Meeting of the NMC Council

to be held from 09:30 to 12:45 on Thursday 12 September 2013
in the Council Chambers 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/13/137	09:30
2.	**Apologies for absence**	NMC/13/138	
3.	**Declarations of interest**	NMC/13/139	
4.	**Minutes of the previous meeting** Minutes of the public session of the Council held on 18 July 2013	NMC/13/140	09.40
5.	**Summary of actions** An action list detailing matters arising from the minutes of the public session of the Council held on 18 July 2013 and outstanding actions from previous meetings	NMC/13/141	09.50
6.	**Raising concerns** This item will be introduced by the Chair. Helene Donnelly, ambassador for cultural change at Staffordshire and Stoke on Trent Partnership Trust, will address the Council to support the launch of the revised NMC guidance: *Raising Concerns.* Helene's presentation will be filmed and live-streamed.	NMC/13/142	10.00

Corporate reporting

7.	**Performance and risk report** Chief Executive and Registrar	NMC/13/143	10.40

8.	**Monthly financial monitoring – July 2013 results** Director of Corporate Services	NMC/13/144	11.00
9.	**Recent healthcare reviews – actions for the NMC** Chief Executive and Registrar	NMC/13/145	11.15

Matters for decision

10.	**Draft revalidation strategy** Director of Continued Practice	NMC/13/146	11.30
11.	**Review of NMC standards and guidance** Director of Continued Practice	NMC/13/147	12.15

Matters for discussion

12.	**Questions from observers**	NMC/13/148	12.30

LUNCH: 12:45 – 13.45

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.

13.	**Chair's report (including Chair's action)** Chair	NMC/13/149
14.	**Chair's actions taken since the last meeting of the Council** Chair	NMC/13/150
15.	**Chief Executive's report** Chief Executive and Registrar	NMC/13/151
16.	**Reports from Chairs of the Committees** Chair of the Midwifery Committee	NMC/13/152

17.	**A proportionate approach to fitness to practise investigations** Director of Fitness to Practise	NMC/13/153
18.	**Voluntary removal** Director of Fitness to Practise	NMC/13/154
19	**Welsh Language Scheme monitoring report** Director of Corporate Governance	NMC/13/155
20.	**Schedule of business** Secretary	NMC/13/156

The next public session of Council is scheduled to be held on Thursday 21 November 2013 at 9.30am at 23 Portland Place, London, W1B 1PZ.

Meeting of the Council
Held at 09:30 on 18 July 2013
at 23 Portland Place, London W1B 1PZ

Minutes

Present

Members:

Mark Addison	Chair
Professor Judith Ellis	Council Member
Nicki Patterson	Council Member
Quinton Quayle	Council Member
Louise Scull	Council Member
Carol Shillabeer	Council Member
Elinor Smith	Council Member
Lorna Tinsley	Council Member
Dr Anne Wright	Council Member

NMC officers:

Jackie Smith	Chief Executive and Registrar
Katerina Kolyva	Director of Continued Practice
Lindsey Mallors	Director of Corporate Governance
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.

NMC/13/115 Welcome from the Chair

1. The Chair welcomed members and the public to the meeting of the Council.

2. The Chair noted that all items marked as “for information” - except the item on the equality and diversity annual report - would be considered as ‘below the line’ and not for discussion.

NMC/13/116 Apologies for absence

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

NMC/13/117 Declarations of Interest

1. No declarations of interest were given.

NMC/13/118 Minutes of previous meetings

1. The Council approved the minutes of the meeting held on 20 June 2013, subject to the following amendments:

    - NMC/13/102/2: Greater clarity on the role of Mott MacDonald on delivering the operations of the Quality Assurance framework for nursing and midwifery education and LSAs.

    - NMC/13/106/2c and NMC/13/113/2a: Reword to better reflect the concern expressed by the Council on delivery of both KPI4 and changes in legislation on PII.

NMC/13/119 Summary of actions

1. The Council noted a summary of progress in completing actions arising from previous meetings of the Council.

2. The Chair of the Audit Committee noted that, in respect of minute NMC/13/110, the Audit Committee had considered the proposed internal QA strategy and was satisfied that the strategy was appropriately aligned alongside the business assurance framework, the internal audit function and other assurance mechanisms. It was agreed that the Council consider progress on the implementation of the strategy on a 6-monthly basis alongside the assurance map progress.

3. It was noted that prospective actions should, as far as possible, be allocated a date for completion or review to allow the Council to hold action owners to account.

Action:	**Amend the Council schedule of business to include review of the quality assurance strategy and business assurance**

	framework on a 6-monthly basis
For:	**Secretary to the Council**
By:	**12 September 2013**

NMC/13/120 Performance and risk report

1. The Council considered the performance and risk report, which represented a revised format of reporting on performance and risk to the Council.

2. The following points were noted in discussion on the Key Performance Indicators:

   a. KPI2: The Council's decision on new interim order review processes had delivered improvements in performance on this indicator, which was particularly welcomed as it strengthened public protection. It was agreed that it was appropriate to review future targets at the end of the year.

   b. KPI 3: It was noted that achievement against this target would remain consistent in the short-term due largely to historic caseloads. Changes to the legal framework for processing of fitness to practise cases should improve performance. It was important to note that officers paid particular attention to cases that had remained in the investigation stage for 8 to 12 months on a case-by-case basis to improve progression of cases.

   c. The Council agreed that it would be appropriate to review strategy in this area in the medium-term but noted that the short-term priority was around stabilisation.

   d. KPI4: It was noted that further work was required on short-term forecasting over a 3 month period. The Council asked that forecasts be frozen to allow for comparison in future months. The Council also requested that critical review dates up until September 2014 were identified.

   e. KPI6: The Council requested monthly turnover data in addition to the annualised figure. It was agreed that the Council review and identify long-term optimal staff turnover levels for the organisation later in the year.

3. The following discussions were held on Fitness to Practise performance (Annexe 2) and the Risk Register:

   a. The data on FtP performance was welcome. The data presented would allow for scrutiny of timeliness but there were other important components to FtP performance, including quality of decisions and customer service, which also needed to be measured.

b. It was noted that a number of external reviews on healthcare had been published in recent months, and the Risk Register should capture any associated risk to organisational delivery, priorities and reputation. Officers would provide a note to the Council on the implications and impact of external reviews through the Chief Executive's report.

Action:	**Reflect Council requests on KPI reporting in future; and consider whether a new risk relating to external reviews be added to the risk register**
For:	**Director of Corporate Governance**
By:	**12 September 2013**
Action:	**Incorporate implications and impact of external reviews through the Chief Executive's report**
For:	**Director of Corporate Governance**
By:	**12 September 2013**

NMC/13/121 Annual report and accounts

1. The Council considered the annual report and accounts. It was noted that the annual report and accounts had been scrutinised by the Audit Committee and would, subject to Council approval, be laid before Parliament in the Autumn. It was further noted that the Privy Council Office - responsible for laying the annual report and accounts before Parliament - had indicated that they would anticipate a laying date after 8 October 2013. A post balance sheet review would therefore be conducted in September 2013 before the annual report and accounts and the letters of representation are signed. In the event that any material changes to the annual report and accounts were required, they will be put to the Council for further approval on 12 September 2013. Minor amendments would be authorised by the Chair and the Chief Executive and reported to the Council.

2. The Chair of the Audit Committee noted that the annual report and accounts presented to the Council reflected the changes proposed by the Committee. The Committee was content to endorse the annual report and accounts to the Council.

3. The following points were noted in discussion:

   a. The report should further reflect that forthcoming legislative changes that mandated registrants to hold professional indemnity insurance would affect the nursing profession.
   b. The report should consistently reflect the NMC's four country remit.

4. Subject to this and further review for minor typographical changes, the Council agreed to:

- Approve the annual report and accounts, subject to any changes requested by the Council.
- Authorise the Chair on behalf of the Council to sign the letters of representation to the external auditors and the NAO.
- Approve the post balance sheet review process.

Action:	**Amend the annual report and accounts to reflect Council comments**
For:	**Director of Corporate Governance**
By:	**5 August 2013**

NMC/13/122 Annual Fitness to Practise report 2012 - 13

1. The Council considered the annual Fitness to Practise report for 2012 – 13, which was a statutory obligation under the Nursing and Midwifery Order 2001.

2. The Chair of the Audit Committee noted that the Committee had reviewed the report and had, subject to the incorporation of a number of amendments as set out within the Committee Chair's report to Council, recommended the report to the Council.

3. The Council, subject to the Committee's proposed amendments being incorporated within the report, approved the statutory annual Fitness to Practise report 2012 – 13.

NMC/13/123 Francis report – update and draft NMC response for approval

1. The Council noted the draft NMC response to the Francis Report and thanked officers for their work in compiling the draft response.

2. The following points were noted in discussion:

   a. Much of the improvement work being undertaken by the NMC had commenced prior to the publication of the Francis report and had not been driven by the Inquiry. However, the organisation was not complacent about the work that needed to be done.

   b. Greater clarity was sought on how the NMC was taking forward recommendations regarding nurse leadership.

3. In summary, the Council agreed the content of the draft response, subject to the above comments and final review for minor typographical errors. The Council would receive regular updates on the NMC's response to Francis recommendations.

Action:	**Add regular updates on NMC actions taken on Francis report recommendations to the Council schedule of business**

For:	**Secretary to the Council**
By:	**12 September 2013**

NMC/13/124 Health Select Committee report: stock take

1. The Council received a presentation from Emma Westcott, Assistant Director, Strategy and Policy. The Council noted the themes arising from the Committee's report and next steps.

2. The Council requested the opportunity to review future submissions to the Health Select Committee, which would this year focus largely on the NMC's response to the Francis report, revalidation and fitness to practise improvements.

NMC/13/125 PSA performance review report 2012 - 13

1. The Council considered the PSA performance review report 2012 – 13. While the report reflected that the NMC had not met eight of the 24 Standards of Good Regulation, the tone of the report was more balanced compared to that of the previous year and acknowledged the improvements being delivered by the NMC.

2. The Council noted the considerable activity levels in fitness to practise, which were significantly higher than other healthcare regulators. It was noted that this posed particular challenges, which needed to be acknowledged externally, but also provided opportunities to explore different ways of working to address the uniquely high caseloads of the NMC.

3. The Council was keen to continue to engage with the PSA to further understand their concerns around where the NMC could improve performance.

4. In summary, the Council noted the existing work already underway that was aimed at helping to deliver improved performance against the PSA Standards of Good Regulation.

NMC/13/126 Governance review

1. The Council considered the Scheme of Delegation and terms of reference for the committees of the Council. Terms of reference had been considered by chairs of the respective committees and amended accordingly.

2. The Chair of the Midwifery Committee noted that the terms of reference had been shared with the Royal College of Midwives and that they would be amended to include provision for monitoring professional and policy developments that impacted on the safety of maternity services.

3. It was noted in discussion that there would be consistent provisions for all committees in respect of quorum, membership and other matters within revised Standing Orders, which would in turn be considered by the Council at its September meeting.

4. In summary, the Council agreed:

- To approve the proposed scheme of delegation.
- To approve the proposed terms of reference for the committees of the Council, subject to minor amendments to the Midwifery Committee terms of reference.
- To approve the nomination of Julia Drown and John Halladay as trustees of the NMC Pensions Board.

Action:	**Incorporate minor amendments to the Midwifery Committee's terms of reference for consideration**
For:	**Secretary to the Midwifery Committee**
By:	**Midwifery Committee – 31 July 2013**
Action:	**Inform Julia Drown and John Halladay of the Council's nomination to the Pensions Board**
For:	**Secretary to the Council**
By:	**1 August 2013**

NMC/13/127 Chair's report

1. This report was for information only and was not discussed.

NMC/13/128 Chair's action taken since the last meeting of the Council

1. This report was for information only and was not discussed.

NMC/13/129 Chief Executive's report

1. This report was for information only and was not discussed.

NMC/13/130 Financial monitoring

1. This report was for information only and was not discussed.

NMC/13/131 Report from Committees to Council

1. This report was for information only and was not discussed.

NMC/13/132 Equality and diversity annual report

1. The Council agreed that the report required discussion. It was noted that it was important for the Council to review the equality and diversity objectives that had been set in March 2012. This would be done alongside the development of the NMC's Corporate Plan for

2014 – 17.

Action:	**Add "review of equality and diversity objectives" to the Council schedule of business for early-2014**
For:	**Secretary to the Council**
By:	**12 September 2013**

NMC/13/133 ICT strategy update

1. This report was for information only and was not discussed.

NMC/13/134 Corporate complaints report

1. This report was for information only and was not discussed.

NMC/13/135 Schedule of business

1. This report was for information only and was not discussed.

Questions from observers

1. The Chair invited questions from observers regarding matters on the Council agenda and more broadly about the work of the NMC.

2. The following points were noted in discussion:

   a. The NMC did not refer to proposals around minimum staffing levels in NHS hospitals in its draft response to the Francis report and it was not the role of the NMC to establish a formal position in this debate.

   b. The draft annual report and accounts did not differentiate between nurse and midwife referrals nor did it reflect the proportion of referrals made on the basis of competence or misconduct. It was important that the NMC collect this data and work was ongoing to do so.

It was noted that the date of the next meeting is to be 12 September 2013.

The meeting ended at 11.55am.

SIGNATURE……

DATE……

Item 5
NMC/13/141
12 September 2013

Council

Summary of actions

Action: For information.

Issue: A summary of the progress on completing actions agreed by the meeting of Council held on 18 July 2013 and progress on actions outstanding from previous Council meetings.

Core regulatory function: Supporting functions.

Corporate objectives: Corporate objective 7: "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.

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

Director: Lindsey Mallors
Phone: 020 7681 5688
Lindsey.mallors@nmc-uk.org

Summary of actions outstanding (Council)

Actions arising from the Council meeting on 18 July 2013

Minute	Action	For	Report back to: Date:	Progress
13/119	Amend the Council schedule of business to include review of the quality assurance strategy and business assurance framework on a 6-monthly basis	Secretary to the Council	12 September 2013	Completed. These items are scheduled for January and July 2014.
13/120	Reflect Council requests on KPI reporting in future; and consider whether a new risk relating to external reviews be added to the risk register	Director of Corporate Governance	12 September 2013	Directors have considered whether a new risk relating to external reviews needed to be added to the Register. The outcome was that there is no new risk, though risks CR5 and CR10 have been amended to reflect the potential implications of external reviews. KPI 4 has been amended to reflect the comments of the Council, whilst a verbal update on KPI 6 will be given.

13/120	Incorporate implications and impact of external reviews through the Chief Executive's report	Director of Corporate Governance	12 September 2013	The impact and implications of external reviews is considered in a separate Council paper on the agenda for the September meeting
13/121	Amend the annual report and accounts to reflect Council comments	Director of Corporate Governance	5 August 2013	Completed
13/123	Add regular updates on NMC actions taken on Francis report recommendations to the Council schedule of business	Secretary to the Council	12 September 2013	Completed
13/126	Incorporate minor amendments to the Midwifery Committee's terms of reference for consideration	Secretary to the Midwifery Committee	Midwifery Committee – 31 July 2013	Completed
13/126	Inform Julia Drown and John Halladay of the Council's nominations to the Pensions Board	Secretary to the Council	1 August 2013	Completed
13/132	Add "review of equality and diversity objectives" to the Council schedule of business for early-2014	Secretary to the Council	12 September 2013	Completed. This is scheduled for March 2014

Brought forward actions (Council meetings prior to 18 July 2013)

Minute	Action	For	Report back to: Date:	Progress
12/166	Review the effect of the revised guidance and criteria for making decisions on voluntary removal during fitness to practise investigations	Director of Fitness to Practise	Council 12 September 2013	A report has been prepared and submitted for the September Council meeting
31 January 2013				
13/11	Report results of research and data analysis to Fitness to Practise Committee and Council in relation to the development of further guidance around the meaning of impaired fitness to practise	Director of Fitness to Practise	Council 12 September 2013	A paper has been prepared for consideration at the September Council meeting The Midwifery Committee has also expressed an interest in this matter, with actions taken to be reported back to a future meeting

Item 7
NMC/13/143
12 September 2013

Council

Performance and risk report

Action: For discussion.

Issue: Embedding performance and risk management across the NMC.

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

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

Decision required: No decision is required but the Council is invited to note and discuss:

- Progress against our Corporate Plan 2013-2016 in Quarter 1.
- Progress against our Key Performance Indicators.
- Fitness to Practise performance dashboard – May to July 2013.
- The assessment and management of risks on our Corporate risk register.

Annexes: The following annexes are attached to this paper:

- Annexe 1: Quarter 1 performance against the Corporate Plan 2013-2016.
- Annexe 2: Progress against our Key Performance Indicators.
- Annexe 3: Fitness to Practise performance dashboard – May to July 2013.
- Annexe 4: The Corporate risk register.

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
Phone: 020 7681 5440
maryanne.poxton@nmc-uk.org

Director: Lindsey Mallors
Phone: 020 7681 5688
lindsey.mallors@nmc-uk.org

Context:

1 This paper reports on progress against our key performance indicators (KPIs) and the assessment and management of risks on our Corporate risk register.

2 This paper also reports on the progress we have made in the first quarter of the financial year 2013 towards the delivery of our planned activities for 2013 as stated in our Corporate Plan 2013-2016.

3 The information in this paper collectively provides an overview of our current position in achieving outcomes and the actions we are taking to mitigate key risks.

Quarter 1 performance report

4 The report at Annexe 1 provides the Council with an assessment of progress against the Corporate Plan 2013-2016 during April to June 2013. Assessment is based on a red / amber / green rating system.

5 The report is the first of this year's quarterly progress reports. Progress on Quarter 2 will be reported to Council in November 2013.

Key performance indicators (KPIs)

6 The KPIs focus predominantly on our 'business as usual' activities and aim to capture the critical success factors with regard to discharging the NMC's role to protect patients and the public.

7 Work is ongoing to develop a small number of supporting performance indicators which will be considered by directors on a regular basis. At future meetings of the Council, this report will include, by exception, any significant matters arising from the supporting indicators.

8 An internal audit review of the KPIs is underway. The outcomes of this review will go to the Audit Committee in December 2013.

FTP performance information

9 A dashboard is attached at Annexe 3 showing Fitness to Practise performance key stages between May and July 2013, a forecast to December 2014 and an update on the progression of historic cases.

Corporate risk register

10 Since the July Council meeting, directorates have continued to review and update their respective risk registers and the Corporate risk register has been considered by the Executive Board at its meetings on 30 July and 29 August.

11 Corporate Governance is undertaking 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.

12 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 and options appraisal:

Quarter 1 performance report

13 A summary of performance for Quarter 1, broken down by corporate goal, is provided on the first page of the report at Annexe 1.

14 There are 33 commitments in our Corporate Plan for the current business year. Of these, 19 have been rated green and, as at 30 June 2013, were on course for delivery as originally specified. 14 have been rated amber, where an issue or potential problem has been identified but action has been taken to resolve it and overall the activity was expected to be completed by the end of the year.

15 In summary, the report indicates that, as at 30 June 2013, we were on track to deliver on all our public commitments for 2013-2014, as set out in our Corporate Plan.

Key performance indicators (KPIs)

16 The following paragraphs provide a short overview of each KPI for the months of June and July. Looking across the KPIs, there has been mixed performance.

17 KPI 1 (Registration applications): performance in June and July dipped from May. An explanation is provided in the commentary of the report.

18 KPI 2 (Interim orders imposed): performance in June and July had improved upon the previous couple of months, although June was the better month. The figures for June and July were well above our target of 80%.

19 KPI 3 (Investigations): although the figures for June and July were still below our target of 90%, there was a marked improvement during July, where we achieved a figure of 88%.

20 KPI 4 (Adjudications): there was a dip in performance for June and July, as the focus is currently on completing historic cases.

21 KPI 5 (Available free reserves): although our overall level of available free reserves decreased over June and July, we met the target for July and so our performance is meeting expectation.

22 KPI 6 (Staff turnover rate): the turnover figure for July was lower and

better than for May and June. However, we missed our target for July.

Corporate risk register

23 Since the July 2013 Council meeting, no new risks have been added to the Corporate risk register and there has been no change to any of the risk ratings.

24 Where relevant, mitigating and planned actions have been updated for existing risks, including planned internal audit activity.

25 At its July 2013 meeting, the Council noted that a number of external reviews on healthcare had been published in recent months, and the risk register should capture any associated risk to organisational delivery, priorities and reputation.

26 Risk CR5 (Financial resources) has been amended to include external reviews as an external factor that could result in an increase in resource requirements. Risk CR10 (Profile and proactivity) has also been updated to include 'inappropriate recommendations from external reviews' as a possible consequence should we fail to communicate our role effectively.

Public protection implications: 27 Public protection implications are considered when rating the impact of risks and determining action required to mitigate risks.

Resource implications: 28 Internal staff time has been accommodated as business as usual.

Equality and diversity implications: 29 Equality and diversity implications are considered when rating the impact of risks and determining action required to mitigate risks.

Stakeholder engagement: 30 The KPI information and the risk register are in the public domain.

Risk implications: 31 The impact of risks is assessed and rated on the risk register. Future action to mitigate risks is also described.

Legal implications: 32 Failure to identify and effectively manage risks potentially exposes the NMC to legal action.

Assessment of quarter 1 progress against the Corporate Plan 2013-2016
1 April to 30 June 2013

This report outlines the progress we have made, in the first quarter of the financial year 2013, towards completing the work that we said we would do in 2013-2014 as stated in the Corporate Plan.

Overview of performance for quarter 1, by corporate goal

NMC Corporate goals 2013-2016		Red	Amber	Green
Goal 1: Protecting the public	Public protection will be at the centre of all of our activities. Our work will be designed around and measured against the benefits we can bring to the public.	0	10	7
Goal 2: Open and effective relationships	We will have open and effective relationships that will enable us to work in the public interest.	0	1	7
Goal 3: Staff, systems and services	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.	0	3	5
	Activity RAG totals	0	14	19

Key to the report table headings

Activity	As outlined in the Corporate Plan, this is key work that we have planned to do in the financial year 2013-2014.	
Status	As at 30 June 2013.	
Red/amber/ green (RAG) rating	**R**	Some aspects of the activity, as originally specified, will not be completed within the year and remedial action is required for delivery.
	A	An 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 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 plus significant issues which could pose a challenge to completing the activity by the end of the year.	

CORPORATE GOAL 1: Protecting the public

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

Activity	Status	Evidence from Q1
Continue to review our registration policies and processes, to ensure the integrity of the data held on our register and to improve our efficiency.	A	• In May the Change Management and Portfolio Board (CMPB) approved the formation of a Registration Improvement Programme to deliver necessary changes in Registration, which include a review of processes, customer service improvements and changes to systems. • Work on a high level policy for the purpose and content of the register now forms part of work stream 4 of the Registration Improvement Programme. This is due to complete by April 2014. • An external review of UK registration policy was undertaken in quarter 1 and the findings will be reported in quarter 2. • EU registration policies were not considered in the external review, as originally planned for quarter 1. Instead, this work forms part of work stream 3 of the Registration Improvement Programme and a review is estimated to be completed by August 2014. • A review of EU Policy is to be structured around planning for and implementation of the new EU Directive. This work is currently underway and a draft policy is being completed by Corporate Governance. • We were due to identify key issues with different parts and specialism recorded on the register this year, but this is to be reviewed by the Council in 2014 and now forms part of the Continued Practice business plan. • In order to identify interdependent processes between FtP and Registration, and ensure alignment, an FtP/Registration working group is now established and key issues and concerns have been identified. The next step is to develop workarounds where fixes to WISER are not appropriate. Elements of this work are scheduled within the 'Top 5 WISER fixes' which are due to be implemented by December 2013.
Implement the requirement for all nurses and midwives to have professional indemnity insurance at the point of registration.	G	• In April 2013, the Council agreed the high level policy for the introduction of a requirement for nurses and midwives to hold an appropriate indemnity arrangement in order for them to become registered with the NMC. An NMC response to the Department of Health's (DH) public consultation on the legislation that will introduce this requirement was submitted to meet the 17 May deadline. We await further meetings with DH officials to discuss our proposals. • In May, the CMPB approved a Professional Indemnity Insurance project to implement the necessary changes required to ensure we comply with EU legislation. • Internal policy and guidance is being developed and work on information for communication with stakeholders is underway. • We are still awaiting an implementation timetable from the DH but all planning has progressed on the assumption that it will be the original date of October 2013.

Develop online services for nurses and midwives.	G	• In May, the CMPB approved the scoping of an NMC Online project to deliver services online such as renewal of registration, address changes and subsequently completing registration applications online. • The project was scoped and approved in July 2013 and is to be delivered in a number of stages. • This now exists as a work stream in the enhanced Registration Improvement Programme with a planned implementation date of phase 1 (initial capability for limited population) in October 2013.
Complete the review of our overseas registration policy and process.	G	• The processing of overseas applications recommenced on 2 April 2013 following the pause instituted in January. • A new, stabilised policy and operating processes (following an external review) are now in operation. The new policy was approved by the Council in 2013. • Further work on an enhanced longer term overseas policy and process is underway as part of the Registration Improvement Programme. This will be implemented in stages with some initial changes by March 2014 and subsequent revision aligned with the introduction of a competency test.

Corporate objective 2: We will set appropriate standards of education and practice and assure the quality of education programmes and the supervision of midwives, so that we can be sure that all those on our register are fit to practise as nurses and midwives.

Activity	Status	Evidence from Q1
Develop a proportionate, risk based, cost effective approach to ensuring that nurses and midwives continue to be fit to practise.	A	• We established the Revalidation Programme Board with representation from various functions across the NMC to understand the cross functional elements. The board meets monthly to oversee and scrutinise the work. The Change Management and Portfolio Board also oversees the revalidation work. • Key external stakeholder groups have been set up: a strategic stakeholder group and a task and finish group have been established in the four countries, and a patient and public forum has also been held. Workshops with all these key stakeholder groups have informed the development of the principles and options. • We have discussed and agreed with our stakeholders, the key principles of an effective system of revalidation that will have a positive impact on protecting the public by enhancing and amalgamating the standards for nurses and midwives. • A formal communications briefing for July was drafted and awaiting sign-off for onwards cascade by key stakeholders. • There are dependencies on employers buying into options on the registration development of the online system and on timely availability of resources, all of which will continue to be mitigated in quarter 2. • The transition to a new Council and prioritisation meant that the strategy will now be agreed in September 2013 and not in quarter 1 as originally planned. • At its September meeting, the Council will be presented with the strategy and options for a model.

Redefine a risk based approach to our education regulatory function through partnership working.	**A**	• An education strategy will be presented to the Council in November 2013.

Develop and implement an appropriate framework for the quality assurance for education providers and local supervising authorities (LSAs).	**G**	• The quality assurance (QA) framework for nursing and midwifery education and local supervising authorities (LSAs) was agreed by the Council in April 2013.
		• The framework has evolved in the following ways:
		  • Approved education institutions (AEI) criteria defined and legally compliant.
		  • Redefining and strengthening our requirements for education audit to support learning and assessment in practice placements.
		  • A review of the self-reporting template is in progress and a final version was due to be completed by 26 July.
		• The document clearly sets out our purpose and direction of travel for the next three years which includes a commitment to target risk and share this QA intelligence on education and LSAs internally across the NMC and externally with other professional and system regulators.
		• We embedded the framework into the requirements for the new education QA contract, which was awarded to Mott MacDonald, and progress against the agreed implementation plan is on track.
		• The supplier Mott MacDonald is recruiting and training lay reviewers, with training due to start in September.
		• The framework was launched on 17 June and to date has been well received.

Develop and prioritise our programme for standards development and review.	**A**	• A high level policy for the review of our standards and guidance has been completed and will be presented to the Council for approval in September 2013, together with the cycle of reviews for 2013-2014 and an options appraisal for guidance on end of life care. • A standards development methodology has been agreed by the directors. The methodology requires some cross directorate working around the development of consultation and evaluation and thus collaborative working across teams is essential, as is use of the methodology across the organisation. • The Core Standards project is one of the projects aligned to the Revalidation programme. The Core Standards project includes a review of the code. This was initially planned for 2014-2015 but has now been brought forward to support the revalidation work. A project initiation document has been agreed by the CMPB and a project team has been established. A wide-ranging research and evidence review has been completed and a series of internal and external stakeholder activities are being undertaken to further inform this work. An evidence review report will be produced in the autumn which will provide the basis for drafting a revised code. • As part of our cycle of reviews for 2013-2014 we have launched consultations on our proposals for guidance on the five year rule and standards for supervisors of midwives. We have also started to draw up a methodology for the evaluation of the standards for pre-registration nursing education.

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**
Take effective action to ensure that cases are investigated within published targets and key performance indicators and that those cases already under investigation or awaiting a hearing are concluded as soon as possible.	**A**	• We scheduled and heard 20 hearings per day in April and May, and scheduled and heard 22 hearings per day in June. • Our target for quarter 1 was to complete 168 cases in adjudication per month. We completed 169 adjudication cases in April and May but in June we completed 137. • We are continuing to ensure that we will complete all historic cases by the end of September 2013. At the end of May, 84% of historic cases at the Conduct and Competence Committee were scheduled. • A change to the interim orders (IO) process has been implemented and new guidance to IO panels has been issued. The implementation of this change has been reviewed and will be fed back to stakeholders. It has contributed to FtP meeting the interim order KPI for the first time. We imposed an average of 86% of interim orders within 28 days of receipt of referral between April and June, exceeding our target of 80% (corporate KPI 2 data). • We progressed an average of 86% of cases through the investigation stage within 12 months, against our target of 90% (corporate KPI 3 data). • We progressed an average of 41% of cases through the adjudication stage to the first day of a hearing or meeting within six months. However, we do not expect to meet our target of 90% until late 2014 (corporate KPI 4 data).
Review the decision making thresholds for fitness to practise action.	**A**	• Work on reviewing proportionality across the fitness to practise process is in progress and on track. A paper will be presented for the Council's consideration at its meeting in September 2013. • Work on reviewing thresholds across FtP is in progress. Due to changing priorities in FtP, the work specifically on thresholds for interim orders is now scheduled for quarter 3 and not quarter 1 as originally planned.

Improve the quality of our investigation and decision making in fitness to practise cases.	**G**	• As part of delivering our investigation stage improvement plan, a review of the effectiveness of the Case Assessment Tool (CAT) model is ongoing and on track.
		• As part of delivering our adjudication stage improvement plan, the following work has been undertaken:
		  • We have enhanced our internal mechanism for reviewing all adjudication outcomes linking directly to the decision review group (DRG). We developed a learning trends analysis tool which incorporates learning points from the PSA and DRG. The learning from this analysis is being used to feed back to panel members and FtP staff, and to inform future training and policy development.
		  • A rolling training programme for panel members has been developed. The programme is currently being delivered.

		• Case Preparation team recruitment is complete and training on the enhanced case preparation officer role has been delivered. The enhanced role includes investigation work and case ownership. • The Case Preparation team 'first line of defence' audit strategy has been developed and implementation of the strategy has commenced. • Case administrator targets have been developed and are currently being implemented. • The external counsel strategy has been drafted and will be implemented in the next reporting period. • We have developed a roadmap which sets out FtP business process priorities. • We have not delivered the substantive order review action plan as originally planned. Work had started, but will now be moved to later in the year (quarter 3) due to unforeseen circumstances. Due to a recent high court case, an issue arose that has impacted on our ability to deliver the plan as originally scheduled. • We have held discussions with the Department of Health (DH) and they have confirmed that we will be able to change our legislation to improve public protection and decision making at the investigation stage. This is an important development and we have submitted initial drafts of the revised legislation to the DH. • We have launched our updated guidance for panels on IOs, conditions of practice and indicative sanctions. • We carried out panel recruitment, induction and training. Training sessions for all panel members were held in May and June 2013. We also completed our recruitment of panel chairs, who started sitting from July 2013 and this will enhance our capacity to deal with more cases. • We have carried out a full review of the panel support communication. • We have continued to focus on our adjudication caseload, with the aim of reducing the number of cases awaiting a hearing. We have carried out one of a series of targeted reviews of the caseload, which aims to identify those cases where alternative methods of concluding the case (other than a full public hearing) meet the public interest.
Develop evidence based comprehensive policy and guidance to underpin our fitness to practise function.	**A**	• A full analysis of FtP policy has taken place. This work will now feed into the corporate policy work. A process for version control has been developed and is now in place. • An FtP retention policy has been agreed. The FtP retention policy will form part of the corporate policy. • Guidance on interim orders has been completed. • The operational publication and disclosure policy has been completed. • Work on lack of competence guidance is to be moved to quarter 4 as other work has taken priority.
Review the cost effectiveness of our fitness to practise processes.	**G**	• We have developed a roadmap which sets out FtP business process priorities. • April saw the start of our lean review of the panel member experience. This review will result in revised arrangements for our panel members, which will maximise efficiency and improve customer service. • We will be developing a model in quarter 2, as planned, to forecast activity and resources required in FtP beyond 2014.

Develop a model to work proactively with employers across the UK.	G	• We have begun the initial scoping work in relation to this project and have met with another regulator to discuss possible approaches. • In quarter 2 we will assess the feasibility of introducing a model of regional representatives across the UK.

Corporate objective 4: We will improve our understanding and use of diversity data, embedding equalities good practice, so that we are inclusive and treat people fairly.		
Activity	**Status**	**Evidence from Q1**
Strengthen our framework for collecting equality and diversity data to inform our decision making.	A	• Equality impact assessments (EqIAs) have been completed for key relevant policies and projects.
Conduct a rolling review of our policies and procedures for compliance with equalities and diversity legislation and best practice.	A	• We developed a plan for delivering the Welsh language scheme annual report by September 2013, in keeping with our legal obligation to produce an annual report. • We prepared the NMC's Equality and Diversity Annual Report for the period April 2012-March 2013 (for publication on our website in quarter 2), thus meeting our legal obligation. • We reviewed the existing documentation on equality impact assessments, to ensure these are appropriate. A subsequent further review on the equality analysis initial screening form, full equality analysis form and supporting guidance is planned for quarter 2.
Work in partnership with diverse groups and external diversity experts to inform the development of our strategy.	A	• A quarterly meeting of our Diversity Champions Forum was held in June 2013, with all directorates represented on the forum. The Chief Executive chaired the forum, which is designed to raise awareness of the importance of equality and diversity issues for staff and those who come into contact with the NMC. • Corporate Governance staff have been liaising with regulatory and non-regulatory bodies, professional bodies and other charities to share information and to discuss best practice. • We acquired corporate membership to Stonewall.

CORPORATE GOAL 2: Open and effective relationships

Corporate objective 5: We will maintain open and effective regulatory relationships with patients and the public, other regulators, employers and the professions that 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
Implement an engagement strategy which builds and facilitates relationships to support the delivery of our regulatory activities.	A	• The Council agreed its strategic engagement commitment and this has been shared with stakeholders and published on our website. • A programme of key stakeholder meetings has taken place between the Chair, Chief Executive and senior staff with the Department of Health, professional bodies and unions, patient groups, nurses, midwives and other regulators. • The FtP advice line for directors of nursing and local supervising authority midwifery officers (LSAMOs) has been relaunched. • The Chief Executive spoke at a number of events about the implications of the Francis Inquiry recommendations. • We have continued to engage with a number of separate reviews and initiatives arising out of the Francis report which have a potential impact on our work. • The Chief Executive attended the Health Education England Steering Group which is looking at the government's proposals for student nurses to work as healthcare assistants and has been actively involved in gaining an understanding of the pilot evaluation. • The Chief Executive had a number of discussions with key parties about the NMC's ability to language test EU applicants. • We met with members of the Scottish government and directors of nursing in Scotland to discuss registration and standards issues. • A full engagement strategy will be developed alongside the Council's work on strategy and corporate planning.
Continue to remind registrants of their responsibilities under the code so that they understand that care of patients is their first concern.	G	• The 'NMC Update' publication is sent to all new and renewing registrants every month. • A monthly targeted nurses and midwives e-newsletter is sent to over 100,000 recipients. • Our website has been regularly updated with information about our standards and guidance.

Develop a new and strengthened approach to patient and public engagement.	G	• We are further developing our relationships with public and patient groups, listening to what they say and consulting with them on improvements to our policies and processes. • The quarterly meeting of our Patient and public engagement forum was held in May, at which we updated the group on our work responding to Francis and discussed the quality assurance of education and how this works in practice. • We held a revalidation workshop with members of the Patient and public engagement forum. • The Chief Executive participated in a question-and-answer session at the annual Patient Safety Congress. • We have met with representatives of Healthwatch England in relation to them helping us to cascade information to local Healthwatch groups. • We have been working with colleagues from the General Medical Council and The Richmond Group of Charities (a coalition of national charities) to discuss a joint event on 10 September 2013 which will bring together patient groups, charities, regulators and the Department of Health. The aim of the event will be to discuss what good patient and public engagement looks and feels like from patient group/health charity perspective. • We met with the Health and Social Care Alliance and Scottish Health Council about establishing a patient and public engagement forum in Scotland (forums will also be set up in Wales and Northern Ireland).
Work collaboratively with other regulators and employers to focus on public protection.	G	• The Chief Executive has participated in monthly meetings of the Chief Executive's Steering Group comprising representation from the health regulatory bodies, the Professional Standards Authority, the Department of Health, the Law Commission and Health Education England. • We have participated in risk summits about healthcare settings and quality surveillance groups to share intelligence and manage risks around settings causing concern. • We started working with the Care Quality Commission (CQC) to develop a new operational protocol and information sharing agreement to enable closer joint working between our organisations. We intend to undertake the same work with the systems regulators in the other three countries and also to develop similar protocols with other regulators.

Corporate objective 6: 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 the role of the NMC when standards are not met.		
Activity	**Status**	**Evidence from Q1**
Proactively communicate the specific role we play as the regulator of nurses and midwives.	G	• We have continued our ongoing media work to support the delivery of our regulatory activities. • We have used our e-newsletters to proactively communicate our role. • We have used social media, in particular Twitter, where we have tweeted regularly, including live-tweeting from Council meetings.

Share our activities and improvement journey with stakeholders.	G	• Specific information about our new quality assurance framework has been emailed to targeted recipients. • We have drafted our annual reports for 2013-2014. • We have set up two revalidation stakeholder groups with representation from governments and education commissioning bodies at the four country level, NHS employers, unions, RCN, RCM, chief nursing officers and the Council of Deans. These groups will continue to meet every two months until the end of 2013 (May CEO report). • We met with key stakeholders in Northern Ireland and Wales to discuss various aspects of the revalidation programme, including their ongoing engagement and input to the programme. • We met with members of The Scottish Government and other key stakeholders to discuss our revalidation programme and future engagement arrangements between the NMC and key Scottish organisations.
Refresh our website to meet the needs of the public, and nurses and midwives.	G	• A review of patient/public web pages was undertaken and improvements have been made to both the content and navigation for this section.
Use plain English in our communications.	G	• The adoption of plain English has been agreed and an implementation plan is in place.

CORPORATE GOAL 3: 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.

Corporate objective 7: 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 achieves our reserves targets and informs proposals for setting future fees for registrants.	G	• A budget for 2013-14 was approved by the Council in March 2013. • April and May monthly finance monitoring reports were prepared and issued as scheduled. • Monthly meetings are held with each directorate to review progress against both the Corporate Plan and budget, and to update the activity and financial forecasts. These forecasts are for the balance of the current financial year, and we also produce a rolling forecast for the next twelve months. • The level of our available free reserves is reported to the Council at each meeting, as corporate key performance indicator 5. For April, May and June, the level of available free reserves was £7.6 million, £7.4 million and £7.3 million respectively. These figures meant we met our monthly targets and so our progress towards restoring the level of available free reserves to at least £10 million by January 2016, is on track.

Make significant improvements in our information technology, security and governance.	**A**	• The first phase of the ICT Strategic Development Programme remains on track and to budget. • The necessary changes required to our telephony system were delivered in May and June and we were able to move on to upgrading our desktop software. • Mandatory training for staff and panellists on information security is ongoing. • A detailed information security gap analysis and action plan have been completed and independently validated, identifying risk areas. High priority risks are being addressed first. • A draft Information Management strategy has been prepared for review. Roles and responsibilities are to be agreed for security aspects. Key work is to be carried over into quarter 2. However, there is still a lack of clarity over information governance and therefore the allocation of responsibilities for information security. ICT and Corporate Governance will need to provide this further clarity.
Ensure new Council members are fully equipped and supported to carry out their role effectively within a sound governance framework.	**G**	• The initial induction for Council members (1 and 2 May) was completed. Induction is ongoing, primarily driven through Council seminar sessions and individual one-to-one training (for example, on finance). This is in line with expected timescales. • We have developed a six-monthly work plan for the Council and will ensure that similar work plans are finalised for committees (they are currently in draft stage). This is in line with expected timescales. • In June, the Council accepted the recommendations of the independent review of governance and implementation is underway. A revised Scheme of Delegation and Terms of Reference for committees have been adopted. • A calendar for 2013 has been developed following the Council's agreement of its governance structure.
Develop an assurance framework, which allows us to better monitor and understand our business delivery, risk and compliance.	**G**	• The annual internal audit assessment 2012-2013 has been produced and included in the Annual Governance Statement, completed in April 2013. • An internal audit work programme was approved by the Audit Committee on 8 July. • Moore Stephens, the NMC's internal audit providers, developed a draft NMC assurance map based on management input, which was designed to provide the Audit Committee and the Council with an understanding of where assurance on the NMC's activities could be provided. The assurance map was received by the Audit Committee in July and will be brought back to the Council in January 2014. The map will be populated further as the outcomes of internal audit activity emerge during the year.
Begin to develop a corporate data strategy that enables analysis of information to support business needs, decision making and performance improvement.	**A**	• A group has been convened to inform and address data issues arising out of the thresholds work in FtP. • Various key IT work streams to test the quality of management information and to support stakeholder engagement are in progress. • The Registration directorate has initiated a project to improve the integrity of register. • The scoping for the NMC Online project (for online registration services) includes data requirements. • A data strategy working group has been set up. • New management information reports are being developed to support our response to Francis, including sharing intelligence with other regulators.

Corporate objective 8: We will build a culture of excellence by attracting, retaining and developing high quality staff to deliver our services.		
Activity	**Status**	**Evidence from Q1**
Modernise our approach to rewarding and incentivising staff.	A	• Progress has continued on the review of pay and grading and preparation for pensions auto enrolment, with proposals in development for a new system for job evaluation, grading structure and pay structure. • The proposals are due to go to the Council in September. • There is likely to be formal consultation with staff in October 2013, and then a full implementation is planned for quarter 3, not quarter 1 as originally planned.
Develop effective workforce planning tools that anticipate the short and long term staffing and skill needs of the organisation.	G	• An improved process for short and longer term workforce planning was approved by directors on 4 June. The approach was piloted in Corporate Services from June. • The approach will then be rolled out to the rest of the organisation, as part of business planning from quarter 2 onwards.
Implement an enhanced learning and development programme that aligns clearly with our corporate change programme and cultural development.	G	• A comprehensive learning and development plan has been approved by directors and is being rolled out across the organisation. It is too early to evaluate its impact.

Item 7
NMC/13/143
12 September 2013
Annexe 2

Progress against our key performance indicators (KPIs)

This report presents actual performance information for the period up until 31 July 2013.

KPI 1

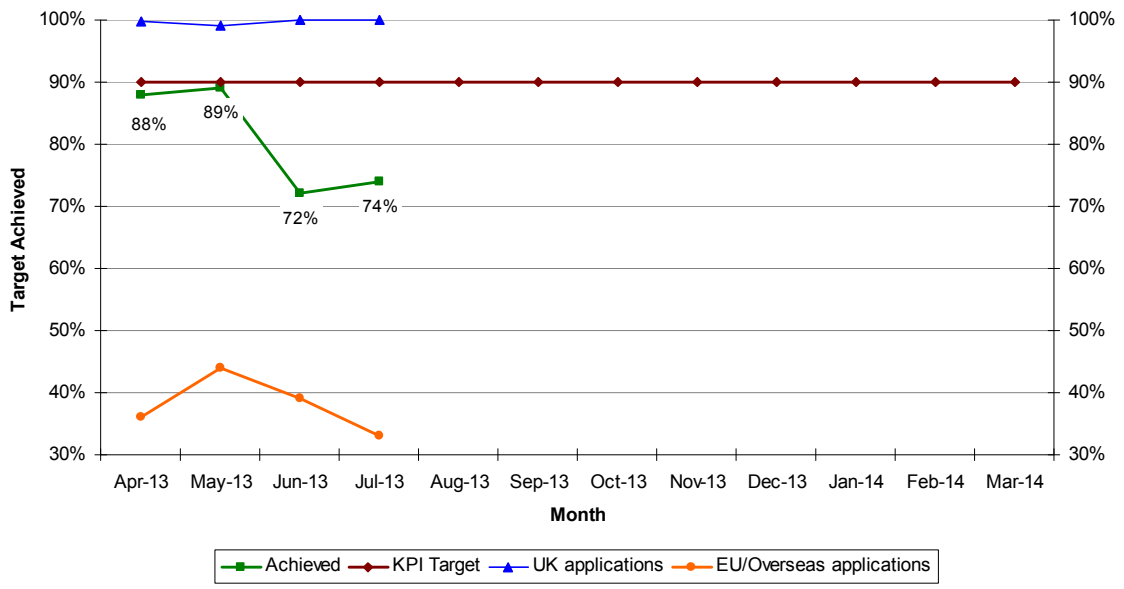
Percentage of registration applications completed within 90 days.

Rationale:	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. Relates to increased efficiency in Registration and improved customer service / communication.
Definition:	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).

Corporate goal 1, objective 1
We will safeguard the public's health and wellbeing by keeping an accessible, accurate register of all nurses and midwives who are required to demonstrate that they continue to be fit to practise.

Historical figure	**May**	**June**	**July** (RAG rating: current month vs. target)	**Year to date average figure**	**Year end (March 2014) target** (Spot target not average)	**Year end (March 2014) forecast** (RAG rating: forecast vs. target)
N/A	89%	72%	74% (Red)	81%	90%	90% (Green)

Progress for the year to date compared to target performance:



Commentary:
Historically the months of June and July have a comparatively low registration volume for UK applicants (academic cycle). As a result of this reduction in UK applicants, the overseas and EU registrations represent a much higher proportion and have a greater impact in the combined totals as compared to other months. In addition the impact of the pause earlier in the year both in terms of building caseload and the implementation of additional steps in the overseas area of our work (particularly the need to strengthen the ID checking aspect of the process) has resulted in a significant reduction in completed registrations in June and July. To address this issue we have recruited significant extra resource to assist in the overseas sphere. To strengthen the overseas registration process we are also introducing a more advanced and technological solution for ID checking. There is also considerable work taking place to ultimately redesign the overseas application process to include face to face ID checks and pending the planned consultation a competency test for all overseas applicants. The current dip in overseas processing times is expected to continue through the summer, however the UK registrations volume will peak in September, which will offset the overseas impact in the combined performance figures. It is envisaged that the increase in overseas staffing and automated support of the necessary ID checking will allow us to be back on track (combined target of 90%) by the end of October 2013.
Red/Amber/Green rating:
Based on 10% variance threshold: Green = current month figure matches or is higher than the target figure of 90%. Amber = current month figure is between 80-89%. Red = current month figure is 79% or lower.

KPI 2

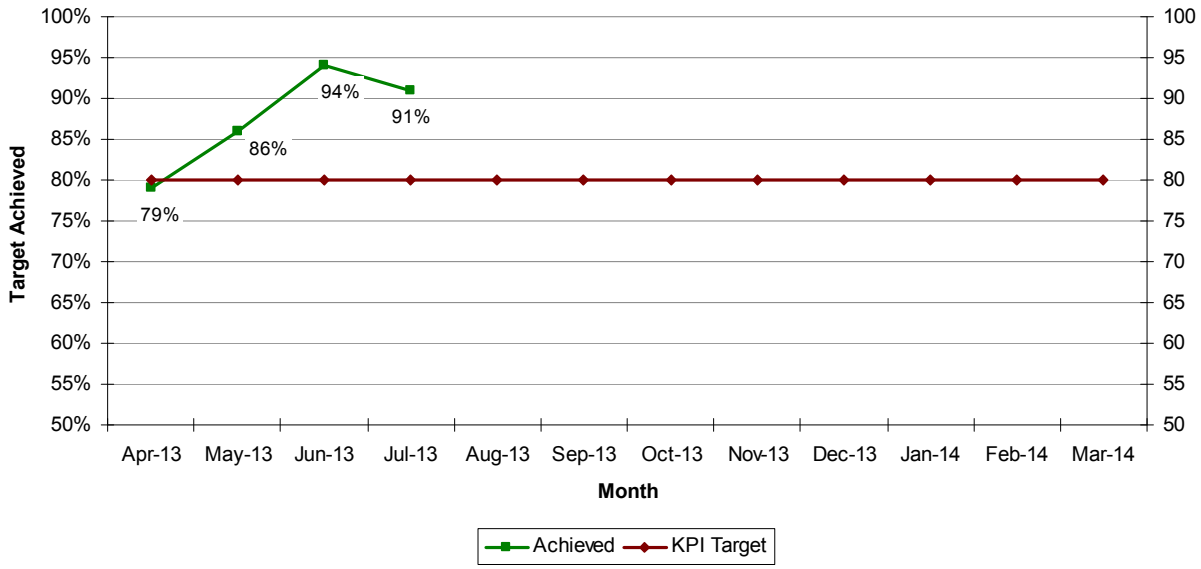
Percentage of interim orders (IOs) imposed within 28 days of receipt of referral.

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.
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.

Historical figure (Average for the previous year 2012-13)	**May**	**June**	**July** (RAG rating: current month vs. target)	**Year to date average figure**	**Year end (March 2014) target**	**Year end (March 2014) forecast** (RAG rating: forecast vs. target)
64%	86%	94%	91% (Green)	88%	80%	80% (Green)

Actual performance compared to the target:



Commentary:

Performance against this KPI continued to remain comfortably above the 80% target in July.

The actual percentage of IOs imposed within 28 days may change slightly from month to month but this KPI is expected to be consistently met.

Red/Amber/Green rating:

Based on 10% variance threshold:
Green = current month figure matches or is higher than the target figure of 80%.
Amber = current month figure is between 70-79.9%.
Red = current month figure is 69.9% or lower.

KPI 3

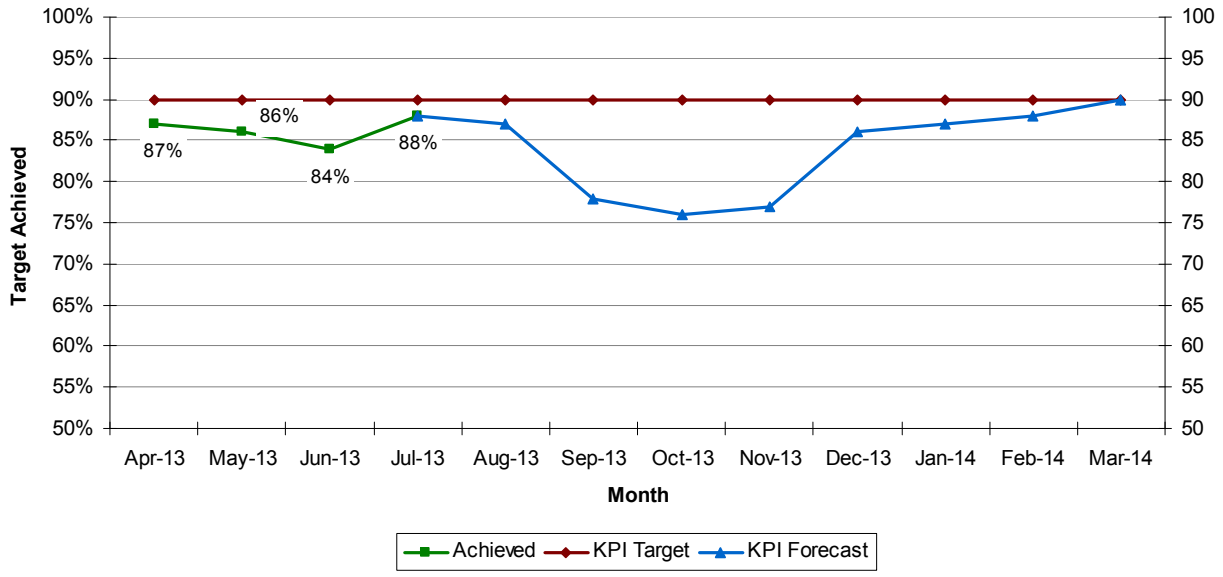
Percentage of cases progressed through the investigation stage within 12 months.

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.
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.

Historical figure (Average for the previous year 2012-13)	**May**	**June**	**July** (RAG rating: current month vs. target)	**Year to date average figure**	**Year end (March 2014) target**	**Year end (March 2014) forecast** (RAG rating: forecast vs. target)
68%	86%	84%	88% (Amber)	86%	90%	90% (Green)

Actual and forecasted performance compared to the target:



Commentary:

This measure is taken when a case reaches the Investigating Committee (IC) decision point. Monthly performance is simply a percentage representation of cases passing that point in a month which were under 12 months old when they did so. We list cases for an IC decision as soon as we can so performance against the KPI can fluctuate, with a dependency on the age profile of cases listed in a month. We have forecast performance at below 90% because we know that we have a number of cases which have or are about to miss the 12 month KPI. We are in the process of using predicted IC decision dates to try to model month by month performance in greater detail.

Further context is provided in the FtP performance dashboard.
Red/Amber/Green rating:
Based on 10% variance threshold: Green = current month figure matches or is higher than the target figure of 90%. Amber = current month figure is between 80-89%. Red = current month figure is 79% or lower.

KPI 4

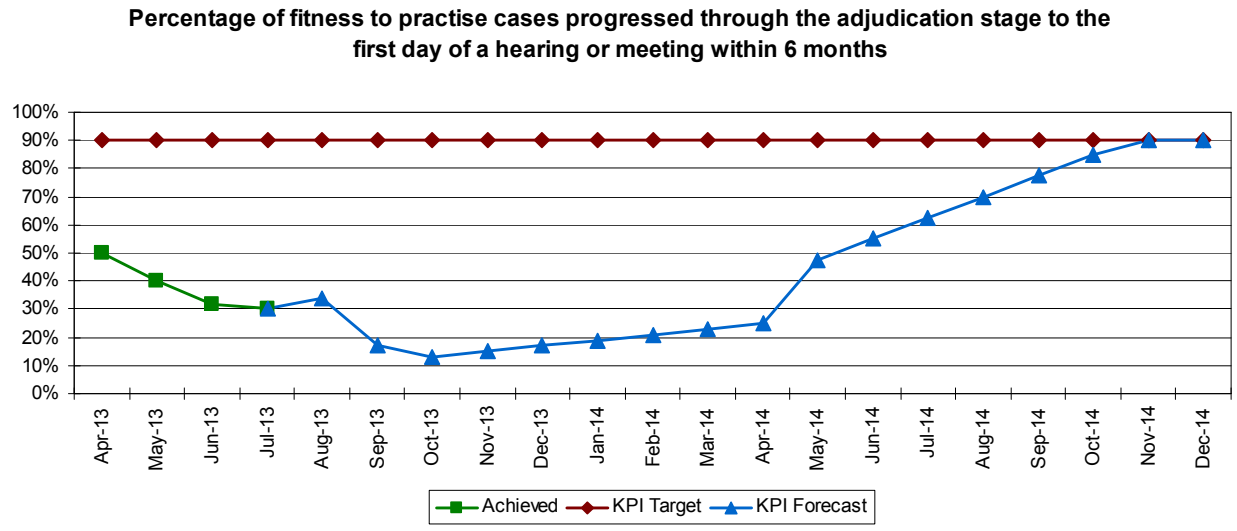
Percentage of cases progressed through the adjudication stage to the first day of a hearing or meeting within six months.

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.
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.

Historical figure (Average for the previous year 2012-13)	**May**	**June**	**July** (RAG rating: current month vs. target)	**Year to date average figure**	**December 2014 target**	**Year end (March 2014) forecast** (RAG rating: forecast vs. target)
39%	40%	32%	30% (Red)	38%	90%	23% (Red)

Actual and forecasted performance compared to the target:



Commentary:

This measure is calculated in the same way as KPI 3 and performance is dependent on which cases have their first hearing day during the month. There is currently a focus on historic cases which means that a large proportion of the data set has missed the six month target and the impact on the KPI is evident. Concentrating hearing room capacity on historic cases means that non-historic cases are being held back and will be older by the time they are heard, with many missing the KPI as a result. The forecast of KPI performance above reflects that we don't expect to achieve the target until late 2014. There will be some fluctuation in results as a mix of new and older cases progress so precise predictions of monthly performance are difficult, but we have used as much case level data as possible in compiling this forecast.

The target date of December 2014 for this KPI is a condition attached to the Department of Health's £20m grant.
Red/Amber/Green rating:
Based on 10% variance threshold: Green = current month figure matches or is higher than the target figure of 90%. Amber = current month figure is between 80-89%. Red = current month figure is 79% or lower.

KPI 5

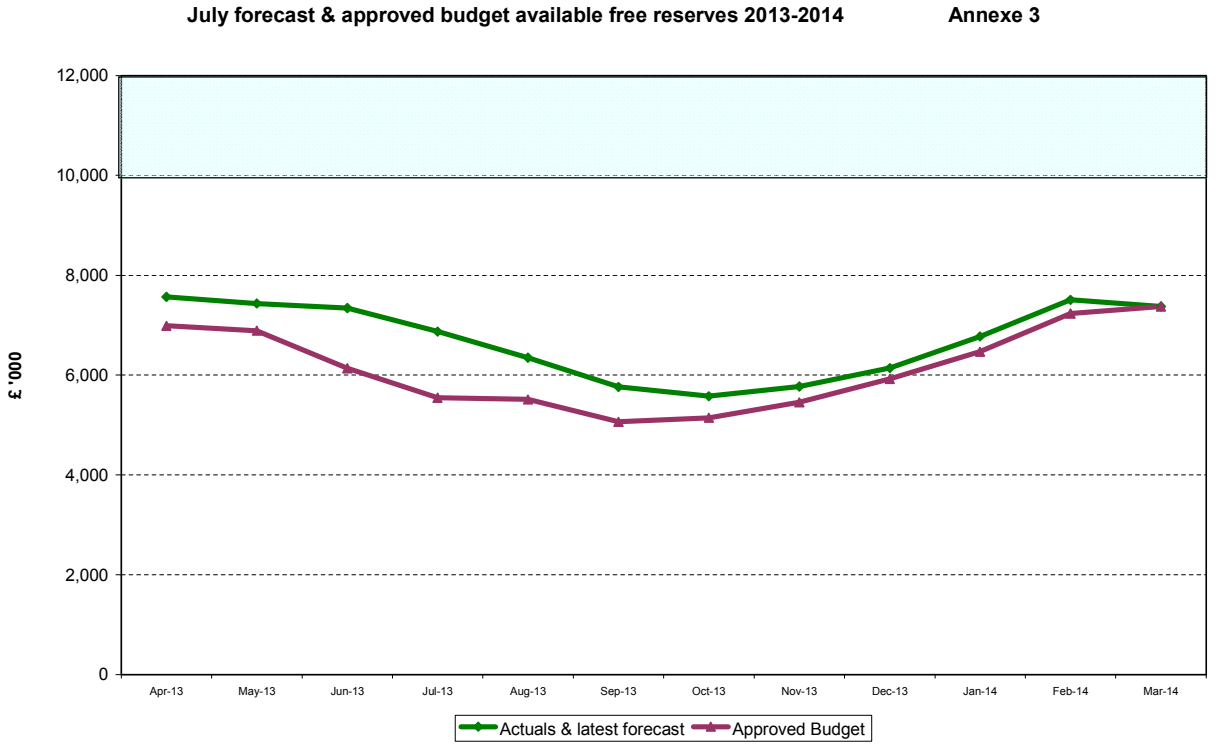
Available free reserves.

Rationale:	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. This KPI also demonstrates delivery against meeting the target for available free reserves as agreed with the Department of Health.
Definition:	The level of available free reserves at month end compared with budgeted available free reserves at that month end.

Corporate goal 3, objective 7
We will develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions.

Historical figure (March 2013)	**May**	**June**	**July 2013** (RAG rating: current month vs. July target)	**July 2013 target**	**Year end (March 2014) target**	**Year end (March 2014) forecast** (RAG rating: forecast vs. target)
£7.4m	£7.4m	£7.3m	£6.9m (Green)	£5.5m	£7.4m	£7.4m (Green)

Actual and forecasted figures compared to approved budget for available free reserves:



Commentary:

The target figure for March 2014 is similar to that of March 2013 and will fluctuate each month

based on the pattern of budgetary expenditure. Based on the financial plan, more progress towards restoring the minimum reserves level of £10 million will be made in 2014-2015.

The actual available free reserves level at the end of July 2013 was £6.9m compared to a planned level of £5.5m. It is too early in the year to determine whether this is indicative of a trend, and the latest full year forecast projects that available free reserves at March 2014 will be on target. The financial results and forecasts are reviewed monthly by the Executive Board, and corrective action will be taken if necessary to ensure we maintain progress to plan.

Red/Amber/Green rating:

Green = the current month figure matches or is above the current month target figure.
Amber = within 5% of the current month target figure.
Red = greater than 5% of the current month target figure.

KPI 6

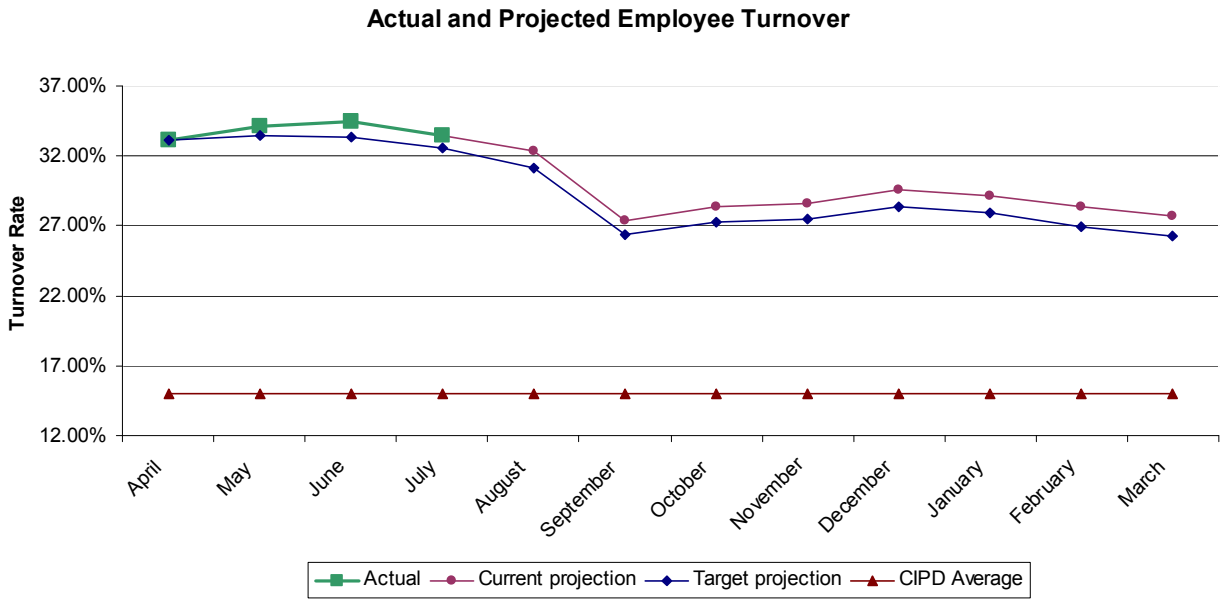
Staff turnover rate.

Rationale:	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. 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.
Definition:	The number of employees leaving in the previous 12 months as a percentage of the average number of employees over that period, excluding end of fixed term contracts. The rate is impacted by the number of leavers **and** size of workforce, the latter being based on budgeted headcount.

Corporate goal 3, objective 8
We will build a culture of excellence by attracting, retaining and developing high quality staff to deliver our services.

Historical figure (April 2013)	**May**	**June**	**July 2013** (RAG rating: current month vs. July target)	**July 2013 target**	**Year end (March 2014) target**	**Year end (March 2014) forecast** (RAG rating: forecast vs. target)
33.11%	34.09%	34.47%	33.45% (Amber)	32.56%	26.32%	27.74% (Red)

Performance for the year to date compared to projected performance:



CIPD: The Chartered Institute of Personnel and Development.

Commentary:

The target figure for March 2014 is based on projected staffing levels as set out in the budget for

the year. As the figure is a rolling 12 month average, it can increase in months where the actual current month turnover has reduced, and vice versa.

The actual figure for July was 33.45%, more than 1 percentage point lower than the previous month although still above the July 2013 target. July saw the lowest number of leavers in the year so far, with 9, and the average staff in post over the last 12 months increased slightly to 445.5, leading to a reduction in the turnover rate that moves us closer to the target track. The actual staff in post figure at 31 July was 497.

The Human Resources (HR) team are working across directorates to understand staff turnover, using exit interviews to review the rationale behind why staff leave the organisation and take appropriate action. HR is developing and piloting workforce planning in Corporate Services which is a strategic planning tool to enable resource management and improve workforce information for business planning, and this will be implemented organisation wide. In time HR will develop further policies around career, succession and talent management principles as part of retaining and developing our people. The Learning and Organisational Development team is implementing the organisational Learning Plan to support and implement development interventions to build skills, knowledge and capability at all levels across the organisation and to help develop career management approaches to assist with the retention of staff.

We are working with the internal auditors to agree the methodology for calculating staff turnover to ensure we have an accurate and reliable methodology against which to compare actual results and one that can be properly benchmarked with other organisations. A proposed new format will appear in the next version reporting to the end of August.

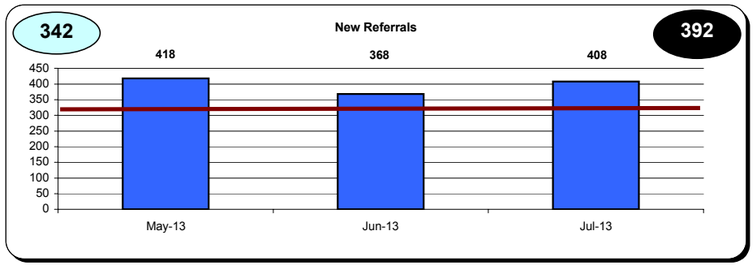
Red/Amber/Green rating:

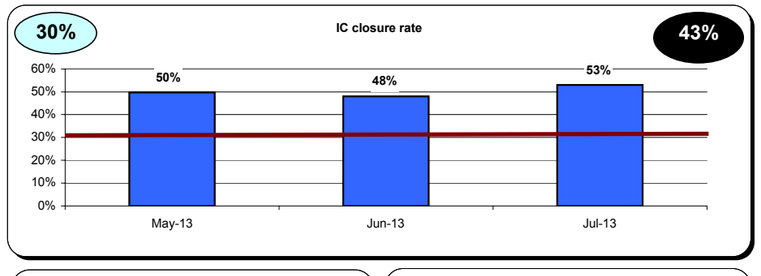
Green = the current month figure matches or is below the current month target figure.
Amber = within 1% of the current month target figure.
Red = where there is a difference of greater than 1% of the current month target.

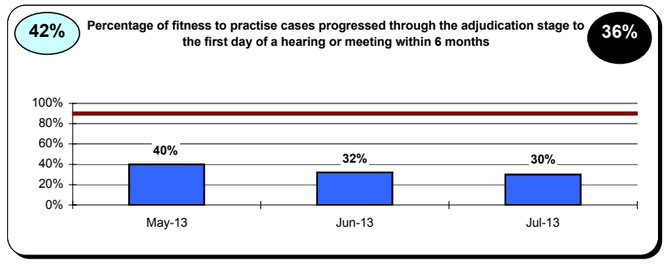
FtP Performance - May 2013 to July 2013

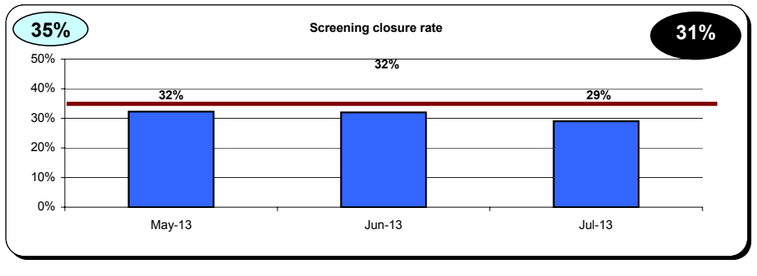
Longer Term Trend

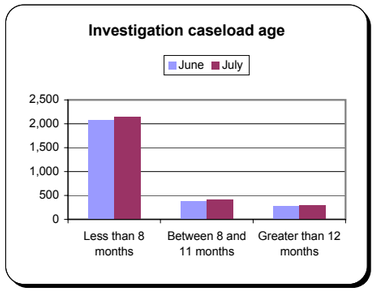
Average over last 6 months

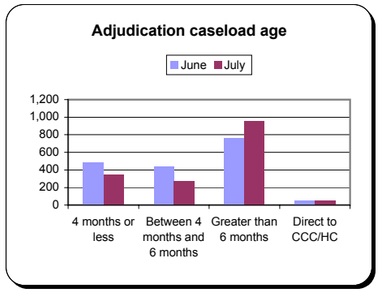


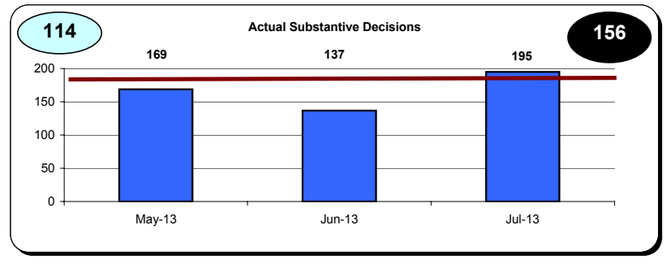


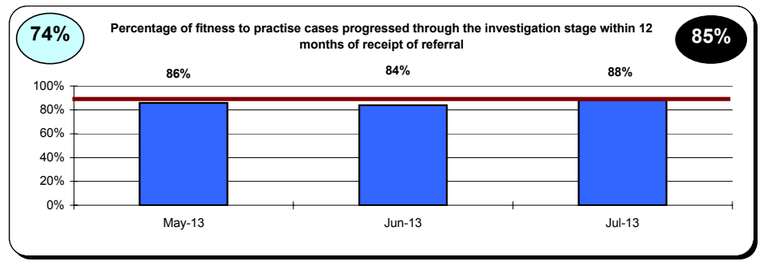


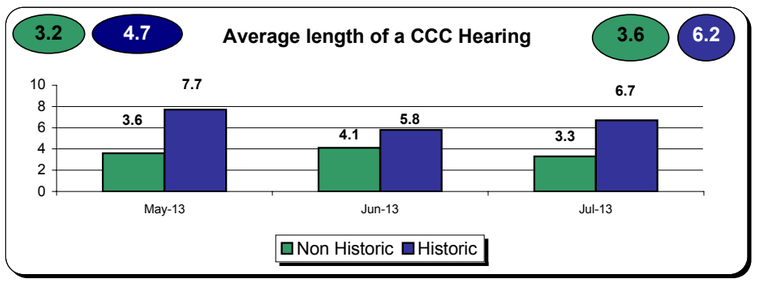


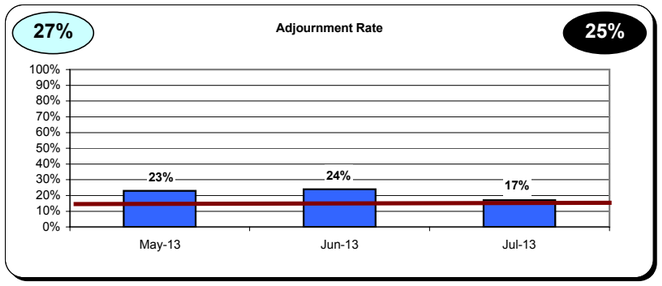


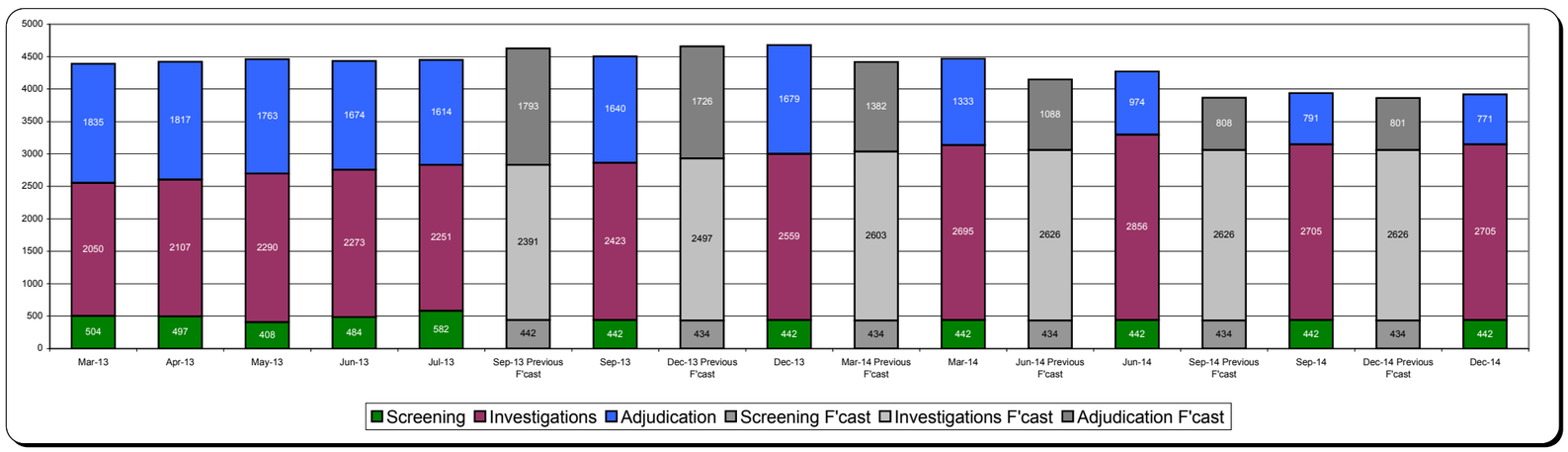


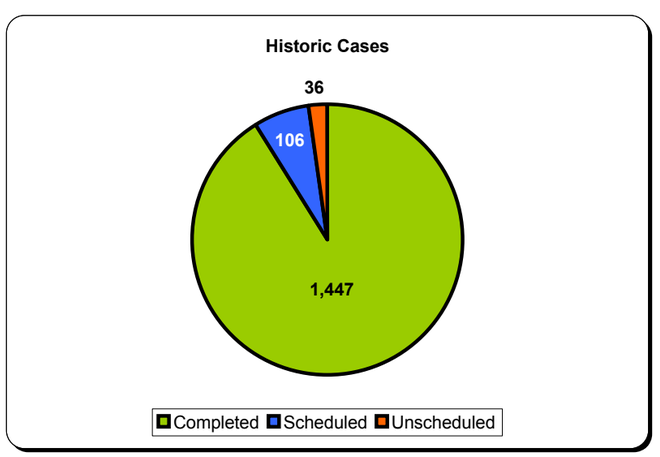












Corporate risk register

				Date: 30 August 2013	**Issue No: 6 (following 29 August Executive Board meeting)**													
No.	**Date of origin**	**Risk Scenario**			**Inherent risk scoring**			**Mitigation in place / Planned action**	**Post-mitigation scoring**			**Risk Owner (and Sponsor)**	**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** (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	**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. **Planned action:** (1) Implement Registration Improvement Programme (September 2013-September 2014). (2) Address prioritised system defects (September 2013). (3) Implement recommendations of independent audit as reported to Audit Committee in January 2013. (4) Further process refinements and alignment of FtP and Registration data (ongoing). (5) Internal audit activity planned for Q2 - 4 2013 - 14 on registration control framework; and for Q4 2013 - 14 on registrant data integrity. (6) Establish longer term strengthened overseas process (April 2014), incorporating competency test pending planned consultation.	4	4	16	Director, Registrations	07/08/2013 21/08/2013: Planned internal audit activity added	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 Oct 2013	No change			
CR1 B	May-13 (previously risk Reg 2011/01. Date of origin: Apr 2011)	**Integrity of the register - Historic** (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.	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	**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). **Planned action:** (1) Analysis of specific cohorts where potential issues/risks are identified - to provide assurance or scope any issues (ongoing). (2) Introduction of data integrity manager who will interrogate register to establish areas of risk. (3) Risk based PREP audit (Jan 2014). (4) Investigate gathering employer data to allow analysis of appropriate registration (ESR) (July 2014). (5) Introduction of a Revalidation model to confirm currency of information held and to establish actions for dealing with registrants who do not meet the standards for registration (2015). (6) Further risk based audits as required.	5	4	20	Director, Registrations	Planned actions updated August 2013	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	No change			

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Sponsor)	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				
CR2	May-13 (previously risk G28. Date of origin: May 2012)	**Fitness to practise** (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	5	25	**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 disposal. (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. **Planned action:** (1) External review of management information and forecasting assumptions (September 2013). (2) Further workforce planning (March 2014). (3) Quality assurance framework to be fully implemented (December 2013). (4) Review of thresholds for action (December 2013). (5) Closer working with employers (April 2014). (6) Legislative change (July 2014). (7) Contingency planning for increase in hearing activity at the end of Q3.	3	5	15	Director, Fitness to Practise	19.07.2013 - risk reviewed and no change. August 2013 - risk reviewed and no change.	Open - on track Weekly performance/delivery against target reviewed at weekly management meeting and risk reviewed monthly. Risk reduction expected in early 2014 once adjudication caseload has decreased and new case management measures have embedded.	No change
CR3	May-13 (previously risk T30. Date of origin: May-13)	**Revalidation** (1) Possible lack of stakeholder buy-in. (2) Complexity of the revalidation model. (3) Cost of revalidation process to the NMC and/or to the wider system.	(1) Revalidation model which has been signed off is not delivered: (a) by December 2015 and/or (b) in an effective manner.	(1) Public protection compromised. (2) Negative impact on registrants. (3) Reputation damaged.	4	4	16	**Mitigation in place:** (1) Stakeholder engagement via Strategic Discussion Group and Task and Finish Group, Patient and Public Forum and engagement events in the four countries. (2) Options developed in collaboration with the stakeholders. (3) Oversight and scrutiny by Revalidation Board and by Change Management and Portfolio Board. **Planned action:** (1) Stakeholder engagement (ongoing). New Employer reference group and Revalidation Strategic advisory group to be set up. (2) Revalidation to be developed in phases - proposals to Council in Sept 2013. (3) Develop detailed costings to inform options - Sept 2013. (4) Planned internal audit activity focusing on continued practice, including the revalidation framework programme for Q2 2013 - 14. (5) Consultations - Informal (Oct 2013); formal wider public (Jan 2014); Core Standards (April - June 2014). (6) Testing and piloting of new model - 2015.	3	4	12	Director, Continued Practice (sponsor) AD Revalidation (lead)	13/08/2013 - added more explanation. 21/08/2013: Planned internal audit activity added 02/09/2013: Minor wording changes to Planned action	Open - on track to reduce scoring. This will be achieved in Dec 2015	No change

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Sponsor)	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				
CR4	Jun-2012 (previously risk T26. Date of origin: Jan-13)	**Professional indemnity insurance (PII)** (1) Short timescale for implementation following outcome of DH consultation. (2) Changes to Wiser carry inherent risk. (3) Project manager not yet in place. Starts on 1 July 2013.	We may be unable to implement a proportionate solution to the PII requirement by the required deadline of 25 October 2013.	(1) Public protection compromised. (2) Negative impact on registrants. (3) Reputation damaged.	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 Reg 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. **Planned action:** (1) Changes required to Wiser (October 2013). (2) Liaise with Department of Health re outcome of review, latest dates and clarifications (Sept 2013). (3) Engage with stakeholders and develop communications plan and materials (June - September 2013). (4) Amend Intention To Practise to refer to PII (Dec 2013).	3	3	9	Director, Registrations	07/08/2013	Open - on track	No change
CR5	May-13 (previously risk G39. Date of origin: Mar-13)	**Financial resources** (1) Limited sources of income. (2) Possible increase in resource requirements as a result of external factors e.g. Francis report, external reviews, 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.	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 Directors Group. (6) Standing financial report to the Council. **Planned action:** (1) Review of subsidiary fees - autumn 2013. (2) Annual review of registrant fees - spring 2014. (3) Mid year review of financial resources against emerging priorities and quantification of emerging operational risks (Sep 2013 completion).	4	5	20	Director, Corporate Services	08.08.13 - 'external reviews' added as external factor that could cause increase in resource requirements (root causes).	Open - on track. Risk reviewed monthly ---------- Linked to Department of Health KPI of January 2016 ---------- Outcome of mid year review - risk reduction in October 2013	No change

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Sponsor)	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				
CR6	May-13 (previously risk T24. Date of origin: Oct-12)	**Information security** (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.	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. **Planned action:** (1) Implement information security improvement plan, addressing highest risk areas as priority. High risks completed by Dec 2013. (2) New email encryption solution is being partially implemented and used in FtP with full implementation set for early September 2013 after resolving inter-related technical issues. (3) Enhanced coverage and compliance with training (monthly review). (4) Planned internal audit activity on data security in Q2 2013 - 14.	4	4	16	Director, Corporate Services	21/08/2013: Planned internal audit activity added 30.08.13 Planned action updated	Open - on track. December 2013 review. Expect likelihood of impact and ratings to reduce.	No change
CR7	May-13 (previously risk G20 & G35. Date of origin: 26.3.2012)	**Quality of information** (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	**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) Data produced for annual reports. (4) Improved FtP MI to support corporate KPIs. (5) Initial intelligence shared with CQC. **Planned action:** (1) Further data test reports to be run (October-Dec). (2) High level data strategy to Executive Board (November 2013). (3) QA Strategy to include providing assurance on data quality and management (ongoing). (4) Standard data sets being developed to be compatible with other regulators, eg CQC (December 2013). (5) Subsidiary Performance Indicators supporting corporate KPIs for discussion by Executive (September 2013). (6) Internal audit report on KPIs and MI to Audit Committee (December 2013).	5	3	15	Director, Corporate Governance	21/08/2013: Planned internal audit activity added EB meeting 28 August - reviewed actions. Impact of mitigations not fully realised yet.	Open - on track. Project in early stages and will require time to diagnose and correct. Links to ICT strategy, post 2014 for full implementation. Review Dec 2013 for implementation progress.	No change

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Sponsor)	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				
CR8	May-13	**Leadership, governance and management** (1) Transitional issues arising from reconstitution of the Council and concurrent governance review. (2) Organisational structure still embedding. (3) New executive team and varying levels of management experience across the organisation.	We may experience difficulties in implementing/prioritising decisions effectively and/or sustaining change.	(1) Inability to deliver corporate objectives and/or improvement programme. (2) Negative impact on staff. (3) Reputation damaged. (4) Ineffective use of resources.	3	5	15	**Mitigation in place:** (1) Regular meetings of Directors' Group, Change Management and Portfolio Board and directorate senior management teams. (2) Annual corporate planning process. (3) Induction of new Council and continuing learning sessions in seminar. (4) Human Resources and Organisational Development strategy in place and being implemented. (5) Executive Board now established. **Planned action:** (1) Implementation of governance review - October 2013.	1	5	5	Chief Executive	7.08.2013 - considered mitigations are effective and likelihood of occurrence remains low	Open - on track. Review October 2013. One year on from restructure, 6 months into tenure of new Council and new governance arrangements in place.	No change
CR9	May-13 (previously risk T25. Date of origin: Oct-12)	**Staffing** (1) Perception that our rewards package is poor. (2) Organisational and people development historically a low priority. (3) Organisational structure still embedding. (4) 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	**Mitigation in place:** (1) Improved employee communication and engagement in place. (2) Human Resources and Organisational Development Strategy in place and being implemented. (3) Staff survey completed. (4) Learning and development programme launched. **Planned action:** (1) Pensions, pay and grading review to report (August and October 2013). (2) Review of HR policies ongoing (complete by March 2014). (3) Action plan in response to staff survey (August/September 2013). (4) Ongoing delivery of learning and development programme (all year). (5) Long term workforce planning (commencing June 2013).	4	3	12	Director, Corporate Services	15.08.13	Open - on track. Review December 2013. Linked to KPI on employer turnover.	No change

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Sponsor)	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** (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	**Mitigation in place:** (1) Strategic engagement commitment in place. (2) 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. (3) Patient and Public Engagement Forums held quarterly in England, joint patient and public forum run with the RIchmond Group and General Medical Council. (4) Changes made to NMC website in response to Patient and Public Engagement Forum feedback. (5) First time attendance at the Citizen's Advice Conference. (6) Acquired corporate membership of Plain English Society and first Crystal Mark achieved for our refreshed guidance on Raising and escalating concerns. **Planned action:** (1) Patient and Public Engagement Forums to be held in Scotland, Wales and Northern Ireland (Sept 2013 - April 2014). (2) NMC roadshows to be launched (October - March 2014). (3) Website relaunch to make it more public focused and interactive (March 2014 onwards). (4) Plain English accreditation to be sought on all key publications (October 2013 onwards). (5) Memoranda of understandings to be underpinned with information and data sharing protocols (March 2014). (6) Relaunch of escalating concerns guidance (Sept 2013). (7) FtP to develop a model to work proactively with employers across the UK (scoping to be completed by October 2013). (8) FtP to develop information sharing protocols with other regulators, and have a system in place to track all referrals to and from other regulators (by 30 Sept 2013). (9) Planned internal audit activity to look at communication and engagement in Q1 2014 - 15.	2	3	6	Director, Corporate Governance	Updated by Corporate Governance 09.08.2013 21/08/2013: Planned internal audit activity added 30.08.13: Mitigations in place updated	Open - on track. Review March 2014 to measure impact of activity.	No change

Risk matrix

1. Rating the likelihood

Likelihood of risk occurring			
Term	**Score**	**Guidance**	**Evidence**
Very high	5	There is **strong** evidence to suggest that this risk **will** occur during the Business Plan and Project life-cycle **(typical likelihood of 81-100%).**	A history of it happening at the NMC. Expected to occur in most circumstances.
High	4	There is **evidence** to suggest that this risk **will** occur during the Business Plan and Project life-cycle **(typical likelihood of 51-80%).**	Has happened at the NMC in the recent past. Expected to occur at some time soon.
Medium	3	There is **some** evidence to suggest that this risk **may** occur during the Business Plan and Project life-cycle **(typical likelihood of 21-50%).**	Has happened at the NMC in the past. Can see it happening at some point in the future.
Low	2	There is **little** evidence to suggest that this risk **may** occur in the Business Plan and Project life-cycle **(typical likelihood of 6-20%).**	May have happened at the NMC in the distant past. Not expected to occur for years.
Very low	1	There is **no** evidence to suggest that this risk may occur at all during the Business Plan and Project life-cycle **(typical likelihood of 0-5%).**	No history of it happening at the NMC. Not expected to occur.

2. Rating the impact (consequence)

Impact if risk occurs		
Term	**Score**	**Guidance**
Critical	5	Critical impact on the achievement of the Business, Project and Public Protection objectives and overall performance. Huge impact on costs and reputation. Very difficult and long term to recover.
Major	4	Major impact on costs, Business, Project and Public Protection objectives. Affects a significant part of the Business or project. Serious impact on output, quality, reputation and protection of the public issues. Medium to long term effect and expensive to recover from.
Moderate	3	Significant waste of time and resources. Impact on operational efficiency, output and quality, hindering effective progress on business objectives and project outcomes and protection of the public issues. Adverse effect on reputation. Medium term effect which may be expensive to recover.
Minor	2	Minor loss, delay, inconvenience or interruption. Short to medium term effect. Business and Project objectives not compromised. Protection of the public not prejudiced.
Insignificant	1	Minimal loss, delay, inconvenience or interruption. Can be easily and quickly remedied. Little or no effect on reputation or public protection issues.

3. Scoring likelihood against impact

Impact							
	CRITICAL	5	5	10	15	20	25
	MAJOR	4	4	8	12	16	20
	MODERATE	3	3	6	9	12	15
	MINOR	2	2	4	6	8	10
	INSIGNIFICANT	1	1	2	3	4	5
		Score	1	2	3	4	5
			VERY LOW	LOW	MEDIUM	HIGH	VERY HIGH
			Likelihood				

Risk scores: 1-8 Green; 9-15* Amber; 16-25 Red

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

Item 8
NMC/13/144
12 September 2013

Council

Monthly financial monitoring – July 2013 results

Action: For information.

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

Core regulatory function: Supporting functions.

Corporate objectives: Corporate Objective 7: "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 2013-2014 by month and year to date as at July 2013, plus the latest projections for the 'year to go' and full year 2013-2014.
- Annexe 2: Actual results and forecast projections by month to March 2014.
- Annexe 3: Graph showing forecast available free reserves versus the budget available free reserves for 2013-2014.
- Annexe 4: Graph showing forecast available free reserves versus the budget and financial strategy available free reserves for 2012-2016.
- Annexe 5: Waterfall graph showing the main variances in available free reserves between the budget and forecast for 2013-2014, by cost category.

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: Verity Somerfield
Phone: 020 7681 5670
Verity.somerfield@nmc-uk.org

Director: Mark Smith
Phone: 020 7681 5484
mark.smith@nmc-uk.org

Context: **Financial information**

1 The budget information used throughout these reports is based on the budget approved by Council on 21 March 2013.

2 The budget was set in the context of the three year plan to achieve our Fitness to Practise key performance indicators (KPIs) by December 2014 and the minimum available free reserve 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. These forecasts are for the balance of the current financial year, and we also produce a rolling forecast for the next twelve months.

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 Central Pool 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 This report summarises the outcomes of the Executive monthly review, and sets out the key variances to budget.

Discussion and options appraisal: **Executive summary**

8 Available free reserves at July 2013 month end were £1.3 million higher than budget. This was mainly due to timing differences between actual and budgeted expenditure.

9 The latest forecast is for available free reserves at March 2014 to be on budget at £7.4 million. This level is below the £10 million minimum target, which we have committed to achieve by January 2016.

10 Within the full year forecast for revenue expenditure, there are a number of variances to budget within directorates, which have effectively been funded by the Central Pool.

11 The Central Pool is a contingency fund set up during the budgeting process, to fund items which either cannot be accurately quantified during the budgeting process, or were not envisaged at the time. Funds are released to directorate forecasts on the approval of business cases by the Executive Board. A number of pieces of work were in an early scoping phase during the budget setting process this year, in particular in relation to

Registrations.

12 The principal forecast expenditure variances to budget at this stage relate to:

12.1 £0.7 million in capital expenditure (ICT) of which £0.4 million relates to online services, and £0.3 million is brought forward from 2012-2013.

12.2 £0.4 million expenditure in Registrations, principally in relation to the external review of overseas registration, the registrations improvement plan, and increased staffing levels.

12.3 £0.5 million expenditure in Fitness to Practise, comprising the approval of additional roles, an external sample audit of initial stage case closures, and costs in relation to panellist training moved from HR/OD.

13 FtP Conduct and Competency Committee (CCC) hearings per day were 22.5 in July versus the budget of 22 hearings per day. All other hearing types were also above budget in July. This higher level of hearing activity is driving the adverse variances in the CCC cost centres at July.

14 We continue to negotiate with HMRC in relation to the repayment of income tax and National Insurance paid on FtP panellist expenses in prior years. Our current estimate of repayment is between £1.5 million and £2 million. This has not yet been factored into the forecast. The final amount is subject to negotiation, and HMRC processes take a considerable time.

Monthly management results

15 The management results for July 2013 are set out at Annexe 1. These reports include variances against the budget and the previous month's forecast. This helps the Council to monitor our ability to understand, assess and plan our activity and expenditure requirements.

Actual results versus budget

16 The highlights for the four months to July against budget were:

16.1 A slight increase over budget in periodic fees, EU assessment fees and overseas applications fees, offset slightly by lower interest income. The increase in overseas application fee income follows the resumption of overseas applications processing from 1 April.

16.2 Compared to the budget for revenue and capital expenditure, there is a net underspend of £1.3 million for the first four months of the year.

16.3 FtP is £0.7 million overspent year to date, driven by:

16.3.1 Additional £0.2 million approved costs relating to increased

consultancy for the KPMG lean review.

16.3.2 An adverse operational variance of £0.5 million due to the higher level of hearing days, increased shorthand writers transcript requests, consultancy costs relating to the KPMG closed case audit and additional requirements for external case presenters.

16.3.3 External investigations costs are £0.1 million higher than budget due to the increased number of cases being sent externally for investigation. Year to date, 205 cases have been sent externally versus a budget of 152.

16.3.4 £0.1 million saving from accrual releases relating to the prior year which are no longer required.

16.4 Registration costs are higher by £0.2 million due mainly to higher than expected external costs associated with the review of overseas applications processing. This was under-provided in 2012-2013 but is not considered material enough to warrant a retrospective adjustment.

16.5 Facilities Management costs are higher by £0.2 million due mainly to £0.1 million of dilapidation costs and £0.1 million costs incurred during the office move and photocopier costs moved from ICT.

16.6 Costs in Continued Practice are £0.4 million lower than budget due to staff cost savings from vacancies, and lower QA of Education costs. The £0.2 million underspend on QA of Education to date has been recognised in the forecast as a saving.

16.7 HR & OD costs are £0.2 million lower than budget resulting from timing variances in staff recruitment and staff training costs. The full year forecast for these however is expected to be on budget. In addition, there are savings in relation to panellist training costs, which were budgeted in HR/OD, but it has now been agreed that these costs will now be picked up in FtP. The forecasts for both HR/OD and FtP have been adjusted to reflect this transfer.

16.8 Communications costs are £0.1 million less than budget due to timing of the website development and lower than expected printing costs.

16.9 Expenditure in ICT is £0.1 million lower than budget due to the timing of expenditure on software licences and maintenance. The full year forecast for these costs is expected to be on budget.

16.10 The favourable variance in the Central Pool (£1.2 million) is offset to an extent by increased spend in other departments representing costs that are being funded by the Central Pool (for instance consultancy costs in the FtP closed case audit, the pay and grading review in projects and the dilapidation provision in Facilities

Management).

16.11 Total free reserves at July 2013 are £14.4 million. The pension deficit at this point is £7.5 million; therefore available free reserves at July 2013 are £6.9 million. This is £1.3 million better than budget at this point, but outside the reserves policy envelope agreed by Council in March 2013 (i.e. the risk based element of reserves to be in a target range of £10 million to £25 million).

16.12 Total cash is £71.3 million at July 2013. This is in line with budget expectations.

Latest forecast

17 The full year forecast for 2013-2014 is based on the detailed reforecast by directors in August.

18 The highlights are as follows:

18.1 The latest forecast is for available free reserves at March 2014 to be on budget at £7.4 million.

18.2 Total free reserves are projected to be on budget at £14.1 million by March 2014.

18.3 The forecast yearend cash position is in line with budget at £75.3 million.

18.4 The income forecast is £0.1 million higher than budget, due to increased periodic fees, EU assessment fees and the resumption of the processing of overseas applications to the register from 1 April, which was temporarily halted in the latter part of 2012-2013.

18.5 The Fitness to Practise expenditure forecast has increased by £0.5 million reflecting approved costs for additional headcount, an external audit of initial stage case closures, and costs in relation to panellist training which have been transferred from HR/OD.

18.6 The Registration forecast has increased by £0.4 million due to the external review of overseas registration, programme management support for the registrations improvement plan, and increased staffing levels. Costs associated with the registrations improvements plan and additional staff requirements were budgeted as potential bids to the central pool as they were not fully defined at that time.

18.7 Continued Practice is forecast to be £0.3 million lower than budget due to £0.2 million underspend year to date on QA of Education and reduced consultancy costs.

18.8 ICT is forecast to be £0.1 million better than budget due to £0.1m photocopying budget being moved to Facilities Management.

18.9 Facilities Management is forecast to be £0.4 million higher than budget due to £0.3 million dilapidations provision for all leased property (£0.2 million was budgeted centrally) and £0.1 million of photocopying costs moved from ICT.

18.10 The Central Pool position has been reduced to £2.0 million, reflecting the approved expenditure reflected in directorate forecasts.

18.11 The capital expenditure forecast is £0.7 million higher than budget due to the approval of the online service project (funded from the central pool) and spend on the ICT strategy (£0.2 million) and the finance upgrade (£0.1 million), being carried forward from 2012-2013.

Public protection implications: 19 The monitoring of financial results and forecasts enables the NMC to ensure it has sufficient resources to deliver continued public protection.

Resource implications: 20 The key financial indicators for current and projected levels are discussed in this paper.

Equality and diversity implications: 21 An EQIA is not required in relation to this paper.

Stakeholder engagement: 22 None.

Risk implications: 23 There are a number of risks which should be considered on an ongoing basis when reviewing the financial position.

23.1 The Council's risk based reserve policy is that available free reserves should be held in a target range of £10 million to £25 million. Following the latest reforecast, our available free reserves will be £7.4 million by March 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, the financial strategy agreed by the Council in 2012, the increased fee level and the Department of Health grant will build reserves back up to the required level.

23.2 As a result of a significant increase in referrals this year it may be necessary to increase the number of cases sent for external investigation. This would be a short term measure to manage the flow of cases through the inhouse case investigation teams. This could result in an additional cost this year of £0.9 million. The position is being monitored carefully by the FtP Investigations team.

23.3 The structure of the Registrations directorate is currently under

review, which could increase costs in 2013-2014 and future years.

23.4 It was assumed in the budget that any changes arising in relation to pension provision would be cost-neutral. There is an increasing risk that the impact of auto-enrolment could result in increased costs.

Opportunities

24 The expenditure requirements for the year are based at present on a cautious assessment of activity levels and outcomes. There are a number of opportunities to increase funding or realise savings against projections, as follows:

24.1 It is possible that we will be able to negotiate the return of tax paid in prior years in relation to PAYE and NI on panellists' expenses. This is discussed at paragraph 14.

24.2 The corporate efficiency board is being re-shaped to provide greater focus on value for money and efficiency monitoring and reporting.

24.3 Requests for funding from the Central Pool may be lower than projected. Unallocated funds are returned to reserves.

Legal implications:

25 None.

Actual, budget & forecast 2013-2014
£000's

	Month of July				April to July					August to March					Full Year				
2013/2014	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
Periodic Fee Income	4,755	4,747	4,747	9	18,600	18,524	18,591	76	9	42,423	42,423	42,423	0	0	61,023	60,947	61,015	76	9
Overseas Applications	39	17	17	22	113	68	92	46	22	135	135	135	0	0	249	203	227	46	22
Eu Assessment Fee	41	26	26	15	163	105	148	58	15	211	211	211	0	0	374	316	359	58	15
Interest Income	102	123	123	(21)	447	493	469	(46)	(21)	987	987	987	0	0	1,434	1,480	1,455	(46)	(21)
Other Income	33	28	28	5	105	112	100	(7)	5	223	223	223	0	0	328	335	323	(7)	5
Total Income:	**4,970**	**4,941**	**4,941**	**29**	**19,429**	**19,302**	**19,400**	**127**	**29**	**43,979**	**43,979**	**43,979**	**0**	**0**	**63,408**	**63,281**	**63,379**	**127**	**29**
Office of the Chair & Chief Executive	**47**	**47**	**47**	**(0)**	**194**	**189**	**194**	**(6)**	**(0)**	**476**	**378**	**378**	**(98)**	**(98)**	**670**	**566**	**572**	**(104)**	**(98)**
Communication	30	104	83	74	169	290	221	121	52	666	612	629	(55)	(38)	835	901	850	66	15
Council Services	29	46	44	18	132	155	147	23	15	318	357	333	39	15	450	512	480	62	30
Governance	104	104	116	0	442	467	454	25	12	929	835	872	(94)	(57)	1,371	1,301	1,326	(70)	(45)
Policy	25	35	30	10	107	133	111	26	5	293	281	290	(12)	(3)	400	414	401	14	1
Corporate Governance	**188**	**290**	**272**	**102**	**849**	**1,044**	**934**	**195**	**84**	**2,207**	**2,084**	**2,123**	**(122)**	**(84)**	**3,056**	**3,128**	**3,056**	**73**	**1**
Registration	**267**	**266**	**312**	**(1)**	**1,234**	**1,057**	**1,279**	**(177)**	**45**	**2,543**	**2,353**	**2,629**	**(190)**	**86**	**3,778**	**3,411**	**3,908**	**(367)**	**130**
Continued Practice	**162**	**254**	**196**	**92**	**660**	**1,063**	**694**	**403**	**34**	**2,113**	**2,021**	**2,254**	**(92)**	**141**	**2,773**	**3,085**	**2,948**	**311**	**175**
ICT	521	373	596	(148)	1,683	1,789	1,757	106	74	3,079	3,098	3,030	20	(48)	4,761	4,887	4,787	125	26
Finance	154	139	175	(15)	566	627	587	61	21	1,418	1,373	1,408	(46)	(11)	1,985	1,999	1,995	15	11
Facilities Management	481	407	436	(74)	1,826	1,625	1,781	(202)	(45)	3,576	3,352	3,595	(224)	19	5,402	4,977	5,376	(425)	(26)
HR&OD	236	263	291	27	781	1,017	837	236	56	1,968	1,773	1,878	(195)	(90)	2,749	2,790	2,715	41	(34)
Corporate Services	**1,392**	**1,182**	**1,498**	**(210)**	**4,857**	**5,057**	**4,963**	**200**	**106**	**10,040**	**9,595**	**9,911**	**(445)**	**(129)**	**14,897**	**14,652**	**14,873**	**(245)**	**(23)**
Directors office	130	74	137	(56)	569	297	576	(273)	6	653	623	620	(30)	(34)	1,222	920	1,195	(303)	(27)
Screening	87	106	95	19	342	425	350	82	8	870	850	865	(21)	(6)	1,213	1,274	1,215	62	2
Case Investigations - Total	434	339	350	(95)	1,315	1,298	1,231	(17)	(83)	2,802	2,710	2,803	(92)	1	4,117	4,008	4,034	(109)	(82)
Investigations - IC	55	142	144	87	382	569	472	187	90	1,153	1,136	1,153	(17)	0	1,535	1,705	1,625	170	90
Case Management	20	24	25	4	152	96	158	(56)	6	204	192	204	(12)	0	356	288	362	(68)	6
Scheduling	76	70	68	(6)	285	280	276	(5)	(9)	578	560	541	(18)	(37)	863	840	817	(23)	(46)
Case Preparation	114	122	110	9	395	490	391	95	(3)	923	980	923	57	0	1,318	1,469	1,314	152	(3)
Admin / General	113	111	77	(2)	356	443	320	87	(36)	614	886	614	271	0	970	1,328	934	358	(36)
Adjudication	252	216	248	(36)	1,011	865	1,007	(146)	(4)	1,789	1,730	1,789	(59)	0	2,800	2,594	2,796	(205)	(4)
CCC	1,580	1,539	1,539	(41)	5,784	5,410	5,744	(375)	(41)	10,887	11,114	10,931	227	44	16,672	16,524	16,675	(147)	3
HC	135	60	60	(75)	401	220	326	(181)	(75)	430	430	430	0	0	831	649	756	(181)	(75)
Investigations - ICIO	241	263	263	23	978	966	1,001	(12)	23	1,852	1,895	1,852	43	0	2,830	2,861	2,853	31	23
Regulatory Legal Team	391	360	347	(31)	1,436	1,356	1,391	(80)	(44)	2,717	2,761	2,753	44	36	4,153	4,117	4,144	(36)	(8)
Panel support	107	108	127	0	391	411	411	20	20	1,119	924	1,078	(195)	(41)	1,510	1,335	1,489	(176)	(22)
FTP	**3,734**	**3,534**	**3,590**	**(200)**	**13,797**	**13,124**	**13,653**	**(674)**	**(144)**	**26,592**	**26,790**	**26,555**	**199**	**(37)**	**40,389**	**39,914**	**40,208**	**(475)**	**(181)**
Projects	0	17	(15)	16	59	72	44	14	(15)	149	34	159	(115)	10	208	106	203	(102)	(5)
Depreciation	232	256	237	24	912	1,023	917	111	5	2,167	2,045	2,144	(122)	(23)	3,079	3,068	3,061	(11)	(18)
NMC Corporate/General	(3)	5	5	8	76	19	84	(57)	8	65	38	38	(28)	(28)	141	57	122	(85)	(20)
Central pool	0	367	0	367	0	1,205	0	1,205	0	1,993	2,311	2,338	317	344	1,993	3,516	2,338	1,522	344
Revenue Spend	**6,020**	**6,218**	**6,143**	**197**	**22,639**	**23,853**	**22,761**	**1,214**	**123**	**48,346**	**47,649**	**48,528**	**(696)**	**182**	**70,984**	**71,502**	**71,289**	**518**	**304**
Surplus / (Deficit)	**(1,050)**	**(1,277)**	**(1,202)**	**226**	**(3,210)**	**(4,551)**	**(3,362)**	**1,341**	**152**	**(4,366)**	**(3,670)**	**(4,548)**	**(696)**	**182**	**(7,576)**	**(8,221)**	**(7,910)**	**645**	**333**
Capital	**318**	**235**	**460**	**(83)**	**890**	**985**	**1,032**	**95**	**142**	**2,617**	**1,866**	**2,124**	**(751)**	**(493)**	**3,507**	**2,851**	**3,156**	**(656)**	**(351)**
Total free reserves					**14,373**	**13,048**	**14,085**	**1,326**	**288**						**14,129**	**14,129**	**14,129**	**0**	**(0)**
Pension deficit					**7,502**	**7,502**	**7,502**	**0**	**0**						**6,754**	**6,754**	**6,754**	**0**	**0**
Available free reserves (excluding pension deficit & restricted funds)					**6,871**	**5,545**	**6,583**	**1,326**	**288**						**7,375**	**7,375**	**7,375**	**0**	**(0)**
Restricted funds					**16,571**	**16,571**	**16,571**	**0**	**0**						**12,000**	**12,000**	**12,000**	**0**	**0**
Cash at bank					**71,308**	**71,353**	**72,390**	**(45)**	**(1,082)**						**75,310**	**75,310**	**75,310**	**0**	**(0)**
Net inflow/(outflow) of funds					**(4,104)**	**(4,059)**	**(3,022)**	**(45)**	**(1,082)**						**(102)**	**(102)**	**(102)**	**0**	**(0)**
Substantive hearing numbers per day	**22**	**22**	**22**	**0**	**22**	**21**	**21**	**1**	**0**						**22**	**22**	**22**	**0**	**(0)**
Headcount	**542**	**540**	**557**	**(2)**											**585**	**540**	**565**	**(45)**	**(19)**

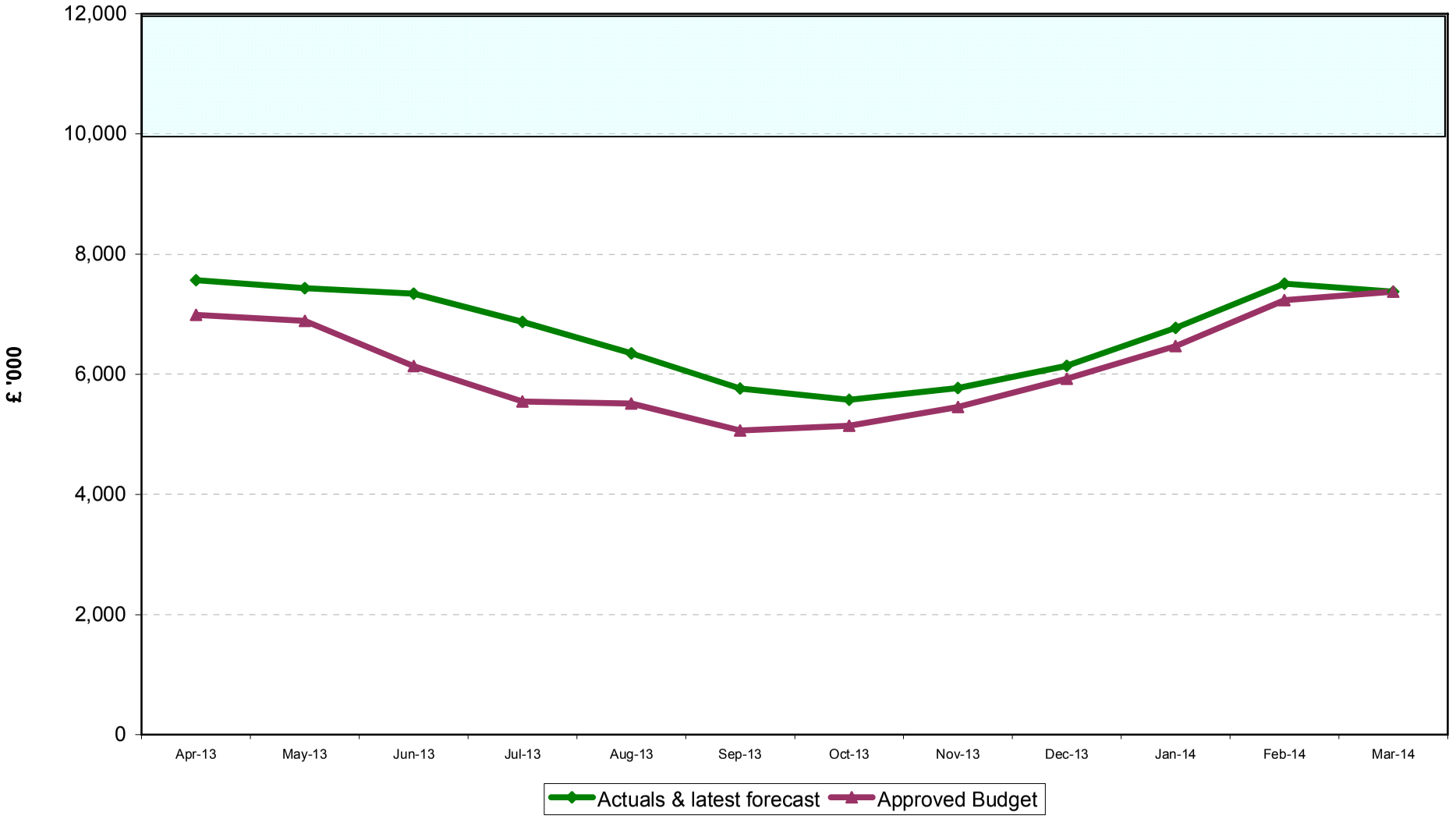
Actual and Forecast per month 2013-2014

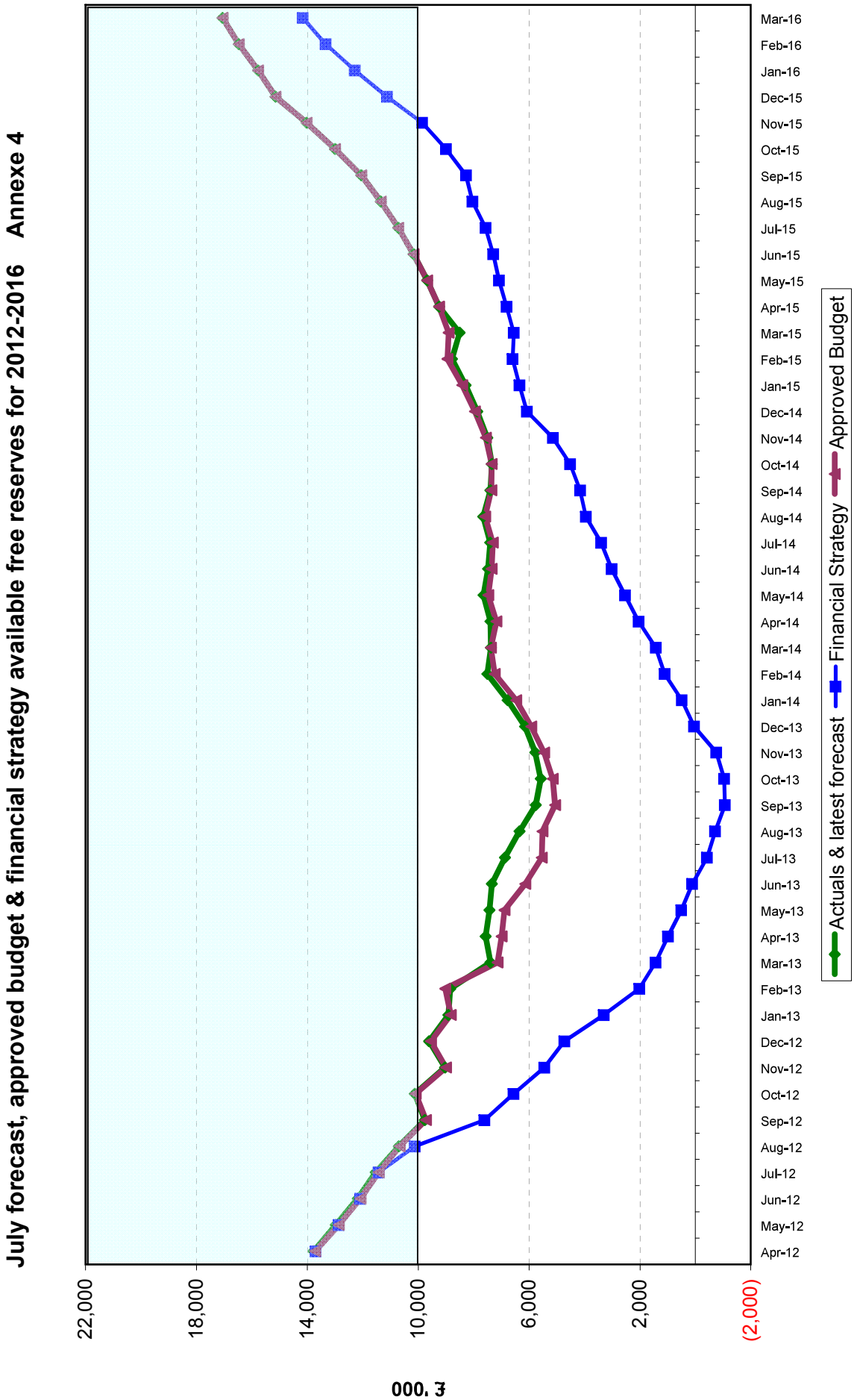
Annexe 2

£000's

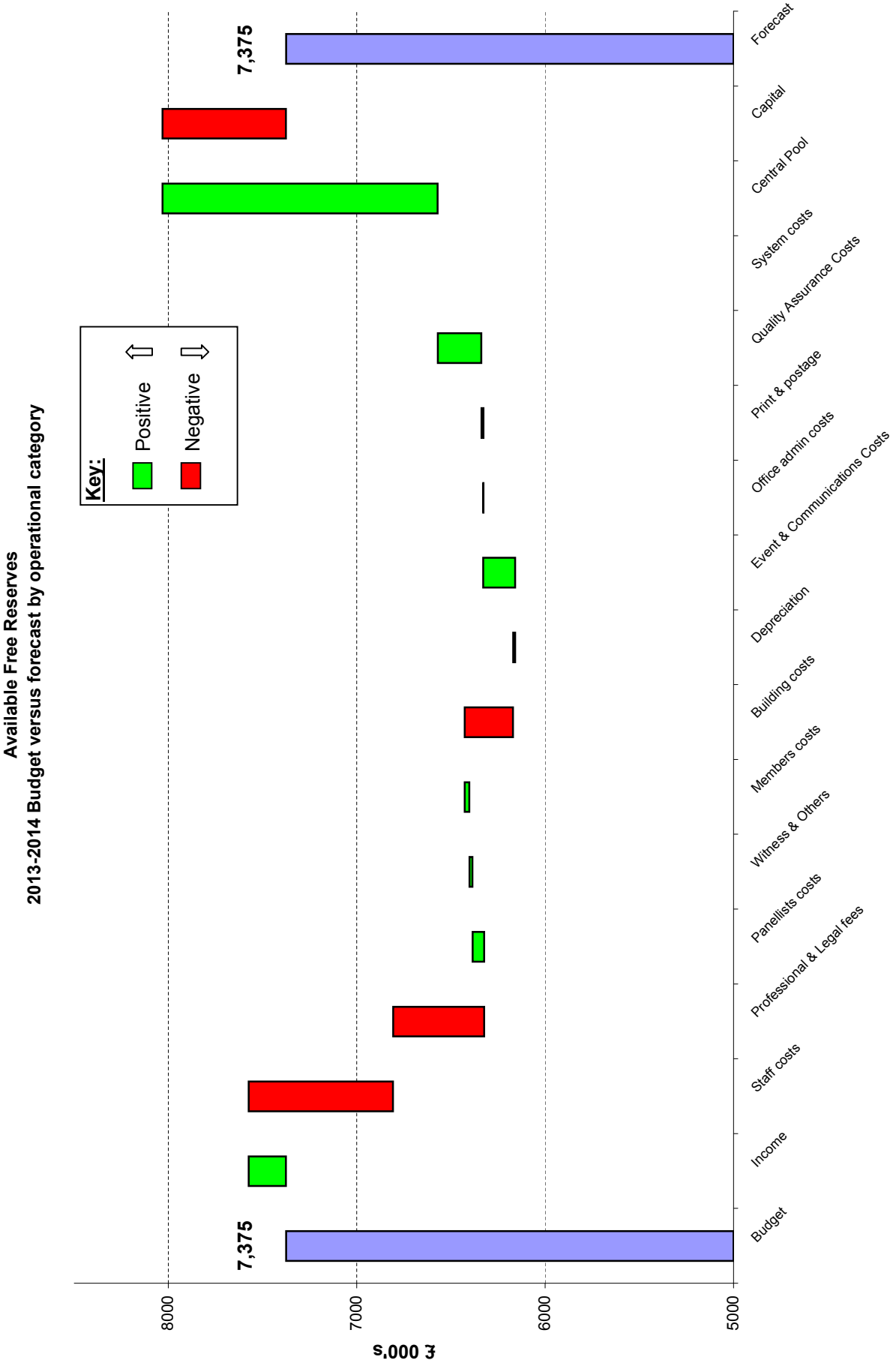
	Apr-13 Actual	May-13 Actual	Jun-13 Actual	Jul-13 Actual	Aug-13 Forecast	Sep-13 Forecast	Oct-13 Forecast	Nov-13 Forecast	Dec-13 Forecast	Jan-14 Forecast	Feb-14 Forecast	Mar-14 Forecast	Full Year 2013-2014
Periodic Fee Income	4,524	4,624	4,697	4,755	4,847	4,938	5,209	5,307	5,418	5,513	5,595	5,595	61,023
Overseas Applications	41	19	14	39	17	17	17	17	17	17	17	17	249
Eu Assessment Fee	35	29	58	41	26	26	26	26	26	26	26	26	374
Interest Income	117	119	110	102	123	123	123	123	123	123	123	123	1,434
Other Income	29	24	19	33	28	28	28	28	28	28	28	28	328
Total Income:	**4,746**	**4,815**	**4,898**	**4,970**	**5,041**	**5,133**	**5,403**	**5,502**	**5,613**	**5,707**	**5,790**	**5,790**	**63,408**
Office of the Chair & Chief Executive	**53**	**45**	**49**	**47**	**58**	**67**	**67**	**66**	**55**	**55**	**54**	**55**	**670**
Communication	45	56	38	30	58	89	78	78	142	73	73	76	835
Council Services	38	28	37	29	21	36	40	48	28	38	75	33	450
Governance	127	119	92	104	96	129	105	116	141	101	101	138	1,371
Policy	28	26	27	25	33	38	38	38	38	38	38	34	400
Corporate Governance	**238**	**229**	**194**	**188**	**208**	**292**	**260**	**280**	**349**	**250**	**287**	**281**	**3,056**
Registration	**450**	**271**	**246**	**267**	**399**	**377**	**352**	**285**	**285**	**272**	**292**	**282**	**3,778**
Continued Practice	**158**	**172**	**168**	**162**	**186**	**272**	**286**	**302**	**301**	**260**	**243**	**262**	**2,773**
ICT	340	279	543	521	361	449	359	306	492	306	315	492	4,761
Finance	143	108	162	154	174	171	166	165	219	141	141	241	1,985
Facilities Management	477	398	471	481	434	500	438	439	443	444	426	451	5,402
HR&OD	164	202	179	236	253	252	257	245	243	240	240	238	2,749
Corporate Services	**1,124**	**985**	**1,355**	**1,392**	**1,222**	**1,372**	**1,220**	**1,156**	**1,397**	**1,131**	**1,121**	**1,421**	**14,897**
Directors office	74	206	159	130	90	75	81	81	81	81	81	81	1,222
Screening	89	79	87	87	109	109	109	109	109	109	109	109	1,213
Case Investigations - Total	247	295	339	434	416	357	339	337	337	337	338	341	4,117
Investigations - IC	122	122	83	55	144	144	144	144	144	144	144	144	1,535
Case Management	49	42	41	20	25	25	25	25	25	25	25	25	356
Scheduling	68	74	66	76	74	74	74	71	71	71	71	71	863
Case Preparation	105	98	78	114	115	115	115	115	115	115	115	115	1,318
Admin / General	69	107	67	113	77	77	77	77	77	77	77	77	970
Adjudication	233	236	290	252	224	224	224	224	224	224	224	224	2,800
CCC	1,242	1,537	1,425	1,580	1,413	1,397	1,523	1,397	1,064	1,427	1,301	1,364	16,672
HC	108	82	77	135	55	55	60	55	42	57	52	55	831
Investigations - ICIO	245	258	235	241	234	234	256	234	186	245	229	234	2,830
Regulatory Legal Team	393	275	376	391	341	341	353	341	308	350	337	347	4,153
Panel support	36	73	175	107	131	181	135	127	117	128	125	177	1,510
FTP	**3,080**	**3,484**	**3,499**	**3,734**	**3,447**	**3,407**	**3,515**	**3,336**	**2,902**	**3,392**	**3,229**	**3,364**	**40,389**
Projects	40	26	(8)	0	4	43	43	43	0	0	0	16	208
Depreciation	226	228	226	232	241	240	258	244	291	291	301	301	3,079
NMC Corporate/General	23	96	(40)	(3)	32	5	5	5	5	5	5	5	141
Central pool	0	0	0	0	0	30	137	195	185	315	380	749	1,993
Revenue Spend	**5,393**	**5,536**	**5,689**	**6,020**	**5,797**	**6,105**	**6,142**	**5,913**	**5,769**	**5,971**	**5,913**	**6,736**	**70,984**
Surplus / (Deficit)	**(646)**	**(722)**	**(792)**	**(1,050)**	**(756)**	**(972)**	**(739)**	**(411)**	**(156)**	**(263)**	**(123)**	**(946)**	**(7,576)**
Capital	**79**	**303**	**190**	**318**	**674**	**517**	**370**	**303**	**429**	**64**	**105**	**155**	**3,507**
Total free reserves	**15,348**	**15,123**	**14,939**	**14,373**	**13,756**	**13,078**	**12,799**	**12,900**	**13,178**	**13,713**	**14,357**	**14,129**	
Pension deficit	**7,783**	**7,690**	**7,596**	**7,502**	**7,409**	**7,315**	**7,222**	**7,128**	**7,034**	**6,941**	**6,847**	**6,754**	
Available free reserves (excluding pension deficit & restricted funds)	**7,565**	**7,433**	**7,343**	**6,871**	**6,347**	**5,763**	**5,577**	**5,772**	**6,143**	**6,772**	**7,510**	**7,375**	
Restricted funds	**18,286**	**17,714**	**17,143**	**16,571**	**16,000**	**15,429**	**14,857**	**14,286**	**13,714**	**13,143**	**12,571**	**12,000**	
Cash at bank	**75,167**	**74,029**	**72,457**	**71,308**	**72,060**	**77,436**	**76,994**	**76,633**	**74,555**	**74,033**	**73,094**	**75,310**	
Net inflow/(outflow) of funds - monthly	**(245)**	**(1,138)**	**(1,572)**	**(1,149)**	**752**	**5,376**	**(442)**	**(361)**	**(2,079)**	**(521)**	**(939)**	**2,216**	**(102)**
Substantive hearing numbers per day	19	22	22	23	22	22	22	22	22	22	22	22	22
Headcount	556	539	542	555	603	610	619	590	589	588	588	585	

July forecast & approved budget available free reserves 2013-2014 **Annexe 3**




July forecast, approved budget & financial strategy available free reserves for 2012-2016 Annex 4
£'000
22,000
18,000
14,000
10,000
6,000
2,000
(2,000)
Mar-16
Feb-16
Jan-16
Dec-15
Nov-15
Oct-15
Sep-15
Aug-15
Jul-15
Jun-15
May-15
Apr-15
Mar-15
Feb-15
Jan-15
Dec-14
Nov-14
Oct-14
Sep-14
Aug-14
Jul-14
Jun-14
May-14
Apr-14
Mar-14
Feb-14
Jan-14
Dec-13
Nov-13
Oct-13
Sep-13
Aug-13
Jul-13
Jun-13
May-13
Apr-13
Mar-13
Feb-13
Jan-13
Dec-12
Nov-12
Oct-12
Sep-12
Aug-12
Jul-12
Jun-12
May-12
Apr-12
Actuals & latest forecast
Financial Strategy
Approved Budget

Annexe 5


Available Free Reserves
2013-2014 Budget versus forecast by operational category
Key:
Positive
Negative
7,375
7,375
Forecast
Capital
Central Pool
System costs
Quality Assurance Costs
Print & postage
Office admin costs
Event & Communications Costs
Depreciation
Building costs
Members costs
Witness & Others
Panellists costs
Professional & Legal fees
Staff costs
Income
Budget
8000
7000
6000
5000
£ 000's

Item 9
NMC/13/145
12 September 2012

Council

Recent healthcare reviews – actions for the NMC

Action: For decision.

Issue: This paper details recommendations for the NMC arising from recent healthcare reviews for Council to consider its response.

Core regulatory function: Fitness to Practise/Education/Setting standards

Corporate objectives: Corporate objective 5: "We will maintain open and effective regulatory relationships with patients and the public, other regulators, employers and the professions that 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: The Council is recommended to consider and approve the planned responses.

Annexes: The following annexe is attached:

- Annexe 1: Summary of relevant review recommendations and proposed actions.

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: Emma Westcott
Phone: 020 7681 5797
emma.westcott@nmc-uk.org

Chief Executive: Jackie Smith
Phone: 020 7681 5871
jackie.smith@nmc-uk.org

Context:

1 In response to the Francis report into failings at Mid Staffordshire NHS Foundation Trust, the government announced a series of further reviews into aspects of healthcare. These reviews are England-only.

2 The Cavendish Review looked in to the role of health and social care support workers. The Keogh Review looked at 14 hospital trusts that were deemed to be outliers in terms of mortality data. The Berwick Review looked at patient safety in the round.

3 The government's considered response to the Francis Report will be published later in Autumn 2013 and it is likely to include responses to recommendations from subsequent reviews.

4 Two further reviews are yet to report: Mike Farrar (NHS Confederation) is looking at bureaucracy, and Ann Clwyd and Tricia Hart are scrutinising complaints. For the former review, we have provided information via the DH on the impact of our regulatory activity on registrants, educators and employers. We have met with the Clwyd / Hart review team and have made the pledges set out at paragraph 24 of our Francis response.

5 Information on forthcoming reviews will be added to the regular Francis updates received by the Council in due course.

Discussion and options appraisal:

6 **Recommendation: that the Council considers and approves the planned action set out in annexe 1.**

Public protection implications:

7 All of the work detailed in annexe 1 is intended to improve public protection. We have been clear that our post-Francis actions to date fit well within our planned work to strengthen how we regulate. With reference to the possible outcomes of the HCA steering group pilots, we envisage applying a public protection test to judge whether mandatory HCA experience is the most effective and cost effective way of ensuring applicants to nursing have positive values.

Resource implications:

8 Staff time is the main cost and falls principally on the Corporate Governance and Continued Practice directorates. Travel for the Keogh Trust visits will cost £1,636. The student nurse event will cost approximately £400 for catering and up to £2,250 if we offer support for travel.

Equality and diversity implications:

9 There are equality dimensions to a number of the reviews which become considerations for the NMC if it takes actions in response to recommendations. For example, if the Cavendish review alters routes into nursing we will need to have regard to the impact on

access to the profession.

Stakeholder engagement:

10 Members of staff have participated in a range of evidence-gathering and launch events associated with these reviews. NMC is represented on the HEE steering group for HCA pilots. We have not undertaken our own engagement activity but propose to do so with the student nurses involved in the Keogh review.

Risk implications:

11 There is a risk that the framework we set for education is affected by external initiatives, which we are mitigating through joint working with HEE.

12 There is a risk that the volume of activity in the English health sector weakens our focus on developments in other parts of the UK, which we are mitigating through close work with the other home nations and where appropriate using developments in England as a starting point for developments more generally, e.g. joint working protocols with system regulators.

Legal implications:

13 None foreseen.

Annexe 1

An independent review into healthcare assistants and support workers in the NHS and social care settings (the Cavendish Review)

July 2013

Relevant recommendations

- HEE should develop a 'certificate of fundamental care' [for HCAs], in conjunction with the NMC, employers and sector skills bodies. This should be written in language which is meaningful to the public, link to the framework of NOS, and builds on work done by Skills for Health and Skills for Care on minimum training standards. (1)

- The NMC should recommend how best to draw elements of the practical nursing degree curriculum into the certificate; HEE, LETBs and employers should seek to have nursing students and HCAs completing the certificate together. (4)

- HEE and the LETBs should develop new bridging programmes into pre-registration nursing and other health degrees from the support staff workforce in health and social care, working with Skills for Care, NMC and Skills for Health; and explore the Barchester proposal for a higher apprenticeship. (7)

- The NMC should make caring experience a prerequisite to starting a nursing degree, and review the contribution of vocational experience towards degrees so that staff with strong caring experience can undertake 'fast-track' degrees. (8)

- Regulators, employers and commissioners in health and social care should define a single common dataset for their purposes, and commit to using it, to relieve the pressure on first line managers and other staff. (12)

Commentary

Recommendation 1

The NMC has contributed to the development of the Skills for Health/Skills for Care work on minimum training standards and supports the recommendation that HEE takes it forward into a national certificate.

Recommendation 4

While students HCAs and student nurses may be covering some common topics they will not always be addressing them at the same level. Nothing in the NMC's standards precludes nurses learning with any other health professionals including HCAs where that is appropriate to the learning needs of each.

Recommendation 7

The NMC welcomes initiatives aimed at widening access to nursing degrees for suitable applicants.

Recommendation 8

We are participating in the HEE steering group on HCA experience prior to embarking on nursing degrees. We do not envisage rushing to a conclusion about this in advance of the evidence that pilot is intended to generate. The NMC's requirements of providers include that they have a scheme for the accreditation of prior experience and learning so there is nothing to prevent that now.

Recommendation 12

We take this to be a recommendation aimed at system regulators as our data relationships are with individual registrants rather than their employers.

Planned action

To meet with HEE to discuss recommendations 1, 4 and 7. The outcomes will be shared with Council via regular reports on Francis and related reviews.

To continue to participate in the HEE steering group on HCA experience as a pre-requisite for nursing degrees.

In time, to evaluate the evidence from HEE pilots and consider whether making HCA experience a pre-requisite for nursing degrees will enhance public protection.

Review into the quality of care and treatment provided by 14 hospital trusts in England (the Keogh Review)

July 2013

Relevant ambition

- Junior doctors in specialist training will not just be seen as the clinical leaders of tomorrow but clinical leaders of today. The NHS will join the best organisations in the world by harnessing the energy and creativity of its 50,000 young doctors (Ambition 7)

Commentary

Although this ambition refers to doctors the supporting text also includes student nurses who are described as 'capable of providing valuable insights, but too many are not being valued or listened to.'

There is a lot of useful learning from the Keogh review, but no specific recommendations for the NMC.

Proposed actions

To address the issue of hearing the views of student nurses in our education strategy which comes to Council in November 2013.

To invite the student nurses involved in the Keogh rapid responsive review teams for each of the 14 trusts to a listening event at the NMC in Autumn 2013 to hear how they think the NMC can better support and use student nurses' feedback on issues of patient safety and care quality.

Executive team to visit 11 of the Keogh trusts in Sept-Oct 2013 in order to understand and monitor risks.

To factor the findings of the Keogh review in risk-based decision making about our 2013-14 schedule of monitoring visits to education providers.

A promise to learn – a commitment to act (the Berwick Review on patient safety)

6 August 2013

Relevant recommendations

- All leaders concerned with NHS healthcare – political, regulatory, governance, executive, clinical and advocacy – should place quality of care in general and patient safety in particular at the top of their priorities for investment, inquiry, improvement, regular reporting, encouragement and support. (2)

- Mastery of quality and patient safety sciences and practices should be part of initial preparation and lifelong education of all health care professionals, including managers and executives. (5)

- All organisations should seek out the patient and carer voice as an essential asset in monitoring the safety and quality of care. (8)

- Supervisory and regulatory systems should be simple and clear. They should avoid diffusion of responsibility. They should be respectful of the goodwill and sound intention of the vast majority of staff. All incentives should point in the same direction. (9)

Commentary

There are no specific recommendations for the NMC and Don Berwick's comments on the simplicity of regulatory systems are principally concerned with system regulators.

Proposed action:

To include in our evaluation of the 2010 pre-registration nursing standards scrutiny of quality/safety sciences as an aspect of the curriculum.

To continue to improve our work with patients and service users through our engagement plan for this stakeholder group.

To refresh our Memoranda of Understanding and introduce protocols for joint working with other regulators as detailed in our Francis response.

Item 10
NMC/13/146
12 September 2013

Council

Draft Revalidation strategy

Action: For decision.

Issue: A strategy for revalidation supported by an options appraisal and engagement plan to inform Council's decision for revalidation.

Core regulatory function: Revalidation affects all regulatory and corporate functions of the NMC.

Corporate objectives: Revalidation will contribute to all corporate objectives and in particular:

Objective 1: "We will safeguard the public's health and wellbeing by keeping an accessible accurate register of all nurses and midwives who are required to demonstrate that they continue to be fit to practise."

Objective 2: "We will set appropriate standards of education and practice and assure the quality of education programmes and the supervision of midwives so that we can be sure that all those on our register are fit to practise as nurses and midwives."

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."

Objective 5: "We will maintain open and effective regulatory relationships with patients and the public, other regulators, employers and the professions that 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: The Council is recommended to:

- Approve Annexe 1: the draft Revalidation strategy.
- From the six strategic options presented in Annexe 2: options appraisal, agree the recommended option three to inform the consultation phase and shaping of the revalidation model.
- Provide a steer as to which of the options four, five and six from the revalidation options appraisal should be further explored (which

require legislative change).

- Note the Revalidation engagement and communication plan (as set out in Annexe 3).

Annexes: The following annexes are attached to this paper:

- Annexe 1: Revalidation strategy
- Annexe 2: Revalidation options appraisal
- Annexe 3: Revalidation engagement and communication plan

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: Yasmin Becker
Phone: 020 7681 5744
yasmin.becker@nmc-uk.org

Director: Dr Katerina Kolyva
Phone: 020 7681 5882
katerina.kolyva@nmc-uk.org

Context:

1 The NMC's primary purpose is to protect the public in the UK and our recommended model of revalidation will enhance public protection in an effective and proportionate way.

2 Revalidation is the process by which registered nurses and midwives are required to demonstrate to the NMC on a regular basis that they continue to remain fit to practise. Revalidation not only promotes greater professionalism amongst nurses and midwives but also improves the quality of care that patients receive by encouraging reflection on the revised Code and standards.

Discussion and options appraisal:

3 The proposed strategy and options appraisal has been informed by the following stakeholders: The Patient and Public Engagement forum, professional bodies and unions, professional and systems regulators, Chief Nursing Officers and their strategic stakeholders in the four countries of the UK, Local Supervising Midwifery Officers, NHS employers and the Council of Deans.

4 Our stakeholders support a phased approach to revalidation. For phase one, which will be delivered by December 2015, they broadly support the preferred option (option 3) and broad alignment to the agreed strategic principles.

Public protection implications:

5 Revalidation will improve assurance that nurses and midwives on our register remain up to date and fit to practise. This would be a proactive approach to regulation which would enhance public protection.

Resource implications:

6 Annexe 2: the options appraisal provides a detail overview of cost implications for all options considered. The total costs for the NMC for the development of phase one, which does not require legislative change will be £4.431 million, which is the budgeted amount in our financial strategy for 2013 – 2016. The annual running costs thereafter are approximately £1 million, which will cover costs for the audit, evaluation and further improvement of the model if required.

Equality and diversity implications:

7 A full equality impact assessment will be conducted based on the chosen option.

Stakeholder engagement:

8 Extensive engagement has been and will continue to be a key component to the development and delivery of revalidation as detailed in Annexe 3: Revalidation Engagement and Communication Plan.

Risk implications:

9 Key risks to delivery are identified as follows:

9.1 Possible lack of stakeholder buy-in.

9.2 Complexity of the revalidation model.

9.3 Complexity and diversity of the register.

9.4 Cost of revalidation process to the NMC and/or to the wider system leading to increased fees.

9.5 Loss of registrants with risk to workforce planning.

9.6 Reputation damage if delivered ineffectively and / or the December 2015 target is not met for phase one.

Legal implications:

10 The options appraisal provides a detailed analysis of the legal implications for each of the option. We are committed to delivering a model of revalidation in a phased approach; with phase one being delivered by December 2015 within existing legislation.

Item 10
NMC/13/146
12 September 2013

Annexe 1 – Revalidation strategy

Purpose

1 The NMC's primary purpose is to protect the public in the UK through effective and proportionate regulation of nurses and midwives. Any model and system of revalidation that the NMC delivers will aspire to enhance public protection and increase public confidence in nurses and midwives' continued practice and their fitness to remain on the register.

Definitions

2 Revalidation is the process by which registered nurses and midwives are required to demonstrate to the NMC on a regular basis that they continue to remain fit to practise. Revalidation not only promotes greater professionalism amongst nurses and midwives but also improves the quality of care that patients receive by encouraging reflection on the revised Code and standards.

Principles

3 An effective revalidation model should:

3.1 Improve public protection.

3.2 Enable nurses and midwives on the register to continue to meet NMC standards both in terms of conduct and competence.

3.3 Enable nurses and midwives to be accountable for demonstrating their continuing fitness to practise.

3.4 Promote a culture of professionalism and accountability through ongoing reflection on the revised Code and standards.

3.5 Involve employers (as applicable) in supporting nurses' and midwives' continuing fitness to practise.

3.6 Be implemented in phases, with phase one within current legislation.

Drivers and strategic context

4 There is public expectation that individual nurses and midwives are up to date and are fit to practise. There is also strong support from the patients and public about including patient feedback as a part of revalidation to enhance public protection.[1]

5 There is strong advice and recommendation from various external sources including the Department of Health (DH)[2] and the Professional Standards Authority

[1] http://www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/statementofsupportfromukpatientorganisationsfinal.pdf

[2] *The Regulation of Non-Medical Healthcare Professions* - The DH 2006; *Trust assurance and safety – the regulation of health professionals in the 21st century* – The DH 2007; *'Principles for Revalidation-*

(PSA, formally CHRE)[3], that an effective continuing fitness to practise measurement such as revalidation is necessary for healthcare professions.

6 Other government reports[4] in addition to the publications from the Department of Health support revalidation being necessary for all healthcare professionals, stressing that any revalidation system needs to be proportionate, accountable, consistent, transparent and targeted.

7 We have publicly expressed our commitment to deliver a proportionate and effective revalidation system by December 2015 both to the Health Select Committee and the Professional Standards Authority. We have prioritised this work in our Corporate Plan 2013-2016.

Our recommended revalidation model (Option 3 in Annexe 2: Options Appraisal)

8 All nurses and midwives on our register will be revalidated every three years at the point of their renewal. Current legislation will apply.

9 Each nurse and midwife will remain accountable for their revalidation. We will lapse those who choose not to revalidate and remove them from the register. Those who wish to revalidate will be required to continually gather evidence for their revalidation based on the criteria defined in the revised Code and standards.

10 Every nurse and midwife will be required to confirm that they:

10.1 Continue to remain fit to practise

10.2 Have met the required hours of practice and Continuing Professional Development (CPD), and have reflected on the revised Code and standards and continue to adhere to them.

10.3 Have sought and received third party feedback which has informed their reflection on their practice. This feedback could come from patients or peers, etc. The details regarding the sources of feedback will be informed by the public consultations.

10.4 Have sought and received third party confirmation that they are fit to practise. This third party confirmation could come from employers where applicable. In the case of employer confirmation, the appraisals would be the main source for confirming that a nurse or midwife is compliant with the Code and standards in their practice. The confirmation model will be flexible to take into account the diversity in scope of practice and employment situations. The details regarding the sources of confirmation will be informed by the public consultations.

Report of the Working Group for Non-Medical Revalidation – The DH 2008; *Enabling Excellence: Anatomy and Accountability for Healthcare workers, social workers and social care workers* – The DH 2011

[3] *An approach to assuring continuing fitness to practise based on right-touch regulation principles* – CHRE 2012; *Strategic Review of the Nursing and Midwifery Council* – CHRE 2012; *PSA Annual Report and Accounts and Performance Review Report* – PSA 2012-2013

[4] *The Francis Report* – 2013; *Berwick Report* - 2013

11 Any documentation collected as a part of the third party input would be retained by the registrant. They will only need to submit this to the NMC when they are selected for the audit (detailed in paragraph 12) where the documentation will be called for as a part of the audit.

12 There will be an audit which will select nurses and midwives throughout the year to assess the validity of the information provided for revalidation. The audit will be a mix of a random sample and a risk-based sample informed by our risk intelligence and that of other professional and systems regulators. Summarised audit results will be made available in the public domain.

13 The registered nurse or midwife will be solely responsible for the submission of their revalidation information sought by the audit to the NMC. Third parties will not be expected to submit any information directly to the NMC for revalidation of nurses and midwives.

14 The revised Code and standards will define the criteria that nurses and midwives will be required to demonstrate in order to remain on the register. Clear guidance for revalidation will be provided to inform the registrants and employers as well as information for patients and public.

15 Registrants will be given sufficient time to prepare before introducing revalidation. It is anticipated that if a nurse or a midwife is not able to revalidate, they will lapse from the register. After lapsing, they can apply to be re-admitted into the register on the basis of the re-admission process that is in place at the time of their application.

16 After implementation, the proposed model will be continually evaluated to inform improvements to the system and assess whether further changes to our legislation are required.

Revalidation's impact on our regulatory model

17 As the regulator of nurses and midwives we:

- Set standards for the education and practice of nurses and midwives.
- Maintain a register of nurses and midwives who are fit to practise.
- Take action when a nurse or midwife's fitness to practise is called into question.

18 Our current regulatory model focuses on:

18.1 Development of standards for education that allow Approved Education Institutions (AEIs) to deliver programmes which lead to nurses and midwives successfully joining our register.

18.2 Development of practice standards and guidance that state the expectations from all nurses and midwives during their careers as registered practitioners. These are essentially articulated in *The Code: Standards of conduct, performance and ethics for nurses and midwives*

(2008) and the guidance that supports it as well as in the *Midwives Rules and Standards (2012)*.

18.3 A system of entering the register for the first time based on competency standards we have set. These are currently embedded in our pre-registration nursing (2010) and midwifery (2009) education standards.

18.4 A system of renewing registration every three years based on a self-declaration by the nurse or midwife that 450 hours of practice and 35 hours of CPD have been met.

18.5 A system of fitness to practise for taking action against nurses and midwives who have failed to meet the standards and have called their fitness to practise into question.

18.6 A system by which lapsed registrants may be re-admitted to the register by following re-admission processes.

19 Revalidation will enhance our current regulatory model in the following ways:

Standards of competency

19.1 Revalidation will provide more clarity to the public, employers and individual nurses and midwives on what standards nurses and midwives need to meet to remain on the register. We will achieve this by clearly articulating the duties of nurses and midwives. We will publish our competency standards by December 2014.

Code linked to revalidation

19.2 A reviewed and revised Code and standards will be linked to revalidation and we will require all nurses and midwives to reflect on how they meet the standards on a continuing basis, rather than only being held accountable when standards are not met. We plan to publish our revised Code and standards by December 2014.

Enhanced online revalidation system

19.3 An enhanced online revalidation system will be developed and tested during early implementation in 2015 before being fully launched.

Audit

19.4 Auditing will contribute to the ongoing evaluation of the registrant's compliance to the revised Code and standards.

Third party confirmation

19.5 Employer role and appraisals: In the organisation where there is a robust appraisal system it would be most efficient to integrate the confirmation of fitness to practise into that appraisal system.

19.6 Supervisors of midwives: We will assess the existing system of supervision of midwives to analyse its effectiveness and potential benefit to revalidation.

19.7 Further sources of confirmation will be informed by the public consultation.

Third party feedback

19.8 Nurses and midwives will be required to ensure that their self confirmation is informed by patient and service user feedback (to include complaints), user and carer feedback and colleague feedback as relevant.

19.9 Further sources of feedback will be informed by the public consultation.

Data and intelligence

19.10 Effective data analysis will provide us with improved intelligence which will inform audit, better workforce planning and promote proactive approach to regulation.

Information sharing with other regulators

19.11 We are committed to proactively sharing information with other professional and systems regulators to better inform our risk base for revalidation but most importantly to also promote best practice.

19.12 We will continue to work collaboratively with all professional regulators, the General Medical Council (GMC) in particular to ensure we embed their learning and evaluation of thier Responsible Officers (ROs) model to our revalidation model to assess whether it is relevant and proportionate to nurses and midwives.

Benefits

To the public

20 Enhanced public protection.[5]

21 Better understanding by the public on what to expect from nurses and midwives.

To nurses and midwives

22 Ownership of the revalidation process and increased accountability.

23 Stronger evidential support for the justification of continuing professional development for nurses and midwives.

To employers

24 Ongoing engagement of the employer (where applicable) and a deeper understanding by the employer on the requirements of professional regulation.

[5] The DH impact assessment for the GMC projected that the revalidation for doctors would prevent 0.75% of cases of death, severe harm and moderate harm per year.

25 Improved workforce planning.

26 Clarity on issues around conduct and competence that come up on a regular basis.

To the NMC

27 Improved regulatory reputation and effective contribution to right touch regulation.

28 Enhanced registration processes that lead to better customer service.

29 Increased evidence base for standards development.

30 Enriched data on risk and best practice for cross-organisation intelligence and better interaction with other professional and systems regulators.

31 Preventative action and proactive engagement of the employer supported by enhanced accountability of the nurse and midwife may potentially reduce fitness to practise cases being referred to the NMC, with possibly more issues being picked up by revalidation earlier in the process and remediated by the individual or employer.

Risks and issues

32 Risks for each of the options considered is included in 'Annexe 2: Options appraisal'. There is a full risk register of the overall programme which is reviewed regularly by the Revalidation Programme Board.

33 Key risks that have been identified for the recommended model include:

33.1 Perception that the NMC model of revalidation is not robust given that it does not include Responsible Officers as the GMC.

33.2 Difficulty in seeking third party input from the employers (where applicable) due to lack of appraisals, inconsistent appraisal systems and lack of buy-in from employers.

33.3 Inconsistency in the quality of third party input.

33.4 Revalidation not being fit for purpose due to the great diversity of NMC register, great size and complexity in settings and scope of practice.

33.5 Cost to the wider healthcare system as a result of time taken to seek and provide confirmation.

33.6 Cost to NMC and the system as fewer nurses and midwives will be available to work if a significant number of nurses and midwives lapse as a result of the introduction of revalidation.

Outputs and delivery plan

Code and standards review

34 A revised Code to support revalidation will follow a public consultation in May 2014 and be published in December 2014.

35 Standards for competency for nurses and midwives to be extracted from the current pre-registration education standards and published in December 2014 along with the revised Code.

36 It is expected that the current Prep standards will be changed while the current guidance on good health and good character will be reviewed.

Revalidation process

37 In preparation for the early implementation, the processes and systems will be tested and operational by the early 2015. This early implementation for revalidation will run in parallel with the existing renewal processes.

Early implementation

37.1 The recommended revalidation model will be tested through early implementers following the launch of the revised Code and standards. There will be clear guidance and sufficient time to prepare for the nurses and midwives participating in the early implementation.

37.2 Early implementation will also test the audit process and will inform any further improvements required.

37.3 The early implementation will be a live process and any concerns about the registrant's fitness to practise will be acted upon.

Quality and governance

38 An NMC Revalidation Programme Board has been established and meets monthly. It reports to the Change and Portfolio Board and to the Executive Board.

39 Internal audit will carry out reviews of the programme to ensure it adheres to high quality standards of governance, delivery and effectiveness.

40 A Strategic Discussion Group was established in February 2013 and has advised the NMC in the shaping of its proposed model. A Revalidation Strategic Advisory Group will be established in October 2013, chaired by the NMC Chief Executive. Membership will include Council members and key external partners to continue to provide external scrutiny and advice on the quality of the outcomes.

Resources and costs

41 As part of our principles for the effective and proportionate delivery of revalidation we are seeking to introduce a model which is cost effective and uses the existing systems and processes. Our options appraisal document (Annexe 2) details this further.

Engagement

42 In shaping the proposed model and strategy for revalidation, we have engaged with a large number of key strategic stakeholders on a one to one basis, as part of a task and finish group and as part of focus groups held in the four countries of the UK and led by the Chief Nursing Officers (CNOs). We are committed to extensive engagement to refine our model and ensure it is effective and embedded in to already existing systems. Our engagement plan provides further

Item 10
NMC/13/146
12 September 2013

Annexe 2 - Options Appraisal

Introduction:

1. This paper presents the options appraisal for the revalidation model. It explains the options development process and examines the various advantages, disadvantages, risks and implications for each of the options. The paper reflects the phased approach and recommends one option for phase one and seeks a steer on the option(s) to be explored for phase two.

Options development process:

2. As detailed in 'Annexe 1- Revalidation strategy' and 'Annexe 3 - Revalidation engagement and communication plan', a wide range of senior professional stakeholders have been engaged since re-instating the Revalidation Programme in February 2013.

3. A set of revalidation principles were developed with the stakeholders input which formed the basis for the development of the revalidation options. Factors such as the size of the NMC register (approx 670,000) and the diverse practise settings were also taken into consideration. The revalidation options were explored both with and without the constraints of time, legislation and resources.

4. This resulted in the models being grouped into two phases. The options in phase one are based on what is feasible within the current legislation for revalidation by the end of December 2015. The options in phase two are based on seeking legislative changes and could be considered and explored further based on the learning from phase one.

5. It must be noted that the options have been developed based on our remit pending the Law Commission review. When the review is published, the options below may require further refinement.

Options Analysis

6. In all the options presented in this paper, it is accepted that the nurses and midwives are revalidated at the point of their renewal. This enables the re-use of the existing process of renewal. Replacing the renewal process with the revalidation process will minimise the confusion for the registrants as well as the NMC.

7. It is anticipated that if a nurse or a midwife is not able to revalidate, they will lapse from the register. After lapsing, they can apply to be re-admitted to the register on

the basis of the re-admission process that is in place at the time of their application.

Phase One (to December 2015)

8. There are three options presented for this phase and due to the timescales involved, the options in this phase look at what can be done within our current legislation.

9. **Option 1 -** No change: Continue with the current renewal process and Prep standards with no auditing.

    9.1. **Description:** This requirement is currently mandatory to all nurses and midwives on the register. They will continue to go through the current periodic renewal process every three years based on the criteria defined in the existing Prep Standards.

    9.2. **Advantages:** There are no advantages to this option except that NMC may not incur the revalidation implementation cost.

    9.3. **Disadvantages:** There are several disadvantages to this option. There is no improvement on the current assurance level of continued fitness to practise of the nurses and midwives on the register. The public protection is not enhanced as a result. The Prep standards are not sufficiently clear and robust. Therefore, even if NMC were to introduce an audit, it would not be possible to gain assurance that the registrants continue to remain fit to practise.

    9.4. Added to this, there is no input from third parties (peers, patients, carers, employers etc.) regarding the registrants' fitness to practise. The data collected is not robust and does not inform risk based analysis or resource planning.

    9.5. **Risk:** There are major risks due to the fact the public protection is not enhanced. The critical feedback from the Professional Standards Authority (PSA), Health Select Committee (HSC) and key stakeholders, including patients and public, may adversely affect the NMC's reputation as a professional regulator.

    9.6. **Implication of implementing option 1:**
    - **Public Protection:** Not improved and may decline.
    - **Code and Standards:** Current Prep standards are weak and unclear.
    - **Cost:** As is.

- **Resources:** As is.
- **Legislation:** As is.
- **Timescale:** Already in place.

9.7 Recommendation: Option 1 is not recommended.

10. **Option 2 -** Self Confirmation from the individual registrant based on enhanced Code and standards. NMC to perform audit and triangulation.

10.1. **Description:** In this option, revalidation is mandatory for all the nurses and midwives who wish to remain on the register. The current Code and standards will be reviewed and enhanced to provide clarity on the duties of the nurses and midwives as well as what they need to demonstrate to remain on the register.

10.2. All registered nurses and midwives will continue to go through the periodic revalidation process every three years based on the criteria defined in the revised Code and standards. This will include a self confirmation from them that they are fit to practise.

10.3. There will be an audit which will select nurses and midwives throughout the year to assess the validity of the information. The audit will be a mix of a random sample and a risk-based sample informed by our risk intelligence and that of other professional and systems regulators. Summarised audit results will be made available in the public domain.

10.4. There will also be information sharing and triangulation with other professional and systems regulators.

10.5. **Advantages:** There are some advantages to this option. The revised Code and standards enables Continuing Professional Development (CPD) based on reflection and provide clarity of the duties of the nurses and midwives. This improves to a certain extent, the assurance of the fitness to practise of registered nurses and midwives.

10.6. The data collected will improve our regulatory intelligence and enable us to gain a better insight of practice settings. The audit process will enable NMC to comply with PSA's recommendations.

10.7. **Disadvantages:** There are many disadvantages to this option. There is only a minimal improvement on the current assurance of continued fitness to practise of the registered nurses and midwives. Public protection is not enhanced to the desired degree as a result.

10.8. Added to this, there is no input from third parties (peers, patients, carers, employers etc.) regarding the registrants' fitness to practice. The data collected is not robust and does not inform risk based analysis or resource planning.

10.9. **Risk:** Public protection is not enhanced to the desired level as it excludes the input from third parties. Patients and public are not assured that the revalidation system provides appropriate level of assurance regarding fitness to practise of registered nurses and midwives. This may adversely impact the NMC's reputation as a professional regulator.

10.10. **Implication of implementing option 2:**

- **Public protection:** Not enhanced to the desired level.
- **Code and standards:** Strengthened Code and standards.
- **Cost:** £4.413 million for implementation by the end of 2015. An additional ongoing cost of approximately £1 million per annum will be required from 2016 to operate revalidation.
- **Resources:** Additional resources will be required and the budget for this is included in the costing above.
- **Legislation:** No change required.
- **Timescale:** Can be delivered by the end of 2015.

10.11 **Recommendation**: Option 2 is not recommended.

11. **Option 3 -** Self Confirmation from the individual registrant which is informed by third party input, based on enhanced Code and standards. NMC to perform audit and triangulation.

11.1. **Description:** This option is similar to option 2 with the additional element of the third party input on the practice of the registered nurses and midwives. This third party input would be in the form of employer confirmation (where applicable) and feedback from patients, users, peers etc. In the case of employer confirmation, the appraisals would be the main source for confirming that a nurse or midwife is compliant with the Code and standards in their practice. The confirmation model will be flexible to take into account the diversity in scope of practice and employment situations. The details regarding the sources of confirmation/feedback will be informed by the public consultation.

11.2. Any documentation collected as a part of the third party input would be retained by the registrant. They will only need to submit this to the NMC when they are selected for the audit (detailed in paragraph 10.3) where

the documentation will be called for as a part of the audit. The registered nurse or midwife will be solely responsible for the submission of their revalidation information sought by the audit to the NMC. Third parties will not be expected to submit any information directly to the NMC for revalidation of nurses and midwives.

11.3. **Advantages:** There are considerable advantages to this option. Added to the advantages of option 2, the element of third party input means there will be significant improvement on current assurance levels of fitness to practise of the registered nurses and midwives.

11.4. There is a strong support from the patients and public about including patient feedback as a part of revalidation to enhance public protection. This is evident from the view of patients' organisations on GMC revalidation.[1] These organisations value the patient feedback as an aspect of the revalidation and consider it a key resource in helping to improve the practice. This view is further supported in the Francis report[2] where it is recommended to the NMC that the information that feeds into revalidation be evidenced by feedback from patients and their families.

11.5. This will also provide NMC extended and enriched data to inform risk and enable effective triangulation with other regulators.

11.6. **Disadvantages:** There are a few disadvantages to this option. The input from third parties regarding the registrants' fitness to practise means there is a cost element in the amount of time spent by the registrant in collecting them as well cost to the third party confirmer. In the organisations where there is a robust appraisal system it would be most cost effective to integrate revalidation into that appraisal system.

11.7. **Risk:** There is a risk that the third party input may not be forthcoming in some cases, especially from employers who do not have an appraisal system in place. This would be mitigated by the various alternative sources of input that would be available to the registrant (these sources will be informed by public consultation).

---

1 http://www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/statementofsupportfromukpatientorganisationsfinal.pdf

2 http://www.midstaffspublicinquiry.com/report

11.8. Raising awareness of a registrant's compliance with the revised Code and standards means that employers may refer higher number of nurses and midwives to FtP for issues that should be handled locally by the employers. This would be mitigated by clear revalidation guidance and the planned employer liaison team.

11.9. **Implication:**

- **Public protection:** Enhanced to desired level. Further assurance when compared to option 2.
- **Code and standards:** As option 2.
- **Cost:** As option 2.
- **Resources:** As option 2.
- **Legislation:** As option 2.
- **Timescale:** As option 2.

11.10. **Recommendation:** Option 3 is recommended.

Phase Two (to be determined)

12 There are three options presented for this phase and the options in this phase require changes to current legislation.

13 **Option 4:** Legislative changes (based on either Option 2 or 3 being implemented in phase 1):

13.1 Limiting revalidation to nurses and midwives delivering direct clinical care.
And/or
13.2 Change the period of renewal.
And/or
13.3 Change practice hours.

13.4 **Description:** In this option, there is an assumption that either Option 2 or Option 3 (recommended) has been implemented. This option will bring additional benefits to revalidation by seeking specific change to the legislation. The criteria for revalidation will be dependent on the option implemented in the phase 1 and on the legislative change(s) sought.

13.5 **Advantages:** There are a number of advantages to this option. Depending on the option that has been implemented, it has all the advantages of that option along with those specific to the legislative change sought.

13.6 Limiting revalidation to nurses and midwives delivering direct clinical care will allow nurses and midwives not practising to stay on the register on the basis of their qualification. It will also allow NMC to concentrate the audit on registrants delivering direct clinical care.

13.7 The change in the renewal cycle from 3 to 5 years will decrease the number of registrants revalidating each year and may reduce the costs to the NMC.

13.8 A change in the number of practice hours from 450 hours to an evidence based, appropriate number of hours, to ensure effective practice.

13.9 **Disadvantages:** There are some disadvantages to this option. This cannot be implemented as a standalone option. As this option is reliant on one of the previous options to be implemented, needs legislative change and more evidence and research is required, this option cannot be implemented by the end of 2015. If the length of renewal period is increased there may be a need to introduce an annual self-declaration process which may increase the cost to the NMC and increased effort on the part of the registrants.

13.10 **Risk:** There is a risk that this option may not result in added benefits as there is not enough evidence at this stage to make an informed decision. Further research and data is required to understand the full suite of risks for this option.

13.11 **Implication:**

- **Public protection:** Assumption that there will be an added benefit but further research and evidence required.
- **Code and Standards:** Further revision to Code and standards will be required based on the legislative changes.
- **Cost:** Additional to the budget allocated for the previous options.
- **Resources:** Additional resources will be required and detailed costings are required.
- **Legislation:** Legislative changes are required
- **Timescale:** Cannot be delivered by the end of 2015

13.12 **Recommendation:** It is recommended that Council provides a steer as to whether this option is worthy of further investigation. Evidence from phase one would inform such an investigation.

14 Option 5 - Introduce Responsible Officers

14.1 **Description:** Introduce a model similar to the GMC where the NMC would devolve the revalidation responsibility to Responsible Officers (RO), who would recommend revalidation for nurses and midwives. Each individual registrant will be linked to an RO. This would require a legislative change. The registrant will continue to pay the annual fee to the NMC.

14.2 This is a standalone option and does not depend on any previous options being implemented. In this option, it is mandatory that all nurses and midwives on the register have an annual enhanced appraisal that is linked to the revised Code and standards. The Responsible Officers (RO) would look at the outcomes from the appraisal every year and satisfy themselves that the registrant is fit to practise. Periodically (the time period to be determined), they would submit a recommendation to the NMC that the registrant be revalidated.

14.3 The current Code and standards will be reviewed to provide clarity on the duties of the nurses and midwives as well as the appraisal criteria to have an enhanced appraisal. Registrants would also be required to seek feedback from colleagues and patients.

14.4 It is assumed that there will not be an audit due to the assurance provided via appraisal and RO assessment. However, there would also be triangulation with other regulators.

14.5 The criteria the registrants have to meet for their appraisal needs further research and exploration.

14.6 **Advantages:** There are few advantages to this option. The RO provides a bridge between the regulator and the employer and will be able to comment on the registrant's fitness of practise. The enhanced appraisal system and oversight by an RO would provide added levels of assurance on the registrant’s fitness to practise.

14.7 **Disadvantages:** There are several disadvantages to this option. First and foremost, is the significant cost to the system which is estimated at £200 million per year. This calculation is based on the cost incurred for implementing the GMC revalidation model extended to 670,000 registrants. This option also does not comply with right-touch regulation. Besides the cost, the efficacy of this model has not been proven yet as the GMC revalidation has only been operational since December of 2012.

14.8 **Risks:** The cost to the system and NMC may have a severe impact on the employers and the registrants. Despite the cost, there is a risk that this system may not be the appropriate and effective. Further research is required to understand the full suite of risks for this option.

14.9 **Implication:**

- **Public protection:** Further research and evidence required.
- **Code and standards:** Further revision to Code and standards required.
- **Cost:** Cost to the NMC has not been estimated.
- **Resources:** Resources need to be estimated.
- **Legislation:** Change required.
- **Timescale:** Cannot be delivered by the end of 2015.

14.11 **Recommendation:** It is recommended that Council provides a steer as to whether this option is worthy of further investigation. Evidence from phase one and review of the GMC implementation could inform such an investigation.

15 Option 6: Midwifery supervision model (as-is) for nurses

15. 1 **Description:** This model introduces supervisors for nurses similar to the supervisors of midwives where every nurse will have an allocated supervisor. This is a standalone option and does not depend on any previous options being implemented. This would require a legislative change.

15.2 The nurses and midwives will continue to go through the current periodic renewal process every three years based on the criteria defined in the Prep Standards. In addition, the nurses will also complete an annual Intention to Practise (ITP) form similar to the midwives and submit it to their Local Supervising Authority (LSA).

15.3 **Advantages:** There are few advantages to this option. Nurses and midwives will have the same system of supervision which enables the standardisation between the two professions. The data collected will improve our regulatory intelligence and enable us to gain a better insight of practice settings.

15.4 **Disadvantages:** There are several disadvantages to this option. In addition to the disadvantages from option 1, this option would add significant costs to the system estimated at £190 million per year (includes £50 million LSA costs). This calculation is based on the cost incurred for midwifery supervisors extended to 630,000 nurses.

15.5 There is more research and evidence required to understand the extent to which the midwifery supervision model improves public protection.

15.6 **Implication:**

- **Public protection:** Further research and evidence required.
- **Code and standards:** Further revision to Code and standards required.
- **Cost:** Cost has not been estimated.
- **Resources:** Resources need to be estimated.
- **Legislation:** Change required.
- **Timescale:** Cannot be delivered by the end of 2015.

15.7 **Recommendation:** It is recommended that Council provides a steer as to whether this option is worthy of further investigation whilst delivering one of options presented for phase one. Evidence from phase one and review of midwifery supervision could inform such an investigation.

Benefit Summary

16. The table below presents a comparative view of the benefits to various stakeholders if options one to three are implemented.

Benefit Summary		✖ = No benefits		
		✓ = Some benefits		
		✓+ = Significant benefits		
		Option 1	**Option 2**	**Option 3**
Benefits to public and patients	Improved public protection	✖	✓	✓+
	Meeting expectation regarding duties of regulator	✖	✓	✓+
Nurses and midwives	Increased profile of the professions	✖	✖	✓
	Clarity of standards and guidance	✖	✓	✓
	Support for CPD provided by revised standards	✖	✓	✓
Employers	Greater assurance that the registered nurses and midwives they employ remain fit to practise	✖	✓	✓+
	Revised Code providing clarity on acceptable conduct, performance of their nursing and midwifery staff	✖	✓	✓
	Enhance data informs better workforce planning	✖	✓	✓+
Other healthcare	Greater assurance that the nurses and midwives colleagues remain fit	✖	✓	✓+

professionals	to practise			
Other regulators	Enhanced data enables sharing of intelligence regarding risk	×	✓	✓+
NMC	Improved assurance that the registrants remain fit to practise	×	✓	✓+
	Improved regulatory reputation	×	×	✓+
	Increased understanding of risk	×	✓	✓+
	Long term reduction in FtP cases	×	×	✓
	Clarity of standards in other NMC functions	×	✓	✓

Summary/Recommended option

17. It is possible to implement options 1, 2 and 3 before the end of 2015 within the existing corporate budget and legislation. However, options 1 and 2 do not add value over and above what patients and public would already expect of the NMC as a professional regulator.

18. Options 4, 5 and 6 require legislative change which would therefore not possible before the end of 2015. These options also require further evidence and research to better understand the benefits, risks and cost involved. Based on the fact that options 5 and 6 are operational, it is possible to make financial projections. This shows that these options add significant costs to the system and may potentially add considerable burden to the system and the registrants.

19. Therefore, option 3 is recommended for phase one. A steer is also sought for which option is worthy of investigation for phase two.

Annexe 3 - Revalidation engagement and communication plan

1 An effective engagement and communication plan will contribute significantly to the development and implementation of the NMC's revalidation model. We will communicate with the aim to interact, have a dialogue and engage with our key stakeholders, in the development of revalidation, both as individuals and as representatives of established networks and organisations. This will also include large groups, such as the general public and the nurses and midwives we regulate.

Envisaged outcomes of our engagement and communication

2 An effective engagement plan will ensure that:

1.1 Key stakeholders including members of the public and nurses and midwives have a chance to inform and influence our proposed revalidation model through our consultation.

1.2 Employers are appropriately involved and consulted on any proposals that affect their involvement in the revalidation model, in particular around appraisals and the role of employer confirmation.

1.3 Proposals on patient feedback as a form of third party input to revalidation are appropriately shaped by patient and public groups.

1.4 Professional bodies, unions encourage and support further engagement with their members and act as multipliers of the NMC's communication plan.

1.5 Governments and the Chief Nursing Officers' teams in the four countries feel assured that the proposed model is flexible and relevant to the diversity of healthcare across the four countries of the UK.

1.6 Our education stakeholders (Council of Deans and education organisations across the four countries) inform content of competency standards for nursing and midwifery to support the delivery of revalidation.

1.7 We learn from other regulators' experiences and make best use of inter-regulatory sharing of information to ensure risk based delivery.

1.8 The press and media are up to date with progress in implementation and delivery.

Our engagement activity so far

3 In shaping the proposed model and strategy for revalidation, since February 2013 we have engaged with a large number of key strategic stakeholders on a one to one basis or as part of focus groups held in the four countries of the UK and led by the Chief Nursing Officers (CNOs).

4 A Strategic Discussion Group (SDG) was established 20 February 2013 and met four times. Its work focused on advising the NMC on the proposed model. A Task and Finish Group (TFG) was also established 09 April 2013 to work on some of the detail of the proposals for the revalidation model and so far had an opportunity to debate on:

4.1 Strategic Revalidation Principles

4.2 Options for Revalidation Models

4.3 Evidence, risk base, pilot

4.4 Standards and definition of practice

4.5 End-to-end process; Employers role; Cost benefits

4.6 Communications & surveys

4.7 Planning and Risks

4.8 Public Consultation

5 Engagement so far has included our patient and public forum, the DH, the CNOs and their teams in the four countries, our key professional stakeholders (RCN, RCM, UNISON, UNITE), our key education stakeholders (Council of Deans, Health Education England, NHS Education for Scotland, Northern Ireland Practice and Education Council, Cyngor Wales), all professional and systems regulators in the four countries, NHS Employers and Independent Healthcare Advisory Services and the Local Supervising Authority Midwifery Officers in the four countries.

Our proposed engagement plan

6 From October 2013 we will be establishing a Revalidation Strategic Advisory Group which will report to the Executive Board. It is expected that membership will be drawn from current members of the Strategic Discussion Group (which will be repealed from October) with the addition of two regulators (one professional and one systems regulator), and representation from the Council.

7 From October 2013 we will also be establishing an Employer Reference Group, which will contribute to the NMC's plans and implementation of the revalidation model, for example with regard to third party feedback and confirmation. It will aim to align the revalidation model as closely as possible with current employer practices. Membership is being finalised and will include employers from the NHS, private and independent sectors.

8 From late September until December 2013 we will run the first phase of the revalidation consultation. We will engage on a face to face basis with as many patient groups, nurses and midwives and members of the public as possible as part of targeted events. The purpose of these events is to raise awareness about our revalidation model and inform the content of our formal consultation, which will start in January 2014. A full list of participants and organisations engaged and

consulted will be provided at the end of this period. The TFG will continue to meet regularly. In the future their remit will cover more detailed discussions on the operational aspects of the strategic option approved by Council in September 2013 such as:

8.1 Public Consultations

8.2 Evidence, risk base

8.3 Standards and definition of practice

8.4 End-to-end process; Employers role

8.5 Communications & surveys

8.6 Planning and Risks

8.7 Early and full Implementation

9 The statutory formal public consultation will run from January to March 2014, for which we will open an online consultation and hold focus groups for patient organisations, members of the public, nurses and midwives. The informal consultations will be useful in informing and preparing for the second formal public consultation. Both consultations will make reference to the revised Code and standards, for which there will be a third formal consultation running from April to June 2014, entirely dedicated to seeking input to the revised Code.

Our proposed communication plan

10 Following Council's decision on the proposed model, core messages and briefings on revalidation will be developed and disseminated via all our currently available methods and tools, i.e. NMC Update, media, website, e-newsletters, Twitter, and events. These will be targeted to the various groups.

11 Surveys and twitter interviews will ensure those who interact with online material will have an opportunity to engage with revalidation in an immediate and direct way.

12 We will keep stakeholders informed and ensure that stakeholders can get information and guidance about revalidation in a timely and effective manner in order to realise the benefits of revalidation and mitigate risks on a wider basis. A revalidation communications group is being established to include communications representatives from each of our main stakeholder organisations. The purpose of the group is to agree and strictly adhere to the agreed messages without further nuance. Also to define and agree the audience and timing aligned to the revalidation delivery plan and milestones. Stakeholder organisations will be informed directly and the communications working group colleagues will then disseminate the agreed key messages through their own channels.

13 At key milestones, for example when the strategic model is decided, interviews with the Chief Executive will be offered to trade press and the BBC. Staff will be

informed on iNet and in the CEO's briefings/emails and inter-directorate briefings by assistant director of revalidation. Stakeholders will be informed via revalidation briefing which they can circulate as appropriate. Registrants will be informed through an article in NMC update. Information will be included in the e-newsletters and on the website/social media. The possibility of Q&A on twitter will also be considered.

Item 11
NMC/13/147
12 September 2013

Council

Review of NMC standards and guidance

Action: For decision.

Issue: Policy for the review and development of standards and guidance, the review cycle for 2013-2014 and guidance for end of life care.

Core regulatory function: Setting standards.

Corporate objectives: Corporate Objective 2: We will set appropriate standards of education and practice and assure the quality of education programmes and the supervision of midwives so that we can be sure that all those on our register are fit to practise as nurses and midwives.

Decision required: The Council is recommended to:

- Approve the policy for the review and development of NMC standards and guidance (Annexe 1).
- Endorse the standard development review cycle for 2013-2014 (Annexe 2).
- Agree the recommended option 3 with regard to the guidance for end of life care (Annexe 3).

Annexes: The following annexes are attached to this paper:

- Annexe 1: Policy for the review and development of NMC standards and guidance.
- Annexe 2: Standards development review cycle for 2013-2014.
- Annexe 3: Guidance for end of life care: options appraisal.

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: Carmel Lloyd
Phone: 020 7681 5767
carmel.lloyd@nmc-uk.org

Director: Dr Katerina Kolyva
Phone: 020 7681 5688
katerina.kolyva@nmc-uk.org

Context:

1 Since its inception in 2002, the NMC has produced a range of standards, guidance and information for the education and practice of nurses and midwives.

2 Our standards for education include the *Standards for pre-registration midwifery education* (2009), *Standards for pre-registration nursing education* (2010), *Standards of proficiency for specialist community public health nurses* (2004) and *Standards for learning and assessment in practice* (2008) supported by a number of education circulars.

3 Our fundamental practice standard is *The Code: Standards for the conduct, performance and ethics of nurses and midwives* (2008). This is supported by some secondary guidance, for example, *Raising and escalating concern*s: G*uidance for nurses and midwives* (2010) and a range of information known as 'Regulation in Practice' which is available on our website.

4 Responsibility for the development of education and practice standards now lies within the Continued Practice Directorate. This has enabled us to draw up a detailed methodology to ensure a consistent and coherent approach to the review and development of all our standards and guidance.

5 Alongside the methodology for review of a standard or guidance is the need to set out the overarching policy framework to ensure that our work is governed by the principles of good regulation[1] in order to ensure that what we do is relevant to public protection and proportionate to our role as a professional regulator.

6 A complete review of all of the standards, guidance, information and circulars that we provide for the education and practice of nurses and midwives will take some time and we will undertake this in phases commencing 2013-2014.

7 One of the many challenges for the NMC is being able to focus on our core regulatory functions and meet the expectations placed upon us by a number of external drivers. This has increased significantly over the last year following the publication of the Francis Inquiry report and other reviews into the quality of care provided by healthcare professionals in the NHS, particularly in England.

8 A number of recommendations for the NMC have emerged out of these reports and reviews. Some of these fit with our regulatory function and it is right that we address these as appropriate within the review cycle of our standards and guidance.

[1] *The Performance Review Standards. Standards of Good Regulation*. PSA, June 2010

Discussion and options appraisal:

9 The policy framework for the development of our standards and guidance is outlined in Annexe 1. This sets out the statutory basis, the purpose and their role in regulation, our approach and requirements, our collaboration, engagement and governance, in the setting and review of our standards and guidance.

10 **Recommendation: To approve the policy for review and development of NMC standards and guidance.**

11 We propose that the review of our standards and guidance is phased over the next three years. For our practice standards, this will commence with the review of the code, as this will become the core standard for revalidation.

12 During the process of the review of the revised code, the evidence base will identify where there is a need to develop a suite of more detailed secondary guidance; for example, guidance on raising concerns. Criteria for the development of any secondary guidance will be published by the end of 2014.

13 Our new methodology for standards development provides for the evaluation of our standards in a timelier manner following publication and implementation. We therefore intend to put in place an evaluation strategy for the *Standards for pre-registration nursing education* (2010) by November 2014.

14 The standards development review cycle for 2013-2014 is outlined in Annexe 2.

15 **Recommendation: Endorse the standards development review cycle for 2013-2014.**

16 The guidance on end of life care is contained in Annexe 3

17 **Recommendation: Agree the recommended option 3 with regard to the guidance for end of life care (Annexe 3, paragraph 17)**

Public protection implications:

18 There is a range of standards and guidance for nurses and midwives developed by different organisations across the UK. NMC standards and guidance must relate to nurses and midwives registration and fitness to practise and focus on public protection.

Resource implications:

19 The standards development review cycle for 2013-2014 outlined in Annexe 2 is covered by our existing budget. Any additional standards development work will require a business case to be drawn up for additional personnel and financial resources.

The cost of developing standards and guidance depends on various factors subject matter, complexity of the content, length of the

document, number and size of stakeholder engagement events, use of outsourced providers to run the consultation and to design the publication, mailing. Using the development of the *Guidance on raising and escalating concerns* (2010) as an example, this can be broken down as follows: personnel costs would be in the region of £15,000; stakeholder engagement events approximately £500 per event; costs for consultation £30,000 (outsourced). Currently we do not publish and distribute hard copies of our standards or guidance, if we were to do this, the design and publication costs would be in the region of £150,000 (outsourced) and ailing to all nurses and midwives on our register would cost approx £1.5 million.

Equality and diversity implications:

20 Under the Equality Act 2010, we have a requirement to analyse the effect of our policies and practices and how they further the equality aims. There are no specific equality and diversity implications for the policy for the review and development of standards and guidance. Equality impact assessments will be undertaken as part of the review of any standards and guidance.

Stakeholder engagement:

21 Internal stakeholder engagement has contributed to the development of the policy and the review cycle. Once approved, internal stakeholder engagement activities will be planned so that staff have knowledge of the policy, together with the methodology for standards development and evaluation. The review and development of any standards and guidance will involve engagement with both internal and external stakeholders.

Risk implications:

22 Failure to have an agreed policy for the review and development of our education and practice standards and guidance will result in a lack of clarity, coherence and cohesion. Each standard or guidance that is reviewed and developed will use a project management methodology which would include the use of a risk register.

Legal implications:

23 The Nursing and Midwifery Order 2001 (the order) states that its principle function shall be to establish the standards for education, training, conduct and performance for nurses and midwives to ensure the maintenance of those standards.

24 Our legislation also provides for the setting of rules and standards for the practice of midwifery and the role and function of the Local Supervising Authorities (LSAs) for the supervision of midwives.

Item 11
NMC/13/147
12 September 2013

Annexe 1

Policy for the review and development of standards and guidance 2013-2016

Introduction

1 The Nursing and Midwifery Council (NMC) is the professional regulatory body for nurses and midwives in the UK. Our role is to protect patients and the public through efficient and effective regulation. We aspire to deliver excellent patient and public focused regulation and in doing this we strive to meet the standards of good regulation developed by the Professional Standards Authority.[1]

Our mission

2 Our primary purpose is to protect patients and the public in the UK through effective and proportionate regulation of nurses and midwives. We set and promote standards of education and practice, maintain a register of those who meet these standards and take action when a nurse or midwife's fitness to practise is called into question. By doing this well we promote public confidence in nurses and midwives, and regulation[2].

Aim

3 The purpose of this document is to set out the NMC's policy for the review and development our education and practice standards over the next three years from 2013-2016. It sits beneath and supports the NMC's Corporate Plan 2013-2016.

Statutory basis for our function in setting standards

4 The NMC was established under the Nursing and Midwifery Order 2001 (the order)[3] and took up its responsibilities and duties in relation to those professions on 1 April 2002. The order states that:

4.1 The principal functions of the Council shall be to establish from time to time standards of education, training, conduct and performance for nurses and midwives and to ensure the maintenance of those standards (Article 3.2).

4.2 The Council shall from time to time (a) establish the standards of proficiency necessary to be admitted to the different parts of the register being the standards it considers necessary for safe and effective practice under that

[1] *The Performance Review Standards. Standards of Good Regulation*. PSA, June 2010.

[2] *Corporate Plan* 2013-2016. NMC, 2013.

[3] SI 2002/253

part of the register; and (b) prescribe the requirements to be met as to the evidence of good health and good character in order to satisfy the Registrar that an applicant is capable of safe and effective practice as a nurse or midwife (Article 5.2).

4.3 The Council shall by rules regulate the practice of midwifery (Article 42.1).

4.4 The Council shall by rules from time to time establish standards for the exercise by Local Supervising Authorities (LSAs) of their functions and may give guidance to LSAs on these matters (Article 43.3).

Standards and guidance as tools for regulation

5 In order to ensure consistency in our approach, it is important to determine where any newly published document sits within the hierarchy of NMC legislation and information.

6 Council is required to establish standards. They are mandatory, use the words 'shall' and 'must' and must be complied with. Failure to comply with the standards that we set may jeopardise a nurse or midwife's registration or bring their fitness to practise into question.

7 Council may give guidance which is advisory and this reflects what Council considers best practice. The words 'should' and 'may' are used. Failure to comply with guidance may be taken into account in fitness to practise cases.

8 Both standards and guidance must be consulted on, approved by Council and published.

9 *The code: Standards of conduct performance and ethics for nurses and midwives* (NMC, 2008) sets out our fundamental principles of good practice. The forthcoming review of the code will set out more clearly that any other guidance issued by the NMC must relate to the code and have the same force as the code. Guidance will in effect amplify a fundamental principle in the code that requires a more detailed explanation.

10 The overarching purpose of our standards and guidance is to protect the public. Our definition of protecting the public encompasses patient safety, patient outcomes, and patient experience. Our standards contribute to public protection by providing:

10.1 A clear framework for nurses and midwives about how they should practice.

10.2 A guide to patients, service users and the public about what they can expect from nurses and midwives.

10.3 A reference point for educators, employers and commissioners of nurses and midwives.

10.4 An important tool for the NMC in its regulatory functions of registration, education, fitness to practise and the supervision of midwives.

The role of standards in regulation

11 Standards are outward-facing resources that should be intelligible to those with an interest in the practice of nursing and midwifery. They inform the day to day practice of nurses and midwives and must also serve the NMC's regulatory purposes of education, registration, revalidation and fitness to practise.

Education

12 Our standards for pre-registration education[4] contain both standards of competency[5] for entry onto parts of the register and education standards for approved education institutions (AEIs) wishing to provide these programmes. We intend to separate these two components so that the standards of competency for nurses and midwives stand alone, and together with the code, will provide a clear basis for revalidation.

13 The standards of competency state what the student, who successfully completes an NMC approved education programme, will know and be able to do as a nurse or a midwife. We do not envisage substantial changes at this stage to the competency framework for pre-registration nursing and midwifery. We will however commence an evaluation of the pre-registration nursing education programme during 2014.

14 The standards review cycle will address all existing education standards over time and we will gradually move to a set of generic and programme-specific outcome-focused education standards. We will migrate other content that should be retained into the requirements of AEIs. These are contained in the recently published quality assurance framework[6]. We will begin introducing the requirements of AEIs for indefinite approval in September 2013.

Registration

15 The standards of competency for each of the two professions we regulate provide a clearer basis for joining the register and remaining on it (see revalidation below) as a nurse or midwife.

16 The register also has a facility to record qualifications other than those required for entry ('recordable qualifications'). A clear policy for recordable qualifications is required and this needs to be based on a public protection rationale - that is to say, a higher threshold needs to be set for practice in a particular sphere in order to protect the public.

---

[4] *Standards for pre-registration midwifery education* (NMC, 2009) and *Standards for pre-registration nursing education* (NMC, 2010)

[5] A competency is a quality or characteristic of a person that is related to effective performance or proficiency. Competencies can be described as a combination of knowledge, skills, values, attitudes and behaviours.

[6] *The Quality assurance framework. For nursing and midwifery education and local supervising authorities. Annexe one. Requirements of approved education institutions*. NMC, 2013.

Revalidation

17 The standards of competency together with a revised code will form the basis of revalidation, This will be supplemented by guidance for revalidation that sets out how nurses and midwives demonstrate their continuing fitness to practise.

Fitness to practise

18 The relationship between the code and any secondary guidance needs to be clearly drawn, so that the full range of our statutory tools is available to fitness to practise (FtP) panels.

Our approach to setting standards

19 Nurses and midwives are qualified and registered professionals and therefore need to exercise their informed professional judgement in the exercise of their duties. They do this within a framework set by the regulatory standards and the policies of their workplace. However, over-regulation or over-specification can make professionals wary about using their own judgement and this is not in the public interest.

20 We recognise that we are not the only body with the expertise or authority to issue standards for nursing and midwifery. Our standards, which are regulatory standards, should be baseline or threshold standards for nurses and midwives.

21 Our pre-registration education standards should set out what every nurse and midwife should know and be able to do.

22 Any post-registration standards issued by the NMC should relate to areas of training or practice where a higher threshold is necessary for the protection of the public, for example, in the field of medicines management and prescribing.

23 Our practice standards should capture expectations that the public is entitled to hold of every nurse and midwife.

24 This approach does not prevent us from improving standards, as we have the power to raise the threshold when appropriate. The NMC's regulatory standards do not preclude other authoritative bodies developing frameworks for advanced practice or for specific roles and specialisms that build on the threshold standards issued by the NMC.

Principles for setting standards

25 NMC standards will be 'right touch'[7] in that they will say no more than is necessary to protect the public.

26 As far as possible our standards will be outcome-focused and we will avoid telling nurses and midwives, or their educators, how to achieve the ends we seek.

[7] *Right-touch regulation*. PSA, August 2010.

27 The code contains the NMC's fundamental principles of good practice and other practice standards or guidance will always relate to and support the fundamental principles contained within the code.

28 The NMC will take account of other frameworks binding on nurses and midwives before electing to issue a standard.

29 We regulate two professions and our practice standards need to be applicable to both professions.

30 The NMC is a UK wide body and we will take proper account of the different frameworks binding on our nurses and midwives across the four countries and ensure our standards are fit for purpose across the UK.

31 Our standards will be designed and promoted as resources for our nurses and midwives and for the community of interest in nursing and midwifery.

32 Our standards will be designed and promoted to be understood and where appropriate used by the public. To that end, they will be written in 'Plain English'.

33 We will work with others to avoid the professions we regulate being confused by overlapping standards on a common theme from different sources.

34 In the development of our standards we will draw on reference groups drawn from the community of interest in nursing and midwifery, including nurses and midwives and service users.

Collaboration with other authoritative bodies

35 The NMC welcomes approaches from other authoritative bodies (regulators or others) for collaboration over standards, from collective communication about standards to the publication of joint standards. While we recognise that joint standards may need to be approved through exceptional governance routes, the approval of the NMC Council will also be necessary.

36 The NMC may be invited to endorse standards or standards-type materials issued by third parties and may accept, where doing so amplifies the message of our own standards or achieves a different public protection benefit. However, there is currently no governance framework through which third party standards may be endorsed by the NMC and to what extent a nurse or midwife would be held to account if these were breached.

Engagement in standards development

37 The NMC recognises the importance and value of stakeholder engagement in the development of our standards. The quality and legitimacy of our standards depends on the effectiveness with which we draw on evidence and expertise from nurses, midwives, educators, employers, patients, service users and the public.

38 Where appropriate, each standards development project will be supported by a reference group drawn from the community of interest in the topic which will include patient and service users. However, we may occasionally make specific

and limited changes to standards, where there will neither be the time nor the need to establish a reference group although appropriate stakeholder engagement will be undertaken.

Consultation on standards in development

39 The order requires the NMC to consult interested parties when developing standards and guidance. Our standards development methodology takes into account the Cabinet Office principles of consultation[8]. This includes formative engagement, whereby we seek the views of interested parties throughout a standards project, and summative consultation, whereby we share our draft standards with those parties as required by the order.

Review and amendment of standards

40 The NMC is required to consult on substantive changes to its standards and guidance. However, from time to time there are changes which do not merit a consultative process. These are:

40.1 Very minor changes that do not change the material content of the standard.

40.2 Amendments required because of changes in other binding legislation that must be incorporated into NMC standards.

41 In the case of the latter, communication will be important but a consultation may raise the false expectation that the NMC has a choice about whether to implement a given change.

Governance for standards development

42 Standards are issued in the name of Council and must be subject to Council approval. The cycle for planned review of standards and guidance will be shared with Council annually and Council will be notified of any proposals to initiate work on new standards or guidance. Council will also approve the decommissioning of an existing standard or guidance. Committee involvement will be determined by topic and may include, for example, a report on consultation feedback and insight into its impact on the final version draft standard. The progress of standard development projects will be overseen at directorate level and the draft for public consultation will be signed off by directors.

Publication of standards

43 Currently, the policy is for new and revised standards to be published on the NMC website in downloadable and on screen formats only.

44 We will communicate to nurses and midwives, educators, employers and others that if they wish to refer to or use a standard, our website will provide them with the current version.

[8] *Consultation Principles*. Cabinet Office. July 2012.

45 Welsh language versions of our main standards will be provided.

46 Over time we hope to develop further training materials and toolkits, such as those we have developed for safeguarding adults, to facilitate the application of our standards and guidance in practice.

Notice of changes to standards

47 The landing page for each standard will contain the following information:

47.1 Date of initial publication.

47.2 Date of most recent amendment.

47.3 Date from which the current version takes effect.

47.4 Anticipated year of review and details of how to provide feedback on the standard.

48 The NMC's historical practice has been to notify stakeholders of changes to standards via circulars. This practice bears a number of risks and will be discontinued. We will promote the importance of stakeholders referring to the NMC website for the most up to date version of our standards and guidance.

Reviewing existing standards

49 By April 2014, the NMC will publish a three year cycle of planned reviews. This cycle will in the first instance be decided by a risk-based analysis by the standards development team, and will be subject to corporate scrutiny via the directorate business plan.

50 This planned cycle of reviews will be subject to change on a risk basis but it will have a number of benefits. It will:

50.1 Let stakeholders know when they might expect an opportunity to contribute to a review of a standard.

50.2 Help education providers to plan for modifications to programmes associated with revisions to the standards.

50.3 Assist our communications team in planning internal and external engagement activities for standards projects.

50.4 Enable the standards development team (and other teams involved in standards) to plan their workflow.

51 The cycle will adopt an approach of identifying the 'shelf life' of standards and guidance defined by the work on corporate policy development and maintenance. This may be every three, five years or sooner.

52 The standards development team will conduct an annual risk assessment of all standards as a desk-based exercise to confirm there is no need to bring forward a full review of a standard. A desk-based review could also be triggered by external

events, for example, a recommendation from a government inquiry that refers to our standards.

Feedback on and evaluation of our standards

53 Our website will provide clear information about how stakeholders can:

53.1 Provide feedback on an existing standard, its wording or its use in practice.

53.2 Share a perceived need for development of a new standard or guidance.

54 We also intend to gain a better understanding as to how our standards impact on professional behaviour [9] and enhance public protection. We will do this through undertaking a formal evaluation of our principle education and practice standards, commencing with the *Standards pre-registration nursing education* in 2014.

[9] *A scoping study on the effects of health professional regulation on those regulated. Final report submitted to the Council for Healthcare Regulatory Excellence*. PSA, May 2011.

Standards development – cycle of reviews 2013-2014

Standards/guidance development	Background	Approval by Council
Guidance for the 5 year rule	Under the Nursing and Midwifery Order 2001 it is a requirement that approved qualifications need to be registered with the NMC within 5 years of being awarded. Where a registrant fails to meet this requirement Council agreed that the registrant must meet the current standards in order to register that qualification after 5 years. Guidance has been developed to identify the routes by which a registrant may meet this requirement.	November 2013.
Standards for supervisors of midwives	The current *Standards for the preparation and practice of supervisors of midwives* (2006) have been reviewed to ensure they are aligned with the requirements of the revised Midwives rules and standards (2012).	November 2013.
The code. Standards of conduct, performance and ethics for nurses and midwives	The review of the code will consider the inclusion of a definition of practice, what is meant by good health and good character, CPD and practice requirements to maintain registration (this will replace the current *Prep handbook* 2011). Identification of any secondary guidance e.g. record keeping, including criteria and time frame for development.	Revised code. Guidance for maintaining registration/revalidation. Identification of secondary guidance. November 2014.
Methodology for the evaluation of standards	To enable evaluation of the *Standards for pre-registration nursing education* (2010) to be scoped.	November 2013.

Item 11
NMC/13/147
12 September 2013

Nursing & Midwifery Council

Annexe 3 - Policy for the review and development of standards and guidance

Guidance for end of life care

Background

1 The review of the Liverpool Care Pathway (LCP) was commissioned in November 2012 by the Care and Support Minister, Norman Lamb. The purpose of the review was to examine how the LCP was being used in practice by health care professionals and to consider the experience of patients, their families and carers. The independent review was chaired by Dame Julia Neuberger and the report was published in July 2013 [1].

Key points of the LCP review

2 The failure of the LCP has been mainly in its application; the review panel found that when used appropriately *patients die a peaceful and dignified death*, but that implementation is sometimes associated with poor care. It is clear that when the LCP is operated by *well trained, well-resourced and sensitive clinical teams, it works well*. The reverse is also true and the need for new guidance and training for all staff has been called for.

3 The review made 44 recommendations covering a range of key areas including training, guidance, decision making and evidence. Six of the recommendations are directed to the NMC and one of these is the recommendation that: *as a matter of urgency the NMC should issue for nurses guidance on good practice in decision-making in end of life care, equivalent to that issued by the General Medical Council for doctors*.

4 The review panel also called for a coalition of regulatory and professional bodies to lead the way in creating and delivering the knowledge base, the education, training, skills and the long-term commitment needed to make high quality care for dying people a reality.

Initial response to the review

5 Following the publication of the LCP review, NHS England reviewed and updated it's guidance for doctors and nurses caring for people in the last days of life [2].

[1] *More Care, Less Pathway A Review of the Liverpool Care Pathway*. July 2013.

[2] *End of Life Care Strategy – promoting high quality care for all adults at the end of life*. DH 2008, updated 2013.

6 The Government has said that it will work with health, social care and other organisations, including patient groups and systems and healthcare regulators, to inform a full system-wide response to the review panel in the autumn of 2013.

7 To achieve this objective the Department of Health (DH) and NHS England have convened a Leadership Alliance for the Care of Dying People (LACDP) which includes NMC representation[3]. The alliance was set up on 29 July 2013 and currently meets fortnightly. It is chaired by the National Clinical Director for End of Life Care at NHS England. As well as providing a system-wide response to the LCP review, the alliance aims to provide the clinical and other leadership required across the health and social care system to secure consistent, high-quality care for dying people.

8 It is also proposed within its terms of reference that the alliance provide guidance on what needs to occur in place of the LCP; consider how health and social care can best address the recommendations of the review panel.

9 The LCP review has been published alongside a succession of reports including those from Francis, Keogh and Berwick. A common thread throughout all of these reviews is that we need to take a more holistic view of the health care system. Professional and system regulators need to engage more proactively and examine more closely why it is that parts of the system seem to be able to get things right while another part doesn't.

Option discussion

10 Within the context outlined in the preceding paragraphs and adhering to the key principles of good regulation and our role in protecting the public, the following three options are outlined for consideration.

Option 1 – Develop guidance on good practice in end of life care as recommended by the LCP review panel.

11 The advantage of developing guidance is that it would directly respond to the recommendations of the LCP review panel.

12 There are some disadvantages to this approach. The main disadvantage is that it is uncertain at this stage whether developing such guidance will have an impact on public protection. This is because guidance is already in existence on end of life care, produced by the DH, NICE, GMC and patient groups and it appears that this has not been adequately understood or applied properly in practice.

13 Key nursing issues identified by the LCP review panel include decision-making, provision of good basic nursing care in particular nutrition and hydration, communication and contemporaneous record keeping. All of these are contained

[3] Membership of the alliance includes representatives from the Department of Health, NHS England, NHS Improving Quality (NHSIQ), Health Education England (HEE), National Institute for Health and Care Excellence (NICE), Care Quality Commission (CQC), General Medical Council (GMC), NMC, General Pharmaceutical Society (GPhC), medical and nursing royal colleges, representatives or patient groups, other organisations and a member of the LCP review panel. Terms of reference have been agreed and a programme of work.

within the four domains of competence for all nurses within the standards for pre-registration nursing education[4].

14 The Berwick review[5] in particular placed emphasis on a culture change as the way to deliver sustainable quality improvement to ensure patient safety rather than more regulatory rules and guidance. Thus clearly stating there is a role for the wider healthcare system in improving patient safety rather than solely relying on professional regulation.

15 Another disadvantage is that if a business case was approved, setting up and running the project to develop the guidance would take approximately 12-15 months. There would also be some financial implications as development of this guidance is not covered within the cycle of reviews planned and budgeted for 2013-2014.

16 A third disadvantage is that the guidance will not be aligned to the work we are doing on the review of the code; and if we produce guidance now, it may not be aligned to the recommendations and guidance being developed by the LACDP.

Option 2 – Guidance to be developed in partnership with the RCN which we endorse.

17 The advantages of this option is that the RCN already has in place generic and condition-specific guidance which it is their intention to review and update in response to the recommendations by the LCP review panel. They have a lead professional officer to undertake this work and easy access to experts in the field. There is also the possibility of guidance being produced in a shorter period of time as some of the groundwork is already in place.

18 The main disadvantage of this option relates to legislation and governance as currently we do not have a process by which Council may approve or endorse guidance we have developed in partnership with another organisation such as a professional or regulatory body. There is also likely to be some financial implications of this option in terms of personnel to work with the RCN on the development of the guidance.

19 Also, as mentioned in Option 1, the extent to which this may impact on public protection however is uncertain at this stage.

Option 3 – Consider the recommendations of LCP review panel as part of the review of the code and as a member of the LACDP undertake a system wide review of current guidance and identify any further guidance which may be required.

20 There are a number of advantages to this option. The main advantage is that the LACDP will publish a position statement on a system-wide strategic approach to

[4] *Standards for pre-registration nursing education*. NMC, 2010

[5] A *promise to learn – a commitment to act. Improving the Safety of Patients in England*. National Advisory Group on the Safety of Patients in England, August 2013 p11).

improving care for dying people in the Autumn of 2013. The strategy will include a complete review of the care of dying people and consider the need for guidance in conjunction with other professional, regulatory and patient groups. Generic guidance will then be developed for all professionals and further specific professional guidance may be developed.

21 This will enable us to align our review of the code with these recommendations, thereby ensuring a joined-up system-wide approach. The code will be published in 2014, which will be sooner than developing LCP guidance mentioned in Option 1.

22 Also, we can consider the findings and recommendations of the LCP review panel in line with our new standards development policy (Annexe 1) and within our current review cycle and budget. This will identify aspects of the code which need to be strengthened and where there may be a need to develop supporting secondary guidance to enhance public protection.

23 The main disadvantage of this option is the commitment and time provided to the LACDP by the NMC and that it does not provide the immediate action recommended by the LCP review panel as stated in paragraph 3; but as detailed in paragraph 15, immediate action is not possible.

Recommendation

24 Taking into account and weighing up the advantages and disadvantages outlined in the options appraisal Option 3 is recommended.

Item 13
NMC/13/149
12 September 2013

Council

Chair's report

Action: For information.

Issue: This paper reports on the Chair's activities since the report to Council in July 2013.

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. 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 7 681 5426
peter.pinto@nmc-uk.org

Chief Executive: Jackie Smith
Phone: 020 7681 5871
jackie.smith@nmc-uk.org

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 With the NMC chief executive, the Chair met Baroness Pitkeathley, Chair and Harry Cayton, chief executive of the Professional Standards Authority (PSA), for further discussions about the future working relationship with the NMC and proposed developments with the PSA's approach to reviewing performance.

3 The Chair and chief executive met David Prior, Chair and David Behan, chief executive of the Care Quality Commission to discuss a closer working relationship, including a more effective sharing of information, and the development of a protocol in this area which is proposed for the autumn. A further high-level meeting is planned in the spring of 2014 to take stock of progress.

4 On 23 July 2013, the Chair led the interview panel, including the Northern Ireland Ombudsman, which concluded the recruitment process for the registrant council member from Northern Ireland. Maura Devlin, currently the Director of Nursing at the Clinical Education Centre in Northern Ireland, has been appointed to replace Nicki Patterson.

5 The Chair met Sir Keith Pearson, the Chair of Health Education England (HEE). The meeting was focussed on the respective roles of the HEE and the NMC and took place following the publication of the Camilla Cavendish review into healthcare assistants and support workers.

6 The Chair made two visits to NHS hospitals. On 31 July 2013, the Chair visited St George's hospital in Tooting. The Chair met the director of nursing, other senior colleagues, and visited the accident and emergency department and the senior health ward. There was discussion and useful feedback about the NMC's fitness to practice work, the NMC's visibility with nurses and midwives and the Code.

7 The second visit took place on 12 August 2013 at Musgrove Park Hospital in Taunton. The Chair spent time with the director of nursing and senior colleagues and visited the older people, accident and emergency and maternity wards. Again, the visit provided useful feedback on professional's views of the NMC.

Public protection implications:

8 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:	9	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:	10	None directly from the paper. Equality and diversity issues are dealt with as part of the conduct of individual workstreams and projects.
Stakeholder engagement:	11	Stakeholder engagement is detailed, as appropriate, in the body of this report.
Risk implications:	12	None directly from the paper.
Legal implications:	13	None directly from the paper.

Item 14
NMC/13/150
12 September 2013

Council

Report of decisions taken by the Chair since the last Council meeting

Action: For information.

Issue: The report details decisions taken by the Chair under delegated powers (as per NMC Standing Orders).

Core regulatory function: Supporting functions.

Corporate objectives: Corporate objective 7: "We will develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions."

Decision required: Members are asked to note the Chair's decisions taken on behalf of Council since the last meeting.

Annexes: The following annexe is attached to this report:

- Annexe 1: Chair's action sign-off sheet (appointment of 15 Conduct and Competence Committee members and two Conduct and Competence Committee Chairs)

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: David Gordon
Phone: 020 7681 5757
david.gordon@nmc-uk.org

Director: Lindsey Mallors
Phone: 020 7681 5688
lindsey.mallors@nmc-uk.org

Chair's actions	1	**Approval of appointment for 15 Conduct and Competence Committee panel chairs and the promotion of two current Conduct and Competence Committee members to sit as panel chairs, with effect from 1 August 2013.**
	2	The Appointments Board has agreed to the principle that a proactive rolling recruitment programme should be adopted for panel members on practice committees.
	3	The Conduct and Competence Committees, administered by the NMC as part of its Fitness to Practise function, identified a business need for additional members of these committees to ensure that the efforts to manage the current caseload could be continued. The two chairs appointed by the Chair of the Council already have experience serving on these committees.
	4	The current commitment to clear historic cases is an undertaking which has been made to stakeholders, including the PSA and Department of Health. This commitment requires full capacity from the NMC.
	5	The Chair, on behalf of Council, agreed the recommendations on 31 July 2013. A copy of the signed action sheet is available as Annexe 1.
Public protection implications:	6	The effective fulfilment of the NMC's Fitness to Practise function is central to its role in public protection.
Resource implications:	7	Any additional costs associated with the appointment of members are covered within existing Fitness to Practise budgets.
Equality and diversity implications:	8	Equality and diversity implications have been considered as part of the appointment process.
Stakeholder engagement:	9	Engagement with the Council will be required if there is a recommendation for a rule change with regards to the Practice Committee.
	10	Existing panel members will be notified of all recruitment campaigns and in particular will be encouraged to apply for panel chair roles.
	11	Panel members whose first term of appointment is due to expire in September 2013 will be advised of the reappointment criteria and current business need.
Risk	12	There are no risk implications arising directly from this report. The

implications:		reappointment of panel members and panel chairs will assist the NMC in fulfilling its public protection obligations.
Legal implications:	13	None at this time.

Nursing & Midwifery Council

Chair's Action

The Chair of any committee shall have the power to authorise action on minor, non-contentious or urgent matters falling within the authority delegated to it by the Council between meetings of the committee. The Chair will take reasonable steps to consult with other committee members before doing so. The Secretary to the Committee will be informed of such actions and will keep a record of them for report to the next meeting (Standing Order 47).

Date: 01/08/2013	Requested by: Loraine Ladlow

Detail: To meet the current FtP business need for panel chairs the Chair is asked to appoint the following to sit on the Conduct and Competence Committee with effect from 1 August 2013.

Anne Asher	Anne Owen
David Boden	Helen Potts
Elizabeth Burnley	Alan Rayner
Andrew Gell	Tim Skelton
Paul Hopley	Trevor Spires
Dermot Keating	Tanya Thomas
Irene Kitson	Wendy Yeadon
William Nelson	

The below successful candidates are existing Conduct and Competence Committee panel members who require appointment as a Chair.

Jane Everitt	John Matharu

Full details regarding the recruitment process are contained in the paper approved by the Appointments Board and Directors that accompanies this form.

Signed Mark Addison (Chair)

I declare that Trevor Spires is known to me.
MGA 31/7/13

Item 15
NMC/13/151
12 September 2013

Council

Chief Executive's report

Action: For information.

Issue: This paper reports on high level strategic engagement and key developments against the NMC's Corporate Plan 2013-2016.

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

Corporate objectives: This paper reports against all of the NMC's corporate objectives.

Decision required: None.

Annexes: The following annexe is attached to this paper:

- Annexe 1: Change Programme and Portfolio Delivery high level plan.

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
Phone: 020 7681 5440
maryanne.poxton@nmc-uk.org

Chief Executive: Jackie Smith
Phone: 020 7681 5871
jackie.smith@nmc-uk.org

Context:

1 This paper is a standing item on the Council's agenda and reports on our high level strategic engagement and key developments against the Corporate Plan 2013-2016.

Discussion

Strategic context

External reviews

2 A briefing on external reviews will be considered by the Council on 12 September 2013 under 'Corporate reporting' on its agenda.

Chief Executive's activity

3 The Chief Executive has carried out a number of engagements since the last meeting of the Council which have focused on our proposals for revalidation, the ongoing work in Registration to strengthen processes and procedures and including discussion around launching the test of competence consultation for non-EEA applicants to our register.

4 The Chief Executive has also briefed the media on future plans for the NMC and the importance of our standards for education, particularly for student nurses undertaking pre-nursing educational courses. There have been ongoing discussions with key stakeholders on operational matters with an emphasis on continuous business improvement.

Joint regulatory working

5 The Chief Executive continues to meet with other regulators to share best practice and attended a meeting to discuss the future of professional regulation, which was hosted by the General Medical Council.

6 We had meetings with colleagues from the Care Quality Commission - both at Chair and Chief Executive level - as well as at director and staff level over this period to discuss our operational framework, particularly around our functions of fitness to practise, education and Local Supervising Authority quality assurance and revalidation. We have agreed to exchange relevant information on the monitoring visits we will be conducting this year for education and LSA.

7 We have met with the standards manager from the General Medical Council to discuss the potential for joint working on guidance on confidentiality and with the General Pharmaceutical Council and General Optical Society for prescribing. We are also working with other systems and healthcare regulators in England as part of a leadership alliance to respond to the recommendations put forward in the review of the Liverpool Care Pathway on end of life care.

Patient and public engagement activity

8 We held a meeting of the Patient and Public Engagement Forum on 7 August 2013. At this event the group visited our offices at Old Bailey to learn about the Fitness to Practise process. We also discussed a leaflet for patients and the public on our quality assurance framework for education and the supervision of midwives, which the group is co-creating with us and which will be published in September 2013. At this event we welcomed Clare Lucas from Mencap who led a session on 'understanding healthcare of people with a learning disability'. Colleagues from the General Medical Council attended this event to observe.

9 We continue to work with the General Medical Council and the Richmond Group of Charities (a coalition of national charities) on *Making feedback count: Listening to and learning from the patient voice*. This joint event will be held on 10 September at NMC. The purpose of this event is to bring together patient groups, regulators and the Department of Health to discuss how we can work better together, how we can better support patients in using the complaints process and what good patient engagement looks and feels like. Guest speakers include Healthwatch England, British Heart Foundation, Asthma UK and NHS England.

10 We will be participating in a joint stand with the Health and Care Professions Council, General Pharmaceutical Council, General Osteopathic Council and General Optical Council at the Citizens Advice annual conference on 17 and 18 September. The aim of attendance is to raise awareness of the role of health profession regulators and to gain a greater understanding of how we can support organisations who offer advice and signposting to the public.

Consultation

11 We have submitted our response to the Care Quality Commission's consultation on the changes they propose making to how they regulate, inspect and monitor care. We stated that we are broadly supportive of the changes it proposes to make, but argued that greater emphasis should be placed on patient engagement and feedback. We also pointed out in our response that we have started working with the Care Quality Commission on developing new operational protocol and data sharing agreements to build on existing memoranda of understanding, whilst maintaining existing contact points. Finally, we stressed how our Code and education standards already amount to a professional duty of candour. Our response to the consultation can be found on the NMC website.

Legislation

12 The Department of Health has sought our comments on proposed amendments to the Public Interest Disclosure (Prescribed Persons) Order 1999 (SI 1999/1549) (the “PID Order 2013”).

13 When workers disclose information (or blow the whistle) to certain organisations which are on a list known as the list of 'prescribed persons', they are protected from their employer taking action against them in response to disclosing that information. As long as the information is disclosed to an organisation on this list, which is set out in the PID Order 2013, and it is one of the types of information which they may disclose (which are also set out in the PID Order 2013), then these employment protections will be triggered.

14 The list already includes the Care Quality Commission and Monitor, but the PID Order 2013 will add to this list all nine of the healthcare professional regulators except for the Pharmaceutical Society of Northern Ireland. The NMC will therefore be added to the list.

15 It is designed to implement one of the recommendations of the Francis Report which called on the government to extend this list to include the health and social care professional regulators.

16 Having assessed the impact of this legislative change, which does not require any changes to our regulatory legislation and has no significant impact on our processes, we are content with the draft wording and have therefore not submitted any comments to the Department of Health.

17 The PID Order is due to be made on 2 September 2013 and to come into force on 1 October 2013.

Regulatory priorities

Professional Indemnity Insurance

18 Work is on track to implement the requirement for all nurses and midwives to have professional indemnity insurance at the point of registration by 25 October 2013.

19 We are currently undertaking a feedback exercise on draft information to be provided to nurses and midwives about the introduction of professional indemnity insurance as a condition of registration. The information outlines what the new requirement is, what nurses and midwives will be required to declare in relation to their registration, and reassures nurses and midwives working within the NHS that they will already have the appropriate cover in place. The feedback exercise is designed to ensure that the information is clear and easy to understand. The feedback exercise will be closed

on Friday 6 September, following which we will finalise the document for publication.

Registration

20 The Registration Centre took approximately 20,000 calls in July – this is an increase of over 4000 during the same time last year. We are currently planning for the September peak of activity.

21 We have 36 registration appeals pending, of these 34 are appealing against the Registrar's decision to reject their applications and two are appealing against additional conditions in the form of adaptation assessments that they have been advised are necessary to allow registration. Of the 34 appeals, 27 are scheduled to complete by the end of October 2013. The two adaptation assessments are being reviewed.

Standards compliance

22 We will be publishing the Quality Assurance (QA) of education monitoring results for 2012-13 in September 2013, as part of closing the outgoing QA framework. We have received all the annual reports from the Local Supervising Authorities (LSAs) and these are currently being analysed in preparation for the production of the NMC annual report on LSA QA, which will be presented to the Midwifery Committee and the Council in November 2013.

23 Work around the new QA contract implementation plan has continued. Recruitment of QA reviewers has begun and two training days are planned for 10 and 11 September 2013. Professor Judith Ellis will be attending to support this training event.

24 We published annexe three of the QA framework ‘responding to concerns’ on 28 August 2013. We have selected the 16 Approved Education Institutions (AEIs) and six LSAs for a review visit during 2013-14. Besides communicating this directly to these organisations, we also published this on 2 September 2013.

25 We are scoping the development of an overseas competency test. On 23 August we wrote to all existing AEIs who deliver the Overseas Nursing Programme and adaptation for midwifery. We aim to launch a consultation on 30 August 2013.

Revalidation

26 The Council will receive the Revalidation strategy, options appraisal and engagement plans on 12 September.

27 The revalidation team is now planning the next steps to ensure that the team is ready to act on Council's decision. Work for the consultation will begin in October.

Standards development

28 The Council will consider a policy for the review of our standards and guidance on 12 September, together with our cycle of reviews planned for 2013-2014.

29 We launched two targeted consultations in August - a consultation on guidance for nurses and midwives who wish to register a qualification after five years and a consultation on the standards for supervisors of midwives. We have commenced a detailed evidence review for the revised code and have undertaken a number of internal and external stakeholder engagement activities to inform this review.

Change programme

30 The purpose of our change programme, which is overseen by the Change Management and Portfolio Board, is to deliver the necessary changes to make us a modern, effective, efficient and economic regulator that has the trust and confidence of patients and the public.

31 At its meetings in July and August the Board:

31.1 Discussed and approved a business case to implement online services for registrants. The NMC Online project aims to streamline services offered to registrants through an easy to use online interface. The project will deliver a platform to deliver better customer service and improved data quality.

31.2 Received detailed information on the next steps with the Registrations Improvement Programme. The overall purpose of this programme is to develop capability in the Registration directorate to dispense the regulatory duties of the NMC more effectively, efficiently and economically. In doing so, the programme will also address specific areas of weakness in the directorate's operations.

31.3 Discussed in detail the Revalidation Programme business case, programme definition and blueprint. The Council will receive a strategic pack at its September meeting for decision on the future direction of the programme.

31.4 Approved a Change programme communication plan which outlines key activities in relation to how we communicate changes with staff and other key stakeholders. We launched our first ever change newsletter for staff at the end of August. This is an important step towards improving communication on change in the organisation.

31.5 Discussed progress in relation to the review of pay, grading

and pensions. We are legally obliged to implement a pension scheme to comply with auto-enrolment by 1 January 2014. We are well advanced with implementation of the scheme and are currently in the process of selecting a scheme provider. We are working with our consultants to develop a pay and grading structure and will be reporting to the Council in due course on next steps.

31.6 Continued discussion on prioritisation of projects and programmes within the portfolio.

32 The first phase of the ICT Strategic Delivery Programme remains on track and to budget. We are now well advanced with our plans for replacing our aging desktop software, which includes Windows and Office applications. We are working with our partners to ensure there is a smooth transition and disruption to staff is kept to a minimum.

33 We are setting up a project to introduce case examiners in Fitness to Practise. The overarching aim of the project will be to introduce a case examiner role in order to improve the efficiency and consistency of case processing and decision making, and reduce costs.

34 We are on track to complete the transition of QA of education and LSAs to a new contract with our service provider. The new contract will come into effect from September 2013.

35 Following approval of the Quality Assurance Strategy the project will be taken off from the high level delivery plan in the next update.

36 Our internal quality assurance team is currently carrying out an internal review to assess the effectiveness of the Change programme over the last year. The main focus of the review is to ensure that the programmes and projects under the remit of the Change Management and Portfolio Board address all of the recommendations in the CHRE (now PSA) Strategic Review interim and final reports and the recommendations made by the Health Select Committee in October 2012. This review is part of our commitment to being a learning organisation through review of our internal processes and functions.

Governance

Council membership

37 The NMC recently undertook an open selection exercise to recommend the appointment of a registrant Council member who lives or works wholly or mainly in Northern Ireland. The position was advertised on 14 June 2013 with a closing date of 8 July 2013. Interviews took place in Belfast on 24 July 2013. The selection panel, chaired by the Chair of the Council and comprising an

independent lay and an independent registrant member, unanimously recommended the appointment of a candidate. The Professional Standards Authority signed off our selection process on 6 August 2013 and the Privy Council approved the recommendation on 12 August 2013. The Council member, Maura Devlin, will take office on 1 October 2013.

Executive Board

38 The Executive Board met in July and August. Under our new governance arrangements, this is the new formal decision-making body for operational decisions. Information on the role and purpose of the Board and summaries of discussions have been circulated to staff.

Internal corporate business

Human Resources and Organisational Development

39 We have run a series of face to face briefings for all staff on the development of our proposals on pay and grading. In those briefings we set out the reward principles underpinning the review, the proposed grading structure and grade definitions and introduced the concept of a job family approach to pay and grading. Feedback has been positive in that information is now being shared and the review is moving forward. Detailed modelling of the financial and HR implications of a range of implementation options has been undertaken and will be shared with the Council. It is hoped that we will be able to complete any final analysis in September and start formal consultation in October.

40 At the briefings we were able to update staff on the development of an auto enrolment Defined Contribution pension scheme, together with likely timescales. The main anxiety from those staff who are in the current Defined Benefits scheme is what will happen to that scheme as we have made it clear that there will be a review of the scheme in Spring 2014.

41 Directorates have all compiled local action plans to address findings from the staff survey that are pertinent to their respective areas. In addition, the first meeting of the organisation wide working group has met and is developing an action plan for improvements at corporate level.

42 A key part of the learning and development programme is training on behaviours. This commenced at the end of July for staff at all levels (assistant directors, managers and staff) and will finish at the end of November. There has been excellent attendance and participation in the sessions.

43 HR has supported the business with recruitment across the

organisation and this has resulted in welcoming 17 new starters: 15 in Fitness to Practise, one in Continued Practice and one in Corporate Services. During the same period, 12 employees left the organisation: 9 from Fitness to Practise, two from Corporate Services and one from Registration.

Plain English

44 We have attained corporate membership of the Plain English Society. Members of staff who are key authors for external audiences will receive training on 18 and 19 September 2013.

45 In August, we attained the Crystal Mark issued by the Plain English Society for accessible writing for a refreshed version of *Raising concerns: Guidance for nurses and midwives*, which will be published in September 2013.

Public protection implications:

46 Public protection implications arising from the activities in this paper are addressed as part of individual workstreams and projects.

Resource implications:

47 The resource implications of the various workstreams and projects are described in the monthly financial monitoring report on the meeting agenda.

Equality and diversity implications:

48 Equality and diversity is addressed as part of individual workstreams and projects, with equality impact assessments carried out as appropriate.

Stakeholder engagement:

49 Stakeholder engagement is detailed, as appropriate, in the body of this report.

Risk implications:

50 Any high level corporate risks that arise from the activities described in this paper are detailed in the risk register which is included elsewhere on the meeting agenda.

Legal implications:

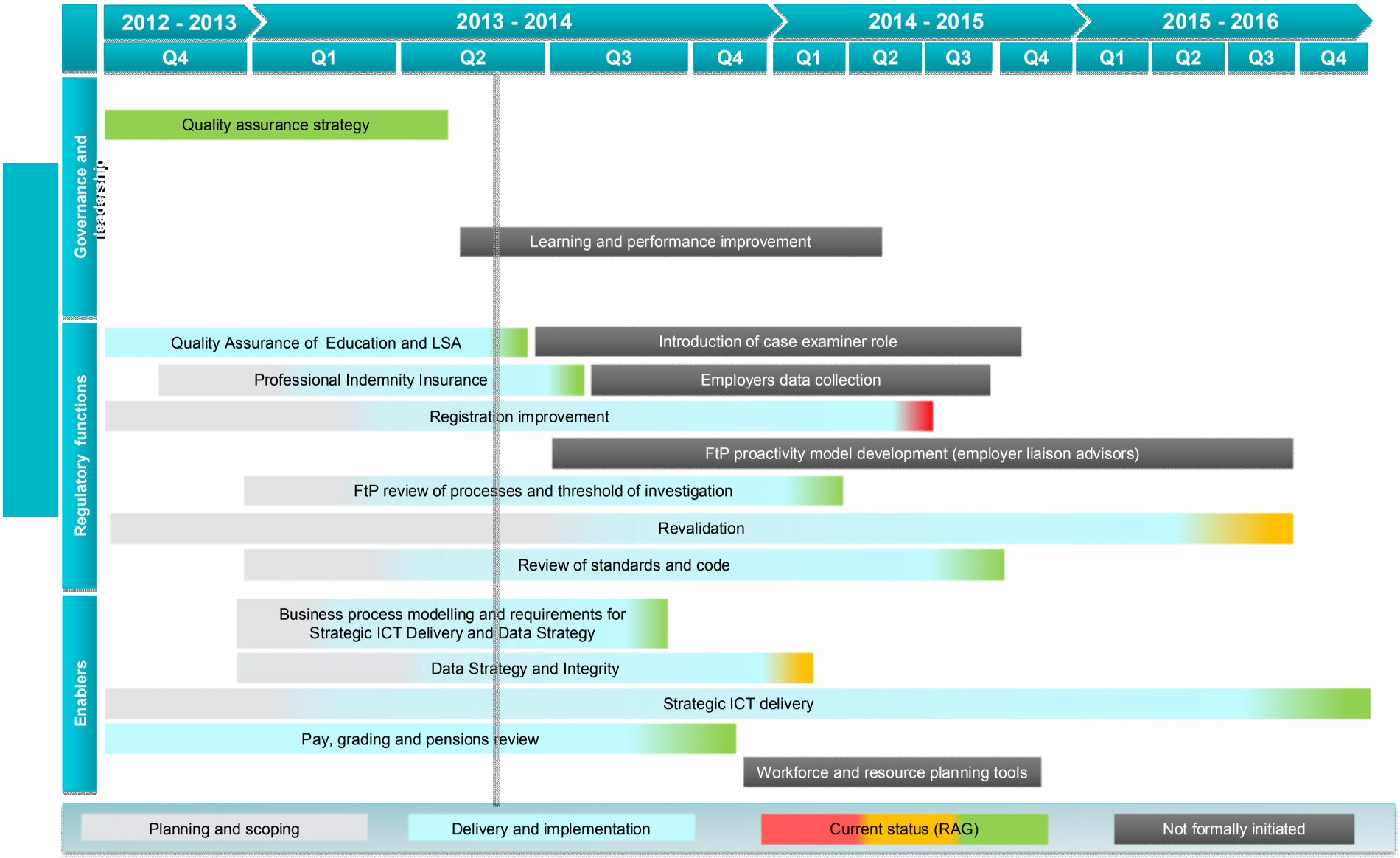
51 Legal implications that arise from the activities in this paper are addressed as part of individual workstreams and activities.

Item 15 NMC/13/151 Annexe 1

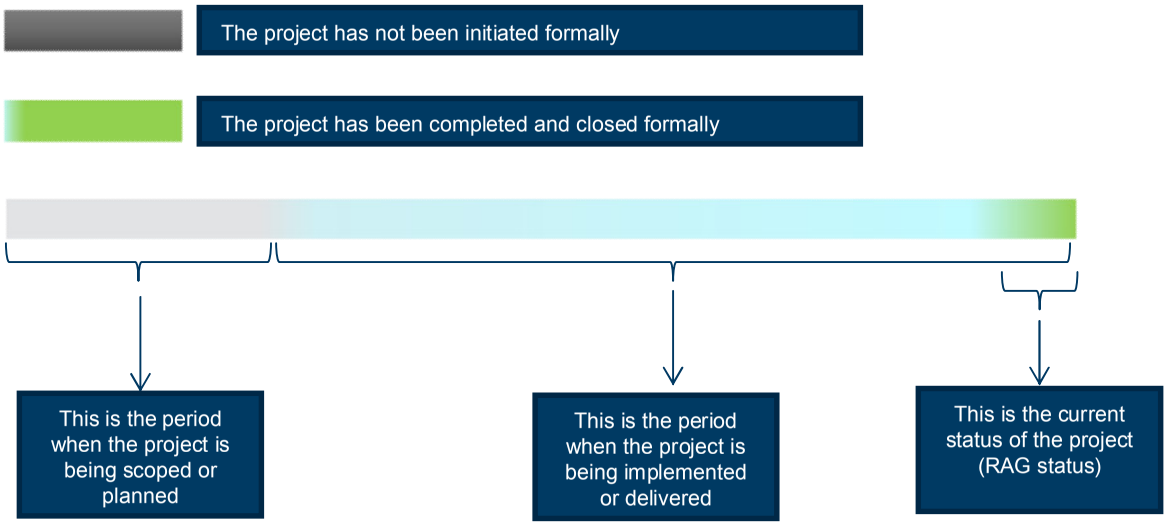
Change Programme and Portfolio Delivery

Version 30, 21 August 2013

Nursing & Midwifery Council



Understanding the plan



Description of RAG status	
Red	The project requires remedial action to achieve its objectives OR the project will or has missed deadline identified in the business plan.
Amber	The project has a problem but action is being taken to resolve this OR a potential problem has been identified and no action may be taken at this time but it is being carefully monitored. Risk of missing deadline and/or budget is realistic due to complexity and/or legislative dependencies.
Green	The project is on target to deliver within the tolerances. No indication of a risk or an issue that can not be managed.

Item 16
NMC/13/152
12 September 2013

Council

Report of the Midwifery Committee to the Council

Action: For information.

Issue: The Midwifery Committee held a meeting on 31 July 2013 and this report is a summary of its deliberations and recommendations.

Core regulatory function: Supporting functions.

Corporate objectives: Corporate objective 7: "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 amended text of the Code at annexe 1.

Annexes: The following annexe is attached to this report.

- Annexe 1: Proposed revised text of the Code.

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: David Gordon
Phone: 020 7681 5757
david.gordon@nmc-uk.org

Director: Katerina Kolyva
Phone: 020 7681 5882
katerina.kolyva@nmc-uk.org

Context:

1 The Midwifery Committee held their scheduled meeting on 31 July 2013. This meeting made recommendations to the Council for decision, in relation to professional indemnity insurance.

Discussion and options appraisal:

2 This was the first meeting of the Committee since the reconstitution of the Council. The item on professional indemnity insurance deliberated on the required changes to the Code to reflect the requirement for practitioners to hold comprehensive insurance. The proposed text, which has been recommended by the Midwifery Committee, can be found in Annexe 1 to this report.

Recommendation: **to approve the amended text of the Code at annexe 1.**

3 The draft standards for the preparation of the supervisors of midwives were discussed and are now out for consultation. They emphasise the importance of supervisors acting as role models and advocates (especially for women). Fairness, transparency and consistency are also to be clarified as central values in the updated standards. The length of programmes would be the subject of consultation, although the balance between theory and practice would remain.

4 The meeting also discussed the following matters:

4.1 Evidence from midwifery fitness to practise data – including thresholds.

4.2 Research to investigate the impact of statutory supervision of midwives on public protection.

4.3 Quarterly quality monitoring annual report for April 2012 – March 2013.

5 Regarding fitness to practise data, the aim of the data was to set a threshold which was proportionate and suited to its purpose. A report will be presented to the Council at this meeting, so should provide a full picture on the issue. The Midwifery Committee highlighted the importance of clarity on the stage at which referrals should be made. They also discussed the possibility of analysing the impact of supervision of midwives.

6 On the impact of statutory supervision of midwives, the research work was currently being tendered, with there being a requirement to reflect the four UK nations in the tender.

7 The need for both qualitative and quantitative analysis of the impact of statutory supervision of midwives was noted. The NMC was encouraged to develop innovative research methods to facilitate this. The requirement to include all aspects of the patient's experience, rather than solely focusing on safety was also discussed, with the

exploration of cases in which care had been insufficient although safety had not been compromised offering valuable information.

8 The LSA annual report will be put before the Council on 21 November 2013. The report is currently being drafted, and will be finalised at a meeting of the Midwifery Committee (to be held by teleconference) on 22 October 2013.

9 Key themes discussed as part of the quarterly monitoring included:

9.1 The ratio of supervisors of midwives to midwives.

9.2 Workforce planning for supervisor of midwives' resources.

9.3 The allocation of time for supervisors to undertake activities.

9.4 The issue of midwives working as health visitors.

10 The next full meeting of the Midwifery Committee will be held on 20 November 2013.

Public protection implications: 11 No direct public protection issues.

Resource implications: 12 None other than staff time to prepare the reports.

Equality and diversity implications: 13 None directly as a result of this report.

Stakeholder engagement: 14 The standards for the preparation of the supervisors of midwives will be used for a consultation process on the matter, involving all key stakeholders. In addition, the RCM and LSAMO have representatives who attend the Committee on a regular basis as observers.

Risk implications: 15 There are no direct risk implications as a result of this report.

Legal implications: 16 The Midwifery Committee is a statutory requirement under Article 3 (9) of the Nursing and Midwifery Order 2001

Item 16
NM/C13/152
12 September 2013

Annexe 1

Professional insurance or indemnity

62 Nurses and midwives who wish to practise in the UK, must have or intend to have in place, an appropriate insurance or indemnity arrangement in order to register with the NMC. This is in the interests of clients, patients, nurses and midwives in the event of claims of professional negligence.

63 Whilst employers have vicarious liability for the negligent acts and/or omissions of their employees, such cover does not normally extend to activities undertaken outside employment. Nurses or midwives who are self-employed would not be covered by vicarious liability.

64 Nurses and midwives must establish their employment status and where they or their employer does not have vicarious liability, must take action to ensure that they have appropriate insurance or indemnity arrangements in place if they wish to continue to practise.

Previous text

62 The NMC recommends that a registered nurse, midwife or specialist community public health nurse, in advising, treating and caring for patients or clients, has professional indemnity insurance. This is in the interests of clients, patients and registrants in the event of claims of professional negligence.

63 Whilst employers have vicarious liability for the negligent acts and/or omissions of their employees, such cover does not normally extend to activities undertaken outside the registrant's employment. Independent practice would not be covered by vicarious liability. It is the individual registrant's responsibility to establish their insurance status and take appropriate action.

64 In situations where an employer does not have vicarious liability, the NMC recommends that registrants obtain adequate professional indemnity insurance. If unable to secure professional indemnity insurance, a registrant will need to demonstrate that all their clients and patients are fully informed of this fact and the implications this might have in the event of a claim for professional negligence.

Item 17
NMC/13/153
12 September 2013

Council

A proportionate approach to fitness to practise investigations

Action: For information.

Issue: This paper provides an update for the Council on the threshold research work undertaken since the previous Council paper in January 2013 and the operational plans now being made to move towards a more proportionate approach to fitness to practise investigations.

Core regulatory function: Fitness to Practise/Setting standards.

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."

Decision required: No decisions are required at this time.

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: Clare Padley
Phone: 020 7681 5515
clare.padley@nmc-uk.org

Director: Sarah Page
Phone: 020 7681 5864
sarah.page@nmc-uk.org

Context:

1 One of the key standards relating to fitness to practise in the Standards for Good Regulation set down by the Professional Standards Authority (PSA) is that the fitness to practise process should be is transparent, fair, proportionate and focused on public protection.

2 As reported to the Council in March 2013, a significant proportion of the NMC budget is spent within the Fitness to Practise directorate. To meet its goal of becoming a more effective and efficient regulator we need to ensure that our resources are targeted using a proportionate approach to public protection.

3 Over the last two years, the Fitness to Practise directorate has been working towards a more proportionate and risk-based approach to the use of its fitness to practise procedures. Such an approach has also been informed by the case law which now defines impairment in terms of current impairment at the time of the final determination and necessitates a greater emphasis being placed on capacity and opportunity for remediation.

4 The threshold for referring cases forward for an investigation lies at the heart of our fitness to practise work. If we set the threshold for proceeding to a full investigation too high, there is a risk that we will fail to protect the public by closing cases that we should not. If we set the threshold for a full investigation too low there is a risk that cases where there is no realistic prospect of a finding of impairment of fitness to practise will proceed further through our process than is proportionate or necessary. This is an inefficient use of our resources. It is also unfair to both the registrant, who may be under investigation for a considerable period of time, and the referrer who may have false expectations about the eventual outcome as a result of the case not being closed earlier in the process.

Background

5 In July 2012, the Council received a paper outlining a number of options for revising and reviewing the thresholds for investigations and early closure of fitness to practise cases.

6 The Council agreed some immediate changes to the cautions and convictions policy, and the screening closure criteria in relation to minor motoring offences and other minor cautions and convictions not involving alcohol and drugs or dishonesty. These changes have allowed such cases to be closed, when appropriate, after an initial assessment by the Screening Team on the grounds that they did not automatically constitute allegations of impaired fitness to practise.

7 The Council also approved further evidence gathering and consultation work in relation to:

7.1 a potential revision of the current Council policy on cases involving use of alcohol or illegal drugs; and

7.2 the development of further guidance around the meaning of impaired fitness to practise including the possibility of a recalibration of our current approach.

Alcohol and drug related offences

8 In January 2013, the Council was given a paper outlining the outcome of the initial research undertaken in relation to the potential revision of the new Council policy on referrals involving alcohol and drug related offences which had commenced in March 2011.

9 The conclusion of this initial audit was that as the new policy had been in effect for less than two years it was too early to identify any pattern of further alcohol or drug related referrals which could have provided an evidence base to justify a change in policy.

10 The Council concluded that a change in policy could not be warranted at that time on the basis of limited data available about the impact of the current policy and the absence of any evidence of repeat referrals following closure of cases in line with that policy.

11 The Council agreed that a further review and audit of referrals involving alcohol and drug related offences should be undertaken in order to monitor any future related referrals and to inform any future review of the current Council policy on cases involving drugs and alcohol. A further review will be undertaken before March 2015.

Wider threshold work

12 In January 2013, the Council also approved some proposed research work to be carried out by the NMC's new research and evidence team.

13 It was agreed that they would initially undertake internal data analysis to give us a clear evidence base about our own fitness to practise caseload and the impact of our current thresholds and guidance. They would then undertake a review of the fitness to practise thresholds used by different regulators and a review of any relevant research.

14 It was agreed that the Council would receive an update with the outcome of this initial analysis work and any broad proposals for changes in our thresholds or guidance by July 2013, with a view to any external consultation and engagement taking place thereafter in relation to any proposals approved in principle by the Council.

15 Following the appointment of the new Council and agreement of its work plan, this update paper was timetabled for the September 2013

Council meeting.

16 This paper now provides the Council with an update on this research and sets out our proposals for next steps.

Discussion and options appraisal:

17 In the year ending 31 March 2013, the Fitness to Practise directorate received 4,106 referrals or complaints from a variety of sources including members of the public, employers, the police and other regulators.

18 All of these referrals or complaints are subject to an initial assessment by our Screening Team. This initial assessment includes a number of key stages, including the identification of any registered nurse or midwife involved and a decision as to whether the information received in fact amounts to an allegation that the fitness to practise of that nurse or midwife is currently impaired.

19 In the year 2012/13 approximately 40% of the referrals or complaints received by the NMC were closed by the Screening Team either because they did not relate to an identifiable nurse or midwife on our register or because the information received did not amount to an allegation of impaired fitness to practise.

20 The remaining 60% of cases were sent for an investigation and were then subject to a decision by the Investigating Committee (IC) at the conclusion of that investigation. Over 40% of the cases considered by the IC were then closed on the grounds that there was no case for the registrant to answer in relation to any allegation of impaired fitness to practise.

21 These figures suggest that a significant number of cases may currently be being sent forward for a full investigation and subjected to a decision by the IC when they do not in fact involve allegations of impaired fitness to practise and could therefore have properly been closed at an earlier stage. It is also of note that the GMC closes about 65% of the referrals it receives at its initial assessment stage.

22 The Evidence and Research team were therefore commissioned to undertake further evidence-gathering and research to help inform our understanding of our thresholds for investigation. It was agreed that this would be done by identifying whether there are any particular groups of cases that might be appropriately closed at an earlier stage by the Screening team, without a full investigation or consideration by the Investigating Committee (IC).

23 Accordingly, a review of fitness to practise referral data for the period 1 April 2011 to 31 December 2012 was undertaken. This specified date range was selected because there was a more consistent approach to categorising the nature of referrals from April 2011,

offering greater reliability of the dataset.

24 The team was specifically interested in ascertaining how data from cases closed with no case to answer at the Investigating Committee stage (IC) or closed with no finding of impairment at the Conduct and Competence Committee (CCC) stage could inform future plans about making proportionate referrals for a full investigation.

25 The analysis revealed significant issues with the quality of the data sets. The team highlighted that there are issues of significance for inputting, recording, managing and reporting of data in addition to the findings related to the research question. The team also noted that strengthening of data inputting and categorisation within the case management system (CMS) could improve future data analysis opportunities. These issues have been documented and escalated and will be addressed as part of the wider corporate ICT and data strategy projects but some immediate steps have already been taken, such as the recording of settings data in CMS.

26 The results of the analysis supported the newly agreed approach to minor criminal offences outlined in paragraph 6 above in that most of the minor motoring offences closed at the IC stage related to demonstration of poor driving skills or failure to adhere to traffic laws. These cases need not have progressed to a full investigation and determination by the IC as they were not considered to raise an allegation of impaired fitness to practise, despite involving a caution or conviction.

27 In relation to the other (non driving-related) minor criminal offences, the analysis indicated that the specific nature of the offence itself was not decisive, but must be considered alongside the circumstances in which it took place and the registrant's (and any employer's) response to it.

28 The most common themes emerging within the reasons for closure at both the IC and CCC stages for these minor criminal cases related to:

28.1 demonstration of remorse or insight by the registrant

28.2 supportive employer reference

28.3 usually a single occurrence

28.4 reoccurrence deemed unlikely

28.5 the incident took place outside the workplace (often domestic in nature).

29 Similar analysis was then done of a number of categories of clinical misconduct cases including record keeping, prescribing/drug administration, neglect of patients and other clinical treatment

issues. A significant number of these cases were closed at the IC stage on the grounds that there was insufficient evidence to prove the facts alleged against the registrant. Interestingly though, of the cases closed at the IC and CCC stage for other reasons, many of the same themes emerged within the reasons for closure:

29.1 the registrant demonstrated remorse or insight

29.2 submission of positive reference(s) or testimonial.

29.3 the misconduct was usually an isolated incidence

29.4 reoccurrence deemed unlikely

29.5 impact on public protection limited

29.6 appropriate remediation had been undertaken

Conclusions

30 These results indicated a clear focus of the decision makers on the appropriate test of “current impairment” and the significance of evidence from both the registrant and their employers in relation to their level of insight and capacity for remediation when considering less serious clinical and criminal allegations.

31 Beyond the most minor motoring offences, the evidence from the analysis did not suggest that there were particular types of less serious criminal or clinical allegations that would always be regarded as not amounting to impairment. Rather, the most important factors for the panels were the attitude of the registrant and their willingness and capability for learning from their mistakes and undertaking appropriate remediation. This was of particular relevance when the information related to a historic allegation of poor practice or a single minor clinical error.

32 At present the focus of the Screening Team tends to be on progressing most clinical cases directly to an early investigation of the factual allegations, however minor, after which the registrant’s current practice and attitude is explored. This has led to the time and cost involved in a full investigation being unnecessarily undertaken in some cases.

33 This research indicates the need for more detailed guidance for senior decision-makers in the Screening Team to enable them to make high quality and robust early stage decisions in more cases rather than the introduction of a new threshold for investigation based simply upon lists of non-qualifying allegations. This would support the development of a more proportionate and risk-based approach to handling fitness to practise referrals involving the exercise of a more informed judgment at an earlier stage as to whether the information in fact raises an allegation of current

impairment.

34 This research has also indicated more scope for seeking earlier engagement from registrants and their employers (where appropriate) to assist the early stage assessment and, where there is an allegation of impairment, to help inform the scope of any further investigation which may be needed before a decision by the IC can be made.

35 The outcomes from the research also indicate that it would be helpful for guidance to be drawn up for decision-makers at all stages of the fitness to practise process addressing the following key issues:

35.1 Criteria for sufficiency for remorse and insight.

35.2 Criteria for sufficiency for deeming reoccurrence unlikely.

35.3 Examples of appropriate remediation measures, including

35.3.1 attendance on a relevant training course.

35.3.2 development and completion of an action plan

35.3.3 a period of supervised practice

36 We will now explore how these operational changes can be best implemented. The initial changes, of encouraging earlier substantive responses from registrants and their employers, can be introduced without much delay. The introduction of more senior decision-making capacity at the screening and early investigation stages and the development of more detailed guidance for them will now be scoped before implementation.

37 It will be very important to ensure that such guidance is implemented effectively and thoroughly and that all the staff members involved are clear about their role and are given training on the new guidance.

38 Most importantly it is necessary to ensure that there are sufficient management and quality checks in place to ensure that the guidance and training have been understood and applied properly. In addition, we will need to put in place a robust system to quality assure the decisions made by early stage senior decision-makers through case audits and our internal quality assurance processes. Such decisions would also fall within the scope of our PSA audits.

Case examiners and regional representatives

39 The move toward a more proportionate approach will also be supported by the introduction of case examiners in 2014 who will enable a more flexible approach to the timing of case to answer decisions to be made in all cases and reduce the inevitable delay

and inflexbility of a committee-based investigation stage process.

40 Such an approach will also be supported in the longer term by the introduction of regional representatives, who will be able to offer advice to employers and others with concerns about registrants at an even earlier stage. They will be able to recommend early referrals where appropriate in more serious cases or support local remediation being undertaken for minor clinical errors where re-training is available and appropriate and there are no grounds for more serious regulatory action.

Other related initiatives

41 Fitness to practise processes are a necessary tool to deal with those registrants who are unwilling, incapable or indifferent to delivering on their professional commitments or who have otherwise harmed or betrayed the trust of patients or the wider public. However, such processes are a relatively blunt and resource-intensive tool and, as a modern regulator, we need to continue to develop alternative, evidence-based methods of ensuring the continued fitness to practise of those on our register. We are doing this by our proposals for a system of revalidation.

42 We also recognise the importance of encouraging appropriate referrals. We are taking steps to highlight the importance of our Code and our guidance on raising and escalating concerns.

43 Finally, all the steps we are taking towards a more proportionate approach to our fitness to practise investigations will be informed by our closer joint working with other regulators which will enable us, over time, to base our decisions on a wider data set.

44 All of these initiatives are outlined in our detailed response to the Francis report which forms the backdrop for much of this work.

Public protection implications:

45 The work outlined in this paper will have direct implications in respect of public protection as it will ensure that our fitness to practise work is properly risk-based and public protection focused.

Resource implications:

46 There are no immediate resource implications arising out of this paper. The immediate operational changes in the fitness to practise directorate will be achieved within existing budgets and the proposals for case examiners and regional representatives will be fully scoped and costed in due course.

Equality and diversity implications:

47 Under the Equality Act 2010, we have a requirement to analyse the effect of our policies and practices and how they further the equality

aims.

48 We will undertake equality impact assessment in order to inform any of the future proposals put forward.

Stakeholder engagement:

49 We have been engaging with other regulators as part of our research work outlined above. Any future proposals to amend our current policies and guidance in this field, or to introduce case examiners or regional representatives will include appropriate plans for consultation and stakeholder engagement.

Risk implications:

50 There are no risks associated with the operational changes set out above. The risk of not making some operational changes and not introducing case examiners and regional representatives are that we would miss the opportunity to ensure that our fitness to practice work becomes more proportionate whilst remaining risk-based and public protection focused.

Legal implications:

51 None identified.

Item 18
NMC/13/154
12 September 2013

Council

Voluntary removal

Action: For information.

Issue: Voluntary removal was introduced on 14 January 2013. This paper provides the Council with information about the applications made, their outcomes, the audit and quality assurance work that has taken place and the improvement actions resulting.

Core regulatory function: Fitness to Practise and Registrations.

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."

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: Clare Strickland
Phone: 020 7681 5861
clare.strickland@nmc-uk.org

Director: Sarah Page
Phone: 020 7681 5688
sarah.page@nmc-uk.org

Context:

1 Until 14 January 2013, our legislation prevented nurses and midwives who are subject to fitness to practise proceedings from removing themselves from the register.

2 Following extensive consultation, our legislation was changed to introduce a process of voluntary removal. The primary purpose of this process is to allow those nurses and midwives who admit that their fitness to practise is impaired and do not intend to continue practising to be permanently removed from the register without the need for a full public hearing when there is no public interest to warrant such a hearing and the public will be best protected by their immediate removal from the register.

3 Applications for voluntary removal are determined by the Registrar or an Assistant Registrar in accordance with comprehensive decision-making guidance agreed by the Council following extensive consultation with the Professional Standards Authority (PSA). They are assisted by a recommendation from the case officer (where a hearing has not started) or the panel (where a hearing has begun).

Discussion and options appraisal:

Numbers and outcomes

4 Before the rule change took effect, we engaged with nurses and midwives subject to fitness to practise proceedings and their representatives to inform and educate them about the introduction of voluntary removal.

5 The first application for voluntary removal was considered by an Assistant Registrar on 17 January 2013. It was accepted.

6 At 2 August 2013, a total of 99 applications had been determined. 79 applications were accepted and 20 rejected. In all cases to date, the decision maker has accepted the recommendation made by the case officer or panel.

7 There have been no applications for readmission following voluntary removal.

Audit and quality assurance

8 In July and August 2013, the case preparation team managers audited all 62 voluntary removal applications allowed before 30 June 2013 to assess compliance with standard operating procedures.

9 The issues arising from the managers' audit will be resolved by clarifying the standard operating procedures, implementing an enhanced quality control mechanism, and providing further training to staff.

10 The NMC's Quality Assurance (QA) team also reported in August 2013 on its review of voluntary removal decisions made in the first

quarter following the introduction of the new process, i.e. between January and March 2013. They reviewed all of the 19 cases where an application for voluntary removal was accepted during this period, and 10 cases where the application was refused.

11 The QA team did not identify any cases in which the decision was clearly wrong. They identified two cases where the decision was questionable. These cases have been reviewed by the Director of Fitness to Practise, and we are satisfied that the decisions were appropriate and did meet the agreed criteria.

12 Generally, the themes arising from this first QA report were as follows:

12.1 Changes to the template documents and further staff training and development will improve the quality of the decisions and information provided to customers. These changes are being made and the staff training is ongoing. There were some customer service issues in two cases, where applications were not processed within timescales. These cases have been reviewed and the lessons learned will feed into staff training and process improvement.

12.2 There was one process error whereby a person who had been granted voluntary removal was not in fact removed from the register in a timely fashion. This incident did not give rise to any risk to public protection, and the person had not been subject to an interim order before the application was granted. This incident has been investigated and as a result, the process for communication between teams is being improved to ensure that updates are carried out in a timely manner.

12.3 It was noted that in 11 out of 19 cases where voluntary removal was granted, the nurse or midwife was subject to an interim order, and it was suggested that consideration should be given as to whether, as a matter of principle, voluntary removal should be available in these circumstances. This issue was considered during consultation before the introduction of voluntary removal, and the Council took the view that an interim order should not in itself be a bar to voluntary removal. Our experience since the introduction of voluntary removal has supported this. Voluntary removal is particularly appropriate in health cases, and over 60% of nurses and midwives in health cases are subject to some kind of interim order. We have seen no evidence to suggest that there is any threat to public protection or the public interest by allowing voluntary removal in cases where the nurse or midwife meets the criteria even if they are subject to an interim order.

12.4 Further consideration needs to be given to what kind of

material should be provided to the decision maker and the reasons provided for the decision. We are discussing this with the Assistant Registrars with a view to producing agreed internal guidance.

13 Also we are putting in place an enhanced quality control mechanism to ensure that applications are processed to a consistently high standard.

14 The QA team will now review all voluntary removal cases where the decision was made in the second quarter. While we hope that there will be some improvement in the quality of the recommendations made as staff had become more practised and confident, these cases will not have benefited from the actions taken following the first QA report.

15 The PSA is currently conducting its audit of cases closed prior to a final adjudication. This will include cases where voluntary removal was granted. Given the timing of the internal case team audit and QA team review, the cases reviewed by PSA will not have had the benefit of the service improvements identified therein and implemented from August 2013.

Public protection implications:

16 Under the criteria, voluntary removal will only be appropriate where it carries no risk to public protection. One of the points raised in the QA review is the extent to which voluntary removal may be appropriate where a case raises issues that should be considered by other regulators, including the Care Quality Commission. We will be taking this forward more widely as part of our ongoing work on sharing information more proactively with other regulators.

Resource implications:

17 Voluntary removal applications are processed by NMC staff as part of their business as usual. While the system is developing, they will continue to receive extensive scrutiny from the QA team, to provide assurance that they are being dealt with in an appropriate way. Where a voluntary removal application is accepted because it meets the criteria, no further fitness to practise proceedings are necessary, thus freeing up resources, including hearing time, for the cases that need them.

Equality and diversity implications:

18 Under the Equality Act 2010, we have a requirement to analyse the effect of our policies and practices and how they further the equality aims.

19 On the recommendation of the QA team, the voluntary removal guidance and template documents will be reviewed by the NMC's Equality & Diversity Legislation Compliance Manager to ensure we are fully compliant with our obligations and deal with these cases in

a way that promotes the equality aims.

Stakeholder engagement:

20 We continue to engage with our stakeholders about voluntary removal. In every case, we seek the comments of the maker of the allegation, and those comments are taking into account. We receive regular feedback from the representative bodies via our user group meetings. So far, the reception for voluntary removal has been very positive, and we have received no complaints about voluntary removal cases.

21 Further, since the introduction of voluntary removal, there have been extensive requests from stakeholders for its extension to cases where the registrant is subject to a substantive order. As a listening organisation, we are exploring this possibility and will be consulting more widely about it.

Risk implications:

22 As voluntary removal is a new process, it carries risks, which is why we are conducting 100% audits and extensive quality assurance work. Our internal auditors will also review voluntary removal.

Legal implications:

23 Our legislation was amended in 2013 to allow us to implement the system of voluntary removal. As noted above, we are exploring the limits of the system within our current legislation to meet the needs of our stakeholders so far as is possible and consistent with the protection of the public.

Item 19
NMC/13/155
12 September 2013

Council

Welsh Language Scheme Monitoring Report

Action: For information.

Issue: This paper presents the NMC's Welsh Language Scheme Monitoring Report January 2011 – September 2013.

Core regulatory function: Supporting functions.

Corporate objectives: Corporate Objective 6: "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 the role of the NMC when standards are not met."

Decision required: None. The Council is invited to note the Welsh Language Scheme Monitoring Report January 2011 - September 2013.

Annexes: The following annexes are attached to this paper:

- Annexe 1: The NMC Welsh Language Scheme Monitoring Report January 2011 – September 2013.
- Annexe 2: The NMC's Welsh Language Scheme.

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: Lindsey Mallors
Phone: 020 7681 5688
first.last@nmc-uk.org

Context:

1 The NMC, as a public body, is subject to the Welsh Language Act 1993 and Welsh Language (Wales) Measure 2011 which requires us to:

1.1 Outline the Welsh language services we will provide.

1.2 State how and when those Welsh services will be available.

1.3 Ensure that the Welsh and English languages are treated on a basis of equality when communicating with the public in Wales.

1.4 Prepare and present an annual monitoring report on how we are implementing our Welsh language scheme (WLS).

2 Following agreement by the Council, the NMC adopted a scheme in January 2011 (see Annexe 2).

Discussion and options appraisal:

3 This is the NMC's first monitoring report. Its evaluation is subject to ongoing development and will inform future reporting in this area.

4 After submission to the Council for information, the report will be translated into Welsh and submitted to the Welsh Language Commissioner by 30 September 2013.

5 **Recommendation: The Council is invited to note the Welsh Language Scheme Monitoring Report January 2011 - September 2013.**

Resource implications:

6 Resource implications arising from this report relate to the compilation, translation and publication of the report, which are covered within current staffing and budgeting resources.

Equality and diversity implications:

7 The NMC has adopted the principle that in conducting its public business in Wales, it will recognise both the Welsh and English languages equally. The scheme identifies how the NMC will meet this principle when providing services in Wales.

Stakeholder engagement:

8 Officers have engaged with external stakeholders, including with other healthcare and non-healthcare regulators, in working to ensure the NMC adopts a 'good practice' approach in this area.

Risk implications:

9 None arising directly from this report. However, there are considerable risk implications arising from the NMC failing to comply with Welsh language legislation and this report is one of the mitigations in place to address this risk.

Legal implications:	10	As per risk implications.

Item 19
NMC/13/155
12 September 2013

Annexe One

Nursing and Midwifery Council Welsh Language Scheme Annual Monitoring Report January 2011 to September 2013

The Welsh Language Scheme Annual Monitoring Report from January 2011 to September 2013

Introduction

1 The Nursing and Midwifery Council (NMC) is the regulator for nurses and midwives in England, Wales, Scotland, Northern Ireland and the Islands. We exist to safeguard the health and wellbeing of the public. Everything we do as a regulator supports our primary purpose of protecting the public:

- We set standards of education, training, conduct and performance for nurses and midwives across the UK, and hold the register of those who have qualified and meet those standards.
- We provide guidance to help nurses and midwives keep their skills and knowledge up to date and uphold our professional standards.
- We have fair and effective processes to investigate and deal with nurses and midwives who fall short of our standards.

2 In accordance with Section 21 of the Welsh Language Act 1993, the NMC has adopted the principle that, in the conduct of public business and administration of justice in Wales, it will treat the English and Welsh languages on a basis of equality, so far as is both appropriate in the circumstances and reasonably practicable.

The Welsh language scheme

3 On 19 January 2011, the NMC Welsh language scheme was approved by the Welsh Language Board. The implementation of the scheme commenced as planned and progress against key milestones has been achieved.

4 In response to a strategic review undertaken by the Professional Standards Authority (then the Council for Healthcare Regulatory Excellence), the NMC began a substantial change programme in April 2012. This change has refocused NMC activities more clearly around its core purpose and resulted in a structural reorganisation to deliver its regulatory business.

5 Consequently, this report covers the reporting period from January 2011 to September 2013. The report is a self assessment of how the NMC has complied with its scheme. The next reporting year will be from October 2013 to September 2014.

Our business in Wales

6 There are 34,663 nurses and midwives with a registered address in Wales on the NMC register. Ensuring our communications are accessible for the Welsh speaking public is therefore important to transacting our business in Wales effectively. We:

- Publish our annual reports and key corporate publications in Welsh.

- Provide facilities for Welsh language speakers wishing to make a complaint about a nurse or midwife.

- Provide Welsh language speakers and translation services for hearings about a nurse or midwife's conduct held in Wales.

Progress on the implementation plan

7 A full update is set out in Annexe A and demonstrates how the NMC is implementing each area in the scheme.

8 Whilst we have not received any complaints regarding our scheme or its implementation complaints would be dealt with as part of the NMC's normal complaints procedures. Complaints presented in Welsh or English should be addressed to the Chief Executives Office, the Nursing and Midwifery Council, 23 Portland Place, London, W1B 1PZ, or **ceoffice@nmc-uk.org**. Further information about our complaints process is available on our website.

Conclusion

9 The NMC has made good progress in implementing its scheme and actions are now embedded into our day to day activities. The NMC will continue to raise awareness of its scheme with staff as our work evolves and changes.

Nursing & Midwifery Council

The NMC's performance against the implementation plan from January 2011 to September 2013

What we said in our plan….	Progress and achievements
Council approval of the scheme	In December 2010, the Nursing and Midwifery Council (NMC) approved the scheme before it was submitted to then Welsh Language Board. In May 2013, the NMC's Council reduced in size from 14 to 12 members and a number of new appointments were made including the appointment of two Welsh language speakers. We will continue to inform the Council on the scheme's development on an annual basis.
Internal FtP staff briefing	The NMC has worked with colleagues across the organisation to support the implementation of the scheme. We publicised the scheme and its guidance internally through our staff newsletter and intranet. In particular we worked closely with teams who were affected by the launch, notably Fitness to Practise (FtP). We provided the FtP teams with additional support through: • Team meetings. • Developing a process for the use of Welsh language services in hearings and throughout cases, including the identification of qualified translators. • Amending case management cover sheets to include questions on the need for Welsh translations. • Translating oaths into Welsh, in collaboration with HM Court Service.
FtP Panellist additional training	In the lead up to the launch of the scheme we consulted with FtP panellists and developed guidance for panellists who sat on hearings in Wales. We also provided additional training to support their

	development. We will continue to review the training needs of FtP panellists.
Scheme launch	In January 2011, the NMC publicised the launch of the scheme externally through: • Writing to key stakeholders who responded to the consultation to thank them for their contributions. • Bi-lingual press releases. • An updated news item on the NMC website. • Inclusion in our range of email newsletters to registrants, educators and the general public.
Internal promotion of the scheme	We include the requirements of the scheme at key stages in our policy development framework. Staff involved in developing policy have appropriate support to ensure they take account of these in our equality impact assessments / equality analyses. For example, we are currently holding a policy engagement exercise with nurses and midwives to seek feedback on our proposed approach to implement a mandatory requirement to have appropriate indemnity arrangements in order to practise and to be registered with the NMC. As part of this work, the NMC conducted an equality impact assessment to consider the needs of Welsh language speakers. This resulted in translation arrangements being made available for those who needed information to be translated in Welsh. By the last quarter of 2013, the Indemnity arrangements information booklet for nurses and midwives will be approved and available in Welsh. All new staff members are informed of the scheme through a dedicated intranet webpage. It provides useful information on the scheme and internal contact details for further help in using the scheme. We have continually raised staff awareness through internal activities such as: • The NMC's Diversity Champions Forum discussing progress against the Welsh language implementation plan. Members of the forum provide support in local areas of the business for promoting the Welsh language action plan.

	• The NMC's internal procedures for dealing with written and telephone communications are publicised on the staff intranet. • Publicising articles in the NMC's staff newsletter to raise awareness and remind colleagues of the scheme's importance.
Website amended to make clear our commitment to the scheme and the services we offer	The NMC website has pages accessible to Welsh language speakers at http://www.nmc-uk.org/About-us/Welsh-Language-Scheme/. This page received 1,105 unique visitors between 19 January 2011 and 6 August 2013. Our Welsh language services include: • Responding to written and telephone communications in Welsh. The NMC welcomes written enquiries from members of the public in either Welsh or English. All letters and emails in Welsh will be answered in Welsh subject to the same service level agreement as correspondence in English. We have not received or responded to any written enquiries in Welsh in this reporting period. Neither have we received any telephone enquiries from Welsh Language speakers or requests for any of our newsletters or general publications to be translated in to Welsh. • Providing Welsh translation facilities for meetings in Wales. Members of the public who intend to attend NMC public meetings in Wales are welcome to speak in Welsh or English. In October 2011 a public meeting of the NMC's Council was held in Cardiff. In public notices, invitations and other papers, it was made clear that anyone who wanted to attend the meeting was welcome to speak in Welsh and English translation services were available. • Using the services of a Welsh translator and interpreter organisation who are members of the Cymdeithas Cyfieithwyr Cymru, (the Association of Welsh Translators and Interpreters). • The use of corporate identity. In Wales, the NMC's public image and corporate identity incorporates the Welsh and English language. In Wales, we use the NMC's Welsh corporate name 'Cyngor Nyrsio a Bydwreigiaeth' on letterheads and publications intended for our Welsh audiences.

	• Providing bilingual press releases and statements to the media in Wales. When the NMC conducts public advertising and publicity campaigns in Wales, we treat the two languages on the basis of equality. In December 2012 we produced bilingual publications and advertisements to appoint a new Council member from Wales. We also provide translations at press conferences in Wales for journalists on requests. • A webpage for patients and public is available in Welsh. In order to fulfil our commitment in the NMC's Code: Standards of conduct, performance and ethics for nurses and midwives, we have created the Patients and Public Section webpage to present core information. This information includes what we do, the standards we expect nurses and midwives to follow, reporting a nurse or midwife to the NMC and contact information for other healthcare and social regulators. This page received 225 unique visitors between 19 January 2011 and 6 August 2013. • Hearings proceedings in Welsh. We publicise in our hearing notices that a person will be able to speak at a hearing in Welsh. If a person wishes to speak in Welsh, we encourage them to contact their case officer so translation or interpreter services can be made available. When a person wishes to make a complaint about a nurse or midwife in Welsh, we will issue a reply in Welsh. Although we have publicised our Welsh language services on the NMC's website, we have not received any translation requests during this reporting period.
All publications aimed at the public to be made available in with this scheme	The NMC issues publications for a variety of purposes. Information aimed at patients and members of the public will be available in English and Welsh. The publications include: • Care and respect every time: what you can expect from nurses. • Who regulates health and social care professionals? • The NMC Code: Standards of conduct, performance and ethics for nurses and midwives. • The NMC's Annual Report 2011 - 2012.

	• The NMC's Fitness to Practise Annual Report 2011 – 2012. By the last quarter of 2013, we will also translate our latest corporate annual reports into Welsh and publish them on our website: • The NMC's Annual Report 2012 – 2013. • The NMC's Fitness to Practise Annual Report 2012 – 2013. • The NMC's Equality and Diversity Annual Report 2012 – 2013. • The NMC's Welsh Language Scheme Annual Monitoring Report 2011 -2013. The standards, guidance and other technical or specialised material aimed at professionals can be translated into Welsh on request. During this reporting period we did not receive any such requests.
Review of provision of publications for nurses and midwives in Welsh	The NMC has monitored and reviewed the Welsh language services for nurses and midwives through the scheme's implementation plan. In March 2013, the NMC reviewed and revised the following publications for nurses and midwives in Welsh: • The Witness information: Investigations. • The Witness information: Hearings. The publications support witnesses who are involved in FtP hearings and explain the process of giving evidence and how our investigations and hearings work in practice. The NMC are also currently reviewing the following publications to improve our engagement with the public: • Complaints against nurses and midwives: Helping you support patients and the public. • Supervisors of midwives: How they can help you.

First monitoring report	A summary of our performance from January 2011 to September 2013 is provided in this report.
Include monitoring summary in annual report	The Director of Corporate Governance is now responsible for implementing and monitoring the scheme across the organisation. The scheme is monitored through an action plan which designates each action owner the responsibility of informing their directorate of actions to be completed. The action plan enables the NMC to identify whether the scheme is appropriately managed. The scheme has not been altered but in 2014 we will be refreshing the scheme and if necessary will seek prior approval from the Office of the Welsh Language Commissioner before making any revisions.

Nursing & Midwifery Council

Welsh language scheme

A Welsh language scheme prepared in accordance with the Welsh Language Act 1993

This scheme was approved by the Welsh Language Board in accordance with section 14(1) of the Welsh Language Act 1993 on 19 January 2011.

Principle of equality

The Nursing and Midwifery Council is committed to fulfilling its obligations under the Welsh Language Act 1993.

The Nursing and Midwifery Council has adopted the principle that in the conduct of public business in Wales, it will treat the English and Welsh languages on a basis of equality.

This scheme sets out how the Nursing and Midwifery Council will give effect to that principle when providing services to the public in Wales.

Introduction

About this scheme

1 The Nursing and Midwifery Council (NMC) has adopted the principle that it will treat the Welsh and English languages equally when conducting public business in Wales. The scheme identifies how we will implement that principle in providing public services in Wales.

About the Nursing and Midwifery Council

2 We are the nursing and midwifery regulator for England, Wales, Scotland, Northern Ireland and the Islands.

2.1 We exist to safeguard the health and wellbeing of the public.

2.2 We set the standards of education, training and conduct that nurses and midwives need to deliver high quality healthcare consistently throughout their careers.

2.3 We ensure that nurses and midwives keep their skills and knowledge up to date and uphold the standards of their professional code.

2.4 We ensure that midwives are safe to practise by setting rules for their practice and supervision.

2.5 We have fair processes to investigate allegations made against nurses and midwives who may not have followed the code.

3 The NMC was established under the Nursing and Midwifery Order 2001 and came into being on 1 April 2002. We are accountable, through the Privy Council, to Parliament and members of the public.

4 The Council makes the decisions that set the strategic agenda for the NMC. The Council ensures that the NMC complies with the Nursing and Midwifery Order 2001 and the Charities Act 1993. Membership comprises 14 lay and registrant members appointed by the Privy Council, including one member from each of the four UK countries.

5 There are around 660,000 nurses and midwives on our register, of whom around 30,000 live in Wales.

6 We are based in two offices in London: 23 Portland Place, W1B 1PZ and 61 Aldwych, WC2B 4AE. We do not anticipate that we will have an office in Wales in the near future; however we are a UK wide regulator.

Service planning and delivery

7 The NMC acknowledges the importance of providing a service in the preferred language of the customer as part of a quality service and recognises the culture and linguistic needs of the Welsh speaking public. The NMC is fully committed to the principle that the English and Welsh languages will be treated on the basis of equality.

New policies and initiatives

8 The NMC is committed to ensuring that nurses and midwives meet the needs of the Welsh speaking community and to working with partners in Wales to ensure this occurs.

9 When we plan and formulate new policies or initiatives, or update existing policies, we will assess the language consequences to make sure that they meet with the commitments given in this scheme. This will be conducted as part of the NMC's equality impact assessment (EqIA) process.

10 In addition:

10.1 employees involved in developing NMC policy will be made aware of the Welsh language scheme through EqIA training

10.2 all staff will be made aware of the scheme through internal awareness raising activities

10.3 all new employees will be made aware of the scheme and their responsibilities through induction packs

10.4 the Council will ensure that new polices and initiatives will be consistent with the scheme and do not undermine it.

11 We will develop internal guidelines describing the arrangements made to implement these measures.

12 We will consult the Welsh Language Board in advance regarding proposal which will affect the scheme.

13 The scheme will not be altered without prior approval of the Welsh Language Board.

Delivery of service

14 We are committed to the delivery of a bilingual service in accordance with the contents of the scheme.

The standards of service in Welsh

15 We are committed to providing an equally high quality service in both English and Welsh. This will be stated in key documents such as our annual report and Council for Healthcare Regulatory Excellence (CHRE) performance review response.

16 We will:

16.1 provide details of the standards of services offered on our website

16.2 monitor the standard of service and its implementation

16.3 investigate future Welsh language services.

Communicating with the Welsh speaking public

17 The role of the Nursing and Midwifery Council is to safeguard the health and wellbeing of the public.

18 We are committed to offering services to the public in the language or format of their choice.

Written and telephone communication the Welsh speaking public

19 The NMC welcomes written enquiries from members of the public in either Welsh or English. Letters or emails in Welsh will be answered in Welsh within the same service levels as correspondence in English.

20 The NMC does not have any Welsh speaking staff at present. Greetings to callers will therefore be offered in English. If a caller wishes to proceed in Welsh, they will be given the option of continuing the call in English or putting the query to us in writing. We will review the option of being able to receive and deal with calls in Welsh from the outset.

21 The NMC will publish clear internal procedures on dealing with written and telephone communications in Welsh and ensure that all employees are aware of the relevant protocols.

22 We do not currently have any email newsletters and other circulars that are directed specifically at the public in Wales. However we will review this provision over time.

23 Services offered in Welsh will be stated clearly in Welsh on our website.

24 The development of Welsh language services for nurses and midwives will be monitored and reviewed.

Public meetings

25 Members of the public who intent to attend our public meetings in Wales are welcome to speak in Welsh or English. Public notices, invitations and other papers setting out the arrangements for these meetings will make it clear that this is possible. We request that prior notice is given to assist us in arranging this.

26 Notices of public meetings in Wales will be bilingual.

27 Any agendas and minutes of meetings for the general public in Wales will be available bilingually.

Our public face

Corporate identity

28 We are committed to developing a bilingual corporate identity in Wales.

29 The official name of the Nursing and Midwifery Council in Welsh is Cyngor Nyrsio a Bydwreigiaeth.

30 We have Welsh versions of our logo and corporate identity which will be used for the NMC's presence in Wales, such as at events, conferences, bilingual publications and advertisements.

31 We have Welsh versions of official stationary which will be used when corresponding in Welsh.

Publications

32 We issue publications for a variety of purposes. Information aimed at patients and members of the public will be available in English and Welsh. At present this includes:

32.1 Care and respect every time: What you can expect from nurses

32.2 Support for parents: How supervision and supervisors of midwives can help you

32.3 Making a complaint about a nurse or midwife

33 Information for members of the public who are witnesses in fitness to practise cases will also be available in Welsh.

34 Standards, guidance and other technical or specialised material aimed at professionals and not directly at the public will be in English. However we will offer a translation into Welsh on request.

35 All NMC documents are currently available free of charge. However, if in the future there is a cost attached to a publication, the English and Welsh copies or the bilingual copies of the publication will be the same price.

Public advertising

36 Where we conduct public advertising and publicity campaigns in Wales we will treat the two languages on the basis of equality. Billboard and other advertising on physical sites in Wales will be presented bilingually, as will any magazine and newspaper advertising in publications distributed only in Wales.

Press releases

37 The NMC will issue bilingual press releases and statements to the media in Wales where they relate to specific Welsh issues. Translations at press conferences in Wales will be provided for journalists on request.

38 There may be times when it is not possible to organise translation of an urgent press release before issuing it. Where this occurs a translation will be arranged within 24 hours on weekdays.

The NMC website

39 The NMC website contains a section devoted to information for the general public, containing core details of our work. This section will be available in Welsh, along with online versions of our Welsh language publications.

Fitness to practise proceedings

40 Article 22(7) of the Nursing and Midwifery Order 2001 provides that fitness to practise hearings and related meetings must take place in the UK country in which the nurse or midwife is situated. Currently we hear around 100 cases in Wales a year.

41 To avoid doubt it should be noted that the arrangements set out in this scheme only apply to fitness to practise and appeal proceedings which take place in Wales.

Members of the public and fitness to practise

42 We have fair processes to investigate allegations made against nurses and midwives who may not have followed the code. Referrals can come from employers, other healthcare professionals, other public bodies or members of the public.

43 Information for the public on how to make a complaint in Wales about a nurse or a midwife will be available in both English and Welsh. We welcome referrals from the public in English or Welsh.

44 When a member of the public writes to us in Welsh we will issue a reply in Welsh, if a reply is required. Our target time for replying will be the same as for replying to letters written in English. Enclosures sent with letters will be bilingual where possible.

45 The NMC will enable members of the public who are witnesses in Wales to give statements to investigators in English or Welsh through use of suitably qualified translators, where given sufficient prior notice,.

Hearings

46 A person will be able to speak at a hearing in Welsh. When we are told that a registrant or someone connected with their case, wishes to speak Welsh we will enable them to do so through the use of suitably qualified translators. We require 28 days notice to enable us to do this effectively.

47 Where witnesses are called during hearings, the Councils officer administering the oath or affirmation will inform them that they may choose to be sworn or affirm in Welsh or English.

Implementing the scheme

Employees and the responsibility

48 The Director of External Affairs will oversee the day-to-day implementation and monitoring of the scheme.

49 All managers have a responsibility to implement those aspects of the scheme which are relevant to their departments.

50 All members of staff will have responsibility for carrying out their functions in relation to the scheme. All staff will be made aware of the scheme and the implications for their day-to-day activities.

Welsh vocational training

51 We encourage and support any member of staff who wishes to learn Welsh to better interact with the public in Wales, in the context of their overall objectives and those of the organisation.

Recruitment in Wales

52 The NMC will identify if there are any posts where the ability to speak Welsh is essential or desirable, and identify the level of proficiency required. This will be reflected in the job descriptions and person specifications accordingly.

53 For those positions where the ability to speak Welsh is essential, recruitment notices will appear bilingually in English language publications principally circulating in Wales, and in Welsh in Welsh language publications. They will also appear bilingually on the NMC website.

Third party contractors

54 Third party contractors with new or renewed contracts where the work will involve communicating in Wales will be made aware of the NMC's Welsh language scheme and any specific obligations. In particular their attention will be drawn to relevant parts of the scheme that they will be expected to implement.

55 Performance against contract will be monitored against compliance.

Timescales and targets

56 Timescales and targets for implementing our scheme are identified in our implementation plan (paragraph 64).

Monitoring the scheme

57 We will monitor the implementation of the scheme in accordance with the action plan and report back to the NMC's Council annually on progress. This report will also be submitted to the Welsh Language Board.

58 We will also review compliance with the scheme on an annual basis and submit a report to the Welsh Language Board. This will:

58.1 identify whether we are currently complying with the scheme

58.2 identify whether the scheme is being appropriately managed

58.3 analysis of performance on a departmental and corporate basis, in order to ensure consistency

58.4 assess and consider key themes in scheme implementation

58.5 recognise any fundamental weaknesses and develop an action plan, including timetable, to address them.

59 A summary of our performance will be included in our annual report.

60 In the third year of the scheme's implementation we will prepare an evaluation report assessing and evaluating our performance in implementing the scheme. At this time we will also revise and update the Welsh language scheme, as appropriate.

61 We welcome all complaints, comments and enquiries. Complaints about aspects of the scheme's implementation will be dealt with as part of the NMC's normal complaints procedures. Complaints can be presented in Welsh or English and should be addressed to the Chief Executives Office, the Nursing and Midwifery Council, 23 Portland Place, London, W1B 1PZ, or **ceoffice@nmc-uk.org**. Further information about our complaints process is available on our website.

Publicity of the scheme

62 Upon launch of the scheme, we will issue a press release and publish the scheme on our website. Our key stakeholders in Wales will also be informed of the scheme.

63 The scheme will also be publicised to staff and included in our induction literature.

Implementation plan

64 This plan outlines how we intend to implement the Welsh language scheme across the organisation.

	Timeline	Lead
Council approval of scheme	December 2010	Allison Howe Assistant Director, Governance
Internal FtP staff briefing	December 2010	Brian James Head of Business Support and Development
FtP Panellist additional training	January 2011	Gail Parker Head of Partners Unit
Scheme launch	January 2011	Andy Jaeger Professional and Public Communications
Internal promotion of the scheme	January 2011	Leona Campbell Internal Communications Coordinator
Website amended to make clear our commitment to the scheme and the services we offer	January 2011	Andy Jaeger Assistant Director, Professional and Public Communications
All publications aimed at the public to be made available in Welsh, in line with this scheme	January 2011	Andy Jaeger Assistant Director, Professional and Public Communications
Review of provision of publications for nurses and midwives in Welsh	January 2012	Andy Jaeger Assistant Director, Professional and Public Communications
First monitoring report	January 2012	Sharon Atkinson Director of External Affairs
Include monitoring summary in annual report	March 2012	Allison Howe Assistant Director, Governance

Item 20
NMC/13/156
12 September 2013

Council

Schedule of business

Action: For information.

Issue: This report outlines the proposed business to be transacted by the Council for meetings in 2013.

Core regulatory function: Supporting functions.

Corporate objectives: Corporate objective 7: "We will develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions."

Decision required: There are no recommendations arising from this report.

Annexes: The following annexe is attached to this paper:

- Annexe 1: Council schedule of business for 2013.

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

Director: Lindsey Mallors
Phone: 020 7681 5688
lindsey.mallors@nmc-uk.org

Item 20
NMC/13/156
12 September 2013

Context:	1	This report outlines future items to be discussed as part of the Council's ongoing work.
Discussion and options appraisal:	2	Including the meeting on 12 September 2013, the Council has two more sessions before the end of 2013. The seminar on 20 November 2013 will be held as a joint event with members of the Midwifery Committee, which has been organised in line with the Council's decision to ensure that the work of the two bodies is aligned.
	3	Members are invited to note that the Council will, at future meetings, receive a provisional schedule for business at meetings of the Council throughout 2014, alongside a schedule of business for all Committees (Audit, Midwifery and Remuneration). This will be clearly be subject to amendment over time and the Council will be asked to note the schedule as a standing item on the agenda at each meeting.
Public protection implications:	4	There are no public protection implications arising directly from this report.
Resource implications:	5	None arising from this report.
Equality and diversity implications:	6	None arising from this report.
Stakeholder engagement:	7	The consideration and enactment of external reports involves significant work alongside key stakeholders and outside agencies.
Risk implications:	8	There are no risk implications arising directly from this report.
Legal implications:	9	None arising directly from this report. The Council ensures that the NMC complies with all relevant legislation, including the Nursing and Midwifery Order 2001 and the Charities Act 1993.

Nursing & Midwifery Council

Council Schedule of Business: November 2013

Standing items

- Minutes and matters arising
- Chair's action
- Francis report
- Performance and risk report
- Chair's report
- Chief Executive's report
- Financial report
- Committee reports
- Schedule of business
- Questions from observers

Thursday 21 November 2013

- Strategic engagement plan (for decision)
- Education strategy (for decision)
- Subsidiary fees (for decision)
- Local supervising authorities Annual Report (for decision)
- Guidance for the five year rule (for decision)
- Standards for preparation of supervisors of midwives (for decision)
- ICT strategy (for information)
- Appointment of FtP panel members (for information)
- Implementation of Francis report recommendations (for decision)

Meeting of the NMC Council

to be held from 09:30 to 12:45 on Thursday 12 September 2013
in the Council Chambers 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/13/137	09:30
2.	**Apologies for absence**	NMC/13/138	
3.	**Declarations of interest**	NMC/13/139	
4.	**Minutes of the previous meeting** Minutes of the public session of the Council held on 18 July 2013	NMC/13/140	09.40
5.	**Summary of actions** An action list detailing matters arising from the minutes of the public session of the Council held on 18 July 2013 and outstanding actions from previous meetings	NMC/13/141	09.50
6.	**Raising concerns** This item will be introduced by the Chair. Helene Donnelly, ambassador for cultural change at Staffordshire and Stoke on Trent Partnership Trust, will address the Council to support the launch of the revised NMC guidance: *Raising Concerns.* Helene's presentation will be filmed and live-streamed.	NMC/13/142	10.00

Corporate reporting

7.	**Performance and risk report** Chief Executive and Registrar	NMC/13/143	10.40

8.	**Monthly financial monitoring – July 2013 results** Director of Corporate Services	NMC/13/144	11.00
9.	**Recent healthcare reviews – actions for the NMC** Chief Executive and Registrar	NMC/13/145	11.15

Matters for decision

10.	**Draft revalidation strategy** Director of Continued Practice	NMC/13/146	11.30
11.	**Review of NMC standards and guidance** Director of Continued Practice	NMC/13/147	12.15

Matters for discussion

12.	**Questions from observers**	NMC/13/148	12.30

LUNCH: 12:45 – 13.45

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.

13.	**Chair's report (including Chair's action)** Chair	NMC/13/149
14.	**Chair's actions taken since the last meeting of the Council** Chair	NMC/13/150
15.	**Chief Executive's report** Chief Executive and Registrar	NMC/13/151

16.	**Reports from Chairs of the Committees** Chair of the Midwifery Committee	NMC/13/152
17.	**A proportionate approach to fitness to practise investigations** Director of Fitness to Practise	NMC/13/153
18.	**Voluntary removal** Director of Fitness to Practise	NMC/13/154
19	**Welsh Language Scheme monitoring report** Director of Corporate Governance	NMC/13/155
20.	**Schedule of business** Secretary	NMC/13/156

T.