)
Total free reserves					18,972	16,829	18,516	2,143	456						15,791	15,680	15,681	111	111
Pension deficit					9,199	9,210	9,210	11	11						8,324	8,213	8,213	(111)	(111)
Available free reserves (excluding pension deficit & restricted funds)					9,773	7,619	9,306	2,154	467						7,467	7,467	7,467	1	(0)
Restricted funds					10,287	10,287	10,287	0	0						5,148	5,148	5,148	0	0
Cash at bank					73,439	72,268	73,954	1,171	(515)						72,471	72,359	72,360	111	111
Net inflow/(outflow) of funds					(4,811)	(5,982)	(4,296)	1,171	(515)						(5,779)	(5,891)	(5,890)	111	111

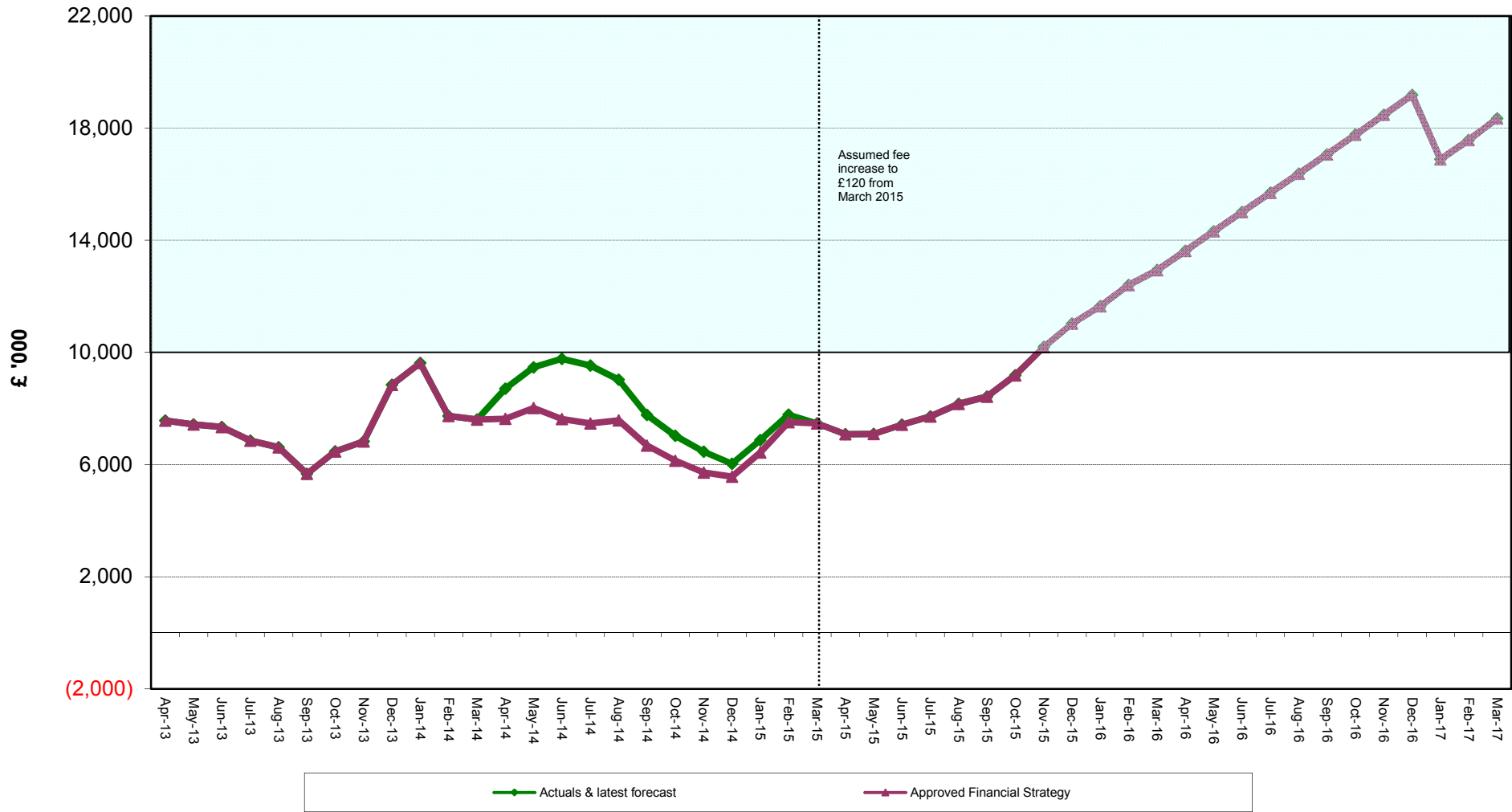
Actual and Forecast per month 2014-2015
£000's

	Apr-14 Actual	May-14 Actual	Jun-14 Actual	Jul-14 Forecast	Aug-14 Forecast	Sep-14 Forecast	Oct-14 Forecast	Nov-14 Forecast	Dec-14 Forecast	Jan-15 Forecast	Feb-15 Forecast	Mar-15 Forecast	Full Year 2014- 2015
Grant Income	73	41	44	40	359	359	442	192	36	18	18	18	1,642
Periodic Fee Income	5,670	5,674	5,675	5,629	5,629	5,629	5,629	5,629	5,629	5,629	5,629	5,704	67,753
Overseas Applications	22	25	37	18	18	18	18	18	18	18	18	18	244
Eu Assessment Fee	53	55	50	40	40	40	40	40	40	40	40	40	516
Interest Income	52	56	57	56	56	56	56	56	56	56	56	56	669
Other Income	23	18	21	32	32	32	32	32	32	32	32	32	352
Total Income:	5,893	5,870	5,882	5,815	6,134	6,134	6,217	5,967	5,811	5,793	5,793	5,868	71,176
Office of the Chair & Chief Executive	67	61	67	74	102	110	106	96	102	95	94	105	1,078
Communication	47	68	70	64	112	97	68	77	70	138	60	62	932
Council Services	33	65	74	59	20	32	41	27	28	45	40	42	507
Governance	94	100	153	217	119	119	121	134	118	116	114	117	1,521
Policy	65	32	146	167	188	105	141	104	104	101	101	102	1,355
Strategy	239	264	442	508	440	352	372	342	319	399	315	322	4,316
Registration	273	325	292	286	331	369	339	296	291	299	309	366	3,775
Continued Practice	209	192	285	320	326	338	331	352	300	347	372	437	3,808
ICT	286	475	508	497	421	472	412	461	450	399	420	549	5,350
Finance	160	156	189	210	253	204	188	188	181	159	154	200	2,243
Facilities Management	448	435	443	465	463	519	464	461	461	478	443	452	5,531
HR&OD	183	226	228	214	239	240	237	240	237	237	240	236	2,757
Corporate Services	1,077	1,292	1,367	1,385	1,375	1,435	1,301	1,350	1,329	1,274	1,257	1,438	15,880
Directors office	60	68	60	64	78	92	54	54	54	54	54	54	749
Screening	118	112	101	123	123	123	123	123	123	123	123	123	1,440
Case Investigations - Total	422	365	458	424	424	461	424	424	424	424	424	439	5,116
Investigations - IC	88	56	89	116	116	116	191	191	160	160	160	26	1,469
Case Management	24	20	0	24	24	24	24	24	24	24	24	24	263
Scheduling	59	57	66	80	80	80	80	80	80	80	80	80	902
Case Preparation	101	106	108	121	121	121	118	118	118	118	118	118	1,387
Admin / General	112	140	95	109	109	129	109	109	129	109	109	140	1,401
Adjudication	273	259	281	256	247	248	247	247	247	247	247	265	3,067
CCC	1,403	1,437	1,363	1,530	1,428	1,620	1,551	1,410	1,390	744	742	1,350	15,971
HC	136	123	91	94	95	95	94	96	95	51	51	98	1,120
Investigations - ICIO	198	172	180	332	323	349	345	344	347	344	344	346	3,624
Regulatory Legal Team	383	469	486	403	394	406	406	391	414	272	278	386	4,687
Panel support	52	61	77	60	60	105	60	60	72	60	60	170	896
Case Investigations Team 5	0	0	0	33	33	33	33	33	33	33	33	33	297
FtP Programme Initiatives	0	0	0	6	6	6	6	27	88	52	52	58	300
FTP	3,430	3,446	3,455	3,777	3,662	4,009	3,868	3,733	3,800	2,897	2,900	3,711	42,687
Projects	73	156	101	121	440	450	458	208	47	22	29	20	2,128
Depreciation	291	303	282	296	296	296	296	299	268	268	268	268	3,429
NMC Corporate/General	5	5	56	5	5	5	5	5	5	5	5	5	108
Contingency	0	0	0	100	250	250	65	65	65	65	65	65	988
Revenue Spend	5,663	6,044	6,347	6,872	7,226	7,614	7,139	6,745	6,526	5,671	5,613	6,736	78,197
Surplus / (Deficit)	230	(174)	(465)	(1,056)	(1,092)	(1,480)	(923)	(779)	(715)	122	180	(869)	(7,021)
Capital	90	33	183	150	378	740	782	754	650	214	214	377	4,566
Total free reserves	18,100	18,767	18,972	18,632	18,028	16,674	15,836	15,174	14,647	15,394	16,198	15,791	
Pension deficit	9,397	9,303	9,199	9,102	9,005	8,907	8,810	8,713	8,616	8,519	8,421	8,324	
Available free reserves (excluding pension deficit & restricted funds)	8,703	9,464	9,773	9,531	9,024	7,767	7,026	6,461	6,031	6,875	7,777	7,467	
Restricted funds	11,429	10,858	10,287	9,716	9,145	8,574	8,003	7,432	6,861	6,290	5,719	5,148	
Cash at bank	76,546	75,227	73,439	72,577	71,442	75,786	74,592	73,066	70,372	67,664	68,010	72,471	
Net inflow/(outflow) of funds - monthly	(1,704)	(1,319)	(1,788)	(862)	(1,135)	4,344	(1,194)	(1,526)	(2,694)	(2,708)	345	4,461	(5,779)

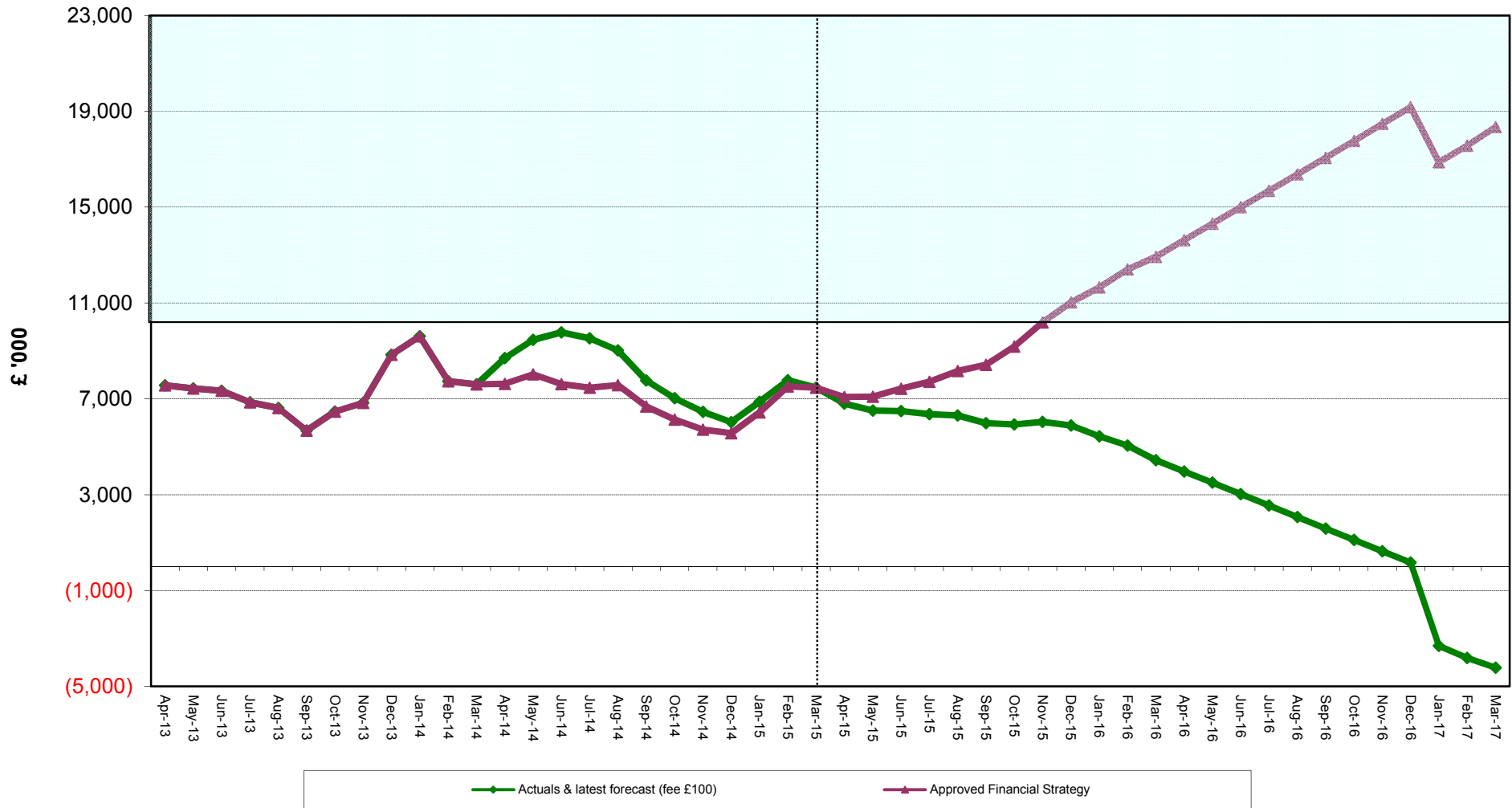
June forecast & approved financial strategy available free reserves 2014-2015
Annexe 3



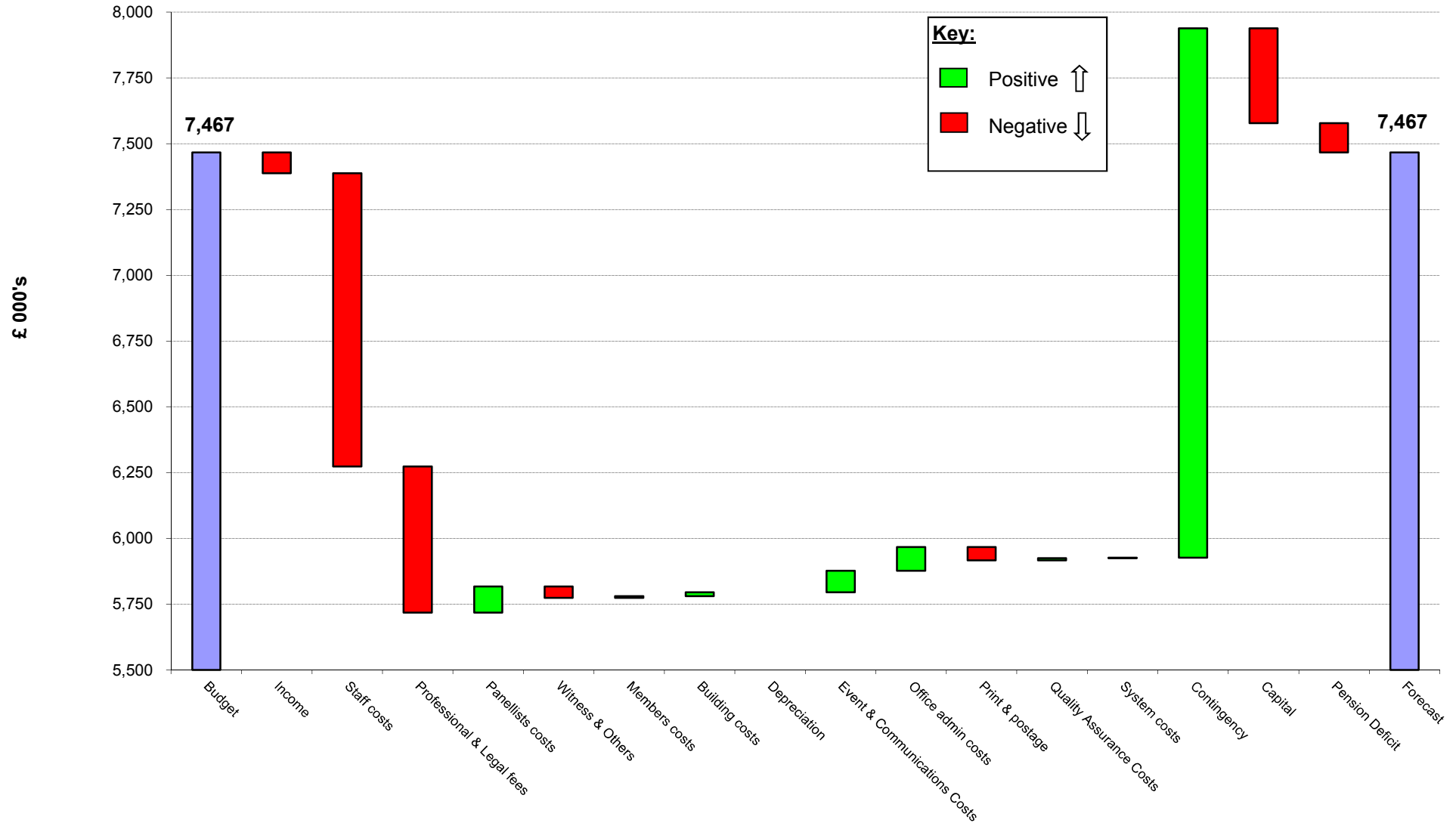
June forecast & approved financial strategy available free reserves for 2013-2017
Annexe 4



June forecast with fee at £100 & approved financial strategy available free reserves for 2013-2017
Annexe 5



**Available Free Reserves
2014-2015 Budget versus forecast by operational category**



Efficiency performance 2014-2015

	Efficiencies assured by KPMG		Actual\Forecast		Variance	
	2014-2015	Total	2014-2015	Total	2014-2015	Total
In house investigations	8,184	8,184	8,110	8,110	(74)	(74)
Shorthand writers	1,583	1,583	2,095	2,095	512	512
Cases to investigating committees	1,336	1,336	1,007	1,007	(329)	(329)
Alternative methods to case disposal	6,251	6,251	5,801	5,801	(450)	(450)
Introduction of case examiners	(36)	(36)	(36)	(36)	0	0
Total	17,318	17,318	16,977	16,977	(341)	(341)

Efficiencies assured by KPMG	2014-2015	2015-2016	2016-2017	Total
In house investigations	8,184	9,664	10,762	28,610
Shorthand writers	1,583	1,385	1,453	4,421
Cases to investigating committees	1,336	30	30	1,396
Alternative methods to case disposal	6,251	5,835	6,055	18,141
Introduction of case examiners	(36)	903	1,054	1,921
Total	17,318	17,817	19,355	54,490

Council

Corporate key performance indicators 2014-2015 and additional management information

Action:	For discussion and decision.
Issue:	Reporting on performance across the NMC.
Core regulatory function:	All of our core regulatory functions.
Corporate objectives:	The NMC corporate objectives provide the context for performance management.
Decision required:	<p>The Council is invited to:</p> <ul style="list-style-type: none"> • Discuss whether the present format of the KPI report meets the Council's requirements (paragraph 8). • Approve a target of 90% for KPI 1, for reporting against in 2014-2015 (paragraph 12). • Approve a target of 80% for KPI 2, for reporting against in 2014-2015 (paragraph 16). • Approve a target of 90% for KPI 3, for reporting against in 2014-2015 (paragraph 18). • Approve a target of £7.5m for KPI 5, for reporting against in 2014-2015 (paragraph 22). • Approve a target of 22.2% for KPI 6, for reporting against in 2014-2015 (paragraph 30). • Note the percentages of FtP cases completed within 15 months from start to end and the format these are reported in (paragraph 33). • Agree that the Executive reports back to Council on progress in relation to customer service in six months and twice yearly thereafter (paragraph 41)

Annexes: The following annexe is attached to this paper:

- Annexe 1: Customer service corporate report.

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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- Context:**
- 1 This paper sets out rationale for corporate key performance indicator (KPI) reporting in the financial year 2014-2015 and also approaches to reporting about customer service and the percentages of FtP cases completed within 15 months.
 - 2 During 2013-2014 we reported against six high level KPIs which focused predominately on our 'business as usual' activities and aimed to monitor the critical success factors with regard to discharging the NMC's role to protect patients and the public through efficient and effective regulation. We enhanced the corporate KPI reporting process by developing a supplementary Fitness to Practise (FtP) performance 'dashboard' to improve understanding of the FtP KPIs. The Council received a KPI report and FtP performance dashboard, as annexes to the Performance and risk report, at each Council meeting in the latter half of the year.
 - 3 At its March 2014 meeting, the Council was presented with a paper which recommended we carry on reporting against the same six KPIs during 2014-2015. However, the Council wanted to ensure it fully understood the context before approving the KPIs and targets. Therefore in this paper we present more context and rationale.
 - 4 In considering the KPI reporting process for 2014-2015, it is now also timely to consider the improvements required in order to meet recommendations made by various parties. These are outlined in the 'Discussion' section.

Discussion: KPIs and targets for 2014-2015

- 5 This section sets out the rationale for KPI reporting during 2014-2015. The KPI report, annexed to the separate Performance and risk report, sets out information for June in the format we propose to continue using for the remainder of 2014-2015. The KPI report can be referred to when reading this paper.
- 6 The Professional Standards Authority, in their annual performance review report for 2013/2014, had highlighted their concerns about the quality of performance management information presented from Executives to Councils across healthcare regulators during the last quarter of 2013/2014. Specifically, the PSA had stated the following:
 - 6.1 In circumstances where KPIs were not achieved, the information provided to the regulator's Council was often inadequate or unclear about the reasons for non-achievement, the remedial action being taken, or the impact that remedial action was expected to have during a particular timeframe.
 - 6.2 Insufficient detail was sometimes presented to explain the significance of the data provided, the trends illustrated by the

data, or the regulator's forecast of future performance based on the current data.

- 6.3 In some cases, the volume of information provided was excessive and potentially unhelpful to Council members' understanding of performance.
 - 6.4 Sometimes the data provided was not likely to assist in understanding the regulator's performance in a function over a period of 12 months; in particular, some regulators only provided their Councils with data relating to performance during the period since the previous Council meeting.
 - 6.5 Some data was presented in a graphic way that made it potentially difficult to understand and interpret.
- 7 We intend to continue with reporting KPIs in the same format as last year, in that for each KPI there is a table of figures and a graphical section. However, the Council is invited to suggest improvements.
- 8 **Recommendation: Discuss whether the present format of the KPI report meets the Council's requirements.**

KPI 1, registration applications

- 9 The target is calculated based on the volumes of each type of application for registration processed within the reporting period and includes periods of elapsed time whilst individuals secure places on EU Adaptation, Overseas Nursing and Midwifery Adaptation Programmes and complete the required additional training.
- 10 On this basis a 90% target would remain challenging and indeed was not quite achieved in 2013-2014, despite positive action steadily improving performance throughout the year. The planned changes to the overseas registration process during the current year are likely to impact on our ability to consistently achieve this KPI until the new approach, systems and process are fully established following the introduction of the test of competence.
- 11 Proposed year end average target (March 2015): 90%. This means that we are aiming for consistent performance and to reach 90% each month.
- 12 **Recommendation: Approve a target of 90% for KPI 1, for reporting against in 2014-2015.**

Context for FtP KPIs 2, 3 and 4

Changing the KPIs

- 13 After careful consideration, we recommend that it is not yet an appropriate time to change the investigation or adjudication KPIs (3

and 4 respectively) because we are yet to see consistent performance against either of them. We must demonstrate consistent performance against our targets in order to meet the PSA Standards of Good Regulation. There will always need to be a tolerance available for cases held up for reasons beyond our control and 10% appears reasonable.

- 14 There has been some consistency in performance against the interim order KPI (2) over the past year. However we have not managed to sustain this for an entire reporting period. The current IO KPI is currently the most challenging of all the regulators and changing the KPI or the 80% target at this point may result in the need to divert resources from other key FtP areas, potentially leading to a dip in performance in those areas. The recent IO proportionality review work which we are currently taking forward, concluded that there is a need for earlier engagement with registrants. This work may also have an impact on the IO KPI and therefore it is recommended that now is not the time to change it.

KPI 2, interim orders

- 15 Proposed year end average target (March 2015): 80%. This means that we are aiming for consistent performance and to reach 80% each month.
- 16 **Recommendation: Approve a target of 80% for KPI 2, for reporting against in 2014-2015.**

KPI 3, investigations

- 17 Proposed year end average target (March 2015): 90%. This means we are aiming for consistent performance and to reach 90% each month.
- 18 **Recommendation: Approve a target of 90% for KPI 3, for reporting against in 2014-2015.**

KPI 4, adjudications

- 19 December 2014 target: 90%. This is a spot target because it is a point in time which we are trying to reach. There is no recommendation for the Council here, as this target is a commitment we have made to the Department of Health.

KPI 5, available free reserves

- 20 A budgeted figure of £7.5m for March 2015 was approved by the Council in the budget for 2014-2015 and forms part of the NMC's action plan to bring available free reserves to a minimum of £10m by January 2016. This was a condition in accepting the Department of Health's £20m grant in 2012. We therefore recommend that this

figure is set as the target and that it is not altered at this stage because it has already been approved.

- 21 Proposed year end (March 2015) target: £7.5m. This is a spot target because it is a point in time which we are aiming to reach.
- 22 **Recommendation: Approve a target of £7.5m for KPI 5, for reporting against in 2014-2015.**

KPI 6, staff turnover rate

- 23 The following paragraphs outline the context for setting a target for KPI 6.
- 24 **Benchmarking:** It is possible to benchmark staff turnover against a range of organisations. However, the turnover has to be considered in the specific context of our organisation. In comparison with other healthcare regulators of varying headcount sizes, our intelligence indicates a very broad spectrum of 7.3% to 41% for other regulators.
- 25 Factors that may contribute negatively to employee turnover:
- 25.1 **Employee composition:** The NMC employee composition shows the majority of staff are aged under 40 and this corresponds to the theory of 'Generation Y' which means the generation born in the 1980s and 1990s, who have an outlook that encompasses freedom, change and familiarity with communications and technology. Research by the management school, Ashridge, shows that this generation views the cut off with an employer at around two years, and that they do not necessarily want to progress in one organisation for example into their managers' positions. The NMC attracts a large proportion of its workforce from under 40 with 74.2%, and this correlates with the pattern of staff leaving at around two to three years of service.

Age range	Total	%
19-29	185	34.3%
30-39	215	39.9%
40-49	81	15.0%
50-59	57	10.6%
60+	1	0.2%
Total	539	100%

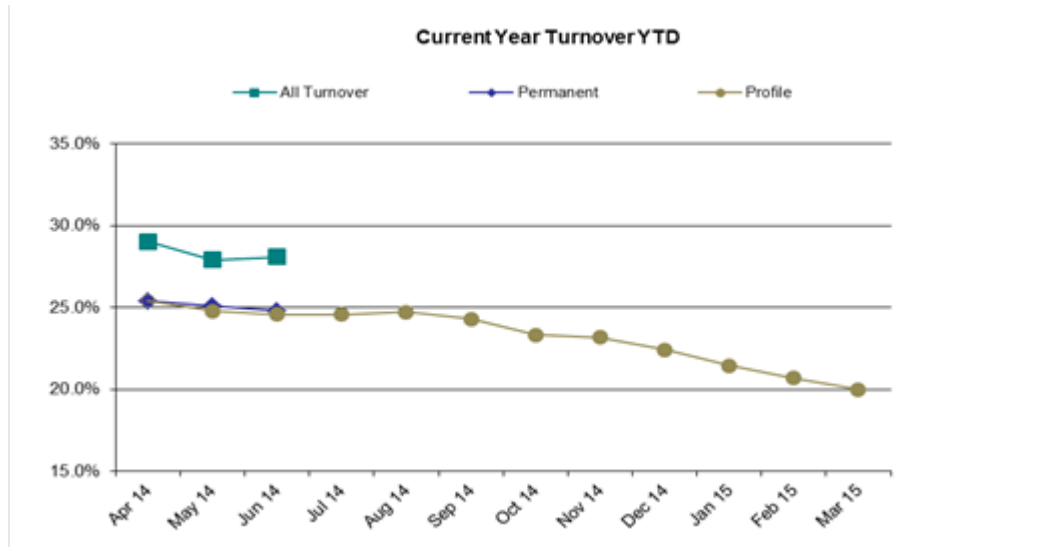
- 25.2 **Pay and Grading Review: Pay progression.** Following the conclusion of the pay and grading review, employees are keen to know how pay progression will be applied and when, given that the review itself brought, in most cases, employees to the lowest point of the pay band when compared to the market place. Proposals will be developed during 2014-2015

and may impact positively on turnover in future years but not this year.

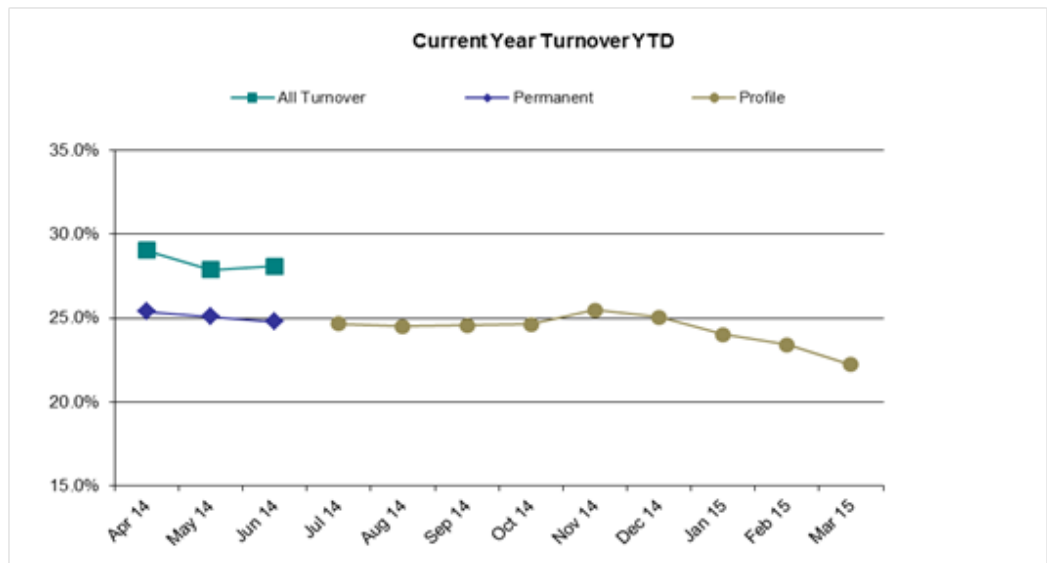
- 25.3 **Staff Survey results 2014.** Supporting the point made above about the age profile of our workforce, in the survey employees were asked the question “I would still like to be working at the NMC in two years' time”. Only 48% of NMC staff said they agreed, indicating that an expectation of low turnover is unrealistic for the organisation we are.
- 26 Factors that may contribute positively to employee turnover:
- 26.1 **Pay and Grading Review: Job Families.** The pay and grading review resulted in a number of new developments for the NMC that will take time to embed, including the creation of job families for specific roles for example Human Resources, Legal, and Finance. Each job family has its own market derived pay levels, assessed independently, which replaced one set of narrow pay bands. The job families allow for the development of career development principles including talent and succession management. Job family heads are formulating and developing an inclusive approach that builds upon performance management, learning and development, and the understanding of how an individual may progress within or between job families when vacancies occur.
- 26.2 **Benefits Review.** In parallel with pay and grading a review was undertaken of the NMC employee benefits which resulted in the harmonisation of annual leave so that all staff, as of 1 April 2014, were entitled to 30 days leave, replacing a scheme that benefited staff over time or through a link between grade and seniority in the organisation. Following employee engagement additional benefits were introduced to increase equity and fairness and our employment offer. The changes to the NMC benefits package were implemented from 1 April 2014 and the impact can only be assessed in the longer term.
- 26.3 **Staff Survey 2014.** The historical comparison of those who took part in the staff survey in both 2013 and 2014 shows that overall, on the majority of questions asked, general improvements are evidenced; 43% of staff, compared to 29% in 2013, feel they have the right opportunities to learn and grow at work; 80% of staff, compared to the previous 69%, declare that their team has clear aims and objectives, which is linked to improvements made with performance management; and 60% of staff note that they receive the training they need to do their job well, compared to 49% in the year before. The survey results as a whole demonstrate that leaders and managers within the NMC have listened to staff and acted on feedback, making changes which are assisting with cultural and organisational improvements, and thereby making the

organisation better able to attract and retain staff.

- 27 The following paragraphs provide more detail about the possible targets to use in 2014-2015 for KPI 6.



Profile was calculated in April 2014



Profile was re-evaluated in July 2014 based on progress of first quarter

- 28 **Target Option 1:** Target for March 2015 of **20%**. This is a spot target at 31 March 2015, calculated as a 12 month average. It is considered a very challenging target. Taking into account information from the first quarter of 2014, a new profile was created in July to give a more accurate projection for the year ahead. As the new July profiled figure for March 2015 is 22.2%, a target of 20% appears unrealistically achievable.
- 29 **Target Option 2 (recommended):** Target for March 2015 of **22.2%**. This is a spot target and is based on forecasts for the year recalculated in July, and taking into account analysis of the actual

figures for the first quarter of the financial year. The target is challenging but is considered more realistically achievable than Option 1.

29.1 This target is based on an analysis of current and historic turnover trends. For the 1st quarter of 2014-2015 permanent employee turnover has been recorded at 10 leavers in April and 9 leavers in each of May and June. The target figure of 22.2% is based on a further loss of up to 9 employees per month over the remaining period, and is a 1% overall reduction on the previous target of 23.2% for 2013-2014 and a 4.1% reduction on the 2013-2014 actual turnover (26.3% - 22.2%). The reduction on turnover over 2013-2014 compared to the previous year was 21%. This further reduction in 2014-2015 would yield a further 15.5% reduction on 2013-2014 levels.

30 Recommendation: Approve a target of 22.2% for KPI 6, for reporting against in 2014-2015.

FtP cases completed within 15 months from start to end

31 The Health Committee's expectation is that we are to aim to commence reporting from the start of 2015 against a KPI which measures, against a target, the proportion of FtP cases completed within 15 months from start to end.

31.1 In our response to the Health Committee in February 2014, we had stated that reporting against such a KPI would be dependent on meeting the adjudication KPI in December 2014 and also on legislative changes and the resulting process changes these would allow.

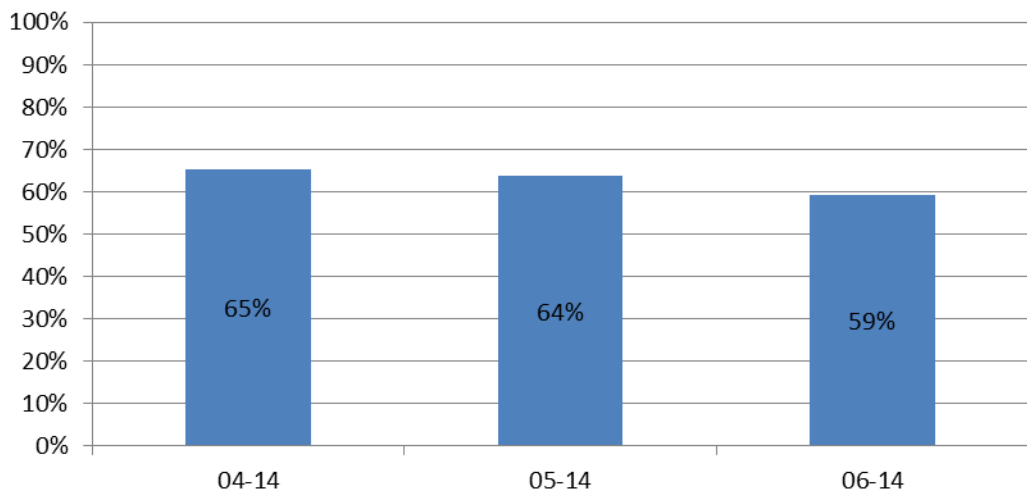
31.2 Subsequently, in the Performance and risk report to the Council at its June meeting, we set out the latest position which was that 63% of cases were completed within 15 months for the year 2013-2014. To make significant improvement, we would need to reduce investigation timescales to 9 months to achieve an overall end to end process of 15 months consistently. This was not feasible based on the majority of cases in the caseload. However, the speed with which cases complete investigations should accelerate with the introduction of case examiners in March 2015.

31.3 Accordingly we suggested at the June Council meeting that it was premature to set a new 15 month KPI and target at that point. Instead, we were to bring considered options for a new 15 month end to end KPI and a challenging but realistic target to the December 2014 Council meeting. By that stage, we

would have a clearer picture of the benefits of our new ways of working in investigating cases and the start date for case examiners.

- 31.4 In the meantime the Council agreed at its June meeting that from July 2014, we would report publically on the percentage of cases resolved from start to finish within 15 months, alongside existing FtP KPIs. This information is presented here to the Council for the first time and will be included as part of the Performance and risk report in future.

The percentage of cases which have been completed within 15 months of opening the case



- 32 By completed, the case has either been:

- 32.1 Investigated at Screening and closed (with an identified registrant and PIN).
- 32.2 Closed no case to answer by Investigating Committee.
- 32.3 Closed following voluntary removal.
- 32.4 Concluded at a final hearing or meeting with a finding of 'not impaired' or impaired with/without a sanction.

- 33 Recommendation: Note the percentages of FtP cases completed within 15 months from start to end and the format these are reported in.**

Customer service management information

- 34 At its previous meetings, the Council had recommended the following:

- 34.1 Reporting qualitative measures about performance, rather than solely reporting quantitative information. Customer

service was suggested as an area for which qualitative measures could be developed and reported.

- 34.2 Reporting about improvements to the NMC witness experience, an area of action we had committed to in our response to the Francis report.
- 35 We know that we need to do more to address the PSA's findings in relation to our customer service, particularly in FtP and Registration.
- 36 Customer service improvement work is outlined in directorate business plans, and various updates can be found in the quarter 1 report annexe to the Performance and risk report on the Council agenda.
- 37 We currently measure customer services in a variety of ways. Data for corporate complaints and Fitness to Practise are presented in Annexe 1.
- 38 There is currently no reliable measure of customer service satisfaction in relation to Registration. However, we have a set of subsidiary performance indicators for Registration that relate to customer service. They are:
- 38.1 Percentage of UK applications processed within 5 days.
- 38.2 Percentage of EU applications processed within 90 days and the percentage processed within 182 days.
- 38.3 Percentage of overseas applications processed within 90 days and the percentage processed within 182 days.
- 38.4 Percentage of helpline calls answered in less than 40 seconds and the percentage of calls abandoned.
- 38.5 Percentage of registration appeals heard within 8 months.
- 39 These subsidiary performance indicators are currently reported to the Executive Board on a monthly basis and Council in the Performance and Risk report on an exception basis. The Registration directorate is currently developing a dashboard which will replace the current subsidiary performance indicators and which will include measures relating to customer service satisfaction. The dashboard will be reported to Council as part of the Performance and Risk report.
- 40 Alongside this work, we are developing a corporate approach to customer service, including considering approaches to reporting on customer satisfaction.

41 Recommendation: Agree that the Executive reports back to Council on progress in relation to customer service in six months and twice yearly thereafter.

Public protection implications:

42 Public protection implications are considered when reviewing performance and the factors behind poor or good performance.

Resource implications:

43 No direct resource implications.

Equality and diversity implications:

44 No direct equality and diversity implications.

Stakeholder engagement:

45 The performance information in this paper is in the public domain.

Risk implications:

46 The performance information may highlight risks or areas of risk to the organisation. There is a dependency on the performance information to be accurate and robust.

Legal implications:

47 No direct legal implications.

30 July 2014

Customer service corporate report

Corporate complaints

- 1 152 complaints were received by the Complaints department in quarter 1 of 2014:

April 2014	May 2014	June 2014	Q1 Total
46	55	51	152

These are made up of Stage 2 and Stage 3 complaints which are formally handled by the Complaints department.

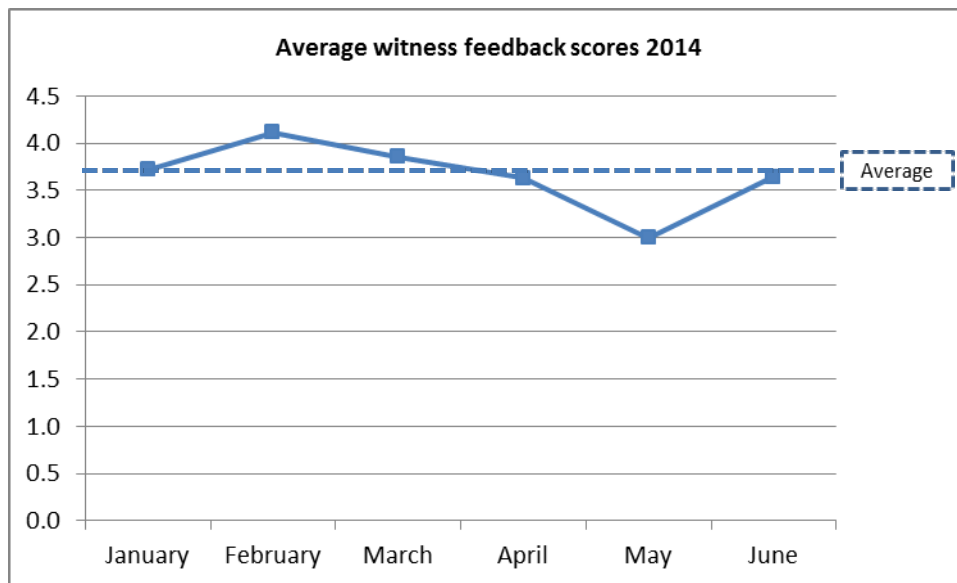
'Local' complaints are classified as Stage 1 complaints which means they are resolved at a directorate or team level and are not raised to, handled or logged centrally within the Complaints department. Stage 1 complaints are not counted in the figures here.

- 2 Top three themes from complaints received during quarter 1:
- 2.1 Delay - 27% (41 complaints out of 152). These complaints were about the time taken to progress matters, for example, time taken to progress an FtP case or a registration application.
- 2.2 Dissatisfaction with FtP processes or outcomes (for any stage of investigation) - 22% (34 complaints out of 152).
- 2.3 Fees - 14% (21 complaints out of 152). These were about the current registration fee proposals and the fee increase which took place in 2013.
- 3 Response rates for quarter 1:
- 3.1 April - 53%; we responded to 25 complaints out of 47 within 20 working days.
- 3.2 May - 74%; we responded to 37 complaints out of 50 within 20 working days.
- 3.3 June - 77%; we responded to 43 complaints out of 56 within 20 working days.
- 3.4 Please note these figures are not the same as the figures received, as we are working in arrears due to the 20 working day response date. Therefore these figures are those responded to within these months, as those received during April to June will not necessarily require a response until July, August etc.

Customer service in Fitness to Practise

4 Witness feedback

- 4.1 Following a witness' engagement with the Fitness to Practise (FtP) process, witnesses are asked to complete a feedback form on our website (although paper copies of the form are available upon request). The form asks witnesses to rate the level of service they received in 13 different areas, giving scores between one (poor service) and five (excellent service). Witnesses are also asked to answer two open questions whereby they can describe areas where we did particularly well, and those where we could improve.



- 4.2 The above graph shows the feedback received during January to June 2014 (excluding the two open questions). Overall, these results are positive; the average score across all questions is 3.7, demonstrating above-satisfactory service.
- 4.3 The number of responses received was as follows: 15 in April, 8 in May, and 11 in June, giving a total of 34 for the quarter.

What we are doing to improve the witness experience

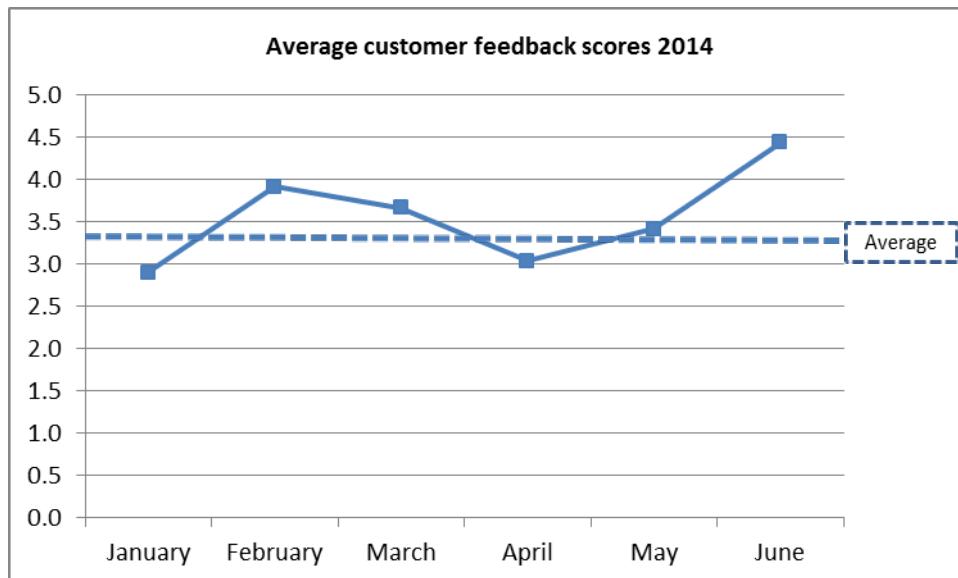
- 4.4 As part of the commitment we gave within our response to the Francis Report in July 2013, we have been making changes to improve the witness experience. This has involved improving the information available to our witnesses on our website, and making improvements to our witness waiting rooms. Furthermore, we are currently recruiting for a dedicated witness liaison team, which will support witnesses throughout the FtP process.
- 4.5 Through the analysis of the feedback we receive, our Service Improvement team is committed to identifying further areas for improvement. Furthermore, we are looking at ways of improving the quantity of feedback

that we receive to ensure that our analysis and resulting actions are meaningful and relevant.

- 4.6 We will be providing an update to the Council at a future meeting, regarding our progress against our commitment to improve the witness experience and our plans for future improvements.

5 General customer service feedback

- 5.1 Once an FtP case concludes, case parties are asked to complete our customer service feedback form, which is available on our website (although paper copies can be requested). This form asks our customers to rate the level of service they received in ten different areas between one (strongly disagree, indicating poor service) and five (strongly agree, indicating excellent service). Customers are also asked to answer two open questions whereby they can describe areas where we did particularly well, and those where we could improve



- 5.2 The above graph shows the customer service feedback received during 2014 to date (excluding the two open questions). Overall, these results are positive; the average score across all questions is 3.4, demonstrating above-satisfactory service. However, the average response to the questions concerning keeping customers up to date and satisfactorily answering their questions dips below three, indicating areas for improvement that we must prioritise.
- 5.3 The number of responses received was as follows: 13 in April, 10 in May, and 7 in June, giving a total of 30 for the quarter.

Next steps for improvement

- 5.4 Through the analysis of our customer service feedback, our Service Improvement team will continue to identify and act upon the areas for improvement identified. Furthermore we are looking at revisiting our

customer service standards and are looking to develop a plan that we hope will ultimately result in us receiving formal accreditation for our customer service standards. We are also looking at ways of increasing the amount of customer service feedback we receive, as this will provide us with more robust and meaningful data to analyse, allowing us to confidently identify areas where we need to improve.

Council

NMC Strategy 2015-20

Action: For decision.

Issue: A draft strategy for 2015-20 is appended for consideration by Council.

Core regulatory function: All.

Corporate objectives: All.

Decision required: The Council is recommended to consider and approve the strategy document as a working draft.

Annexes: The following annexe is attached to this paper:

Annexe 1: DRAFT NMC Strategy 2015 - 2020

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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- Context:**
- 1 In July 2013, the Council agreed to develop a strategy to set out the direction of travel for the NMC.
 - 2 The Council opted to develop a five year strategy starting in April 2015, so that it provided direction for the organisation as it emerged from the period during which its objectives were substantially defined by the PSA's strategic review of 2012.
 - 3 At its June 2014 meeting, the Council endorsed an approach to the strategy that comprised: an overarching statement of the public protection purpose of the NMC; three strategic priority areas for the next period, underpinned by an 'effective organisation' theme.
 - 4 The strategy is presented to the Council as a working draft. Further stakeholder engagement is planned for the Autumn and there will also be an opportunity for a task group of Council members to meet to ensure that engagement shapes the final version of the strategy and account is taken of any new considerations that arise in the latter part of 2014.
 - 5 The strategy sets out what sort of regulator we want to be, and does not contain the detail of the work we will do in order to bring about the desired change. This sits within our corporate plan and if the draft is approved, we will use the draft strategy as a backdrop for our next business planning round, which will get underway in Autumn 2014.
 - 6 A plain English edit will be undertaken.
 - 7 The delivery of the strategy will be overseen by the Change Board in its next phase of work.
- Public protection:**
- 8 The strategy will affirm that public protection remains the primary focus of the NMC. It will emphasise that contribution made by regulation to public protection is as much about contributing to conditions in which professionals do the right thing as it is about acting when they fail to meet expected standards.
- Resource implications:**
- 9 Staff time associated with producing the strategy is included in the current budget; it will inform the business planning and budget setting that will start at the end of 2014 for the next financial year.
- Equality and diversity implications:**
- 10 The strategy retains 'inclusive' as one of the NMC's values, and the draft makes reference to assuring the fairness of our processes, improving our equality data and valuing diversity as an employer. The strategy presents no immediate equality and diversity implications but the equality impact of work arising from the strategy

will be conducted in line with requirements.

- | | | |
|--------------------------------|----|--|
| Stakeholder engagement: | 11 | The development of the strategy has benefitted from engagement with the Council, NMC staff, key external stakeholders, and discussion with staff responsible for strategy development from other regulators. Subject to the Council approving the draft, further engagement will take place to refine the document. |
| Risk implications: | 12 | There are risks inherent in producing a strategy in a fast changing environment, but these are fewer than the risks of not doing so. Mitigations include developing strategy at a level that allows for responsiveness to developments during the period covered, and continuing to draw on good quality insight into the strategic context, which will inform periodic review. |
| Legal implications: | 13 | Of necessity, there are aspects of the strategy that are predicated on opportunities for legislative change that we cannot be sure will be forthcoming. We can only commit to pursuing such opportunities, because they are essential for the changes we want to make. The strategy also acknowledges that the NMC will be expected to respond to the imperatives for change whatever the developments in our legislative framework. |

Annexe 1

NMC Strategy 2015-20

Introduction

The Nursing and Midwifery Council is the regulatory body 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 in order to command public confidence, demonstrating fairness, transparency, timeliness and accuracy.

In 2012 the Professional Standards Authority (PSA) carried out a strategic review of the NMC and made a series of recommendations about how we should improve. Our focus since 2012 has been on meeting these recommendations and in this we believe that have made good progress.

The time is now right for us to be looking into the future and setting out how we think we should develop as a regulator over the next five years. We need to continue to improve our effectiveness in delivering our core functions, to develop and innovate in response to new imperatives, and remain vigilant about how we spend registration fees.

Public expectations of regulators have moved on in recent years, particularly as a result of the Francis reports into failings at Mid Staffordshire NHS Foundation Trust. We need to get better at sharing information and taking action where concerns arise. We know better intelligence will improve our performance but the extent of its impact on how we regulate is uncharted territory – can we aspire to anticipate and prevent problems? We also know that we will require stronger capabilities in information-sharing, partnership, analysis and horizon scanning.

We will work with others promote a clear vision of professional regulation as a tool for public protection, with the register at the heart of what we do, generating confidence among the public, providing assurance for employers and professional standing for registrants. Revalidation will add value, placing the Code at the heart of the daily practice of nurses and midwives. It will shift our relationship with those on our register to become more proactive rather than reactive.

Regulators have an important role to play in public protection, but we acknowledge the limitations of our role, as we are not present where care is given. The best safeguards of public protection are nurses and midwives who have the expertise and values to promote and when necessary defend high standards, and patients and service users empowered to demand them. The way we regulate can help create the conditions in which those directly involved in giving and receiving care are able to do so more reliably.

We cannot predict with certainty what the next five years will bring and we know we may need to flex our plans to meet unanticipated challenges. But we can use foresight to prepare for what is likely to be expected of us. This strategy sets out where we think we should focus our energies to best effect in pursuit of the high standards we all deserve when we need the care of nurses and midwives.

Mark Addison
Chair

Jackie Smith
Chief Executive

Our values

We are accountable

- We act in the best interests of people who use the services of nurses and midwives
- We take responsibility for our actions and are open and transparent

We are fair

- We act with integrity and can be trusted to use our powers responsibly
- We are consistent in the way we deal with people and show consideration and understanding

We are professional

- We are known for our expertise and work to high standards in all we do
- We look for innovative solutions and learn from our mistakes

We are progressive

- We provide strategic direction and lead the way in modern healthcare regulation
- We build and maintain networks and work in partnership with others to fulfil our aims

We are inclusive

- We respect and value everyone for their contribution, celebrate peoples' differences and provide equal opportunities for all
- We consult, encourage feedback, listen and respond to our stakeholders

The environment in which we work

Nurses and midwives deliver care in a very wide range of settings, from hospitals, surgeries and care homes, to community-based services and service users' own homes. They also work in related fields such as education, management and policy. Our challenge is to regulate such a large and diverse workforce: to communicate effectively with all of our registrants; and to set and uphold standards that are meaningful and appropriate for a wide range of nursing and midwifery roles.

Regulation in the wake of the Francis reports into Mid Staffordshire NHS Foundation Trust

The health sector has been profoundly affected by the two reports of Robert Francis QC into systemic failings of care at Mid Staffordshire NHS Foundation Trust. Everybody involved in health is focused on learning the lessons of Francis and striving to make sure concerns are picked up and acted upon before they result in patient harm. There is a clear expectation that regulators will improve their understanding of what they know about their registers, from their own data or that of others, and ensure that the way they regulate increasingly focuses on identifying risk and where possible, preventing harm.

We anticipate that this will continue to be an important aspect of our work over the next five years. This strategy addresses improving our knowledge and starting to think about how new knowledge may change how we regulate.

A stronger voice for patients and service users

One of the key messages from Mid Staffordshire was that harm could have been prevented if patients and their families had been listened to.

High profile failings in care have led to informed and articulate commentators from the user perspective, and it is increasingly common for policy development and public discourse to involve patients' organisations or experts by experience.

Greater transparency of healthcare data will lead to more discernment and scrutiny on the part of the public. The health and care sectors recognise that better involvement of increasingly 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

We have an ageing population with more complex co-morbidities and a higher proportion of the population living with chronic conditions that seldom require hospitalisation and which in many cases, can be managed with support by patients themselves. We know we need more community-based healthcare delivery and permeable boundaries between health and social care. Some parts of the UK have gone further than others towards integration.

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

These changes, along with ongoing debate about the necessary numbers and types of healthcare professionals will continue to drive a global recruitment market as well as a discourse about the shape and nature of nurse and midwife education.

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 – positive and negative – on experiences of services and professionals. Some patients and users will feel less anxious about sharing their views via these media. Patients are also using technology to source evidence about treatment which is subtly changing the relationship between the expert practitioner and the service user.

More sophisticated and more localised data about healthcare will become available. Data about infection, mortality rates, complaints and concerns, avoidable admissions and acuity rates will be used by patients and others. We need to be aware of the effect this may have on the 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 strengthen an aspect of education.

Devolution and divergence

The NMC regulates nurses and midwives in England, Northern Ireland, Scotland and Wales. Health is a devolved matter and divergence is an increasing trend in health care policymaking. There are differences in the role of competition in healthcare, of integration between health and social care, and around the evolution of some roles. The regulation of healthcare professionals is a UK wide matter, meaning that the public can be assured that a nurse or midwife in any part of the UK is working to the same standards. To maintain that settlement, UK regulators such as the NMC need to cultivate sound awareness of the priorities for and differences in healthcare and professional education in each part of the UK, via strong relationships and good intelligence.

Legislative change

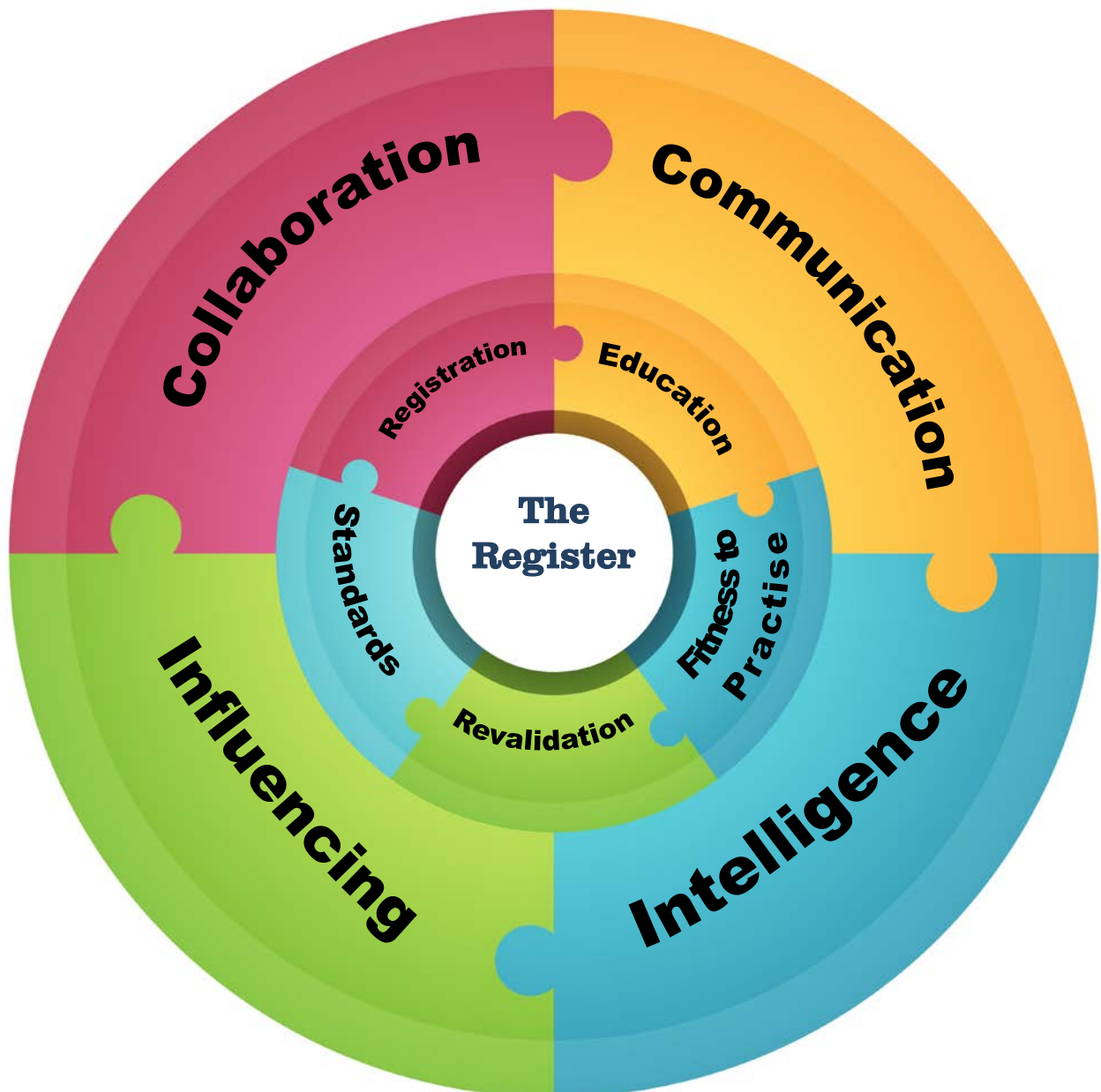
The landscape described here is constantly changing and that is why we want changes to our legislation that allow us to adapt and improve. We believe the public would be better served by legislation that sets out the ends of regulation without specifying the detailed means. Our means and our overall performance are subject to considerable scrutiny. Regrettably, Parliamentary time was not found for a comprehensive Bill on healthcare regulation in the last parliament. However, we are clear that our current legislation ties us to a mode of regulation which is not sustainable, so over the period covered by this strategy, we will need legislative change.

Our overarching purpose

Our overarching purpose is to protect the public. Regulation is also intended to uphold professional standards, and promote public confidence in the professions. Sometimes these objectives are best met through the exercise of our core statutory functions: setting and promoting standards of education and practice, maintaining a register of those who meet these standards, and taking action when a nurse or midwife's fitness to practise is called into question.

For the last two years our focus has been on securing improvements in these primary regulatory levers over standards of nursing and midwifery. There is no change of emphasis for 2015-20: regulatory effectiveness is our first strategic priority. Anything else we do is predicated on secure consistent performance in our core functions.

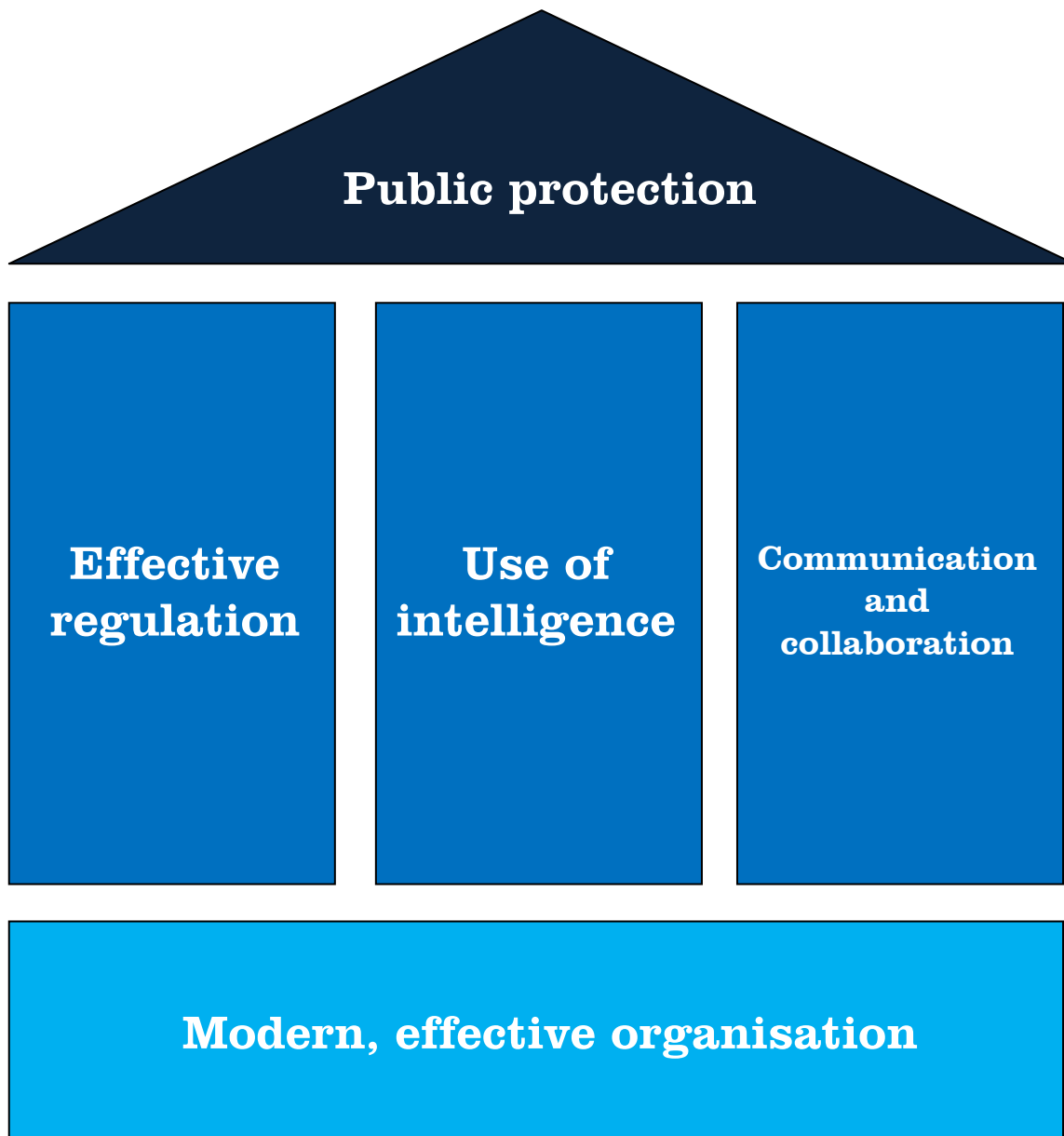
But there are other ways in which regulators can protect the public. These might be called secondary regulatory levers. Our second and third strategic objectives are concerned with getting better at using these levers to deliver our overarching purpose, in support of our core functions. The figure below summarises how we see these levers working together.



Our vision for the NMC over the next five years involves a progressive shift in where we place our energies as a regulator. We want to secure a consistently good performance in the fundamentals of regulation so that we can make more effective use of our secondary levers to fulfil our overarching purpose: intelligence and insight on the one hand and communication and collaboration on the other. Through these capabilities we will improve on the contribution we make to public protection through the exercise of our core functions.

We must also rebalance our efforts across our core functions. The NMC's sustainability, as well as our effectiveness, depends on us spending less time and money on the small proportion of nurses and midwives about whom complaints are made and more on areas such as education and standards where we can prevent poor practice and support good practice.

We know that regulating differently, to place greater emphasis on areas such as education, will make new demands on our organisation and our people. For this reason all of our priorities for 2015-20 are underpinned by a strong focus on organisational effectiveness.



Our priorities

Strategic priority 1: regulatory effectiveness

Why this is important

There is a set of statutory regulatory functions at the heart of what we do, and we must do these consistently well in order to protect the public and secure public confidence. These core functions are concerned with setting the right standards to join and remain on the register, maintaining a register that assures patients and the public about the people providing their care, and limiting or removing the right to practise when nurses or midwives fail to meet standards of safe and effective practice. They all involve the exercise of judgement in a fair and proportionate manner. Our efforts in recent years have been focused on improvements in these core functions and this will remain our priority over the next period.

A sound basis for our core functions

Underpinning effective regulation is a clear line running from primary and secondary legislation, through high level regulatory policy, to the operational policy and procedures that ensure we make sound decisions in our core functions.

We will further develop our systems for quality assurance and oversight to ensure there are always clear lines from our statutory powers and duties to our actions.

Our policies will be cast within our legislative powers, with reference to our own Order and rules, and other legislation that applies to us – for example, EU directives, equalities legislation and so on.

Strategic direction for each of our core functions

We will ensure that we have clear strategic objectives for each of our core functions which are reflected in the policies agreed by Council, and the procedures and guidance governing our actions.

We will define quality for each of our core functions incorporating the views of stakeholders, as a basis for the evaluation of our impact on public protection and public confidence. We will continue to measure factors such as speed that are important for efficiency and customer service but we will focus more on the quality of our judgements. Quality criteria will include considerations such as whether the way we regulate embodies our values, promotes or inhibits professionalism, and external measures such as the PSA's standards of good regulation and the principles of better regulation.

The introduction of revalidation provides an opportunity for a more outcomes-based focus to a new core regulatory approach. We will evaluate the first phase of revalidation to determine how, if at all, the process may need to evolve. Our education strategy will set out how we intend to develop and use greater insight to improve our impact on the next generation of nurses and midwives. As we secure operational improvements in registrations and fitness to practise we will develop a more strategic approach to how these functions contribute to public protection.

Legislative reform

We are clear that aspects of our legislative framework make it harder for us to be an efficient and effective regulator. We will continue to press for reforms to our legislation and we will

manage change resulting from legislation effectively. We recognise that our stakeholders expect us to continue to deliver measurable improvements whatever the pace or extent of legislative change, and we are committed to doing the best we can within our current framework.

The future:

- The shape and content of our register will support our purpose of public protection.
- Our standards for entry to the register (UK, EU and overseas) will command confidence, and language testing will be an option in the case of overseas registrants.
- We will have fit for purpose legislation that allows us to adapt and improve within a framework and with accountability.
- Revalidation will be a catalyst for a stronger frontline focus on the Code and standards
- We will routinely evaluate how we deliver our core functions to against our strategic objectives for each.
- Fewer of our judgements will be subject to challenge.
- We will know what our stakeholders think good looks like and will be performing well on those indices.

Strategic priority 2: intelligent regulation

Why this is important

Our systems have been designed to support our operations but they are not fit for the purposes of developing and using intelligence. Knowing what our own data tell us, and making effective use of what others know and share, are now core competencies for regulators. The NMC in common with other regulators is rethinking the significance of intelligence to our overarching purpose. We are all in the early stages of understanding how much public benefit we can deliver through this activity. We know that intelligence will help us respond better to risks. We hope we can go further into the prediction and prevention of harm.

Building our capability

We will be clear about the data we need to hold or to use to be an intelligent professional regulator.

We will continue to implement our corporate data strategy which is designed to improve the relevance, quality, utility and governance of our data. The strategy will consider or sources of data, for example data we collect from the quality assurance of nursing and midwifery education programmes.

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 our regulatory approach.

Using intelligence well

Our primary purpose in focusing on intelligence is to gain new insights into what we do and its impact on our overarching purpose, in order that we can become a better regulator. 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 build a fuller picture of 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, and improve the quality of our influencing, and public commentary.

Where there is a legitimate public interest in our data we aspire over time to make anonymised data available on an open source basis.

Evidence-informed regulation

Our stakeholders have a right to know the evidence base for our approach to regulation. We will increasingly make this publicly available for interrogation, because we benefit from the active scrutiny of what we do. This is particularly true of the relationship between our core functions: how does our fitness to practise work feed inform our standards? How will revalidation shape return to practice programmes?

We will develop and implement an outcomes-based evaluation model and hold to the discipline of evaluating all substantial changes to our regulatory approach and refining our practice in the light of findings where needed.

Improved information about the registrant population will allow us to understand better the experiences of nurses and midwives in different practice settings or with different protected characteristics. This will help us ensure our regulatory processes are fair and transparent.

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 Health Committee in their scrutiny of our work.

The future:

- We have richer data about our registrants and our sector and we use this well.
- We have sound equality and diversity data and this means we know we are fair.
- We analyse career trajectories and we set these against place of training, practice setting, revalidation and referral in pursuit of new knowledge about what supports and inhibits good practice.
- We produce rich standard data reports and we share analysis and insights from our core functions, including revalidation audit.
- We can meet stakeholders' needs for data by setting, profession, region or nation.
- We will be an effective partner contributing to a robust collective understanding of risk and this understanding will be shaping our regulatory approach
- We will be well placed to assure those to whom we are accountable through strong evidence.

Strategic priority 3: collaboration and communication

Why this is important

Regulators have a complex set of stakeholders and this priority is about the quality of our relationships, not as an end in themselves but as a means of fulfilling our overarching purpose. We acknowledge that we carry out our core functions at some distance from the delivery of health and care. This means we need to think creatively about how we influence the behaviour of registrants and patients, employers and educators in order to fulfil our overarching purpose. Sometimes we will achieve our goals through a statutory tool, such as issuing a standard. At other times, a media campaign may be more responsive and proportionate.

Some of our goals are shared with others and may be best pursued in partnership. As we do better in our core functions we will increase the sophistication with which we use other levers of influence. Getting the basics right consistently also gives us the authority to exercise other forms of influence, so that being effective and becoming respected go hand in hand.

Greater public understanding of our role and how to use our services

We will prioritise public awareness of our role over the next five years. When the public needs us, our role needs to be clear and it must be straightforward to use our services.

We will continue to improve our materials for patients and the public, and use our relationships with patient and consumer rights groups who are well placed to promote our role where care is given. We will publicise how patients and the public can get involved in our work. We will promote the Code via materials for patients and service users, helping them to be assertive about the standards of care they can expect.

Promoting professionalism

We will invest in learning more about professionalism in nursing and midwifery, and promoting what we learn to help the sector improve. We will investigate the characteristics of resilient professionals, who do not compromise on standards of care whatever the environmental pressures. We will explore what makes for effective remediation – knowledge that can prevent fitness to practise cases, and ensure that nurses and midwives are not lost to the professions when with the right support they can maintain and improve their fitness to practise.

Importantly, revalidation supports 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, and at the same time develop a deeper understanding of the factors that influence the quality of nursing and midwifery care, making us more effective as a regulator.

We will participate in debates about regulation or healthcare where we have expertise from our statutory role to add, and where doing so will further our core purpose of public protection.

Stakeholder insight to inform our improvement

We will learn from stakeholders, whether through queries, structured feedback or complaints. We will use stakeholder perceptions to improve and to and measure our improvement.

Digital strategy

An ambitious digital strategy will be essential for an organisation with a large register and a sizeable community of interest in what we do. More of our business will be transacted online, improving accuracy and efficiency. Our improved website will provide a platform for better, two

way communication. While we anticipate a future that is 'digital by default' we accept that this will not always be the right communication channel for all of our purposes and audiences, and we will select our communications methods carefully.

Social media helps us reach our stakeholders in an immediate and engaging way, and there is more potential to explore.

Support for regulation closer to the frontline

We will develop a model of regional liaison, to provide closer support for professional leaders and employers in their work to maintain and improve standards of nursing and midwifery. Regional representatives will provide guidance on handling concerns about nurses and midwives, and support the introduction of revalidation. They will form networks with others in their area involved in quality and safety, such as system regulators and education commissioners. These networks will enrich intelligence sharing and risk surveillance.

Impact through partnership

The NMC has a number of partnership agreements with other bodies, and over the period covered by this strategy we intend to drive improvements in our partnership working on a number of fronts: information sharing, joint activity and measurement of the impact of collaborative work. In addition to standing partnership agreements we will make increasing use of strategic collaboration to further specific goals, such as working through patient advocacy groups to disseminate information. We will establish and develop links with international partners where this adds value to delivery of our overarching purpose.

Beyond collaboration

Our values include progressiveness and we will actively encourage proposals that go beyond partnership, into shared services or other new models of regulatory delivery.

The future:

- Effective use of digital to broaden and deepen our communications
- Pursuing continuous improvement in understanding of our role and confidence in how we fulfil it.
- Routine use of perceptions surveys to measure understanding and confidence
- An effective regional function and strategic partnerships that contribute to public protection
- Effective support for employers to deal effectively with cases that will never reach the bar for regulatory action, current impairment.
- 'Right first time' guidance and forms reducing the time and cost associated with core functions such as registration and referral

An effective organisation

Why this is important

The NMC will need to manage a significant amount of change over the next five years, without losing focus on consistently strong performance in its 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 build on improvements to date in our culture, systems, and resource management. We recognise that the next stage of our development will make different demands of our Council, Executive, and staff at all levels.

Good governance and strong leadership

This strategy represents a clear and shared view on the part of our Council and Executive about what good looks like for the period ahead. It will help us to monitor our performance on the basis of outcomes, not activities. The Council will hold the Executive to account for translating this vision into the supporting strategies that will help the organisation to deliver, including strategies concerning human resources, accommodation, finance, IT and QA as well as those for our core functions.

High performing operations

Our first strategic goal is regulatory effectiveness, and we have set out how we will focus on the outcomes rather than the processes involved in our core functions. This does not imply that effective, reliable operations are not of critical importance to public protection. We must process applications and renewals with speed, approve education programmes in time for recruitment, and continue to drive down the time taken from receiving a complaint about a nurse or midwife to resolving the matter appropriately.

Technologies

Our recent IT investment will contribute to effective and reliable operations, and our next step is to use IT more transformatively, to become the sort of regulator we describe in this strategy.

Customer focus

Our reputation is shaped by the experience of our customers when they use our services, whether they are members of the public making a complaint about a registrant, panel members submitting invoices or nurses and midwives renewing their registration. They are concerned with clarity, speed, accuracy and courtesy. Our customers are used to being able to shop, pay bills, book appointments and bank online, and they expect the same standard of service from us. We have introduced NMC Online and its use will grow over the next five years, enhancing customer experience and improving accuracy by reducing human error.

Capacity to learn and improve

We have taken a number of steps to develop a culture of reflection and learning, including a serious events review process, better complaints handling, and a revised whistleblowing policy. These are measures that reduce the risk of the wrong things happening; we will also create the conditions for the right things to happen, via innovation and controlled experimentation.

During the process of debating this strategy we have been impressed by the wealth of ideas from NMC staff for improving our business and over the next five years we want all staff to have the experience of sharing their insights and having an impact on what we do.

Resources

We are mindful of the need to spend our income wisely and to set the fee level where it needs to be for us to protect the public, and no higher. We have strengthened our financial controls and we will continue to improve how we plan expenditure, manage our resources and develop a clear picture of the links between activities, costs and benefits.

Fitness to practise accounts for most of our expenditure and is therefore remains a key target for efficiencies. With the legislative future uncertain and a continuing increase in complaints we cannot guarantee a reduction in our overall fitness to practise spending but we can commit to reducing the unit cost of cases over the next five years.

We will also review our procurement for opportunities to achieve efficiencies and develop a robust approach to decisions about outsourcing work.

Capabilities

It follows that our organisation will need to adapt to be fit for new purposes. We will always need strong operational capacity, but as we realise the benefits of our investment in IT, we may need different quantities and skill levels. We may need more staff with the potential to contribute to field work, partnership working and business analysis. We will keep our capabilities under review and as far as possible seek to develop our existing staff to meet different skill needs.

<h3>The future:</h3>

- Our Change Board provides effective assurance that we have the right strategies and programmes to deliver the change we need.
- Stakeholders report increasing satisfaction with the NMC's customer service which is benchmarked with similar bodies.
- We have a new database which makes our operations fast and accurate, and enhances our capacity to bring together information from different parts of the business
- We have taken and implemented decisions about our 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 show continuous improvement and our turnover is in line with sector norms
- We meet our target for available free reserves by the end of 2016.

About the NMC

The NMC was established under the Nursing and Midwifery Order 2001 and came into being on 1 April 2002. It is governed by a Council of twelve members selected via 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.

The NMC is accountable to Parliament via the Privy Council and participates in an annual accountability hearing with the parliamentary Health Committee of the Westminster parliament. The Professional Standards Authority for Health and Social Care (PSA) publishes annual performance reviews of the regulators against its standards for good regulation.

The NMC is a registered charity in England and Wales (number 1091434) and in Scotland (number SCO38362).

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

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We want to hear from you

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Council

Policy for Overseas Registration

Action: For decision.

Issue: Nurses and midwives trained outside the UK and EEA are required to meet minimum standards of education and demonstrate fitness for practice before they can be registered. Following a consultation last year and subsequent agreement to introduce a test of competence, this paper outlines the revised overseas registration process, including test of competence, that all overseas trained applicants will be required to pass in order to meet the requirements for registration.

This requirement has been incorporated in the revised draft policy document on which agreement is now being sought. This is essential to ensure that the new process and underpinning systems being developed for implementation later in the year will comply with the Council policy to become effective from that implementation date.

Core regulatory function: Registration

Corporate objectives: Corporate Objective 1: “We will protect the public’s health and wellbeing by keeping an accessible accurate register of all nurses and midwives who meet the requirements for registration and who are required to demonstrate that they continue to be fit to practise”.

Decision required: The Council is recommended to:

- Note the revised high level overseas registration process, which incorporates the Test of Competence;
- Agree the attached policy document for Overseas Registration (Annexe 2). This sets out the requirements and evidence that an overseas trained nurse or midwife is required to supply in order to meet the requirements for registration. This has been amended to include the new test of competence in place of the current Overseas Nursing Programme and Adaptation to Midwifery Programme.

Annexes: The following annexes are attached to this paper:

- Annexe 1: An outline of the revised overseas registration process
- Annexe 2: Overseas registration policy

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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- Context:**
- 1 Currently, nurses and midwives who have not trained in the UK or in a European Economic Area (EEA) member state, and who apply for registration with the NMC, are required to successfully complete an Overseas Nurses Programme (ONP) or an Adaptation to Midwifery Programme (AMP) as appropriate before they can be registered. The ONP and AMP form part of Council's prescribed requirements for registration and can range from 3-12 months in length.
 - 2 In February 2013, following a review of overseas registration activity, the Council approved a new overseas registration policy, which strengthened the overall requirements, especially around identity checking and document certification, in support of greater public protection. If agreed by the Council, the draft policy set out at Annexe 2 will replace the existing policy when the new test of competence is rolled out, scheduled to be in October 2014.
 - 3 At its meeting in January 2014, as part of the consideration of the results of a consultation exercise on the use of a test of competence for nurses and midwives trained outside the EEA¹, the Council agreed the following actions:
 - a) Proceed with the development of competency tests.
 - b) The Executive Board to discuss and agree on an appropriate delivery model for the competency test.
 - 4 This development is part of the NMC's wider registrations improvement plan and is designed to both enhance public protection and public confidence as well as improving customer service for those trained overseas applying for registration as a nurse or midwife in the UK. The test of competence will replace the current ONP and AMP programmes.
 - 5 The public consultation on the test of competence for overseas applicants set out the requirements to be met for application for registration in the UK, and proposed a model for a two-part test of competence. Although a range of views were expressed, the results of the consultation showed broad agreement with the minimum requirements and for the principles underpinning the test of competence. There was also clear support for current nurse and midwife competencies as articulated in pre-registration standards to provide the benchmark against which competence for overseas registration is judged.
 - 6 Within the requirements of *The Nursing and Midwifery Order 2001* (the Order) and *The Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004* (the Registration Rules) a number of statutory requirements are identified. In addition, there is provision for the Council to further specify some of these requirements, the evidence that is required to demonstrate that

¹ Referred to throughout this paper as "overseas" nurses and midwives

these have been met and an application for admission to the register can be made.

- 7 Article 9 of the Order provides that in order to meet the requirements for registration, a nurse or midwife must apply in the prescribed form and manner and:
 - 7.1 Hold an approved qualification;
 - 7.2 Hold an appropriate indemnity arrangement;
 - 7.3 Satisfy the Registrar that they are capable of safe and effective practice as a nurse or midwife; and
 - 7.4 Pay the prescribed fee.
- 8 Rule 5 of the Registration Rules sets out the form in which an application to register should be made. Rule 5(2)(a)(iii) covers overseas applicants and stipulates that the applicant must supply

[...] evidence of her qualification and, where appropriate, such other evidence as the Council may reasonably require (such as a document that details her training and references) in order to satisfy the Council that she has met the requisite standard of proficiency for admission to the part of the register in respect of which she is applying [...]

Discussion: Requirements for completing an application for registration

- 9 The revised overseas registration policy attached as **Annexe 2** sets down the requirements that overseas trained nurses and midwives must meet before they can be registered by the NMC. It details the evidence to be provided to satisfy the Council's requirements for a complete application for registration.
- 10 One of the key requirements is that that each overseas applicant is required to hold an approved qualification. In this context, an approved qualification refers to the complete set of requirements to be considered qualified for registration rather than an academic award.
- 11 The Council's requirements are that the applicant must either:
 - 11.1 hold a qualification that is approved by the Council as meeting the pre-registration standards for nursing and midwifery education and competence; or,
 - 11.2 have completed prescribed additional training and professional experience, including any test of competence

required by the Council.

- 12 The key change in the revised policy is the specification of the requirement for the applicant to successfully complete the two-stage test of competence in place of the previous programmes.
- 13 The applicant must demonstrate that they meet the Council's requirements as to knowledge of English. The policy sets out the specific requirement; however, this remains unchanged from the current requirement.
- 14 Applicants must also satisfy the Registrar that they are capable of safe and effective practice, which includes being of good health and good character. Again this requirement is unchanged from the current policy and process.
- 15 The specific evidence that applicants must supply when making an application for registration is set out in the policy document. Nurses and midwives who are not able to provide this evidence will not be able to complete an application for registration in the prescribed form.

Test of competence

- 16 The test of competence will be based on current nurse and midwife competencies as articulated in pre-registration standards for education and competence. There will be two NMC tests of competence, one for nursing and one for midwifery. Both will consist of two parts; a computer based multiple choice examination and a practical Objective Structured Clinical Examination (OSCE). For nursing applicants, the test of competence will be tailored to reflect the appropriate field of practice on the nursing part of the register for which the applicant is applying.
- 17 A nurse or midwife will be required to provide evidence that they have successfully completed both parts of the test of competence before their application will be treated as completed.
- 18 Any required lower level of process detail, which requires to be captured at the policy level will be specified in an Appendix to the Policy document. This will be completed, if required, as the developing process and systems are refined and finalised in line with the agreed policy.
- 19 It should also be recognised that as well as enhancing public protection, the revised overseas registration process, including the test of competence, is designed to improve the applicant journey by allowing applicants to complete the application process online and undertake the first stage of the test of competence in their home country. It also offers a shorter end to end completion timescale, which will assist both applicants and employers.

Recommendation:

The Council is invited to approve the attached policy document covering Overseas Registration (Annexe 2), which would become effective alongside the go-live of the revised overseas process and introduction of the test of competence. It sets out the requirements and evidence that an overseas trained nurse or midwife is required to supply in order to meet the requirements for registration.

Transitional arrangements

- 20 The NMC receives a large number of applications from overseas applicants and has issued a number of decision letters requiring applicants to undertake the current ONP and AMP programmes. These decisions will continue to be valid for a period of two years from their date of issue, assuming continuing availability of education programmes through Approved Education Institutes (AEIs). Therefore transitional arrangements will be put in place to manage the introduction of the new requirements and process. Based on the current delivery schedule it is anticipated that:
- 20.1 Overseas applications that have been assessed or reached an advanced stage in processing, such as provision of documentary evidence and payment of the assessment fee, before implementation of the test of competence will continue to be processed under the current system. Successful applicants will therefore receive a decision letter requiring them to complete the ONP or AMP within two years from the date of the letter.
 - 20.2 For applications received after implementation of the test of competence, the application will be processed through the revised system and in line with the new policy. Applicants will therefore be required to complete the test of competence in order to register in the UK.
 - 20.3 Once the new process and system are established, consideration will be given to allowing overseas applicants who hold a valid decision letter to undertake the new test of competence instead of continuing with the ONP or AMP decision.
- Public protection implications:** 21 Further underpinning details continue to be determined as we communicate with stakeholders and this will form part of the detailed guidance packs and FAQs issued to applicants and other stakeholders and captured in the lower level process and procedure documentation. Should it be deemed necessary to capture any of this additional lower level detail at a policy level, an Appendix to the

policy will be produced.

- 22 The move to an overseas registration process with a test of competence at its heart is part of the overall registrations improvement plan recommended by the external review of the existing overseas registrations arrangements. The amended overseas policy and the test of competence will enhance public protection by ensuring that applicants meet the Council's standards through an up-to-date test of their knowledge and skills before they are given access to the UK register.

Resource implications: 23 A project team is in place to deliver the various aspects of this requirement. The project is subject to an agreement on funding with the Department of Health.

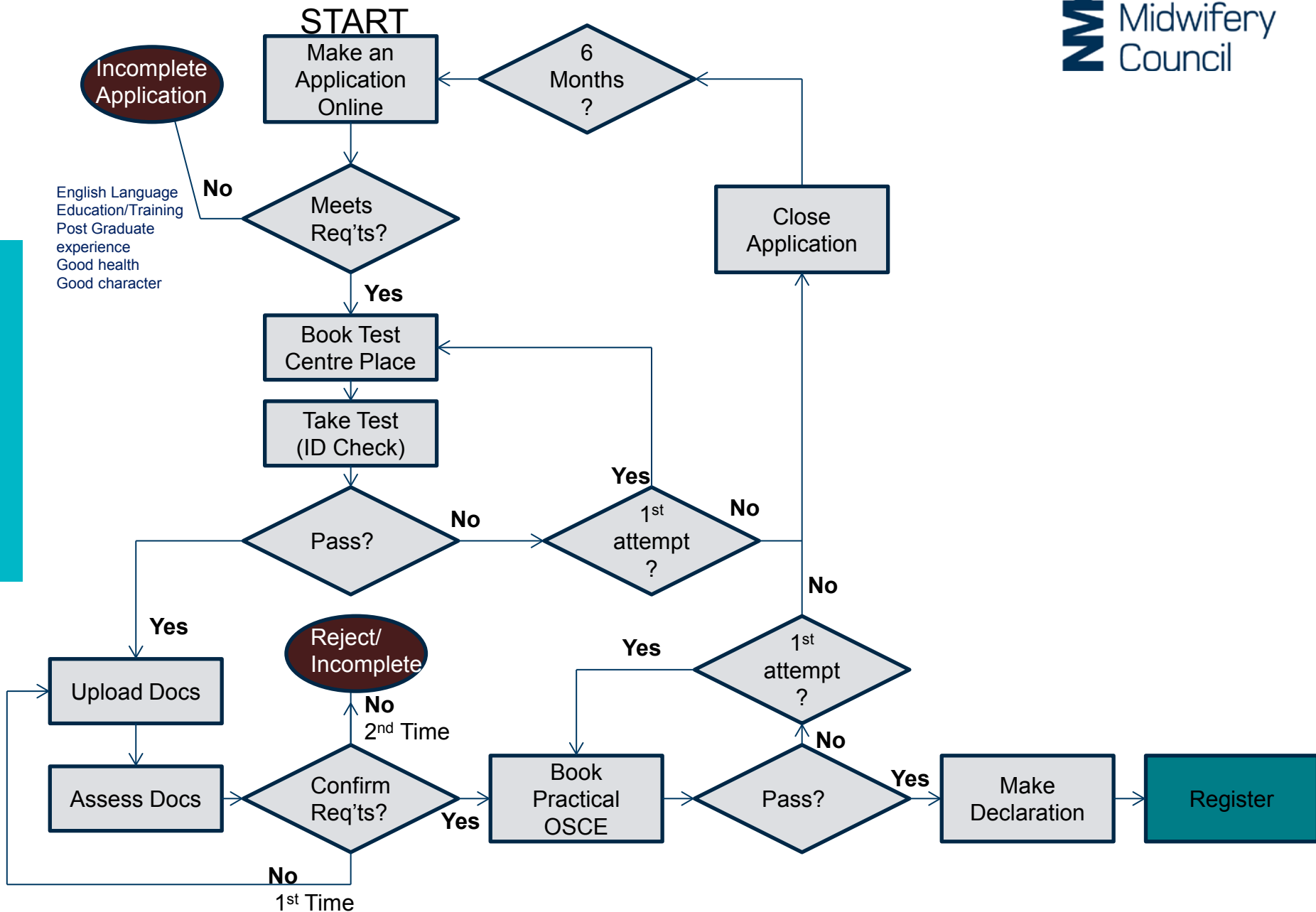
Equality and diversity implications: 24 Specific equality and diversity (E&D) expertise has been assigned to review the proposed policy and provide ongoing advice to ensure that there is full consideration of E&D factors in the design and implementation of the test of competence. Their advice focused on the implementation, process and communication requirements. The global testing provider has a presence in 175 countries across the world and operates testing regimes in those varied cultural environments. We have a requirement on our providers to offer reasonable adjustment where required in support of equality considerations.

Stakeholder engagement: 25 The NMC has undertaken a wide range of stakeholder engagement as part of the development of the test of competence. This included the initial public consultation which established the principles for making an application for registration as well as those underpinning the test of competence. The project team has also undertaken significant engagement with varied stakeholders and stakeholder groups, including holding events for recruiters, Unions and education institutions. In addition one to one discussions have also been held with RCM, RCN, NHS Employers, CQC, UK Border Agency and communications with CNOs, Directors of Nursing and PSA. Ongoing further engagement is planned, especially with the Private Nursing Sector and Care / Nursing Homes.

Risk implications: 26 The risks are being proactively managed as part of the project implementation plans. We do expect to see disruption to the normal flow of applications, which may temporarily impact the volumes and the processing times. We are making provision to manage these risks as part of the project activity.

Legal implications: 27 The overseas registration process and the test of competence reflects the requirements of the Order and the Registration Rules, particularly in relation to Council's requirements being satisfied before an overseas trained nurse can have access to the UK register.

Applicant Process



Overseas Registration policy

Introduction

- 1 This policy establishes NMC's approach to the assessment of non-EEA trained nurses and midwives applying to register with the NMC.

Who this policy applies to

- 2 This policy applies to applicants, who:
 - 2.1 do not hold an approved UK qualification, and
 - 2.2 were trained outside the European Economic Area (EEA).

Aims of the policy

- 3 The aim of the Overseas Registration Policy is to set out the key principles the NMC will apply when assessing non-EEA applications to the register¹. The policy also outlines Council's prescribed requirements for the evidence that applicants must supply as part of an application.

Legislative Framework

- 4 The Nursing and Midwifery Order 2001² ('the Order') established the NMC and sets out its powers.
- 5 Article 9 of the Order sets out who is entitled to seek admission to the register and the conditions that must be met.

"9.—(1) [.....] a person seeking admission to a part of the register must apply to the Council and, subject to the provisions of this Order, if he satisfies the conditions mentioned in paragraph (2) he shall be entitled to be registered in that part.

(2) Subject to paragraph (3), the conditions are that the application is made in the prescribed form and manner and that the applicant—

(a) satisfies the Registrar that he holds an approved qualification awarded—

(i) within such period, not exceeding five years ending with the date of the application, as may be prescribed, or

(ii) before the prescribed period mentioned in head (i), and he has met such requirements as to additional education, training and

¹ Referred to throughout this document as "overseas" applicants

² SI 2002/253 (as amended)

experience as the Council may specify under article 19(3) and which apply to him;

(aa) satisfies the Registrar that there is in force in relation to the applicant, or there will be as necessary for the purposes of complying with article 12A, appropriate cover under an indemnity arrangement.

(b) satisfies the Registrar in accordance with the Council's requirements mentioned in article 5(2) that he is capable of safe and effective practice as a nurse or midwife; and

(c) has paid the prescribed fee."

6 Article 13 of the Order then sets out who is considered to have an "approved qualification" for the purposes of Article 9(2). Article 13(1)(d) applies to international applicants from countries outside the EEA, and states:

(d) he is not an exempt person and he has, elsewhere than in the United Kingdom, undergone training in nursing or midwifery, and either—

(i) the Council is satisfied that his qualification attests to a standard of proficiency comparable to that attested to by a qualification referred to in sub-paragraph (a), or

(ii) the Council is not so satisfied, but the applicant has undergone in the United Kingdom or elsewhere such additional training or experience as satisfies the Council, following any test of competence as it may require him to take, that he has the requisite standard of proficiency for admission to the part of the register in respect of which he is applying,

and, in either case, he satisfies prescribed requirements as to knowledge of English;

7 The Order requires the NMC to set out in rules much of its activity concerning registration and these are set out in the *Education, registration and registration appeals rules*³.

8 Rule 5 of the Registration Rules sets out the form in which an application to register should be made. Rule 5(2)(a)(iii) covers overseas applicants and stipulates that the applicant must supply:

[...] evidence of her qualification and, where appropriate, such other evidence as the Council may reasonably require (such as a document that details her training and references) in order to satisfy the Council that she has met the requisite standard of proficiency for admission to the part of the register in respect of which she is applying [...]

³ The Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004 (SI 2004/1767), (as amended)

Key principles of the policy

- 9 We will process all applications for registration in line with our primary duty, which is to protect patients and the public by ensuring that we only enter nurses and midwives in the register where they meet our prescribed requirements.
- 10 We will deal with applicants with fairness and in accordance with the *Principles of Better Regulation*, which are to be:
 - 10.1 Proportionate
 - 10.2 Accountable
 - 10.3 Consistent
 - 10.4 Transparent
 - 10.5 Targeted
- 11 We will deal with all applications as quickly as possible and in any event in accordance with statutory deadlines.

Requirements for registration

- 12 In order to register with the NMC, overseas trained nurses and midwives must meet the requirements in relation to approved qualifications under Article 13(1)(d) of the Order and Rule 5 of the Registration Rules by:
 - 12.1 providing satisfactory evidence that they have the requisite standard of proficiency for admission to the register, through:
 - 12.1.1 holding a qualification as a nurse or midwife which meets the Council's minimum training requirements;
 - 12.1.2 undertaking at least 12 months post qualification registered practice experience prior to applying for registration;
 - 12.1.3 successfully completing the Council's requirement to complete a two stage test of competence; and
 - 12.1.4 meeting the required standard of English language competence.
- 13 They must also meet the following statutory requirements under Article 9 of the Order and the Registration Rules:
 - 13.1 hold appropriate cover under an indemnity arrangement or declare that they will hold this when they begin practising;⁴
 - 13.2 satisfy the Registrar that they are capable of safe and effective practice including meeting Council's requirements for good health and good character;⁵

⁴ Article 9(2)(aa) of the Order

13.3 have paid the prescribed assessment and registration fees.⁶

- 14 All applications must be made in the correct form and contain all the required information. The NMC can only consider complete applications. The term “complete application” means that all of the evidence required as part of an application has been received in the form and manner prescribed by the NMC. Details of the evidence required in relation to all of the requirements outlined above are described below.

Preventing fraudulent entries

- 15 We will ensure that there are robust procedures in place to prevent anyone securing registration fraudulently. This will include procedures to assess that the documents we receive are genuine.
- 16 If we consider that a nurse or midwife has entered the register through fraudulent means we will take steps to remove that individual from the register and refer them to the police.

Prescribed evidence needed to meet each requirement

Identity

- 17 In order to protect the public from the risk of harm we must be satisfied about the identity of nurses and midwives on our register. The application form for registration requires details of identity in accordance with Schedule 3 of the Registration Rules.
- 18 We reserve the right to require applicants to present in person at the NMC’s offices or elsewhere with the necessary documents to confirm their identity and the information supplied during the application process.

Possessing an approved qualification

Holding a nursing or midwifery qualification which meets the Council’s minimum training requirements

- 19 As part of their application, all applicants must provide evidence that they meet the Council’s minimum requirements for the training of nurses and midwives as set out in Annex 1. Potential applicants will be supplied with detailed guidance as part of the application process so that they can make a self-assessment about whether they meet the requirements before making an application.
- 20 Overseas trained applicants may apply for registration as a nurse with a field of practice as an adult, children’s, mental health, or learning disabilities nurse, or as a midwife. Applicants must fully meet the minimum training requirements for the part of or field of practice on the register for which they wish to apply and must supply a transcript of training from their training school and certification to demonstrate this.

⁵ Article 9(2)(b) of the Order

⁶ Article 9(2)(c) of the Order

The transcript of training must show the theoretical and clinical hours of training for each subject separately.

- 21 In making assessments about qualifications, we reserve the right to take advice from other bodies, including those responsible for providing information and opinion on vocational, academic and professional qualifications from across the world.

Post-registration experience

- 22 All overseas applicants must provide evidence that they have undertaken at least 12 months of post-qualification registered practice as a nurse or midwife prior to making an application to register with the NMC.

Test of competence

- 23 Each applicant is required to demonstrate that they are competent to practise in the UK healthcare environment and that they meet the standards required of UK educated nurses and midwives.
- 24 All overseas trained applicants will be required to provide evidence that they have successfully completed a test of competence prior to registration. Both the nursing and midwifery tests of competence will consist of two parts; a computer based theory examination and a practical Objective Structured Clinical Examination (OSCE).
- 25 The test of competence will be based on the NMC standards for pre-registration nursing and midwifery education and competence. It will include assessment against the generic and field specific competencies for nursing as appropriate where the applicant is seeking registration as an adult, children's, mental health, or learning disabilities nurse. The test will also include the essential skills required of all nurses and midwives in the UK as outlined in Essential Skills Clusters.
- 26 The OSCE will assess the nurse or midwife in a number of situations and scenarios that allow for a detailed range of knowledge, understanding and skills to be tested in one situation. The assessment will reflect the part and field of practice on the register for which the nurse or midwife is applying, and will be derived from the competencies contained within NMC standards for pre-registration education and competence.
- 27 The procedure for undertaking the two stage test of competence will be set down in guidance provided to the applicant. Save in exceptional circumstances, applicants will not normally be permitted to sit either stage of the test of competence more than twice as part of one application. Where an applicant is unsuccessful after the permitted number of attempts at either stage of the test of competence, their application will close, with a bar to re-application for a period of at least 6 months from this point. This is to allow sufficient time for the individual to undertake any required further education or training activities and for the question banks to be updated.

Holding appropriate cover under an indemnity arrangement

- 28 Having in place an appropriate indemnity arrangement is one of the statutory conditions for registration. As part of the application process all applicants will be required to declare that they either hold appropriate cover under an indemnity arrangement or will hold such by the time they begin practising. Information on this requirement and especially in relation to employment status will be included in the guidance provided.

English language competence

- 29 All applicants will be required to demonstrate that they are able to safely communicate in the English language, by providing evidence that they have successfully completed an English language test through the International English Language Testing System (IELTS). Applicants must achieve a mark of 7 overall and 7 in each category (reading, writing, speaking and listening) of the academic test.

Demonstrating safe and effective practice

- 30 In order to allow consideration of whether an applicant is capable of safe and effective practice, including an assessment of character, applicants must supply the following, in accordance with Rules 5 and 6 of the Registration Rules:
- 30.1 A self-declaration that they are of good health and good character;
 - 30.2 Two employment references relating to their practice as a nurse or midwife declaring that they are of good health and good character;
 - 30.3 A declaration of good health from a medical practitioner or from the Occupational Health Department of their current employer;
 - 30.4 Evidence of registration from the regulatory authority in each jurisdiction within which they have held registration or have practised;
 - 30.5 A police clearance certificate and information relating to any criminal cautions or convictions that they hold; and
 - 30.6 A self-declaration that they have read and understood the Code.
- 31 In considering and determining whether an applicant is capable of safe and effective practice the Registrar may require additional information to that outlined above.⁷

Registration

- 32 Applicants who can demonstrate that they fulfil all the requirements for registration and successfully complete both components of the test of competence will be accepted for registration. The nurse or midwife will be required to sign a declaration that they will comply with the Code and pay the initial registration fee as required by Article 3(b) of the Fees Rules.

⁷ Rule 5(2)(b) of the Registration Rules

- 33 Applicants will only be entered in the register if they meet all of the requirements of article 9 of the Order as outlined in this policy document.

Appeals

- 34 If the Registrar refuses an application for registration then the applicant will be informed that they have a right of appeal.⁸
- 35 Applicants do not have the right to appeal if they have not provided one or more pieces of evidence in relation to Council's requirements for registration, as outlined in this policy document.⁹
- 36 Appeals against decisions of the Registrar are adjudicated on by the NMC's Registration Appeal Panel. We are committed to dealing with such appeals in a fair and consistent manner.
- 37 Where an applicant requests an appeal we will schedule for this to take place as soon as possible, subject to the availability of the key parties to the case.

Sharing information

- 38 In exercising our functions and in assessing applications, we will work and may share information with any relevant authority in the UK or overseas, including (without limitation): the police; educational institutions; employers; regulators; the UK Border Agency; UK NARIC.

Application of this policy

- 39 This policy is effective from *****.

⁸ Article 37(1) of the Order

⁹ Article 37(2) of the Order

Council

Legislative change to support payment of the registration fee by instalments

Action: For decision.

Issue: A number of stakeholders have expressed a desire to pay the annual registration fee by instalments. The NMC's legislation currently does not permit this. This paper seeks Council's approval to consult on changing our legislation to permit this ahead of development of the new Registration system.

Core regulatory function: Registration.

Corporate objectives: Corporate objective 1: "We will protect the public's health and wellbeing by keeping an accessible accurate register of all nurses and midwives who meet the requirements for registration and who are required to demonstrate that they continue to be fit for practice."

Decision required: The Council is recommended to agree to consult on amending the NMC's legislation to provide the legal ability for nurses and midwives to pay the registration fee in instalments (paragraph 10).

Annexes: None.

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the Director named below.

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- Context:**
- 1 Nurses and midwives currently pay an annual registration fee of £100 for initial registration, retention of registration, or readmission to the register. This is currently made in one payment, which covers a period of 12 complete months, on entry or re-entry to the register or within a 45 day window prior to the expiry date of their registration.
 - 2 In response to our fees consultations of [2006](#), [2012](#) and [2014](#), and in other forums, nurses and midwives have expressed a desire for the ability to pay the registration fee in instalments¹. In addition, at our accountability hearings in 2012 and 2013 the House of Commons Health Select Committee has called on us to introduce the ability to pay the registration fee in instalments² in order to help nurses and midwives better manage the cost of paying. There are therefore considerable and sustained calls for the NMC to make this change by our key stakeholders.
 - 3 Other professional regulators and professional bodies allow their professionals to pay registration or membership fees in instalments of varying frequency. These include the Health and Care Professions Council, the General Medical Council, Unite, the Royal College of Nursing and the Royal College of Midwives.
- Discussion and options appraisal:**
- 4 The legislative process for the payment of fees and for registration and retention of registration are set down in *The Nursing and Midwifery Order 2001*³, *The Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004*⁴, and in *The Nursing and Midwifery Council (Fees) Rules 2004*⁵. It is not anticipated that any change would be required to the Fees Rules. This change would also not require an amendment to the Nursing and Midwifery Order 2001 and so would not need a Section 60 Order progressed by the Department of Health. A change to allow payment of the annual fee in instalments would be brought about by a change to the Registration Rules using the Council's own rule making powers, subject to the required consultation and parliamentary approval.
 - 5 It is anticipated that this work stream would follow a two stage process: the legislation would be amended to provide a permissive power, following a public consultation and parliamentary approval. The second stage would consist of system development work as part of the planned redevelopment of our registrations systems, which would allow the facility to be implemented. This stage would

¹ <http://www.nmc-uk.org/Documents/Consultations/Reports%20of%20consultation%20findings%20from%20Alpha%20Research.PDF>

² Paragraph 42 - <http://www.publications.parliament.uk/pa/cm201314/cmselect/cmhealth/699/699.pdf>

³ SI 2002/253 (as amended)

⁴ SI 2004/1767 (as amended)

⁵ SI 2004/1654 (as amended)

also include a review of our policy on registration and fees.

- 6 We are therefore seeking permission from the Council to consult on the first of those stages only: changing our legislation so we may have the legal ability to accept payment of the registration fee in instalments and to manage registered status based on phased payments. The legal drafting will specify that the Registrar may remove a nurse or midwife from the register in the event that they do not pay the required fee, and will set out safeguards for both the registrant and the NMC where a payment was not made but where this was not through fault of the registrant.
- 7 The NMC has publicly stated that it will introduce the ability to pay the registration fee in instalments. We believe that changing our legislation now to allow us to accept payment of the registration fee in instalments in the future, utilises a legislative opportunity and will allow us to incorporate this facility into the development of revised flexible systems and processes for subsequent consideration by the Council. Further detailed information on how we use the proposed permissive legislative power will follow at a later stage as options are developed.
- 8 Following the decision to pause the Law Commission Bill on statutory healthcare regulation until parliamentary time permits, the Department of Health has agreed resources and support for this rule change as a priority. A window of opportunity to make the required legislative changes therefore exists.
- 9 Following a consultation and subject to agreement of the legal drafting, the Council would be requested to make the rules. These would then be provided to Privy Council to be laid in Parliament to take effect in early 2015. This would then provide the legal framework for more detailed proposals for incorporation into the IT redevelopment work based on costs, benefits and risks.
- 10 **Recommendation: The Council is recommended to agree to consult on amending the NMC's legislation to provide the legal ability for nurses and midwives to pay the registration fee in a number of instalments.**

Public protection implications:

- 11 None. This decision would enable the NMC to consult on whether to introduce the legal ability for flexible payment of the registration fee.

Resource implications:

- 12 The resource requirements to make these legislation changes are captured within existing budgets. How we use any permissive legislative power in the future will have resource implications. Further work is required to develop such options and assess their associated resource implications; this would be subject to Council

consideration at a later stage.

- | | | |
|---|----|---|
| Equality and diversity implications: | 13 | A screening Equality Impact Assessment has been completed. In summary, it concludes that this legislation change would be applicable to all nurses and midwives, regardless of any protected characteristic so would not discriminate. It is likely to have a positive benefit to nurses and midwives with a protected characteristic. |
| Stakeholder engagement: | 14 | Nurses and midwives have expressed the desire to pay the registration fee in instalments in response to our Fee Consultations of 2006, 2012 and 2014. In addition, the House of Commons Health Select Committee has called on us to introduce the ability to pay the registration fee in instalments ⁶ at our accountability hearings with them in both 2012 and 2013. If permission to consult is given, it will be a publically available consultation to further gauge stakeholder views to help inform a final recommendation to Council. |
| Risk implications: | 15 | The consultation would overlap with existing consultations, so may draw criticism on its timing. The consultation itself would be unlikely to carry any substantial risks as it seeks to introduce a legal power that has been called for by a number of stakeholders, although some stakeholders may perceive that the views on this issue have already been made known in previous exercises and therefore a formal consultation is an unnecessary expense. However taking no action, given the sustained calls from key stakeholders and allocated government resource to support change, represents a significant reputational risk to the organisation. It would also be necessary to manage expectations generated by the consultation that we will be able to implement the full facility more quickly than is currently the case. |
| Legal implications: | 16 | NMC legal resource is currently captured by existing budgets for this consultation. The result of consultation may lead to a change in our legislation. Department of Health legal resource has been allocated for this ahead of the general election, but may not be available following the general election. |

⁶ Paragraph 42 - <http://www.publications.parliament.uk/pa/cm201314/cmselect/cmhealth/699/699.pdf>

Council

Draft Annual report and accounts 2013-2014

Action: For decision.

- Issue:**
- Approve in principle the draft annual report and accounts for the year ended 31 March 2014.
 - Approve the draft letters of representation to the external auditors and National Audit Office (NAO) for signature by the Chair and Chief Executive.
 - Approve the post balance sheet review process to be undertaken prior to final signature and submission to Parliament in October 2014.

Core regulatory function: Supporting functions.

Corporate objectives: Corporate objective 8: “We will develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions.”

- Decision required:** The Council is asked to:
- approve in principle the draft annual report and accounts 2013-2014, subject to any comments (annexe 1).
 - authorise the Chair to sign the draft letter of representation to the external auditors (annexe 2) and the Chair and Chief Executive to sign the draft letter of representation to the NAO (annexe 3).
 - Approve the post balance sheet review process.

Annexes: The following annexes are attached:

- Annexe 1*: Draft annual report and accounts 2013-2014
- Annexes 2 and 3: Draft letters of representation to the external auditors and the NAO.

* Please note that annexe 1 is not included in the public Council papers. This is so that we comply with strict rules not to publish the content of the report before it is submitted to Parliament.

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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- Context:**
- 1 The Nursing and Midwifery Order 2001 (“the Order”) requires the NMC to produce:
 - 1.1 A “report on the exercise of its functions which includes a description of the arrangements the Council has put in place to ensure that it adheres to good practice in relation to equality and diversity” [Article 50(1)(a)].
 - 1.2 A “strategic plan for the Council in respect of such number of years and the Council shall determine” [Article 50(1) (c)].
 - 1.3 Annual accounts in the form determined by the Privy Council [Article 52].
 - 2 Once approved by the Council, the annual report and accounts must be submitted to the Privy Council for laying before Parliament.
 - 3 Under the Nursing and Midwifery Order 2001 (Form of Accounts) Determination 2010 (“Accounts Determination”), the accounts must be prepared both:
 - 3.1 In compliance with the accounting principles and disclosure requirements contained in the current Statement of Recommended Practice, *Accounting and Reporting by Charities*, (“Charities SoRP”) issued by the Charity Commission.
 - 3.2 With regard to the requirements of the current *Government Financial Reporting Manual* issued by HM Treasury (“FReM”) to the extent that those requirements clarify, or build on, the requirements of the Charities SoRP.
 - 4 The Order requires the accounts to be audited by independent auditors appointed by the NMC and to be examined, certified, and reported on by the Comptroller and Auditor General (the National Audit Office).
 - 5 The annual report also serves as the trustees’ report to the Charity Commission and the Office of the Scottish Charity Regulator and must comply with Charity Commission requirements.
 - 6 The annual report and accounts, together with the annual fitness to practise report (see next agenda item), are key documents considered by the Health Committee in preparation for the NMC’s annual accountability hearing.

Discussion: Responsibilities

- 7 The Executive Board is responsible for preparing the annual report and accounts and ensuring that they are audited in accordance with the statutory obligations. The Council is responsible for approving the

annual report and accounts.

- 8 The Audit Committee has had the opportunity to review the annual report and accounts at its meeting on 24 June and its comments have been reflected in the draft at annexe 1. The Committee's discussions are reported elsewhere on the agenda.
- 9 **Recommendation: The Council is invited to approve the annual report and accounts, subject to any changes requested by the Council.**

Audit

- 10 Prior to the Audit Committee meeting on 8 July 2013, the draft annual report and accounts had been reviewed by the NMC's independent auditors, haysmacintyre, and the NAO.
- 11 As is usual practice, we are required to provide a letter of representation to the independent auditors and to the NAO in connection with their audit work. The proposed letters of representation are set out in Annexes 2 and 3.
- 12 **Recommendation: The Council is invited to authorise the Chair, on behalf of the Council, to sign the letter of representation to the external auditors and the Chair and the Chief Executive to sign the letter of representation to the NAO.**

Next steps

- 13 Due to the timing of the Council meeting, the reports will not be laid in Parliament until after the summer recess (post 13 October 2014). Accordingly, in September, consideration will be given to whether any adjustments need to be made to the annual governance statement; for example, to reflect outcomes from the independent review of our progress against the strategic review recommendations currently underway. A post-balance sheet review will then be carried out by the auditors and NAO in September to ensure that no material issues have arisen between the financial year-end and submission to Parliament.
- 14 If material issues are identified during the post-balance sheet review, the draft report and accounts will be revised and resubmitted to the Council for final approval. If there are minor amendments which are not material, the Chair and Chief Executive will authorise these before signature.
- 15 The Chair will then sign the final letter of representation to the external auditors and the Chair and Chief Executive will sign the final letter of representation to the NAO. The annual report and accounts will then be signed and submitted to the Privy Council to be laid before Parliament, along with the annual fitness to practise report for

2013-2014.

- 16 Once laid before Parliament, the annual report and accounts will be published on the NMC website and filed with the Charity Commission and the Office of the Scottish Charity Regulator by their respective deadlines of 31 January 2015 and 31 December 2014.

Public protection implications:

- 17 There are no public protection implications arising directly from production of the annual report and accounts.

Resource implications:

- 18 Staff resources to compile the annual report and accounts are contained within 'business as usual'. Audit costs are met from within the Corporate Services directorate budget and the costs of printing and Welsh translation are met from within the Strategy directorate budget.

Equality and diversity implications:

- 19 As required by the Order, the annual report describes the arrangements the NMC has put in place for complying with its obligations for equality and diversity.
- 20 Alongside the statutory annual report, the Council will be asked to approve the NMC's annual equality and diversity report 2013-2014 which describes in more detail the actions we are taking to meet our equality and diversity objectives.

Stakeholder engagement:

- 21 Once the Council has approved the annual report and accounts and following submission to and publication by Parliament, it will be distributed (electronically) to key stakeholders with a letter from the Chair and Chief Executive and Registrar as well as being placed on the NMC website.
- 22 In addition to the statutory annual report and accounts, we will be publishing a more accessible "annual review" designed to provide the public and stakeholders with a more digestible picture of the NMC's activities during the year.

Risk implications:

- 23 Failure to comply with our statutory reporting requirements could compromise the NMC's reputational integrity.

Legal implications:

- 24 The annual report and accounts have been prepared in accordance with the NMC's legal obligations.

haysmacintyre
26 Red Lion Square
London
WC1R 4AG

Date: (date of signing the accounts)

Dear Sirs

The following representations are made in connection with your audit of the financial statements of Nursing & Midwifery Council for the year ended 31 March 2014 on the basis of enquiries of management and staff with relevant knowledge and expertise (and, where appropriate, of supporting documentation) sufficient to satisfy ourselves that we can properly make these representations to you and that to the best of our knowledge and belief they accurately reflect the representations made to you by the trustees during the course of your audit.

- 1 We acknowledge as trustees our responsibilities under the Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 and the Nursing and Midwifery Order 2001 for preparing financial statements, in accordance with UK Generally Accepted Accounting Practice that give a true and fair view and for making accurate representations to you as auditors.
- 2 We confirm that all accounting records have been made available to you for the purpose of your audit, in accordance with your terms of engagement, and that all the transactions undertaken by the charity have been properly reflected and recorded in the accounting records. All other records and related information, including minutes of all management and trustees' meetings, have been made available to you. We have given you unrestricted access to persons within the charity in order to obtain audit evidence and have provided any additional information that you have requested for the purposes of your audit.
- 3 We confirm that significant assumptions used by us in making accounting estimates are reasonable.
- 4 We confirm that all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with UK Generally Accepted Accounting Practice.
- 5 We confirm that there have been no events since the balance sheet date which require disclosing or which would materially affect the amounts in the accounts, other than those already disclosed or included in the accounts.
- 6 We confirm that the related party relationships and transactions set out in the declarations previously provided to you are a complete list of such relationships and transactions and that we are not aware of any further related parties or transactions.
- 7 We confirm that all related party relationships and transactions have been accounted for and disclosed in accordance with UK Generally Accepted Accounting Practice.
- 8 We confirm that the charity has had, at no time during the year, any arrangement, transaction or agreement to provide credit facilities (including loans, quasi-loans or credit transactions) for trustees, nor to guarantee or provide security for such matters, except as disclosed in the financial statements.

- 9 We confirm that the charity has not contracted for any capital expenditure other than as disclosed in the financial statements.
- 10 We confirm that we are not aware of any possible or actual instance of non-compliance with those laws and regulations which provide a legal framework within which the charity conducts its business and which are central to the charity's ability to conduct its business, namely charity law.
- 11 We acknowledge our responsibility for the design and implementation of controls to prevent and detect fraud. We confirm that we have disclosed to you the results of our risk assessment of the risk of fraud in the business.
- 12 We confirm that there have been no actual or suspected instances of fraud involving management or employees who have a significant role in internal control or that could have a material effect on the financial statements. We also confirm that we are not aware of any allegations of fraud by regulators or others other than a incidence of fraud taken place by a employee which is currently being investigated.
- 13 We confirm that, in our opinion, the charity is a going concern.
- 14 Your management letter dated xxxxx stated that there were no mis-statements identified during the audit which have remained unadjusted other than clearly trivial items. We confirm that we are not aware of any further adjustments required to the financial statements.
- 15 All grants, donations and other incoming resources, receipt of which is subject to specific terms or conditions, have been notified to you. There have been no breaches of terms and conditions in the application of such incoming resources.
- 16 We acknowledge our legal responsibilities regarding disclosure of information to you as auditors and confirm that:
- so far as each trustee is aware, there is no relevant audit information of which you as auditors are unaware; and
 - each trustee has taken all the steps that they ought to have taken as a trustee to make themselves aware of any relevant audit information and to establish that you are aware of that information.

Yours faithfully,

Signed on behalf of the Trustees of Nursing & Midwifery Council by:

Trustee.....

Appendix 1 – Letter of representation (1)

The Comptroller and Auditor General
National Audit Office
157-197 Buckingham Palace Road
Victoria
LONDON
SW1W 9SP

LETTER OF REPRESENTATION: NURSING AND MIDWIFERY COUNCIL 2013-14

We acknowledge as Accounting Officer and Chair of the Nursing and Midwifery Council (NMC) our responsibility for preparing accounts that give a true and fair view of the state of affairs, outgoing resources and cash flows for the year ended 31 March 2014.

In preparing the accounts, we were required to:

- observe the accounts determination issued by the Privy Council, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards have been followed and disclosed and explain any material departures in the accounts; and
- make an assessment that the NMC is a going concern and will continue to be in operation throughout the next year; and ensure that this has been appropriately disclosed in the financial statements.

We confirm that for the financial year ended 31 March 2014:

- neither we nor our staff authorised a course of action, the financial impact of which is that transactions infringe the requirements of regularity as set out in Managing Public Money;
- having considered and enquired as to the NMC's compliance with law and regulations, we are not aware of any actual or potential non-compliance that could have a material effect on the ability of the NMC to conduct its business or on the results and financial position disclosed in the accounts;

- all accounting records have been provided to you for the purpose of your audit and all transactions undertaken by the NMC have been properly reflected and recorded in the accounting records. All other records and related information, including minutes of all management meetings which you have requested have been supplied to you; and
- the information provided regarding the identification of related parties is complete; and the related party disclosures in the financial statements are adequate.

All material accounting policies as adopted are detailed in note 1 to the accounts.

INTERNAL CONTROL

We acknowledge as Accounting Officer and Chair of the Nursing and Midwifery Council our responsibility for the design and implementation of internal controls to prevent and detect error and we have disclosed to you the results of our assessment of the risk that the financial statements could be materially misstated.

We confirm that we have reviewed the effectiveness of the system of internal control and that adequate disclosures have been made in the Governance Statement.

FRAUD

We acknowledge as Accounting Officer and Chair of the Nursing and Midwifery Council our responsibility for the design and implementation of internal controls to prevent and detect fraud and we have disclosed to you the results of our assessment of the risk that the financial statements could be materially misstated as a result of fraud.

We are not aware of any fraud or suspected fraud affecting the NMC and no allegations of fraud or suspected fraud affecting the financial statements has been communicated to us by employees, former employees, analysts, regulators or others, other than those already communicated to you.

Appendix 1 – Letter of representation (2)

ASSETS

General

All assets included in the Balance Sheet were in existence at the reporting date and owned by the NMC, and free from any lien, encumbrance or charge, except as disclosed in the accounts. The Balance Sheet includes all tangible assets owned by the NMC.

Fixed Assets

All assets over £1,000 are capitalised. Leasehold property is revalued every five years with an impairment review in the third year and an interim valuation in the intervening years where it is likely that there has been a material change in value. Depreciation is calculated to reduce the net book amount of each asset to a nominal value of £1 over its estimated useful life in the NMCs operations.

Other Current Assets

On realisation in the ordinary course of the NMC's operations the other current assets in the Balance Sheet are expected to produce at least the amounts at which they are stated. Adequate provision has been made against all amounts owing to the NMC which are known, or may be expected, to be irrecoverable.

LIABILITIES

General

All liabilities have been recorded in the Balance Sheet. There were no significant losses in the year and no provisions for losses were required at the year-end.

Provisions

Other than the provisions disclosed in the accounts, no other provisions were required at year-end relating to litigation or claims against the NMC.

Contingent Liabilities

We are not aware of any pending litigation which may result in significant loss to the NMC, and we are not aware of any action which is or may be brought against the NMC under the Insolvency Act 1986.

OTHER DISCLOSURES

Results

Except as disclosed in the accounts, the results for the year were not materially affected by transactions of a sort not usually undertaken by the NMC, or circumstances of an exceptional or non-recurring nature.

Unadjusted Errors

We confirm that we are not aware of any unadjusted misstatements in the financial statements.

Events after the Reporting Period

Except as disclosed in the accounts, there have been no material changes since the reporting date affecting liabilities and commitments, and no events or transactions have occurred which, though properly excluded from the accounts, are of such importance that they should have been brought to notice.

Management of Personal Data

Except as disclosed in the Governance Statement, there have been no personal data related incidents in 2013-14 which are required to be reported.

Privy Council directions

Incoming resources and resources expended are consistent with directions given by the Privy Council.

XXX
Chief Executive and Registrar
October 2014

XXX
Chair
October 2014

Council

Draft Annual Fitness to Practise Report 2013-14

Action: For decision.

Issue: Approval of the draft annual Fitness to Practise Report 2013-2014.

Core regulatory functions: Fitness to Practise; supporting functions

Corporate objectives: Corporate objective 3: “We will take swift and fair action to deal with individuals whose integrity or ability to provide safe care is questioned, so that the public can have confidence in the quality and standards of care provided by nurses and midwives.”

Corporate objective 8: “We will develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions.”

Decision required: The Council is recommended to approve the draft annual Fitness to Practise Report 2013-2014 at annexe 1, subject to any comments.

Annexes: Annexe 1*: Draft Annual Fitness to Practise report 2013-14

* Please note that annexe 1 is not included in the public Council papers. This is so that we comply with strict rules not to publish the content of the report before it is submitted to Parliament.

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

Author: Matthew McClelland
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matthew.mcclelland@nmc-uk.org

Directors: Jon Billings/Sarah Page
Phone: 020 7681 5339/5864
jon.billings@nmc-uk.org
sarah.page@nmc-uk.org

- Context:**
- 1 Under the Nursing and Midwifery Order 2001 (section 50(1)(c)), the NMC must produce an annual report comprising:
 - 1.1 A description of the arrangements in place to protect members of the public from registrants whose fitness to practise is impaired.
 - 1.2 A statistical report on the efficiency and effectiveness of these arrangements.
 - 1.3 The Council's observations on the report.
 - 2 The annual Fitness to Practise report, together with the annual report and accounts, must be laid in Parliament by the Privy Council. Due to the timing of the July 2014 Council, both reports will be laid in Parliament after 13 October 2014 (post summer recess).
- Discussion:**
- 3 The draft annual Fitness to Practise report is attached at annexe 1. The draft has been reviewed by the Audit Committee on 24 June 2014 and the attached draft reflects the Committee's comments.
 - 4 Following the approach adopted in 2012-2013, equality and diversity data relating to FTP activities is incorporated in the NMC annual equality and diversity report for 2013-2014 (see separate agenda item). This is a more suitable vehicle given the limited nature of the data, rather than the statutory annual report, which is auditable.
 - 5 **Recommendation: The Council is asked to approve the draft annual Fitness to practise report, subject to any comments.**
- Next steps**
- 6 The annual fitness to practise report is laid in Parliament, alongside the NMC's annual report and accounts. As indicated in the previous item, the reports will now be laid after the summer recess.
- Public protection implications:**
- 7 There are no public protection implications arising directly from the production of the annual Fitness to Practise report. The report sets out the contribution our fitness to practise activities make to protecting the public.
- Resource implications:**
- 8 Staff resources to compile the report are absorbed within 'business as usual'. Provision to meet printing and Welsh translation costs has been made in Strategy Directorate budget.
- Equality and diversity implications:**
- 9 As indicated above, equality and diversity data relating to fitness to practise activity will be included in the NMC's annual equality and diversity report 2013-2014, alongside information on the NMC's

wider compliance with equality and diversity legislation.

- | | | |
|--------------------------------|----|---|
| Stakeholder engagement: | 10 | Once published by Parliament, the annual Fitness to Practise report, along with the annual report and accounts, will be disseminated (electronically) to key stakeholders, as well as being placed on the NMC website. |
| | 11 | Key elements of the report will be reflected in the proposed NMC annual review 2013-2014. This will provide the public and stakeholders with a more accessible picture of the NMC's activities, including in relation to fitness to practise. |
| Risk implications: | 12 | None |
| Legal implications: | 13 | Production of the annual Fitness to Practise Report is a statutory obligation. |

Council

Nursing and Midwifery Council Health and Safety Policy and Health & Safety Annual Report

Action: For decision.

Issue: An annual report on the NMC's health and safety.

Core regulatory function: Supporting functions.

Corporate objectives: Corporate objective 8: "We will develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions."

Decision required: The Council is recommended to:

- Note the information contained within this annual report.
- Approve the amended health and safety policy in Annexe 1.

Annexes: The following annexes are attached to this paper:

Annexe 1: Amended Health & Safety Policy

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

Author: Mark Smith
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mark.smith@nmc-uk.org

Chief Executive: Jackie Smith
Phone: 020 7681 5871
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Context: 1 The NMC is a relatively low-risk environment but it is important for the Executive Board to monitor the extent to which we have formal policies, guidance and procedures assuring the health, safety and welfare of the workforce, contractors and visitors.

2 This paper provides an annual report on our health and safety arrangements and incidents.

Discussion and options appraisal:

Health and Safety Policy

3 The Executive Board considered and approved the corporate health and safety policy at its meeting on 8 July 2014. The Council is therefore asked to approve the policy, which is attached as **annexe 1**.

4 **Recommendation: The Council is recommended to approve the corporate health and safety policy at Annexe 1.**

Health and safety annual report

5 The Health & Safety Steering Group (HSSG), formerly the Health, Safety & Welfare Consultative Group (HSWG), is a management committee and forms part of the formal governance structure. It meets on a quarterly basis and reviews health and safety incidents, shares intelligence and identifies key risks. During 2013-14 its work has also included consideration of health and safety policy and guidance.

6 The membership of the HSSG is drawn from across the NMC with the aim of having representation from all directorates and including specific membership from the Edinburgh office. It is chaired by the Director of Corporate Services

7 During the year the HSSG met three times, June 2013, October 2013 and February 2014. The Board should note the following main points:

Incident Reporting

8 There is a low level of reported incidents and the majority of incidents reported are minor. This reflects the low risk environment but also could be in part due to under-reporting.

9 Of those that were reported during 2013-14, the statistics across all sites are as follows:

Portland Place – 8

Kemble Street – 1

Aldwych – 5

Old Bailey – 4

George Street – 3

- 10 There were no major incidents reported. Included in these figures is one incident of abusive and aggressive behaviour.
- 11 The HSSG also considered the risks to mental health arising from situations where employees have to deal with aggressive visitors or verbal abuse from callers. The NMC has a policy on how to handle these situations, which has been communicated to staff. This is an area that the HSSG will continue to monitor during 2014-15.

Training

- 12 During 2013-14 attention was given to ensuring that all staff complete the online statutory and mandatory training on health and safety. For new starters this should be completed within the first two weeks of employment.
- 13 As at 1 June 2014 82% of staff had completed the online training. There is a process in place for reminding staff and their managers and directors where there is non-compliance with this policy.
- 14 During 2014-15 there will be a focus on ensuring that staff who have completed the training do refresher training every 2 years.
- 15 All members of the HSSG completed in 2013 a full day of IOSH training in “Directing Safety for Small to Medium Enterprises”

Health & safety guidance

- 16 The HSSG worked with a health and safety adviser during 2013-14 to revise our health and safety guidance. The new guide was published in Insider Weekly on 28 April 2014 and includes easier to access materials on a range of topics including:
 - 16.1 General office safety
 - 16.2 Assessing and controlling risks
 - 16.3 Accidents, incidents and first aid
 - 16.4 Fire
 - 16.5 Working with computers
 - 16.6 Manual handling
 - 16.7 Lone working

- 16.8 Work related stress
- 16.9 Controlling hazardous substances
- 16.10 Electrical matters
- 16.11 Driving on NMC business

17 The guidance is modular allowing more areas to be included over time if required.

Fire wardens and first aiders

- 18 With the exception of temporary gaps in cover due to staff turnover, we had a full complement of fire wardens and first aiders covering all sites throughout the year.
- 19 All fire wardens have completed 4.5 hours training and fire wardens were briefed on the new fire muster point for 23 Portland Place. There are 37 fire wardens in total.
- 20 All first aiders have completed a 3 day training course with St John's Ambulance. We have 14 trained first aiders.

Public protection implications:

21 This paper relates primarily to the health, safety and welfare of NMC employees and contractors, but also relates to visitors to our premises, including registrants and witnesses.

Resource implications:

22 None.

Equality and diversity implications:

23 There are no specific implications. However, we have ensured that all our sites are accessible and compliant with the Disability Discrimination Act.

Stakeholder engagement:

24 Guidance has been shared with staff.

Risk implications:

25 Health and safety management is a risk-reduction mechanism.

Legal implications:

26 This paper contains information that helps to protect the NMC against legal liability.

Annexe 1

Nursing and Midwifery Council Health and Safety Policy

1 Statement of Intent

The Nursing and Midwifery Council (NMC) aims to provide a safe and healthy working environment for all our employees, those we work with and our visitors. We value the continuous improvement to our health and safety standards and practices as an integral part of responsible management.

We will, so far as is reasonably practicable:

- comply with all applicable health and safety legislation and implement safe equipment;
- make arrangements for the safe storage, handling and moving of articles and substances;
- provide sufficient information, instruction, training and supervision to enable all employees to avoid hazards and contribute positively to their own safety and health at work;
- provide a safe and healthy working environment with adequate welfare facilities.

The NMC is committed to providing sufficient resources to fulfil the aims set out in this Statement.

Signed: **Date:**

Jackie Smith

Chief Executive and Registrar

2 Organisation - responsibility for carrying out the policy

The Council (Board of Trustees) holds overall responsibility for protecting the health and safety of the NMC's employees and members of the public who use our services. Trustees may be personally liable if duties under health and safety law are breached. The Council therefore demonstrates its active and visible leadership of health and safety by setting this policy and through monitoring, at least annually, the NMC's performance against it. The Council delegates the implementation of the policy to the Executive Board.

The Executive Board, chaired by the **Chief Executive & Registrar**, implements the health and safety policy and receives regular reports on incidents, policy and guidance, and ensures that health and safety arrangements are both in place and effective.

The Director of Corporate Services is accountable to the Chief Executive & Registrar for ensuring adequate arrangements are in place for managing health and safety. This includes ensuring an adequate level of health and safety competence in all staff and contractors, an appropriate level of risk control and that means of communicating health and safety information throughout the organisation are established and effective.

The Facilities Managers are appointed as the NMC's Health & Safety advisors to provide advice on NMC's compliance with the law and to monitor the implementation of this policy. They have responsibility for inspecting the Nursing & Midwifery Council's buildings and work practices to identify risks to health and safety, monitoring the effectiveness of risk controls, the investigation of accidents and, where required, reporting accidents to the Health and Safety Executive (HSE).

Senior management and line managers will promote a responsible attitude towards health and safety amongst all staff by setting a good example. Managers at all levels are responsible for organising their day to day work in compliance with the arrangements set out in NMC guidance and other health, safety and welfare guidelines provided by the Health and Safety Executive.

Managers must:

- Ensure that risk assessments are carried out and that appropriate control measures are in place to reduce the risks to the lowest level that is reasonably practicable.
- Ensure that employees complete all mandatory iLearning training for health and safety, that they receive induction training and refresher training when necessary.
- Ensure that any injuries are promptly treated and reported and that the causes of all accidents and, where appropriate, near misses are investigated so preventative action can be taken.

- Ensure that, where appropriate, the help of the Director of Corporate Services or his deputies is sought on matters concerning occupational health and safety at work.

Employers are required to have effective arrangements in place for consulting and communicating with employees about safety, health and environmental matters. In order to meet this requirement a Health & Safety Steering Group has been formed, representative of all departments within the NMC. Health and safety issues should be raised to respective group members.

Employees are required to take reasonable care for their own health and safety and that of others who may be affected by their acts or omissions at work. They must also co-operate with NMC in its efforts to comply with the law. If there are shortcomings in this policy or the arrangements in place to fulfil it, employees must report the matter to the Director of Corporate Services.

3 Arrangements - making the policy work

- 3.1 The Facilities Managers will maintain close liaison with regulatory bodies and authorities to ensure new health and safety initiatives are distributed to the organisation, using directorate meetings, signage and communications via the iNet and Insider Weekly. NMC's health and safety policy will be reviewed and updated with changes being broadcast to all employees.
- 3.2 Any employee who has a concern relating to health, safety and welfare at work should discuss the matter immediately with his/her line manager.
- 3.3 A Health & Safety Steering Group has been formed to provide a forum in which the health, safety and welfare of NMC employees, visitors and contractors is regularly discussed.
- 3.4 The group's main purpose is to review and monitor our arrangements around health, safety and welfare and to propose changes in light of feedback from managers and staff, changes to the organisation, equipment, legislation, staffing levels and the environment. The group will also facilitate communication and co-operation between the Executive and staff on matters of occupational health, safety and welfare.

4 Policy Review

- 4.1 This policy will be reviewed every two years to ensure it remains in compliance with relevant legislation and best practice.

Council

PSA performance review report 2013-2014

Action: For discussion.

Issue: Professional Standards Authority (PSA) performance review report 2013-2014.

Core regulatory function: PSA assesses performance against all NMC core regulatory functions.

Corporate objectives: Corporate Objective 8: we are required to comply with the PSA performance review process.

Decision required: The Council is asked to:

- Discuss the PSA performance review report 2013-2014 (annexe 1)
- Note the overview of action to address the PSA findings (annexe 3)
- Note work to follow up good practice identified by the PSA (annexe 4).

Annexes: The following annexes are attached to this paper:

- Annexe 1: PSA performance review report 2013-2014 (circulated separately). Also available at www.professionalstandards.org.uk/library
- Annexe 2: Summary of NMC performance 2013-2014
- Annexe 3: Overview of action to address the PSA findings.
- Annexe 4: Review of good practice highlighted in the PSA report.

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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- Context:**
- 1 The Professional Standards Authority for Health and Social Care (PSA) undertakes an annual performance review of all healthcare regulators. Performance is assessed against the PSA's 24 Standards of Good Regulation focused on core regulatory functions.
 - 2 The PSA performance review report 2013-2014 was published on 27 June 2014 (annexe 1). The report:
 - 2.1 Provides an overview of regulators' performance; identifies good practice and discusses current regulatory issues: section 7.
 - 2.2 Reports on the individual performance of each regulator: the NMC assessment is at section 17.
 - 2.3 Makes recommendations for regulators, the Department of Health and itself: section 19.
 - 3 This report fulfils the PSA recommendation that the Council review and discuss the full report at a public meeting.

Discussion: NMC performance 2013-2014: PSA key findings

- 4 Overall, the assessment of NMC performance is positive:
 - 4.1 We are protecting the public.
 - 4.2 Improvements have been achieved across all regulatory functions.
 - 4.3 Significant improvement noted in stakeholder engagement.
 - 4.4 Our relaunch of "*Raising concerns*" is cited as good practice in raising the profile of guidance which is key to public protection.
- 5 The PSA finds that we met 15 of the 24 Standards of Good Regulation; performed inconsistently against two Standards and did not meet seven Standards. A summary of our performance against each standard is at annexe 2.
- 6 The PSA recognises that there have been improvements in performance even where standards have not been met:

"While the NMC still does not meet a number of Standards that it did not meet in 2012/13, it has made some progress and improved its performance against them. For example:

 - *In relation to the Standards for education and training, the NMC is developing a model of revalidation*
 - *In relation to the Standards for registration, the NMC has*

improved the processing of overseas registration applications, started to introduce online registration, reduced the time to process registration appeal applications, and has improved the accuracy of its register

- *In relation to the Standards for fitness to practise, the NMC has improved the handling of serious cases at the initial stages of the fitness to practise process, improved the timeliness of its case progression, improved its customer service and decision-making, and reduced the number of data breaches."*
(Paragraph 7.4)

Addressing the PSA findings

- 7 The PSA findings highlight four substantive areas where there is a need to improve performance: customer service; the quality of our work; revalidation; and handling information securely. All of the areas where our performance falls short of the PSA Standards are included in these four areas. Annexe 3 provides an overview of how work in each area is being progressed through corporate plan objectives and reported to the Council. As indicated, progress on many of these issues is covered in the Performance and Risk report at Item 7 and annexes 1 to 3 and in Item 9 and annexe 1.
- 8 As requested by the Council, we will build action to address the PSA findings more explicitly into development of the Corporate plan for 2015-2018. In addition, the September 2014 mid-year review of directorate business plans by the Executive will include scrutiny to ensure that specific actions or issues identified by PSA are being addressed. This will include both areas where we have met the standard but wish to continue to improve performance or where PSA has signalled an intention to follow up an issue in the next performance review.
- 9 In August we will begin a review of our quality assurance programme and methodology to ensure, where relevant, it commentates explicitly on performance against the PSA standards.

Reviewing good practice by other regulators

- 10 The PSA highlights examples of good practice by other regulators. We are considering whether there is scope to apply or adapt these to our work and in some cases already take a comparable approach (see annexe 4). We are also undertaking a detailed review of the individual performance reports of other regulators to identify whether there is scope for further learning. The outcomes of these exercises will be fed into the mid-year review of directorate business plans and the next corporate business planning round referred to above.

Wider regulatory issues

- 11 The PSA report discusses a range of regulatory issues such as

regulators' response to the Francis report; the Law Commissions' proposals; introduction of professional indemnity; and information security breaches. It presses for legislative action to address the current position around section 29 appeals and individuals lapsing from the NMC register and urges other regulators to learn from its concerns around the NMC's voluntary removal processes.

- 12 The PSA also identified a number of potential problems with the data provided by regulators to their Councils. It recommends that each Executive and Council undertakes a joint review to ensure performance management information routinely presented is meaningful and useful, provides informative comparisons and trends, and is proportionate to the purpose for which collected. The PSA intends to follow this up in the next performance review. This is discussed separately under Item 9.

PSA performance review 2014-2015 and future changes

- 13 PSA has advised that the performance review process for 2014-2015 will start on 22 September 2014 with a requirement to provide initial evidence by 17 November 2014. This is a much shorter timetable than in previous years. We will brief the Council on our evidence before submission.
- 14 The PSA has also said it will reinstate work to revise the performance review process and will:
- 14.1 Seek the views of stakeholders during the development of the revised process.
 - 14.2 Take account of good practice in relation to the performance review, both within and outside of the health sector.
- 15 We welcome this and have reaffirmed our willingness to contribute fully. No detailed information is yet available, although any resulting changes are unlikely to take effect until 2015-2016.

Public protection implications:

- 16 PSA assesses performance against the Standards of Good Regulation which are designed to enhance public protection.

Resource implications:

- 17 Resources are contained within existing budgets.

Equality and diversity implications:

- 18 None directly arising from this report.

- Stakeholder engagement:** 19 As part of the review process, PSA invites the public and stakeholders to submit views on the NMC's performance. The report recognises significant improvement in our stakeholder engagement.
- Risk implications:** 20 Failure to address issues raised in the performance review presents a risk that the NMC is found not to be fulfilling its statutory purpose of protecting the public and upholding confidence in the professions and professional regulation.
- Legal implications:** 21 The NMC is required to comply with the PSA performance review process under section 27, National Health Service Reform and Health Care Professions Act 2002 (as amended).

NMC performance against PSA Standards 2013-2014

Guidance & Standards		Education & Training		Registration		Fitness to practise	
1	Nursing & Midwifery Standards	1	Education Standards	1	Registration requirements	1	Referrals
2	Nursing & Midwifery Guidance	2	Revalidation	2	Applications & appeals, including customer service	2	Information Sharing
3	External input to & engagement on Standards	3	Education QA process	3	Register Accuracy & Integrity	3	Screening
4	Public information about Standards	4	Education QA monitoring	4	Public register & employer checks	4	Prioritisation (IOs)
		5	Public Information about Education QA	5	Protected Titles	5	Process
						6	Timeliness
						7	Customer Service
						8	Decisions
						9	Publication
						10	Information Security

Key

Standard met

Inconsistently met

Standard not met



Item 16
NMC/14/76: Annexe 3
30 July 2014

Overview of action addressing PSA performance review findings 2013-2014

Key

CO: Corporate plan objective 2014-2017

CR: Corporate risk

Revalidation		Director, Continued Practice	
PSA Standard not met	Education and training Standard 2		
Corporate Plan Objective	CO2	Risk Register	CR3
KPI	N/A		
What are we doing:		Timescales and reports	
<ul style="list-style-type: none"> • Revalidation programme on track • Ongoing work to develop risk-based approach to audit element of revalidation model • Ongoing work to assess impact of model, including on employers and others • Outcomes of consultation on draft Code, revalidation guidance and next steps on implementation of the model 		<p>Discussion paper: Council seminar 29 July 2014</p> <p>Progress report: Council October 2014</p> <p>Decisions: Council December 2014</p>	
Customer Service		Director, Strategy Director Registrations Director, FTP	
PSA Standards not met	Registration Standard 2 FTP Standard 7		
Corporate Plan Objectives	CO1, CO3, CO7, CO8	Risk Register	No corporate risks
KPIs	None currently		Various customer service related risks on directorate risk registers
What are we doing:		Timescales and reports	
Corporately		See Item 7 annexe 1	
<ul style="list-style-type: none"> • Development of corporate customer service approach, customer relationship strategy and customer service programme for improving overall customer experience 		Quarter 1 progress report against corporate plan objectives, 1, 3, 7 and 8	

Item 16
NMC/14/76: Annexe 3
30 July 2014

Registrations: corporate plan commitment (CO1)

- Customer service training for staff
- Call centre customer satisfaction measures

FTP: corporate plan commitment (CO3)

- Witness experience project
- Customer service training and surveys
- Consideration of good practice highlighted by PSA (see annexe 3)

Development of customer service measures: see Item 9 and annexe 1

Report on corporate proposals:
Council October 2014

Quality		Director, Strategy Director Registrations Director, FTP	
PSA Standards not met		Registration Standards 2 & 3 FTP Standards 6, 8	
PSA Standards inconsistently met		FTP Standards 4, 5	
Corporate Plan Objectives	CO1, 3, 7, 8	Risk Register	CR1A & B
KPIs	KPI 1, 2, 3, & 4 FTP dashboard		CR2
What are we doing:		Timescales and reports	
Corporately:		See Item 7 and annexes 1 to 3	
<ul style="list-style-type: none"> • Corporate Quality Assurance Strategy: all directorates implementing quality management arrangements by autumn 2014 		Quarter 1 progress report against corporate plan objectives, 1, 3, 7 and 8	
Registration and FTP:		Regular progress reports to Executive Board and Audit Committee	
<ul style="list-style-type: none"> • Implementation of internal audit recommendations on registrant data integrity 			
FTP:		Council June 2014: agreed action following Initial Stages Audit report 2013	
<ul style="list-style-type: none"> • Improvements to voluntary removal & consensual panel determination processes implemented 			

Item 16
NMC/14/76: Annexe 3
30 July 2014

Information Security

Director, Corporate Services
Director, FTP

PSA Standard not met

FTP Standard 10

Corporate Plan Objective

CO8

Risk Register **CR6**

KPI

None

What are we doing:

- Information Security Improvement Plan 14-15 includes specific action to address FTP 10. This includes all essential elements which PSA say regulators should have in place (annexe 1, paragraph 7.55):

Robust systems including

- comprehensive policies & procedures
 - staff training (temporary and permanent staff)
 - awareness by contractors of obligations
 - regular monitoring of compliance and taking remedial action promptly
 - formal logs of all breaches, incident types, risks associated, investigative outcomes,
 - remedial action taken addresses all the issues
- Quarterly reports on serious events, including data breaches

Timescales and reports

Progress report: Audit Committee
September 2014

Executive Board & Audit Committee

Item 16: Annexe 4
NMC/14/76
30 July 2014

PSA Performance Review 2013-2014: Good Practice	NMC comments/action	NMC Leads
Guidance and Standards		
Making meaningful use of information held to provide additional guidance on problematic areas – for example, categorising FTP cases by reference to standards that may have been breached (GOC & GDC) (<i>PSA paragraph 7.13</i>)	We will consider the extent to which a similar approach would be appropriate for the NMC, taking into account our policy and our existing risk based work cycle of reviews.	AD Standards AD Strategy ADs, FTP
Patient/public information: "What to expect of your doctor" (GMC) (<i>PSA paragraph 7.15</i>)	Under consideration We have recently issued our leaflet for the public on raising concerns about nurses and midwives. We will also be seek to ensure that the revised Code is easy for the public and patients to understand.	AD Standards AD Strategy
Research into effectiveness of regulation (GOsC) (<i>PSA paragraph 7.16</i>)	Under consideration.	AD Strategy
Publishing discussion papers on issues where there is no professional consensus prior to finalising guidance (GPhC) (<i>PSA paragraph 7.17</i>)	Under consideration.	AD Standards AD Strategy
Stakeholder engagement: The breadth of methods used and inclusion of a number of different stakeholder groups and organisations in work to comprehensively review the <i>Standards of Conduct, Performance and Ethics</i> (HCP) (<i>PSA paragraph 7.18</i>)	The breadth of our consultation and stakeholder engagement on the revision of the code and introduction of revalidation compares well with the good practice cited here. We will review the scope for further learning from the HCP approach.	AD Standards AD Strategy
Education and training		
Equality and diversity Assessing the fairness of the examinations that students/registrants are required to sit and working with interested parties to follow up on these results. (GPhC , GMC) We encourage other regulators to consider whether carrying out similar	Under consideration. We do not hold or collect student data but will consider how we can work with AEIs to see to what extent this is part of their equality and diversity approach. We are adopting a proportionate	AD Education AD Governance & Planning

Item 16: Annexe 4
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work might be of value to them. <i>(PSA paragraph 7.29)</i>	approach in using HESA data already collected to further understand the demographics of our nursing and midwifery students.	
Joint approach to QA with quality review panels of the education provider (GOC) <i>(PSA paragraph 7.35)</i>	This is already a well-established part of our quality assurance arrangements for AEs.	AD Education
Supporting students with mental health conditions (GMC) <i>(PSA paragraph 7.36)</i>	We are considering whether, taking into account the need to adopt a proportionate approach, we might seek further thematic information on what AEs already do as part of the annual self-reporting by AEs.	AD Education
Targeted reviews of specific practice settings of selected education providers in response to specific concerns - emergency departments (mix of weak and potential good practice sites chosen) (GMC) <i>(PSA paragraph 7.37)</i>	We took a similar approach last year in factoring into our risk assessments practice settings under special measures as a result of the Keogh Mortality review and care concerns identified within certain Health Boards in Wales. We will consider a similar targeted approach when developing our risk based assessment for 2014-2015 academic year.	AD Education
Registration		
illegal practice: checking the registration status of anyone advertising dental services and raising patient awareness of illegal practice to enhance public protection and public confidence in the profession (GDC) <i>(PSA paragraph 7.50)</i>	Not directly applicable to the NMC context but we will consider the scope for any applicable learning.	AD Registration
Fitness to practise		
Standard 7 Customer Service Staff guidance/training on dealing with vulnerable parties (GPhC) Support for registrants subject to FTP (Doctors support service) (GMC) <i>(PSA paragraphs 7.58 & 7.59)</i>	Under consideration as part of wider customer service improvement work.	Head of FTP Director's Office and Service Improvement

Council

Equality and Diversity Annual Report 2013-2014

Action: For discussion.

Issue: This paper presents the NMC's Equality and Diversity Annual report from April 2013 to March 2014.

Core regulatory function: Supporting functions.

Corporate objectives: Corporate objective 7: "We will promote equality and diversity in carrying out our functions and in delivering our services as a regulator and as an employer."

Decision required: The report is for information.

Annexes: The following annexe is attached to this paper:

- Annexe 1: Equality and diversity annual report from April 2013 to March 2014.

NB Please note that Annexe 1 is not included in the Council papers. It will be published at the same time as the NMC annual report and accounts; and the annual Fitness to Practise report once they have been laid in Parliament.

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

Author: Sarah Phillips
Phone: 020 7681 5984
sarah.phillips@nmc-uk.org

Director: Jon Billings
Phone: 020 7681 5339
jon.billings@nmc-uk.org

Context:	1	The Equality and Diversity annual report sets out the progress we have made in 2013-2014 in meeting our equality objectives and the areas we intend to build on in the future.
Discussion and options appraisal:	2	As a 'public body' under the Equality Act 2010, the NMC is required to set equality objectives and to publish an annual report on progress in meeting them. The Council reviewed and approved revised equality objectives in March 2014.
	3	The annual report sets out the progress we made in meeting our objectives in the year ended 31 March 2014. It includes equality monitoring data for staff, fitness to practise panellists, and nurses and midwives (including those who are subject to fitness to practise proceedings).
	4	The Council is invited to note the report.
Resource implications:	5	There are no costs associated with this report.
Equality and diversity implications:	6	There are no equality and diversity implications arising from the report.
Stakeholder engagement:	7	We have not engaged with stakeholders on the content of this report specifically. We engage regularly with best practice organizations and with other healthcare regulators to shape our approach to equality and diversity.
Risk implications:	8	The report is one of the measures in place to ensure we comply with the Equality Act 2010, the general equality duty and other equality legislation.
Legal implications:	9	We have a legal duty to demonstrate compliance with the Equality Act 2010, the general equality duty and other equality legislation.

Council

Chair's report

Action: For information.

Issue: This paper reports on the Chair's activities.

Core regulatory function: This paper covers all of our core regulatory functions.

Corporate objectives: The Chair's activities encompass all of the NMC's corporate objectives.

Decision required: No decision is required. The Council is invited to note this report.

Annexes: There are no annexes to this paper.

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

Author: Peter Pinto de Sa
Phone: 020 7681 5426
peter.pinto@nmc-uk.org

Chair: Mark Addison

- Context:** 1 Given the activity undertaken by the Chair in conjunction with the chief executive, this report needs to be considered alongside the chief executive's report, also on this meeting agenda.
- Discussion** 2 As part of the Council meeting in Edinburgh, the Chair chaired a meeting of stakeholders in Scotland on 5 June 2014. The meeting followed on from the initial meeting held in London in March 2014, chaired by the Rt. Hon. Stephen Dorrell MP, the (now former) Chair of the Commons Health Committee which explored professionalism and regulation.
- 3 Speakers at the event in Edinburgh included Professor Brian Webster, the professor of nursing and assistant dean at the Faculty of Health, Life and Social Sciences at Edinburgh Napier University; Professor Brendan McCormack, the head of the division of nursing at Queen Margaret University, Edinburgh; and Ros Moore, the Chief Nursing Officer for Scotland.
- 4 The event was attended by colleagues from the Royal College of Nurses, the Royal College of Midwives, other healthcare regulatory bodies and the Scottish Public Services Ombudsman, Jim Martin. There were useful discussions about the definition of professionalism, the impact of working culture on professionalism and the role played by regulation and regulatory guidance.
- 5 On 12 July 2014, the Chair chaired the NMC's Public and Patient Engagement Forum meeting in London. The meeting covered current NMC activity in registration, the ongoing consultation on the review of the Code and work in education. Care and compassion has been a recurring topic at these meetings and will be the subject of a longer discussion at the next meeting of the Forum in October 2014.
- 6 On 30 May 2014, the Chair, Anne Wright (as Chair of the Midwifery Committee) and the Chief Executive visited Guy's and St Thomas' Hospital in London. The Chair and Midwifery Committee Chair spent time in the maternity unit while the Chief Executive visited the accident and emergency and surgical wards. All three then attended the regular staff drop-in meeting at the end of their visit and answered questions on a range of topics including revalidation and registration renewal.
- 7 The Chair attended the King's Fund launch event on 11 June 2014 for their report on 'Reforming the NHS from within'. The event was introduced by Professor Chris Ham, the chief executive of the King's Fund. Other speakers included the Rt. Hon. Stephen Dorrell MP, Baron Darzi of Denham and David Dalton, the chief executive of the Salford Royal NHS trust.
- 8 On 19 June 2014, the Chair attended the meeting of regulatory body

Chairs hosted by the General Chiropractic Council.

Sir Keith Pearson, the Health Education England (HEE) chair, attended for part of the meeting to discuss the regulators' experience of engagement with HEE to date and the development of the understanding of respective roles and responsibilities between regulators and HEE. The chairs will meet again in October 2014 and Baroness Pitkeathley has been invited to attend the meeting.

- 9 The Chair and the Chief Executive met Sir Keith Pearson and the HEE Chief Executive, Ian Cumming, for the latest of their regular meetings on 11 June 2014. Among other topics, they discussed the progress of the 'Shape of Caring' review.
- 10 On 12 June 2014, the Chair met Gail Adams, Head of Nursing, Unison. Among the issues discussed were revalidation, the review of the Code and the current fee consultation. As part of the regular engagement with key regulatory partners, the Chair met Bill Moyes, the Chair of the General Dental Council. The key focus of that discussion was the Law Commission's draft Bill and the publication of the PSA performance review report.
- 11 On 18 June 2014, the Chair met Charlie Massey, the Department of Health's Director General, Strategy and External Relations, for a regular catch-up meeting.
- Public protection implications:** 12 None directly from the paper. Public protection implications arising from the activities in this paper are addressed as part of individual workstreams and projects.
- Resource implications:** 13 None directly from this paper. Resource implications of the NMC's activities in the various workstreams and projects referenced in the paper are dealt with in financial monitoring reports.
- Equality and diversity implications:** 14 None directly from the paper. Equality and diversity issues are dealt with as part of the conduct of individual workstreams and projects.
- Stakeholder engagement:** 15 Stakeholder engagement is detailed, as appropriate, in the body of this report.
- Risk implications:** 16 None directly from the paper.
- Legal implications:** 17 None directly from the paper.

Council

Chair's action taken since the last meeting of the Council

Action:	For information.
Issue:	The report details a decision taken by the Chair under delegated powers (as per NMC Standing Orders).
Core regulatory function:	Supporting functions.
Corporate objectives:	Corporate objective 8: "We will develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions."
Decision required:	No decision is required by this report.
Annexes:	The following annexes are attached to this report: <ul style="list-style-type: none">• Annexe 1: Signed Chair's action: Policy on Fitness to Practise guidance
Further information:	If you require clarification about any point in the paper or would like further information please contact the author or the director named below Secretary: Matthew McClelland Phone: 020 7681 5987 matthew.mcclelland@nmc-uk.org

Chair's action	Policy on Fitness to Practise guidance
	<ol style="list-style-type: none"> 1 The Council considered the draft policy on Fitness to Practise guidance at its meeting on 4 June 2014. 2 At that meeting, members asked that the policy be further revised to: <ol style="list-style-type: none"> a) Remove the phrase "without limitation" from paragraph 6 to ensure that the scope of the policy was clear; b) Insert a reference within the policy to quality assurance outcomes being a further driver for reviewing guidance; c) Insert a requirement in the policy for the Council to be notified when revised guidance is issued, together with an explanation of substantive changes. 3 The Council agreed to delegate approval of the policy, once those requested revisions had been made, to the Chair of the Council, as per the NMC's Standing Orders. 4 The revised policy was presented to the Chair of the Council, who approved the policy to be effective from 1 July 2014.
Public protection implications:	<ol style="list-style-type: none"> 5 There are no public protection implications arising directly from the report. The report that went to the Council on 4 June 2014 noted that the completion of clear governance arrangements around the creation and revision of Fitness to Practise guidance was aimed at enabling the NMC to respond promptly where development of guidance was required; this would, indirectly, serve to bolster public protection.
Resource implications:	<ol style="list-style-type: none"> 6 Resource implications were considered as part of the report that went to the Council on 4 June 2014.
Equality and diversity implications:	<ol style="list-style-type: none"> 7 Equality and diversity implications were considered as part of the report that went to the Council on 4 June 2014.
Stakeholder engagement:	<ol style="list-style-type: none"> 8 None.
Risk implications:	<ol style="list-style-type: none"> 9 There are no risk implications arising directly from this report.
Legal implications:	<ol style="list-style-type: none"> 10 None at this time.

Chair's Action

As per NMC Standing Orders, the Chair of the Council shall have the power to authorise action on minor, non-contentious or urgent matters falling under the authority of the Council. Such actions shall be recorded in writing and passed to the Chief Executive and Registrar who shall maintain a record of all authorisations made under this paragraph and shall report in writing, for information, to each Council meeting the authorisations which have been made since the preceding Council meeting.

Each Chair's action must be affixed to an accompanying report setting out full details of the action that the Chair is requested to authorise on behalf of the Council.

Date: 01 July 2014

Requested by: Matthew McClelland
Job title: Secretary to the Council

Detail:

On 4 June 2014, the Council considered a draft Policy on Fitness to Practise Guidance. The Council approved the draft Policy, subject to amendments to be authorized by Chair's action. Those amendments have been effected by the Director of Fitness to Practise as follows:

- in paragraph 6 to remove the phrase "without limitation" so that the scope of the Policy is clear;
- to insert, at paragraph 10.5, a reference to quality assurance outcomes as a possible driver for reviewing guidance;
- to insert, at paragraph 22, a requirement for the Council to be notified when revised guidance is issued, together with an explanation of substantive changes.

You are recommended to authorize the Policy, as amended (attached). Once authorized, it will have immediate effect.

Signed Mal Addison (Chair)

Council

Report of the Audit Committee to the Council

Action: For information.

Issue: The Audit Committee held a meeting on 24 June 2014 and this report is a summary of its deliberations and recommendations.

Core regulatory function: Supporting functions.

Corporate objectives: Corporate objective 8: "We will develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions."

Decision required: No decision is required by this report.

Annexes: None.

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

Author: Paul Johnston
Phone: 020 7681 5559
paul.johnston@nmc-uk.org

Chair: Louise Scull

- Context:**
1. The Audit Committee met on 24 June 2014. Items discussed included:
 - 1.1 A progress report on the internal audit work programme for 2013 – 14;
 - 1.2 The draft NMC annual report and accounts for 2013 – 14;
 - 1.3 The draft NMC annual Fitness to Practise report for 2013 – 14;
 - 1.4 A report on data breaches and serious events;
 - 1.5 An update on risk management;
 - 1.6 An update on quality assurance (QA) and proposed principles to be used for the review of delivery of the agreed QA strategy.

Discussion and options appraisal:

Internal audit work programme 2013 – 14

2. The Committee received a presentation from Moore Stephens on progress on the internal audit work programme for 2013 – 14. The Committee continues to provide extensive scrutiny of the recommendations and management implementation of recommendations arising from the work programme.
3. The Committee noted in particular management actions in response to the audit completed on business continuity planning. The Executive will review corporate and directorate risk registers to ensure that business continuity risks are appropriately reflected.

Draft NMC annual report and accounts 2013 - 14

4. The Committee holds responsibility for recommending the annual report and accounts to the Council. The Committee made a number of proposed revisions to the annual report and accounts, which have been reflected in the document before the Council.
5. The Committee welcomed the fact that the annual report and accounts have been drafted in a way that is accessible to a wide range of audiences. Further, a separate annual review will be published in advance of the annual report and accounts that is aimed at further improving engagement with wider audiences.
6. The Committee noted that the annual report and accounts, and the annual Fitness to Practise report, will be laid before Parliament after the summer recess. While comfortable with this approach, the Committee would note the need to mitigate the risk that, in view of the delay between this Council meeting and the laying date, the annual report and accounts does not reflect up-to-date information at the date it is presented to Parliament. The Executive will take

appropriate measures to address this risk.

7. The Committee recommends the annual report and accounts for 2013 – 14 to the Council.

Draft NMC annual Fitness to Practise report 2013 - 14

8. The Committee holds responsibility for recommending the annual Fitness to Practise report to the Council. The Committee noted that equality and diversity data relating to Fitness to Practise (FtP) activity is included in the NMC's annual equality and diversity report for 2013 – 14, which is presented to the Council separately on this agenda.
9. The Committee proposed an amendment to the report, which has been incorporated within the report presented to this meeting. The Committee therefore recommends the annual Fitness to Practise report 2013 – 14 to the Council.

Serious events and data breaches

10. The Committee considered a report detailing the handling of current serious events and data breaches. The Committee welcomed the improvements in information on serious events and the serious event review process continues to be embedded across the organisation.

Risk management update

11. The Committee noted the formation of a Risk Scrutiny Group, a formal management committee reporting to the Executive Board. The Group's remit is to provide assurance to the Executive Board on how risk is being managed across the organisation and to enhance the effectiveness of our risk management. The Committee welcomed this approach and the tangible improvements to the wider corporate risk management approach.
12. The Committee noted that further consideration would be given on the risks and mitigation controls arising from the fact that the draft Law Commission Bill would not be introduced during the current parliament session. This item has been considered by the Council elsewhere on this agenda.

Quality assurance (QA) update and review of the delivery of the Quality Assurance strategy

13. The Committee received an update on the assurance map, which is a useful management tool in enabling the Executive to assess the effectiveness of risk management controls in place across the organisation. The Committee will continue to receive six-monthly updates on the assurance map.

14. As members will recall, the Council agreed in January 2014 that it would be helpful to review the delivery of the QA strategy after October 2014, when outcome 1 was due to have been completed. At that meeting, the Council authorised the Audit Committee to consider the scope of the review.
15. As such, the Committee considered and endorsed the proposed principles that will underpin the review. The review will aim at both ensuring appropriate focus on the key areas that the QA strategy should focus on in going forward, as well as serving to address points raised by internal auditors. The Committee will consider progress on the review at its February 2015 meeting.

Public protection implications:

16. There are no public protection implications arising directly from this report.

Resource implications:

17. None other than staff time to prepare the reports.

Equality and diversity implications:

18. None directly as a result of this report.

Stakeholder engagement:

19. No stakeholder engagement implications arising from this report.

Risk implications:

20. The role of the Audit Committee is to give assurance to Council that the NMC has effective governance, risk management and internal controls in place.

Legal implications:

21. None.

Council

Report from the Midwifery Committee

Action: For information.

Issue: The Midwifery Committee held a meeting on 25 June 2014 and this report is a summary of its deliberations and recommendations.

Core regulatory function: Supporting functions.

Corporate objectives: Corporate objective 8: "We will develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions."

Decision required: No decision is required by this report.

Annexes: No annexes are attached to this paper.

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

Author: Paul Johnston
Phone: 020 7681 5559
paul.johnston@nmc-uk.org

Chair: Dr Anne Wright

- Context:**
- 1 The Midwifery Committee held a meeting on 25 June 2014, and the main areas discussed included:
 - 1.1 The ongoing review of the Code;
 - 1.2 An update on the themes arising from part 1 of the revalidation consultation
 - 1.3 The quarterly quality monitoring report of the LSAs.

The review of the Code

- 2 The Committee received an update from NMC officers on the views that had been gathered to date through the consultation on proposed revisions to the Code.
- 3 Members of the Committee made a number of very important inputs into the discussion. This included a quite detailed discussion on social media provisions within the proposed Code, with the Committee feeling that the Code has a role to play in explicitly setting out the professional standards that all registrants should aspire to when using social media. This is particularly important when one considers the current backdrop where social media plays an ever more important part in the private and professional lives of an increasing number of registrants. The Committee also discussed the fundamentals of care section, with a recommendation that it was right for this section to be included in the revised Code.
- 4 Further points made by the Committee included revising the current draft of the proposed Code to include a section setting out a clear onus on registrants to determine which sections of the Code apply to them and what their responsibilities are under those sections. Further, the Committee made the very useful observation that the NMC will need to engage further with educational institutions in embedding the revised Code, once published, within nursing and midwifery courses. This is an area that will, in the first instance, be taken forward by the Education Advisory Group.

Update on draft model for revalidation

- 5 The Committee received a very detailed part on the results of part 1 of the revalidation consultation and how those results had served to shape the content and design of part 2 of the consultation.
- 6 The Committee's discussions focussed on the implications arising from part 1 of the consultation on the midwifery professions; there are of course, in many areas of the consultation, cross-cutting themes for both the nursing and midwifery professions.
- 7 The Committee endorsed the principle that supervisors of midwives' views should be embedded in the confirmation process as part of revalidation; this tied in with the outcomes of part 1 of the consultation, with 84% of midwives also responding in favour of this

principle.

- 8 The Committee also held an important discussion on the registration of SCPHNS, noting the consultation on practice hours for SCPHNS. The Committee will receive an update at the next meeting on what is mandated under legislation in this area.

LSA quality assurance review visits

- 9 The Committee considered the major themes emerging from the previous quarter's quality monitoring of Local Supervising Authorities (LSAs). The monitoring in place is an important and effective means of regularly assessing whether LSAs are meeting the required standards for statutory supervision of midwives at timed intervals during the fiscal year.

Other business

- 10 The Committee wishes to formally thank, through this report, Frances McCartney, who resigned from the Committee earlier this year. Work has already begun on appointing a replacement, along with two further replacements for Kirsty Darwent and Marie McDonald, both of whose second terms of office finish at the end of this year.
- 11 The Committee remains committed to engagement with the Kings' Fund on the review of midwifery regulation and a seminar is being organised.

Public protection implications:

- 12 No public protection implications arising directly from this report.

Resource implications:

- 13 The work outlined in this report did not affect planned budgets.

Equality and diversity implications:

- 14 There are no direct equality and diversity implications resulting from this paper.

Stakeholder engagement:

- 15 The review of the Code and the consultation on revalidation will both involve significant stakeholder engagement.

Risk implications:

- 16 There are no risk implications arising directly from this report.

Legal implications:

- 17 None identified.

COUNCIL and COMMITTEE SCHEDULE OF BUSINESS 2014

The items highlighted in red are annual items.

COUNCIL: STANDING ITEMS		
	OPEN SESSION	
	<ul style="list-style-type: none"> • Minutes and matters arising • Chair's report (including Chair's actions) • Chief Executive's report • Performance and risk report • Revalidation update • Financial report • Committee reports (<i>'below the line'</i>) • Schedule of business (<i>'below the line'</i>) • Questions from observers 	
COMMITTEES OF COUNCIL: STANDING ITEMS		
MIDWIFERY COMMITTEE		AUDIT COMMITTEE
<ul style="list-style-type: none"> • Minutes and matters arising • Quarterly quality monitoring • Schedule of business 		<ul style="list-style-type: none"> • Minutes and matters arising • Receipt of reports on internal audit programme • Outstanding internal audit recommendations • Risk management: update • Whistleblowing policy: report on use • SER and data breaches: standing report • Schedule of business

COUNCIL: 30 SEPTEMBER – 1 OCTOBER 2014
Deadline for receipt of papers: 17 September 2014
Despatch date: 23 September 2014

OPEN SESSION 01/10/14

- Fees consultation update and decision on annual registration fees
- Education five year rule
- Revalidation update (to include cost-benefit analysis)
- **Welsh language scheme annual report ***

COMMITTEES OF COUNCIL: 28—29 OCTOBER 2014	
MIDWIFERY COMMITTEE 28/10/14	AUDIT COMMITTEE 29/10/14
<ul style="list-style-type: none">• Revalidation and Code update• Review of midwifery regulation• Education strategy• Annual LSA report	<ul style="list-style-type: none">• External audit programme• Internal audit effectiveness• Review of the NMC assurance map• Update on QA function review

COUNCIL: 3 – 4 DECEMBER 2014
Deadline for receipt of papers: 19 November 2014
Despatch date: 25 November 2014

OPEN SESSION 04/12/14

- Annual Report on QA of education
- Annual LSA report
- Approval of revised Code and draft guidance for revalidation
- S.60 Order amendments
- Education strategy
- Update on review of QA function

A full draft of the schedule of business for Council and committees for 2015 will be presented from the October 2014 Council onwards

Items for 2015 onwards

January 2015: Review of Midwifery regulation: report

January 2015: NMC Strategy 2015 - 2020

2016 – 17: Tender for external audit providers (Audit Committee)

Meeting of the NMC Council

to be held from 09:30 to 13:30 on Wednesday 30 July 2014
in the Council Chamber at 23 Portland Place, London W1B 1PZ

Agenda

Mark Addison
Chair of the Council

Matthew McClelland
Secretary to the Council

- | | | | |
|----|--|-----------|-------|
| 1. | Welcome from the Chair | NMC/14/61 | 09:30 |
| 2. | Apologies for absence | NMC/14/62 | |
| 3. | Declarations of interest | NMC/14/63 | |
| 4. | Minutes of the previous meeting | NMC/14/64 | |
| | Chair | | |
| 5. | Summary of actions | NMC/14/65 | |
| | Secretary | | |

Corporate reporting

- | | | | |
|----|--|-----------|-------|
| 6. | Chief Executive's report | NMC/14/66 | 09:40 |
| | Chief Executive and Registrar | | |
| 7. | Performance and risk report | NMC/14/67 | 09:50 |
| | Chief Executive and Registrar | | |
| 8. | Monthly financial monitoring: June 2014 results | NMC/14/68 | 10:10 |
| | Director of Corporate Services | | |

Matters for decision

- | | | | |
|----|---|-----------|-------|
| 9. | Corporate Key Performance Indicators 2014 - 15 | NMC/14/69 | 10:20 |
| | Director of Strategy | | |

Refreshments: 10:40

- | | | | |
|-----|---|-----------|-------|
| 10. | NMC Strategy 2015 - 2020

Director of Strategy | NMC/14/70 | 10:50 |
| 11. | Policy for overseas registration

Director of Registration | NMC/14/71 | 11:40 |
| 12. | Registration fee payment by instalments

Chief Executive and Registrar | NMC/14/72 | 11:50 |
| 13. | Draft annual report and accounts 2013 – 14

Chief Executive and Registrar | NMC/14/73 | 12:05 |
| 14. | Draft fitness to practise annual report 2013 – 14

Director of Fitness to Practise | NMC/14/74 | 12:30 |
| 15. | NMC Health and Safety Policy and Health & Safety Annual Report

Director of Corporate Services | NMC/14/75 | 12:45 |

Matters for discussion

- | | | | |
|-----|---|-----------|-------|
| 16. | PSA performance review 2013 – 14

Chief Executive and Registrar | NMC/14/76 | 12:50 |
| 17. | Annual NMC equality and diversity report 2013 – 14

Director of Strategy | NMC/14/77 | 13:05 |

Questions from observers

- | | | | |
|-----|---------------------------------|-----------|-------|
| 18. | Questions from observers | NMC/14/78 | 13:15 |
|-----|---------------------------------|-----------|-------|

Lunch: 13:30

Matters for information

Matters for information will normally be taken without discussion. Members should notify the Chair or the Secretary to the Council in advance of the meeting should they wish for any item to be opened for discussion.

19. **Chair's report**

Chair

20. **Chair's actions taken since the last meeting of the Council** NMC/14/80

Chair

21. **Reports from Chairs of the Committees** NMC/14/81

- Chair of the Audit Committee
- Chair of the Midwifery Committee

22. **Schedule of business** NMC/14/82

Secretary

The next public meeting of the Council is scheduled to be held on Wednesday 1 October 2014 at 9.30am in 23 Portland Place, London.