

Meeting of the NMC Council

to be held from 09:30 to 13:15 on 3 December 2014
in the Council Chamber, 23 Portland Place, London W1B 1PZ

Agenda

Mark Addison
Chair of the Council

Matthew McClelland
Secretary to the Council

Preliminary items

- | | | | |
|---|---|------------|-------|
| 1 | Welcome from the Chair Chair | NMC/14/102 | 09:30 |
| 2 | Apologies for absence Secretary | NMC/14/103 | |
| 3 | Declarations of interest All | NMC/14/104 | |
| 4 | Minutes of the last meeting Chair | NMC/14/105 | |
| 5 | Summary of actions Secretary | NMC/14/106 | |

Corporate reporting

- | | | | |
|---|---|------------|-------|
| 6 | Chief Executive's report Chief Executive and Registrar | NMC/14/107 | 09:40 |
| 7 | Performance and Risk report Chief Executive and Registrar | NMC/14/108 | 10:00 |

- 8 **Monthly financial monitoring: October 2014 results** NMC/14/109 10:50

Director of Corporate Services

BREAK: 11:00

Matters for decision

- 9 **UK registrations policy** NMC/14/110 11:10

Director of Registration

- 10 **Changes to our regulatory legislation: the Registration Rules and Fitness to Practise Rules** NMC/14/111 11:30

Director of Strategy

- 11 **Revision of the Code** NMC/14/112 12:00

Director of Continued Practice

- 12 **Provisional policy for the revalidation of nurses and midwives** NMC/14/113 12:30

Director of Continued Practice

Questions from observers

- 13 **Questions from observers** NMC/14/114 13:00

LUNCH: 13:15

Matters for information

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

- 14 **The Welsh Language Scheme monitoring report and the proposed schedule for the implementation of the Welsh Language Standards** NMC/14/115

Director of Strategy

15 **Chair's report** NMC/14/116

Chair

16 **Chair's actions taken since the last meeting of the Council** NMC/14/117

Chair

No Chair's actions have been taken in the reporting period since the last meeting of the Council on 1 October 2014

17 **Reports from Chairs of the Committees** NMC/14/118

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

18 **Council and committee schedule of business: 2015** NMC/14/119

Secretary

The next Council meeting will be held on 28 January 2015 at 9:30am at 23 Portland Place, London.

Meeting of the Council
Held at 09:30 on 1 October 2014
at 23 Portland Place, London W1B 1PZ

Minutes

Present

Members:

| | |
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| Mark Addison | Chair |
| Maura Devlin | Council member |
| Maureen Morgan | Council member |
| Quinton Quayle | Council member |
| Carol Shillabeer | Council member |
| Amerdeep Somal | Council member |
| Lorna Tinsley | Council member |
| Dr Anne Wright | Council member |
| Louise Scull | Council member |
| Stephen Thornton | Council member |

NMC officers:

| | |
|--------------------|------------------------------------|
| Jackie Smith | Chief Executive and Registrar |
| Jon Billings | Director of Strategy |
| Katerina Kolyva | Director of Continued Practice |
| Sarah Page | Director of Fitness to Practise |
| Alison Sansome | Director of Registration |
| Mark Smith | Director of Corporate Services |
| Matthew McClelland | Secretary to the Council |
| Fatema Limbada | Council Services Officer (minutes) |

Minutes

NMC/14/83 Welcome from the Chair

1. The Chair welcomed all attendees to the meeting. The Chair noted that, following an open recruitment exercise, Professor Dame Janet Finch had been appointed as the new Chair of the Council to take office from 1 January 2015.

NMC/14/84 Apologies for absence

1. Apologies for absence were received from Elinor Smith.

NMC/14/85 Declarations of Interest

1. Maura Devlin, Maureen Morgan, Carol Shillabeer and Lorna Tinsley declared an interest in paper NMC/14/89 by virtue of being registrant members. Louise Scull declared an interest in the same item by virtue of being the Chair of a NHS Trust which employed registrants.
2. The Chair determined that the interests declared were not material and that all members would be permitted to participate in discussion and decision of the item concerned.

NMC/14/86 Minutes of previous meeting

1. The minutes of the previous meeting of the Council held on 4 June 2014 were confirmed as a correct record.

NMC/14/87 Summary of actions

1. The Council received a report on progress in implementing actions arising from previous meetings of the Council.
2. It was noted that minute NMC/14/69 3(c) recorded the Council's preference for a seminar discussion on customer service in late 2014, whereas the summary of actions referred to a seminar discussion in early 2015. The Council's preference remained for a seminar session in late 2014.

Action: Schedule a seminar session on customer service in late 2014.

For: Secretary

By: 3 December 2014

NMC/14/88 Monthly financial monitoring: June 2014 results

1. The Council considered a report setting out (a) the NMC's financial position at the end of August 2014; and (b) the outcome of the review of the risks to be covered by reserves.
2. The Director of Corporate Services reported that, at the end of

August 2014 the NMC's available free reserves stood at £9.7 million, £2.1 million higher than the budget. Some variances were permanent, including (a) an increase in fee income as registrant numbers were higher than forecast; (b) lower than anticipated interest income; (c) additional expenditure on reviews. Some variances were likely to reflect timing, including below budget expenditure on (d) fitness to practise; (e) revalidation and quality assurance of education; (f) contingency. The scheduled increase in fitness to practise activity in October and November was expected to reverse the current underspend and would require some contingency funding. Continued practice activities – including revalidation and quality assurance of education – were expected to finish the year on budget. In addition, although, over the life of the lease, expenditure on the Stratford venue would remain within the budget set by the Council, accelerated expenditure was required in the current year associated with fit-out costs. The forecast remained that the year-end position of £7.5 million available free reserves would be achieved.

3. The following points were noted in discussion:

- (a) The finance department undertook detailed monthly re-forecasting with each directorate in order to forecast accurately the year-end position. The additional fitness to practise activity was forecast to require £0.6 million. Accelerated fit-out costs for Stratford were expected to require £0.9 million.
- (b) All NMC hearings in England were currently held in London. The Stratford premises would replace the Old Bailey hearing centre, the lease for which expired in November 2014. A wider accommodation review had been commissioned to look at the NMC's accommodation requirements from 2019, when a number of its leases would expire. The review would consider, amongst other things, whether moving some or all activities out of London in the long term would offer better value for money, taking into account a full range of factors. Any such move would have a significant impact on staff and it was important to note that no decision had been taken in this regard. Staff would be amongst those consulted as part of the review. In the medium term, the lease at Stratford offered competitive rates and the possibility of sharing hearing accommodation with other regulators was being explored.

4. The Director of Corporate Services briefed members on the NMC's reserves policy. The NMC had adopted a risk-based reserves policy in 2012, in line with Charity Commission guidance. Previously, it had based its reserves on holding four months' operating expenditure. The change to risk-based reserves has resulted in a reduction of the minimum reserves target from around £20 million to £10 million. The

current risk-based target was to hold reserves in the range of £10 million to £25 million. The risks on which the target was based had been revised and the NMC's risk exposure was felt to be increasing. Nevertheless, the proposal remained to retain the target range at the same level.

5. The following points were noted in discussion:

- (a) The NMC needed to retain a sustainable level of reserves to manage unforeseen circumstances, deal effectively with challenges, and invest in future priorities. The NMC did not aspire to keep more reserves than needed.
- (b) £10 million – which equated to around 1.5 months' operating expenditure – seemed to be the minimum that was reasonable. In the future, it would be valuable to consider whether the maximum of £25 million was appropriate. The risk-based reserves were subject to annual review as part of the budgeting process.

6. The Council agreed that the target risk-based reserves level should remain in the range of £10 million to £25 million.

NMC/14/89 Outcome of consultation and decision on the registration fee level

1. The Council considered:

- (a) A report setting out (i) an analysis of the responses to the consultation on a proposed increase to the annual registration fee from March 2015 (including the full responses from the Royal College of Nursing, the Royal College of Midwives, Unison, and Unite) and the NMC's assessment of the alternatives put forward as part of the consultation; (ii) an assessment of the NMC's financial position, the assumptions underpinning its financial plans, and the risk-based reserves policy; (iii) a summary of the equality assessment of the proposed increase to the annual registration fee; (iv) an appraisal of three options regarding the annual registration fee to be charged from March 2015, viz. (1) increasing it to £120; (2) increasing it to £110; (3) holding it at £100.
- (b) A presentation from the Chief Executive explaining the context for the proposal, including (i) the principal elements of the consultation responses; (ii) the background of increases in the annual registration fee; (iii) a comparison of the NMC's fee to those charged by other healthcare professions regulators; (iv) the key elements of the NMC's efficiency programme; (v) the main costs assumptions and drivers; (vi) the risk-based reserves policy and forecast; (vii) the three options.

2. The Chief Executive reported:

- (a) The NMC had consulted in 2012 on a proposal to increase the annual registration fee to £120 from March 2013. The Department of Health (DH) had offered a £20 million grant to allow the fee to be kept at £100 for two years. The NMC had, in effect, been operating at a fee level of £120 since then. The DH grant was conditional on (i) clearing the backlog of fitness to practise cases, which had been done one year early; (ii) achieving KPI 4 (adjudication) by December 2014, which was on track; (iii) restoring the reserves to a minimum of £10 million by January 2016. Since the NMC had accepted the grant, the context in which the organization was operating had changed and the NMC had absorbed a number of additional activities – for example, addressing the findings of the Francis report; the review of midwifery regulation – within existing resources.
- (b) In March 2014, the Council had agreed that it was necessary to consult on a proposal to increase the annual registration fee to £120 from March 2015. 4,532 responses to the consultation had been received, significantly fewer than the 75,775 received in 2012. An e-petition on the government website opposing a fee rise had attracted more than 100,000 signatures. Of the responses to the NMC's consultation, 96% disagreed with the proposed fee rise, 2% agreed, and 2% were unsure. An increase in the fee would be very unpopular, especially in the prevailing economic climate.
- (c) An equality assessment had been undertaken and was discussed in the report to the Council. The assessment indicated that a fee rise could have a particular impact on certain protected groups. The analysis had concluded, nevertheless, that a fee rise was proportionate to achieve the NMC's legitimate aims.
- (d) A number of suggestions had been put forward in response to the consultation as alternatives to a fee rise. These were analysed in the report, and included: extending efficiencies; seeking funding from the Government; reducing the fee; introducing payment by instalments immediately; passing regulation to another body; varying fee levels depending on pay or employment status; moving out of London and reducing property costs; fining registrants who were found to be unfit to practise; reducing the number of fitness to practise referrals and extending improving fitness to practise efficiencies; requiring employers to pay the fee.
- (e) The NMC was consulting on a change to its legislation to enable payment by instalments and was committed to

introducing the facility by early 2016.

- (f) As discussed earlier in the meeting, an accommodation review had been commissioned which would look at the NMC's requirements from 2019. The annual cost of the lease of 23 Portland Place was £250.
- (g) The NMC had been very disappointed that the Law Commissions' draft Bill had not been included in the Queen's Speech for the final session of the Parliament. The NMC continued to press for the legislative changes that were required to enable changes to its operating model and associated savings.
- (h) Between 2004 and 2007, the annual registration fee had been fixed at £43. From 2007, it had been increased to £76, and then to £100 from 2012. The principal cost driver was fitness to practise but it was also necessary to invest in other regulatory functions. The NMC had committed to delivering £54 million of efficiency savings in fitness to practise over the next three years. An efficiency programme had already been put in place to deliver cost savings across the organization.
- (i) The financial plan had been predicated previously on an assumed annual increase in fitness to practise referrals of 8%. In fact, there had been an increase of 14% in the current year and the latest planning assumption was for an annual increase of 10%. Other planning assumptions had broadly held steady.
- (j) It was necessary to retain reserves to cater for the unpredictable and to invest in transforming the organization for the future. As the charity trustees, the Council was responsible for ensuring the financial sustainability of the organization.
- (k) The Chief Executive's advice to the Council was that the annual registration fee should be increased to £120 from March 2015 in order to deliver the strong and effective regulation that the public and the professions demanded and deserved.

3. The following principal points were noted in discussion:

- (a) Legislative change would be required either to fine registrants whose fitness to practise was found to be impaired or to pass on hearing costs to them. It was not clear that in practice the acquisition and use of such a power would generate a significant amount of income for the NMC.

- (b) The NMC was currently operating at the equivalent of a £120 annual registration fee, subsidised down to £100 through the DH grant. The grant had been sought and given as an exceptional measure to deal with the backlog of fitness to practise cases. It was important, now that the backlog had been cleared, to consider the financial sustainability of the organization for the longer-term future.

4. Questions and comments from observers were invited. In particular, the following points were noted:

- (a) The progress that had been made since the PSA strategic review was acknowledged. However, some observers expressed their strong view that any fee increase would have a serious, negative impact on nurses and midwives, many of whom had been subject to pay restraint for several years, and would lead to hardship. Such was the strength of feeling in the professions that midwives had recently voted in favour of strike action over pay. There was a view that increasing the fee would damage confidence in the NMC.
- (b) Rather than impose a fee rise on nurses and midwives, the possibility of asking the DH to provide a further grant was raised, especially given the delay in bringing forward the Law Commissions' reforms. In response, it was noted that the DH had been kept fully informed of the NMC's financial position and its proposals regarding the fee and had given no indication that a further grant would be possible. The DH's stated position was that setting the registration fee was a matter for the NMC.
- (c) Observers noted that a fee rise could disproportionately affect women and those aged over 55 who were more likely to be part-time workers. If part-time workers decided to leave the professions as a result of a fee rise, there would be a negative impact on public protection.
- (d) It was suggested that the fees paid to fitness to practise panel members were too high. In response, it was noted that panel members performed an extremely important function for the NMC and their fees were comparable with those paid by other regulators.
- (e) Observers acknowledged that fitness to practise expenses were the main cost driver. It was noted that increasing referrals appeared to be a trend across the sector. The professional bodies were willing to work with the NMC to try to ensure that only appropriate cases were referred to the NMC. They were also willing to lobby the government on the question of legislative reform.

- (f) Concern was expressed about the fact that the NMC had effectively been operating at a £120 fee level, knowing that the DH grant would come to an end. In response, it was noted that a £120 fee reflected the actual cost of regulation. The alternative was to reduce fitness to practise activity substantially, which would have a negative effect on public protection.

5. During the Council's discussion, the following main points were noted:

- (a) A condition of the DH grant was that the NMC restore its reserves to £10 million by January 2016. Delaying the fee increase by a year would mean that this target would be missed by around £5 million.
- (b) The KPMG assurance report noted that a contingency of £8 million had been built into the forecast model over the three years of the financial plan. The contingency was separate from the risk-based reserves and was felt to be a reasonable provision to be protected for use against unforeseen operating costs that may arise during any given year.
- (c) Setting the fee at £120 would provide a degree of financial stability for the next few years. On current assumptions, there would be no need to increase the fee again for several years. Maintaining the fee at £100, or setting it at £110 or even £115, would prevent the NMC from meeting its financial commitment to the DH without scaling back its activities. A significant reduction in costs would need to be found from the fitness to practise budget. It would also mean that investment in the key areas of education and standards would have to be deferred.
- (d) The NMC was committed to an annual review of the fee as part of the budget-setting process. This provided a mechanism for the Council to reduce the fee if, in the future, the financial position permitted it. A system of charging different levels of fee for different categories of registrant could not be introduced immediately but the Council wished to return to that matter as part of the fee review process.
- (e) The continuing increase in fitness to practise referrals across the sector was discussed. While the increase could be indicative of greater public awareness of, and confidence in, the regulatory system, further work would be welcomed to understand better the underlying reasons and to forecast trends and rates more effectively. It was hoped that the PSA would play a role in leading such work in the sector. For its

part, the NMC continued to work closely with employers to ensure that cases were referred only where appropriate. It was noted that the increase in referrals had not been accompanied by an increase in the proportion of cases closed in screening or at the investigation stage, which suggested that the referrals were appropriate.

- (f) The possibility of negotiating with DH a later deadline for restoring the reserves position was discussed. However, given the importance of the reserves for the NMC's financial sustainability, in any event, any delay to achieving the minimum level of £10 million was not felt to be prudent or viable.
- (g) Achieving the efficiency targets that had been set was extremely important. Seeking greater efficiencies was also critical. The Law Commissions' Bill was a crucial element of that and the NMC should continue to press the government on the matter, regardless of the fee level. Efficiency savings were already built into the fee calculation but it was not felt realistic to expect additional efficiencies to give scope for a lower fee in the near-term.
- (h) The adverse impact of a fee increase on nurses and midwives should not be underestimated. The Council had a good deal of sympathy with this. Payment by instalments would help to mitigate an increase and every effort should be made to introduce the facility as quickly as possible. Not all nurses and midwives were currently claiming tax relief on their registration fee, as they were entitled to do. They should be encouraged to do so, as a way to reduce the real burden of the fee.

6. The Council resolved unanimously to increase the annual registrant fee to £120 with effect from March 2015. In reaching its decision, it took account of all the points made above, and other factors including:

- (a) It had been a difficult matter for the Council to decide, and members were very mindful of the impact that the decision would have on nurses and midwives.
- (b) The potential impact on women and those aged over 55 was objectively justifiable and proportionate to achieving the NMC's legitimate aims of protecting the public.
- (c) The responses to the consultation and the views expressed by observers at the meeting had been carefully considered.
- (d) The assumptions underpinning the financial forecasts had

been tested both by KPMG and by the Council.

- (e) Increasing the fee to £120 provided an important degree of financial security and sustainability which alternative options did not. Weighing all considerations, it was the favoured option.
- (f) The proposed amendments to the fee rules would be put to the Council for decision by correspondence, in accordance with the procedure set out in Standing Order 5.10.

7. The Council further agreed:

- (a) It was essential that a facility for registrants to pay by instalments be introduced by early 2016.
- (b) The NMC should continue to press the government for the legislative reform that was required in order to secure greater efficiencies in its fitness to practise processes.
- (c) On current assumptions, the Council did not anticipate needing to increase the fee again for the next few years. The Council would examine the assumptions rigorously through the annual review process and would consider reducing the fee if possible.
- (d) As part of the next fee review, the Council would consider advice from the executive regarding the feasibility of, and, if appropriate, the legislative changes and timescales for, introducing a system of charging different levels of fee for different categories of registrant.
- (e) The NMC should promote actively to nurses and midwives their entitlement to tax relief on the registration fee.
- (f) The NMC should consider the feasibility of introducing a mechanism for recovering costs from registrants whose fitness to practise was found to be impaired.

Action: Provide an update on the points agreed above.

For: Chief Executive and Registrar
By: 3 December 2014

NMC/14/90 Chief Executive's report

1. The Council received the Chief Executive's report on key developments in the external environment, key developments internally, and key strategic engagement activity.
2. In discussion, the following points were noted:

- (a) The new registration process for applicants from outside the EU / EEA, incorporating a two-part test of competence, would apply to all applications received from 1 October 2014. The Council would receive a further update on this in December 2014 as part of the Chief Executive's report.
- (b) The Professional Standards Authority's (PSA) work to revise the performance review process for 2014-15 was welcome.
- (c) A joint statement of healthcare professions regulators on the Duty of Candour would be published in October. The NMC and GMC jointly had been leading the work. The NMC and the GMC had also been collaborating on joint guidance on candour, near misses, and apology which, following public consultation, was expected to be published in early 2015.
- (d) The Shape of Caring review, chaired by Lord Willis and co-sponsored by the NMC and Health Education England (HEE), was underway. HEE was represented on the Education Advisory Group but their attendance had not always proved possible. Council members were keen to encourage effective engagement between the NMC and HEE.

NMC/14/91 Performance and risk report

1. The Council received a report on operating performance and risk, including August performance against the key performance indicators, the fitness to practise (FtP) dashboard, and the corporate risk register.

Performance

2. The following points were noted in discussion:
 - (a) KPI 1 (Registrations): Seasonal fluctuations in the type of applications received meant that overall performance was expected to be lower over the summer months. Historically, performance had been higher from September onwards. Changes to the overseas registration process could have an impact on performance. The year-end forecast would be reviewed at the mid-year point to take account of peak volumes and changes to overseas registration.
 - (b) KPI 2 (Interim Orders): Performance was above the target.
 - (c) KPI 3 (Investigations): The slight dip in performance in August had been expected as there were a number of cases at the investigation stage that were already over 12 months old. Monthly performance would continue to fluctuate as these

cases came through the system. A significant proportion of these older cases had been held up by third party investigations. Although the number of cases over 12 months old had increased, the overall age of cases continued to drop.

- (d) KPI 4 (Adjudications): The proportion of cases meeting the KPI in August was 37%. The July 2013 profile had been removed from the graph because it reflected a prediction based on a number of assumptions. Now that the actual caseload to December 2014 was known, forecast performance was shown in a separate bar graph. The Executive remained confident that the December 2014 target would be achieved.
- (e) The figures for the third week of September showed that, of the 1,106 cases referred for adjudication as at June 2014: (i) 452 had been concluded so far; (ii) 166 cases had been adjourned part-heard, of which 113 were scheduled to conclude by December 2014. This meant, in effect, that more than 50% of the caseload had been concluded with slightly more than 3 months remaining. A further 480 cases had been scheduled and were expected to conclude by December 2014. Around 40 cases were held up for exceptional reasons which had come to light since June 2014.
- (f) An additional hearing centre at Hanover Square had been established in October to provide the required hearing capacity. Steps had been taken to ensure the required numbers of staff, panellists, and legal assessors were available, to reduce the likelihood of adjournments, and avoid a detrimental impact on quality and witness care. The move to the new hearing centre in Stratford was on track, with staff due to move into the new premises in November 2014. No adverse impact on performance arising from the move was anticipated.
- (g) The adjournment rate stood at 21% for the year-to-date, a reduction from 37%, and work was continuing to reduce it further. The NMC was scheduling cases in anticipation of concluding them, not to meet the KPI, and was expecting that only a small number of cases would not have concluded fully by December 2014.
- (h) 70% of cases ending in August 2014 had concluded in 15 months from start to end. Proposals regarding a start-to-end KPI target would be submitted to the Council in January 2015. It would be important not to move too quickly towards a new target if it was not realistic to do so.
- (i) Council members noted the significant progress that had

been made towards KPI 4 and expressed their thanks to staff, panel members, legal assessors, and the professional bodies.

- (j) KPI 5 (Available free reserves): The NMC's financial position had already been discussed under item NMC/14/88.
- (k) KPI 6 (Staff turnover rate): Staff turnover continued to reduce and was on track to meet the year-end target. A staff conference would be held in March 2015.

Risk

- 3. The Council noted the corporate risk register. Risk CR4 (Professional indemnity insurance) had been closed now that the legislative provision had been implemented. An update on the impact of implementation would be included in the next Chief Executive's report.
- 4. The Council endorsed the corporate risk register.

NMC/14/92 Proposed changes to Fitness to Practise and Registration Rules: outcomes of consultation

- 1. The Council considered a report summarizing the results of the consultation on proposed changes to the FtP and Registration Rules and recommending that the Council proceed to implement the changes to (a) introduce case examiners and change the focus of the Investigating Committee to making and reviewing interim orders; (b) introduce the power to review no case to answer decisions; (c) amend the composition of Registration Appeal Panels so they no longer include a Council member as Chair, or a Registered Medical Practitioner where the health of the applicant is in question; (d) introduce provision for collection and verification of information relating to professional indemnity insurance.
- 2. Maura Devlin, Maureen Morgan, Amerdeep Somal, Lorna Tinsley, and Anne Wright declared an interest in the item by virtue of chairing Registration Appeals Panels under the existing arrangements. The Chair determined that the interest was not material and that all members would be permitted to participate in discussion and decision.
- 3. The Council agreed:
 - (a) To approve the conclusions reached following the consultation on proposed changes to the Fitness to Practise and Registration Rules.
 - (b) To review the amendment Rules at its meeting on 3 December 2014 and (subject to the Council's agreement at

that meeting) to make the Rules by correspondence (as permitted under section 5.10 of the Standing Orders) on or about 11 December 2014, once the changes to the Nursing and Midwifery Order have taken effect, so that the Rules may be passed to the Privy Council for approval and laid in Parliament.

NMC/14/93 Review of mandatory time limits for completion of education programmes

1. The Council considered a report proposing that the Council consult on an amendment to the NMC standards for education to remove the mandatory maximum time limits allowed for the completion of pre- and post- registration programmes.
2. The Director of Continued Practice reported that an equality analysis of the standards for education had been undertaken which had suggested that the current mandatory time limits should be removed. The intention was that approved education institutions (AEIs) should take responsibility for managing student progression taking into account individual circumstances. The NMC would monitor arrangements through quality assurance activity. Consultation on the proposed changes would start in the next three weeks and would be open for up to nine weeks. Policy proposals would be brought back to the Council for decision in early-2015. A separate, broader evaluation of pre-registration standards would proceed as planned.
3. In discussion it was noted that the proposal would not have the effect of allowing unlimited time to complete a programme. Rather, it would allow AEIs flexibility to deal with students' complex personal circumstances. AEIs were better placed than the NMC to do so and had much experience of dealing with interrupted studies.
4. The Council agreed:
 - (a) To consult on the proposal to revoke the requirements across all the NMC's education standards that indicate mandatory time limits for completion of education programmes.
 - (b) To consult on the proposal that responsibility for management of completion timescales should be devolved to AEIs.

NMC/14/94 Questions from observers

1. The Chair of the Council invited questions from observers. The following points were noted:
 - (a) Differing views were expressed about the Council's decision to increase the annual registration fee to £120. Some felt that the increase in fee would serve to protect the public better. Others felt that it would adversely affect nurses and midwives.

One professional body expressed disappointment at the decision and urged the NMC to work with the professional bodies to mitigate the impact of the fee increase.

- (b) The PSA's recently published guide to fitness to practise was raised. In discussion, it was noted that the position in law was that the purpose of fitness to practise was remediation rather than punishment. Recovering costs from those whose fitness to practise was impaired was not punitive. It would also encourage those who were subject to fitness to practise proceedings to engage in early resolution processes.

NMC/14/95 Revalidation update

1. The Council received a progress update on the revalidation programme.
2. The Director of Continued Practice reported that:
 - (a) A long period of detailed consultation had recently concluded. The outcomes of the consultation would inform the evidence reports on the revalidation model and the code which would be published at the end of November.
 - (b) The programme was now moving from consultation and engagement to assessing readiness and delivery, and the pilot phase would begin in January 2015. The risk was currently being reassessed. Two corporate risks were likely to be reported at the December meeting, distinguishing between (a) programme delivery and (b) system impact and readiness.
 - (c) The Scottish Government had established a programme board to oversee delivery. Similar boards were soon to be established in Wales and Northern Ireland. The NMC was encouraging the Chief Nursing Officer for England (in NHS England) and the Director of Nursing at the Department of Health and Public Health England to adopt a similar approach.
3. The following points were noted in discussion:
 - (a) Revalidation was a matter of great importance to registrants, who wished to start preparing for the new system.
 - (b) The pilot organizations had been selected to include large NHS trusts as well as a range of settings in which revalidation could prove more challenging. Midwives would be included in both groups.

NMC/14/96 Strategic review revisit

1. The Council received the report of the external review of progress

made by the NMC against the recommendations of the PSA's strategic review 2012.

2. The Chief Executive reported that, in July 2012, the PSA strategic review had made fifteen recommendations and said that it expected to see demonstrable improvement in two years. The NMC had commissioned an independent review of progress, which had concluded that the NMC was now in a much stronger position than in 2012. Progress in some areas, including ICT, staff culture, quality management, and customer service, had been slower. The findings of the report would be used to inform the change programme and business planning process.
3. The following points were noted in discussion:
 - (a) It was clear that a significant amount had been achieved in the two years since the PSA strategic review to improve the management and governance of the NMC. The report would usefully inform planning and the Council would be kept abreast of progress through the usual reporting mechanisms. Addressing ICT challenges would be particularly important and the Council would receive a quarterly progress report.
 - (b) The PSA had been consulted as part of the review process. PSA would, as normal, assess the NMC's performance through the audit of initial stages fitness to practise processes and the annual performance review.
 - (c) As a professional regulator, the NMC was focussed on public protection rather than on representing nurses and midwives. There were a number of mechanisms for registrants to contribute to and influence the NMC's work, for example: the Council; the Professional Stakeholders Advisory Group; the Education Advisory Group; Revalidation Strategic Advisory Group; fitness to practise panels. The NMC was committed to seeking additional input from registrants where there was a clear need to do so.
 - (d) Changing an organisation's culture was a long term challenge. The Council recognized the importance of role-modelling the values and behaviours and of supporting the executive to achieve change.

NMC/14/97 Chair of the Council recruitment

1. The Council received and noted the report.

NMC/14/98 Chair's report

1. The Council received and noted the report

NMC/14/99 Chair's actions taken since the last meeting of the Council

1. The Council received and noted the report.

NMC/14/100 Schedule of business

1. The Council received and noted the report.

The date of the next meeting is to be 3 December 2014.

Confirmed by the Council as a correct record and signed by the Chair:

Signed: DRAFT Date: DRAFT

Decision of the Council
20 October 2014
at 23 Portland Place, London W1B 1PZ



Decision by correspondence

NMC/14/101 Proposal to amend the Nursing and Midwifery Council (Fees) Order 2004

1. On 9 October 2014, a notice was circulated:
 - (a) attaching a report recommending that the Council make the Nursing and Midwifery Council (Fees) (Amendment) Rules 2014 to give effect to the Council's decision of 1 October to increase the annual registration fee to £120 from March 2015;
 - (b) advising the Council that it had the power to decide matters by correspondence, in accordance with the procedure set out in the Standing Orders;
 - (c) inviting Council members to respond by noon on 20 October 2014 indicating whether or not they approved the recommendation.
2. The Council's decision as at noon on 20 October 2014 was to approve the recommendation and to make the Nursing and Midwifery Council (Fees) (Amendment) Rules 2014.

Confirmed by the Council as a correct record and signed by the Chair:

Signed: DRAFT

Date: DRAFT

Council

Summary of actions

Action: For information.

Issue: A summary of the progress on completing actions agreed by the meeting of Council held on 1 October 2014 and progress on actions outstanding from previous Council meetings.

Core regulatory function: Supporting functions.

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

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

Annexes: None.

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

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Secretary: Matthew McClelland
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Summary of actions outstanding (Council)

Actions arising from the Council meeting on 1 October 2014

| Minute | Action | For | Report back to: Date: | Progress |
|-----------|---|-------------------------------|----------------------------|--|
| NMC/14/87 | Schedule a seminar session on customer service in late 2014 | Secretary | Council 3 December 2014 | An update on customer service is included in the performance and risk report. This subject will be discussed at seminar in early 2015. |
| NMC/14/89 | Provide an update on the points agreed [in paragraph 7, minute NMC/14/89, relating to the decision on the registration fee] | Chief Executive and Registrar | Council 3 December 2014 | <p>(a) A paper proposing legislative change to permit payment by instalments is on the agenda and we are on track to introduce the facility by early 2016.</p> <p>(b) We are continuing to press the Government for legislative reform.</p> <p>(c) The next annual fee review will take place in March 2015.</p> |

| | | | | |
|--|--|--|--|--|
| | | | | <p>(d) As part of the annual fee review, the Council will consider advice regarding the feasibility of introducing a system of charging different levels of fee for different categories of registrant.</p> <p>(e) We will continue to promote tax relief in our routine communications with registrants and will include it in a wider communications plan relating to the fee increase.</p> <p>(f) We are considering the feasibility of cost recovery in tandem with the business planning round.</p> |
|--|--|--|--|--|

Actions arising from the Council meeting on 30 July 2014

| Minute | Action | For | Report back to: Date: | Progress |
|---------------|---|----------------------|----------------------------------|---|
| NMC/14/70 | Report to the Council on stakeholder engagement on the draft NMC strategy 2015 - 2020 | Director of Strategy | Council 3 December 2014 | Details are included within the Chief Executive's report. |

Actions arising from the Council meeting on 12 September 2013

| Minute | Action | For | Report back to: Date: | Progress |
|---------------|---|--------------------------------|----------------------------------|---|
| NMC/13/146 | Report on the cost-benefit analysis undertaken with the Department of Health [as part of the Council's decision to agree the recommended option three (as set out at Annexe 2) to inform the consultation phase and shaping of the revalidation model]. | Director of Continued Practice | Council 3 December 2014 | A tender process has started to appoint an external organisation to evaluate the pilots. This will include evaluation both from the individuals' perspective and the impact assessment on the employers and overall system. |

Council

Chief Executive's report

Action: For information.

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

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

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

Decision required: None.

Annexes: None.

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

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

Discussion: Strategic Review Revisit 2014: independent review

- 2 The independent review of our progress against the Professional Standards Authority's (PSA) Strategic Review 2012 recommendations was published on 15 September 2014. KPMG facilitated a workshop with Directors and Assistant Directors on 10 November to ensure that we address the areas for further focus arising from the report as part of the current business planning round for 2015-2108.

Professional Standards Authority issues

Performance review 2014-2015

- 3 We submitted our evidence and data return for the performance review process 2014-2015 in accordance with the PSA deadline on 17 November 2014.
- 4 The next stage of the process will begin in mid-January 2015, when the PSA will send detailed follow up questions on our evidence for response in early February 2015. At the same time, we will be provided with any feedback on our performance that the PSA has received from third parties, in response to its open invitation for comments during October and November 2014. We will be asked to comment on the feedback.

Revision of the performance review process

- 5 NMC officers met with PSA staff to provide informal input into the PSA 's revision of the performance review process on 2 October. We also discussed the review at the officer level inter-regulatory group on performance matters on 3 October.
- 6 The Chairs of Regulators discussed this at a meeting on 4 November attended by the Chair of the PSA, Baroness Pitkeathley of Caversham, OBE. It was agreed that all Chairs and Chief Executives would meet with the Chair and Chief Executive of the PSA to discuss the review before the PSA Board approves proposals for formal consultation on 21 January 2015. The meeting is expected to take place in early January 2015.
- 7 The Chief Executives discussed the review at an inter-regulatory meeting on 18 November. An update on the outcomes will be provided at the meeting.

PSA Refresh of 'Right-touch regulation'

- 8 The PSA is undertaking a project to assess the impact of 'Right-touch regulation', which is the approach it takes to its work and which it encourages health professional regulators to work towards. PSA defines Right-touch regulation as the minimum regulatory force required to achieve the desired result. The purpose of the review is to bring the approach up-to-date, and clarify and expand on some of the key concepts such as risk and proportionality. The PSA has issued a 'call for views' by 31 December 2014 and we are developing our response.

Future funding of the PSA: Department of Health consultation

- 9 We responded to the Department of Health's consultation on future funding of the PSA by the 28 November deadline. Our response reflected the Council's discussions and is available on our website.

PSA introductory meeting with Dame Janet Finch

- 10 Dame Janet Finch met with Baroness Pitkeathley of Caversham, OBE, Chair of the PSA, as part of a series of introductory meetings in advance of her taking office on 1 January 2015.

Draft NMC Corporate Strategy 2015–2020

- 11 We have continued to gather feedback on our draft corporate strategy prior to its finalisation in Spring 2015. Discussions have been held with our own stakeholder fora, such as those for professional leaders and patients and the public, and with key individuals at DH, PSA, other regulators, and unions. The material has been tested with registrants as part of our calendar of routine visits and speaking engagements. The next draft will be shared with the Chief Nursing Officers for comment. Feedback has been overwhelmingly positive about the priorities that the Council has identified. We have been encouraged to develop outcome measures and to evaluate our impact but colleagues described this as implementation phase activity, not suggestions for content. We have strengthened our references to equality and diversity following feedback on this area.

IT

- 12 We have engaged the services of an interim Chief Information Officer (CIO) to support the executive team in accelerating our planning and implementation of key improvements to our IT and information and data management. The interim CIO commenced work at the end of October 2014 and has presented initial findings to directors. This work will both inform, and be informed by, our business and strategic planning processes and the interim CIO is currently contracted to work with us until March 2015.

- 13 A consultation on a restructure to the IT department has now completed and we are recruiting a new team to create a more permanent, skilled workforce. We are also commissioning a health check review of our core IT processes and controls in parallel to this to ensure our IT improvement programme identifies all key requirements.
- 14 The Council will receive a more detailed update of these critical pieces of work at its meeting in January 2015.

Information security

- 15 We had a helpful meeting with staff from the Information Commissioner's Office (ICO). We shared our information security programme and progress to date. The discussion helped us understand the ICO's approach to assessing whether an organisation has taken reasonable steps to avoid breaches and then mitigate their impact.
- 16 We will be asking the ICO to carry out a risk review on two areas, which have higher potential for error, to see if there is any best practice that we can deploy to minimise risk further.

NMC overseas registration test of competence

- 17 The new overseas registration process covering nurses and midwives who completed their training abroad, which includes the two part test of competence, was successfully launched and is being applied to all applications received from 1 October 2014. To date 694 potential applicants have registered on the overseas portal, and 164 have applied to sit the initial computer based test with this commencing in early November. The new Objective Structured Clinical Examination (OSCE) Centre, where the Part 2 clinical examinations will be conducted, officially opened at the University of Northampton on 17 November 2014.

NMC Online

- 18 Nurses and midwives are continuing to sign up to the online registration system with 104,755 registrants (16% of registrants) having done so as at 31 October 2014. Of those, 75,684 have activated accounts (approximately 11% of registrants), with 38,497 Notice of Practice submissions completed online and 33,559 renewal or retention payments being made. A further release which will extend online functionality, including the ability to complete an application for initial registration online, is scheduled for release late November or early December 2014. User feedback continues to be positive on this.

Professional Indemnity Insurance

- 19 At its October meeting, the Council requested an update on the

impact of implementation of the requirement for all health care professionals to hold an appropriate indemnity arrangement as a condition of registration.

- 20 Professional indemnity insurance (PII) was implemented in July 2014 in line with the introduction of the legislation. This involved the amendment of the system and forms to include self-declaration that an appropriate indemnity arrangement is in place on initial registration and renewal as well as on submission of a midwifery Intention to Practise form. We also produced guidance to help applicants and registrants understand the new requirement. The majority of registrants will be covered through the vicarious liability of their employers. It therefore will affect only a small proportion of those registered and, given this, it is too early to detect any impact on the register. We are not able to identify why individuals decide to leave the register. We will keep this under review alongside revalidation work which has made provision for a higher number of audits including confirmation of appropriate indemnity arrangements.

Duty of candour

- 21 We published a joint statement on the professional duty of candour with seven other health care regulators in October 2014. Jointly with the General Medical Council, we launched a public consultation on joint draft guidance on the duty of candour, including near misses, in November 2014. The significance of this joint work in developing draft guidance applicable to doctors, nurses and midwives was recognised by the Secretary of State for Health and Sir Robert Francis QC at the launch event on 3 November.
- 22 The consultation exercise will close in early January 2015 with the final guidance document due to be published in March 2015.

Revalidation / Code review

- 23 Engagement is now focusing on supporting employers, leaders and managers in their preparations for revalidation. This approach recognises policy is under development and subject to the Council's approval.
- 24 We directly engaged with approximately 1,750 stakeholders as part of our participation in 18 events between late September and mid-November. NMC staff have spoken on revalidation at a number of conferences and events including: Scottish Care Five Nations Care Forum; Department of Health CNO group; The Future of Nursing conference; Effective Ward Manager conference; Practice Nurse Conference; The 6 Cs Conference: Delivering 'Compassion in Practice'; Scottish Annual Regulation Conference; Unite/CPHVA conference; Next steps for improving patient experience and safety in health and care; RCM conference; and CNO England Conference.

Midwifery issues

- 25 We acted promptly to protect service users when concerns came to light relating to midwifery practice in Guernsey. We conducted an extraordinary review of the Local Supervising Authority (LSA) in October 2014 and published our report on our website on 30 October. We are considering action plans produced by Guernsey's Health and Social Services Department and the LSA and are supporting their efforts to improve patient safety.
- 26 We demonstrated our commitment to acting in the manner and spirit urged by the Francis report in drawing attention to wider health care concerns which emerged during our extraordinary review. We published our findings both in the public interest and so that action can be taken by those with the locus to do so.
- 27 Concerns about the midwifery service in Guernsey have required significant input from the Chief Executive and colleagues in the Continued Practice directorate, including a wide range of media engagement. The Chief Executive has met with colleagues from the Guernsey Health and Social Services Department (HSSD) and the wider administration on the island, including the HSSD Chief Officer, the Deputy Chief Minister and the Director of Constitutional Relations. A number of discussions have also taken place with colleagues from NHS England.

Engagement activities

- 28 Our Patient and Public Advisory Group (formerly known as "Patient and Public Engagement Forum") met on 8 October 2014 and agreed new terms of reference, including a name change, to reflect a more active role in advising the NMC. We were joined by Professor Gail Thomas, Dean of Health and Social Care and Director of the Centre for Excellence in Learning, Bournemouth University; Professor Lisa Bayliss-Pratt, Director of Nursing, Health Education England; and Paul Jebb, Assistant Director of Nursing, Blackpool Teaching Hospitals NHS Foundation Trust for a discussion on compassion and care in education and practice. We also covered an update on the draft revised Code and medicines management.
- 29 On 24 November 2014 we held a workshop with the Patient and Public Advisory Group to help us develop patients and the public-facing materials on the Code.
- 30 NMC staff met with Maeve Hully, Chief Executive of the Patient and Client Council, to discuss taking forward our patient and public engagement work in Northern Ireland. A proposal for an inaugural meeting in spring / summer 2015 is in progress.

- 31 Our Professional Strategic Advisory Group, chaired by the Chief Executive, met on 2 October 2014. Discussions covered communicating the Code, draft NMC Strategy, Fitness to Practise update and employer liaison.
- 32 The Scottish Senior Stakeholders Group met on 10 November 2014. Discussions included draft NMC Strategy; revalidation pilots; Code consultation outcomes and education strategy.
- 33 The Director of Strategy gave a presentation on aligning professional and systems regulation at the international Dubai Health Regulation Conference in October.

Education

- 34 We continue to be involved in a number of education initiatives with key education stakeholders. These include:
 - 34.1 The Shape of Caring review of nurse education and health care assistant training which is being chaired by Lord Willis and which we are co-sponsoring with Health Education England (HEE).
 - 34.2 The Higher Apprenticeship trailblazer meetings. Attendance is essential to ensure that this initiative is underpinned by our pre-registration nursing education standards.
 - 34.3 The review of pre-registration nursing education provision in the East of England which is being conducted by HEE LETB East of England.
- 35 We have also been engaged in the following stakeholder activity:
 - 35.1 We presented to the Council of Deans of Health (CoDoH) conference on 16 October in Manchester where we provided early headlines on the proposed direction of travel for our education strategy.
 - 35.2 We attended a meeting that was jointly convened by RCN and CoDoH regarding the proposed competencies in the new EU Directive on 17 October 2014.
 - 35.3 We held a listening event on 31 October to discuss the proposed direction of travel for the education strategy. Representatives from our Education Advisory Group, RCN, RCM and higher education institutions were in attendance. A broader series of engagement events will follow in the New Year.
 - 35.4 The Director of Continued Practice has joined the General Medical Council's Education and Training Advisory Board, which focuses on education policy and standards for doctors,

to share cross-regulatory learning and practice.

Chief Executive's activity

- 36 The Chief Executive has additionally engaged in the following activity with stakeholders:
 - 36.1 On 29 September 2014, the Chief Executive met Jeremy Lefroy MP to discuss the Health and Social Care (Safety and Quality) Bill.
 - 36.2 In other activity with parliamentarians, the Chief Executive met Sarah Wollaston MP, the Chair of the Health Select Committee and Rosie Cooper, MP on 30 September and 10 November 2014 respectively.
 - 36.3 The Chief Executive met the Bishop of Carlisle who was interested in the NMC's legislative framework and the government's decision not to proceed with the Law Commissions' draft bill.
 - 36.4 The Chief Executive has undertaken the following speaking engagements. Unless otherwise indicated, the presentations were focused on the progress with revalidation (and the review of the Code) and recent developments at the NMC:
 - 36.4.1 BUPA , London (13 October 2014);
 - 36.4.2 Council of Deans dinner, London (20 October 2014) – the Shape of Caring review;
 - 36.4.3 Executive Nurse Network, London (22 October 2014);
 - 36.4.4 PMRAFNS All Ranks Symposium, Sleaford, Lincolnshire (23 October 2014);
 - 36.4.5 the Association of Nurse Prescribing annual conference, London (6 November 2014);
 - 36.4.6 the Faculty of Health and Social Sciences, Leeds Beckett University (7 November 2014);
 - 36.4.7 Westminster Health Forum, London (10 November 2014) – patient safety and the role of regulation;
 - 36.4.8 the RCM annual conference, Telford (12 November 2014) – 'Q and A' session on the future of midwifery regulation.
 - 36.5 On 23 October 2014, the Chief Executive was interviewed by ITV Wales for a report on a review undertaken by the Older People's Commissioner for Wales, Sarah Rochira, on the

wellbeing of older people in care. The programme was broadcast on 11 November 2014.

- 36.6 The team leading the review into the investigation into Operation Jasmine met with the Chief Executive and the Director of Fitness to Practise on 14 November 2014.
- 36.7 The Chief Executive met Niall Dickson, Chief Executive and Registrar of the General Medical Council on a number of occasions to discuss preparations for the launch of the candour consultation document and wider regulatory issues. The Chief Executive attended the most recent meeting of the Chief Executives Steering Group, held on 21 October 2014 which was attended by Nick Clarke, the Deputy Director of the Professional Standards directorate of the Department of Health and Harry Cayton, the Chief Executive of the Professional Standards Authority.
- 36.8 Face-to-face engagement between the Chief Executive and key professional stakeholders has included discussions with Viv Bennett, the Director of Nursing at the Department of Health and Public Health England, her deputy David Foster and Jane Cummings, the Chief Nursing Officer at NHS England. On 15 October 2014, the Chief Executive met with Obi Amadi, Unite/CPHVA's Professional Officer. The Chief Executive has had ongoing discussions with the Shelford Group and on 10 October 2014, she spoke to a group of Shelford student nurses.

Public protection implications:

37 No direct public protection implications.

Resource implications:

38 No direct resource implications.

Equality and diversity implications:

39 No direct equality and diversity implications.

Stakeholder engagement:

40 Stakeholder engagement is detailed in the body of this report.

Risk implications:

41 No direct risk implications.

Legal implications:

42 No direct legal implications.

Council

Performance and risk report

Action: For discussion.

Issue: The report details how we are embedding performance and risk management across the NMC.

Core regulatory function: All of our core regulatory functions.

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

Decision required: The Council is invited to:

- Note the summary of performance for Quarter 2 (paragraph 45).
- Discuss the KPI information provided (paragraph 51).
- Approve the two recommendations at paragraphs 58.1 and 58.2, with regard to measuring 15 month performance in FtP (paragraph 59).
- Note and discuss the assessment and management of risks on our corporate risk register (paragraph 64).

Annexes: The following annexes are attached to this paper:

- Annexe 1: PSA Standards of Good Regulation and map
- Annexe 2: Summary of Francis commitments
- Annexe 3: Q2 progress report against the Corporate Plan 2014–2017
- Annexe 4: Progress against our key performance indicators (KPIs)
- Annexe 5: FtP performance dashboard: May 2014 - October 2014
- Annexe 6: Corporate risk register
- Annexe 7: Risk map

**Further
information:**

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

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- Context:**
- 1 This paper provides an overview of our current position in achieving Corporate plan outcomes and the actions we are taking to mitigate key risks. Progress against our key performance indicators (KPIs) and the assessment and management of risks on our corporate risk register, are both reported here.

Performance

Performance for 2014–2015

- 2 This paper reports on the progress we have made, in the second quarter of the financial year 2014–2015, towards the delivery of our planned activities for 2014–2015 as stated in our Corporate plan 2014–2017. Assessment is based on a red/amber/green rating system. The Q2 report is at **Annexe 3**.
- 3 This paper also provides key operational updates, since the October Council meeting.
- 4 At its July meeting, the Council welcomed the inclusion of cross-references between activities and Professional Standards Authority (PSA) Standards of Good Regulation. To further improve this, it was recommended that a copy of the PSA Standards be included in future reports. This is provided here at **Annexe 1**.
- 5 For ease of reference, a summary of our Francis commitments is provided at **Annexe 2**.

Key performance indicators (KPIs)

- 6 The Council had previously discussed the KPIs at its meeting in October. With regard to KPI 4 (adjudications), the Director of Fitness to Practise had provided figures for cases concluded, adjourned part heard, scheduled and held up. She had also outlined the steps being taken towards improving our performance against the KPI. An update is provided in the 'Discussion' section below.
- 7 We are reviewing corporate performance measures as part of the business planning process, which commenced in October.

Risk

- 8 Since the October 2014 Council meeting, directorates have continued to review and update their respective risk registers and the corporate risk register was considered by the Executive Board at its meetings in October and November.
- 9 The Risk Scrutiny Group continues to undertake a monthly scrutiny of the corporate and directorate risk registers. The outcomes of these meetings are shared with directorates and the Programme Management Office, in order to strengthen our risk management

and ensure compliance with our agreed approach.

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

Discussion: **PSA and Francis action referencing**

- 11 The updates provided in this report, and in particular the Quarter 2 progress report at **Annexe 3**, reference PSA Standards of Good Regulation and Francis actions where relevant. To aid referencing, a copy of the PSA Standards is at **Annexe 1** and a summary of our Francis actions is at **Annexe 2**.
- 12 Specifically, the map on the second page at **Annexe 1** shows the links between our corporate objective activities, corporate risks, corporate KPIs and the PSA Standards. The corporate objective activities are found in the Quarter 2 progress report.

Change programme

- 13 We mentioned previously that we would review the role of the Change Management and Portfolio Board (CMPB) and look ahead to the programme of strategic development required to meet our longer term needs. We have decided to align our programme board structure to the 'pillars' in the draft corporate strategy.
- 14 Our initial plan was to introduce this change in early 2015; however, we have brought forward the timescales so it is aligned with our business planning process. The CMPB agreed the new approach at its last meeting in October 2014 and decided to move to the new structure with immediate effect. As a result the CMPB will be wound down.
- 15 The new approach is aligned to the key priorities identified in the draft strategy and changes will be delivered by three strategic development programmes:
 - 15.1 The **Regulation programme** will deliver legislation and policy changes along with key deliverables such as Revalidation and compliance with the EU Directive on Mutual Recognition of Professional Qualifications (MRPQ).
 - 15.2 The **Organisational effectiveness programme** will focus on improving our operational effectiveness, customer services and transformational changes to our ICT systems which will allow us to be more responsive to people dealing with us.

- 15.3 The **Knowledge programme** will focus on improving how we use evidence from data and research to make us an intelligent and informed regulator.
- 16 The communication and collaboration priority will be a cross-cutting theme across all three programmes.
- 17 The programmes will be overseen by the strategic development boards with overall oversight provided by the Executive Board. Each board will be chaired by a Director and membership will include Assistant Directors from the relevant organisational function.
- 18 An outline structure is shown below:



- 19 We are working through transition of existing programmes and projects to the structure outlined above and expect to have initial meetings in November and December 2014.
- 20 We will continue to update the Council on the progress of our programmes in this report and provide further information on the governance arrangements in due course.

Revalidation programme¹ (*Francis commitment*)

- 21 Work is underway to develop the policy underpinning the revalidation model and it will be presented to Council in late-2015. The business requirements supporting revalidation have been set out along with an IT plan to introduce the technology required for the revalidation pilots in 2015.
- 22 Announcements have been made on the first tranche of pilots consisting of major NHS Trusts and health boards across all four countries with a second announcement in mid-November of

¹ Relates to PSA Standard Education and training 2, which we did not meet.

additional pilots for organisations that would be harder to revalidate. The pilots will start in January 2015 and will allow the NMC to trial the effectiveness of the revalidation process and refine the system before its launch at the end of 2015. A report on the pilot outcomes will be considered by the Revalidation Strategic Advisory Group in summer 2015 and then by the Council in September 2015. Final approval will be sought from the Council ahead of launching revalidation.

- 23 Engagement with the pilots is ongoing and a further operational readiness preparation exercise is being coordinated within the programme.
- 24 A supporting evidence report on revalidation has been completed and is presented to the Council elsewhere on the agenda.

Registration improvement programme²

- 25 As reported in the Chief Executive's report, nurses and midwives are continuing to sign up to the online registration system with 104,755 (16% of registrants) having done so as at 31 October 2014. Of those, 75,684 have activated accounts (approximately 11% of registrants), with 38,497 Notice of Practice submissions completed online and 33,559 renewal or retention payments being made. A further release which will extend online functionality, including the ability to complete an application for initial registration online, is scheduled for release late November or early December 2014. User feedback continues to be positive on this.
- 26 As reported in the Chief Executive's report, the new overseas (non-EU) registration process including the test of competence was introduced on schedule with effect from 1 October 2014. The new Competence Test Centre where the second part of the test of competence (OSCE) will be conducted was officially opened at the University of Northampton on 17 November 2014. To date 694 people have registered on the overseas portal and 164 have applied to sit the initial computer based test, which can be sat at locations worldwide.

Customer service

- 27 We informed the Council in October 2014 of our intention to adopt the Cabinet's Office's customer service excellence standards. We have commenced the work to make this happen with colleagues from across the organisation. The standards will provide us with a framework to systematically improve provision of customer service. The focus of the work is to improve the quality of the customer experience delivered by the NMC that meets the expectations of key customer groups and allows the NMC to deliver its services

² Relates to PSA Standard Registration 2, which we did not meet.

efficiently. We have taken advice from organisations that have gone through a similar journey to ensure we incorporate their learning and make this more effective for the organisation. We will be providing a detailed update on our customer service initiatives in January 2015.

Staff Survey follow up

- 28 Directors have reviewed the feedback from the 2014 staff survey and, through discussions with their teams, developed action plans to improve areas where feedback indicated more substantial improvement is required. Common themes include communication, management of change, career development, recognition and further work on the approach to pay, grading and reward.

Accommodation

- 29 Hearings were successfully transferred from the Old Bailey to Stratford Place over the weekend of 14-17 November. Apart from a few inevitable teething issues the facility was fully up and running and staff relocated from Portland Place and the Old Bailey are now co-located at the new centre.

Pensions

- 30 Our auto enrolment arrangements have been successfully implemented and embedded through a new defined contribution scheme. Of the staff automatically enrolled into the new scheme, only 9% have withdrawn which is in line with expectations and means that the majority of our employees are now actively contributing to a pension provision. 5.1% have also opted to increase their contributions to above the minimum level. This level of participation is a significant change to previous years where, typically, the level of participation was below 50%.

Quality assurance of education and midwifery supervision

- 31 Following an evaluation of the first year of the quality assurance (QA) framework we have now published the revised QA framework on our website and Mott MacDonald have also published a revised QA handbook. We have just received an interim report with recommendations for enhancing our risk-based approach model and the findings will be presented to the Education Advisory Group on 24 November. An annual report on its delivery will be presented to the Council in January 2015.
- 32 Evaluation of the first year of the QA framework has informed the 2014-2015 training and development plan for QA reviewers. The annual reviewer training day was successfully held on 18 September 2014. Further training days are planned and a bespoke training day for lay reviewers is scheduled to take place on 8

December 2014. Managing reviewer and report writing training days are also being planned.

- 33 The Local Supervising Authorities submitted their annual reports on 31 July 2014 and we are currently analysing those reports in preparation for our annual Local Supervising Authority report which is due to go to Council in January 2015.
- 34 As reported in the Chief Executive's report, we undertook an extraordinary review of the local supervising authority in Princess Elizabeth Hospital in Guernsey and published our findings on 30 October. We continue to work with all stakeholders in refining and agreeing all necessary action plans.

Education

- 35 The evaluation of our pre-registration education standards, which is part of our response to the Francis report, is underway. The work has been brought forward to 2014-15 to align with the Shape of Caring review by Health Education England that the NMC is co-sponsoring. IFF Research, an external research agency, has been appointed to conduct this year-long evaluation which commenced in July 2014. We are nearing the completion of the scoping phase and expect a report of the interim findings in January 2015 (to feed in to the Shape of Caring report in February 2015) and a final report in September 2015.

Registration³

- 36 As expected, September and October were very busy for the Registration directorate, in line with main academic cycles for course completion confirmation, with significantly increased activities during both months. UK initial applications peaked in October with 8,829 processed, of which 96% were completed within five days. Around 50,000 retention and renewal packs were sent out to those registrants with an October registration anniversary date, all of which contained information about signing up to NMC Online.
- 37 In September and October 2014 the Registration centre received 105,938 calls, of which 6% were abandoned by the caller before being answered. Of those answered 90% were answered within two minutes.
- 38 The top 5 call types for October were:
 - 38.1 Annual retention enquiry
 - 38.2 Initial registration enquiry
 - 38.3 Annual retention payment

³ Relates to PSA Standards Registration 2 and 3, which we did not meet.

38.4 EU nurse enquiry

38.5 Address change

39 In September and October 2014 10,371 UK, 1,494 EU and 277 overseas applicants were added to the register.

40 In October 2014 four registration appeals were heard, of which one was heard within the eight months target. The remaining completed cases were previously delayed as a result of requested adjournments by the appellant or due to lack of engagement by the appellant; a further case was delayed by the lack of timely medical input from the appellant's GP to the doctor conducting an independent medical report.

Fitness to Practise⁴

High Court Appeal Activity September and October 2014

41 Appeals received and determined:

| Appeals since last report | Number |
|---|---------------|
| Judicial review by the originator of the case | 1 |
| Professional Standards Authority appeal | 2 |
| Appeal by registered nurse or midwife | 4 |
| Total appeals since last report | 7 |

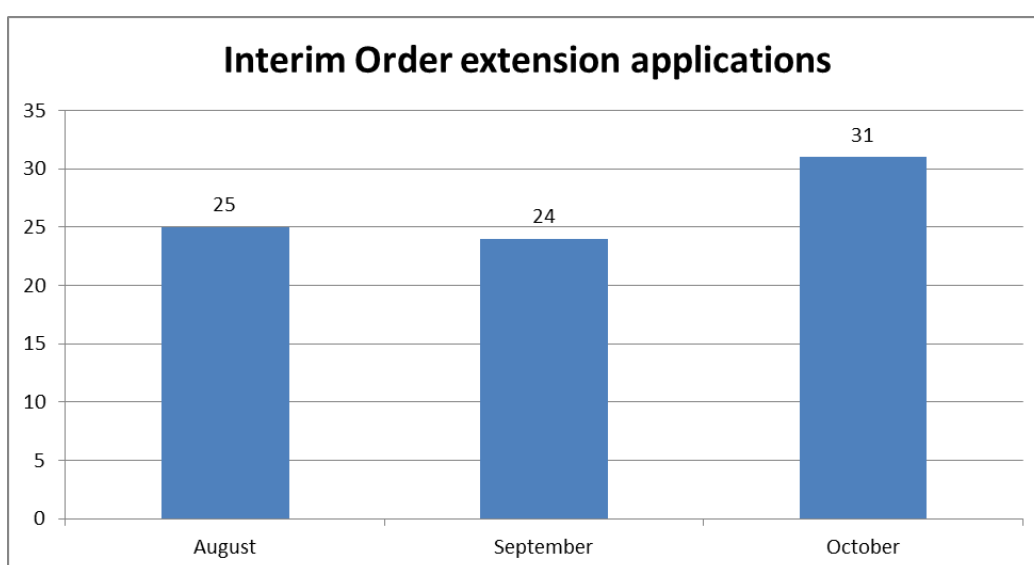
| Outcomes of appeals September and October 2014 | Number |
|---|---------------|
| Remitted back to practice committee to reconsider | 0 |
| Judgment pending | 0 |
| New sanction imposed/agreed | 0 |
| Upheld NMC decision (IO and statutory) | 1 |
| Other agreement | 0 |
| Total | 1 |

⁴ Relates to PSA Standard FtP 8, which we did not meet.

| Current caseload October 2014 | Number |
|---|-----------|
| Judicial review by the originator of the case | 1 |
| Professional Standards Authority appeal | 8 |
| Appeal by registered nurse or midwife | 20 |
| Total | 29 |

Interim order extension applications⁵

- 42 The numbers for August, September and October are provided here:



Quarter 2 report

- 43 A summary of performance for Quarter 2, broken down by corporate goal, is provided on the first page of the report at **Annexe 3**.
- 44 There were 63 commitments in our Corporate plan for the 2014-2015 financial year. Of these, 53 have been rated green and, as at 30 September 2014, were on course for delivery as originally specified. 9 commitments have been rated amber, where a significant issue or potential problem has been identified but action has been taken to resolve it and to bring the activity back on track. 1 commitment has been rated red.
- 45 **Recommendation: The Council is invited to note the summary of performance for Quarter 2.**

⁵ Relates to PSA Standard FtP 4, which we met inconsistently.

KPI reporting

- 46 **Annexe 4** provides a focus on October progress against our corporate key performance indicators (KPIs).
- 47 Supplementary information about FtP performance is provided on the FtP dashboard at **Annexe 5**. This includes a revised adjournment rate graph, in which the monthly bars are broken down into percentages adjourned and percentages part heard.

Performance summary

- 48 Over September and October there was a dip in performance for all reported areas, except Registration which saw improvement:
 - 48.1 **KPI 1 (registrations)**⁶: We saw increasing improvement in our performance over September and October, whilst experiencing a peak in UK application volumes in October.
 - 48.2 **KPI 2 (interim orders)**⁷: Performance since April has been consistently above the 80% target and the figures for September and October continue that trend although performance fell over the two months.
 - 48.3 **KPI 3 (investigations)**⁸: Performance was consistent over September and October though the level is down from previous months. This has been expected as there are a number of cases over twelve months old, progressing through the investigation stage and impacting on the KPI.
 - 48.4 **KPI 4 (adjudications)**⁹: We saw a predicted decrease in performance over September and October. Improvement is expected from November onwards. See paragraph 49 for more information.
 - 48.5 **KPI 5 (available free reserves)**: The level of available free reserves fell over September and October but continued the trend of exceeding our monthly budgeted level, largely due to timing differences.
 - 48.6 **KPI 6 (staff turnover)**: There was a significant increase in the turnover rate between September and October, due to a high number of permanent leavers during October. This has affected the forecast for the end of the year, which is now rated red.

⁶ Relates to PSA Standard Registration 2, which we did not meet.

⁷ Relates to PSA Standard FtP 4, which we met inconsistently.

⁸ Relates to PSA Standard FtP 6, which we did not meet.

⁹ Relates to PSA Standard FtP 6, which we did not meet.

An update on adjudication (KPI 4)

- 49 We committed to meet the current KPI by December 2014. Our December performance is on target to reach 90% with approximately 103 cases carrying over into 2015 that have not had a first day of hearing. The majority of these still cannot be scheduled because of factors outside our control. We will continue to report these cases alongside the newer cases coming through since July 2014, capturing performance against the six month target in the month when the first day of a hearing actually takes place.
- 50 Reporting on the cases referred before July 2014 which do not complete by December and carry over into 2015, will be covered in a separate table until such time as they are cleared. The table will show:
- 50.1 The number of open cases
 - 50.2 The number which are part heard
 - 50.3 The number closed in the reporting period
 - 50.4 The number which are scheduled.
- 51 **Recommendation: The Council is invited to discuss the KPI information provided.**

FtP cases completed within 15 months from start to end

- 52 The Council received the graph below for the first time at its July meeting. As agreed at the June meeting we are to report this in the Performance and risk report, whilst a proposal for a 15 month KPI is being developed.
- 53 The most recent figures (September and October) are presented here:



- 54 With the current adjudication KPI measure having a December deadline, the beginning of 2015 is the right time to move the focus to an end to end measure of the timeliness of FtP decisions.

- 55 We aim to reduce the end-to-end timeline to 15 months and have been measuring performance against the 15 month end-to-end timeline since April 2014. We include all cases in the performance data, including an estimated 20% that are held up by third party action at some stage. The chart above (paragraph 53) shows that our performance to date has been in the 60% to 70% range. We expect it to rise to around 75% by April 2015 once older adjudication cases have concluded.
- 56 There is limited scope to shorten the adjudication stage given the constraints of our existing legislation. Therefore, we will need to shorten the investigation stage by 25% from 12 to nine months. We are already taking steps that will enable us to do so:
- 56.1 Case examiners, starting during March 2015, will shorten the time it takes to reach a case to answer decision and should encourage more proportionate, focused and timely investigations.
- 56.2 Improvements to CMS, expected to be released in the first quarter of 2015-2016, will allow better reporting and managerial control of caseloads.
- 57 Given the size and age profile of cases, moving to a nine month investigation timeline will require detailed planning and allocation of resources. Thereafter, it will take 15 months for the new approach to be fully reflected in the performance data.
- 58 In the context of the above paragraphs, we recommend the following:
- 58.1 To propose an interim performance measure in March 2015, at the same time as we present the business plan and budget for 2015-2016 for approval.
- 58.2 To review the performance measure in September 2015, once we have assessed the impact of case examiners after six months.
- 59 **Recommendation: The Council is invited to approve the two recommendations at paragraphs 58.1 and 58.2.**

Corporate risk register

- 60 Risks relating to revalidation have been reassessed and corporate risk CR3 *Revalidation* has been closed and superseded by two new risks:
- 60.1 CR13 A *Revalidation - programme delivery*, scored at 8 (green), and
- 60.2 CR13 B *Revalidation - system impact and readiness*, scored

at 12 (amber).

- 61 Since the October Council meeting, Risk CR5 *Financial resources* has decreased in score from 15 (amber) to 10 (amber). This change has been made following the Council's decision to increase the registration fee.
- 62 There have been no changes to the post-mitigation scores of any other corporate risks, although mitigating and planned actions have been updated where relevant.
- 63 A map of all corporate, CMPB and directorate risks is presented at **Annexe 7** for the Council's consideration. This map shows the distribution of risks across our 5 x 5 matrix and also shows recent changes in risk scoring.
- 64 **Recommendation: The Council is invited to note and discuss the assessment and management of risks on our corporate risk register.**

Public protection implications:

- 65 Public protection implications are considered when reviewing performance and the factors behind poor or good performance, plus also when rating the impact of risks and determining mitigating actions.

Resource implications:

- 66 Internal staff time has been accommodated as business as usual.

Equality and diversity implications:

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

Stakeholder engagement:

- 68 The corporate risk register, KPI information and FtP dashboard are in the public domain.

Risk implications:

- 69 The impact of risks is assessed and rated on the risk register. Future action to mitigate risks is also described.

Legal implications:

- 70 Failure to identify and effectively manage risks potentially exposes the NMC to legal action.

Professional Standards Authority Standards of Good Regulation (2010)

The Standards in full are provided here. A key to the additional text and red/amber/green ratings is provided below.

| Guidance and standards | |
|------------------------|--|
| 1 | Standards of competence and conduct reflect up-to-date practice and legislation. They prioritise patient and service user safety and patient and service user centered care |
| 2 | Additional guidance helps registrants to apply the regulators’ standards of competence and conduct to specialist or specific issues including addressing diverse needs arising from patient and service user centered care |
| 3 | In development and revision of guidance and standards, the regulator takes account of stakeholders’ views and experiences, external events, developments in the four countries European and international regulation and learning from other areas of its work |
| 4 | The standards and guidance are published in accessible formats. Registrants, potential registrants, employers, patients, service users and members of the public are able to find the standards and guidance published by the regulator and can find out about the action that can be taken if the standards and guidance are not followed |

| Education and training | |
|------------------------|---|
| 1 | Standards for education and training are linked to standards for registrants. They prioritise patient and service user safety and patient and service user centred care. The process for reviewing or developing standards for education and training should incorporate the views and experiences of key stakeholders, external events and the learning from the quality assurance process |
| 2 | Through the regulator’s continuing professional development/revalidation systems, registrants maintain the standards required to stay fit to practice PSA’s view is that the model on which we consulted lacks a robust evidence base, particularly around risk; that a "one size fits all" approach may not be appropriate; that the model is incomplete in not addressing how it will operate in practice; and that there is insufficient information available about the financial viability and operational impact of model. |
| 3 | The process for quality assuring education programmes is proportionate and takes account of the views of patients, service users, students and trainees. It is also focused on ensuring the education providers can develop students and trainees so that they meet the regulator’s standards for registration |
| 4 | Action is taken if the quality assurance process identifies concerns about education and training establishments |
| 5 | Information on approved programmes and the approval process is publicly available |

| Registration | |
|--------------|--|
| 1 | Only those who meet the regulator’s requirements are registered |
| 2 | The registration process, including the management of appeals, is fair, based on the regulators’ standards, efficient, transparent, secure, and continuously improving Customer service (including % of unanswered calls) and efficiency of registration processing, including timeliness, despite foreseeable peaks in applications. |
| 3 | Through the regulators’ registers, everyone can easily access information about registrants, except in relation to their health, including whether there are restrictions on their practice PSA concerns are about the accuracy and integrity of the register, due to discrepancy/error rates between Registration database (WISER) and FTP Case Management System. |
| 4 | Employers are aware of the importance of checking a health professional’s or social worker’s registration. Patients, service users, and members of the public can find and check a health professional’s or social workers registration |
| 5 | Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk based manner |

| Fitness to practice | |
|---------------------|---|
| 1 | Anybody can raise a concern, including the regulator, about the fitness to practise of a registrant |
| 2 | Information about fitness to practise concerns is shared by the regulator with employers/local arbitrators, system and other professional regulators within the relevant legal frameworks |
| 3 | Where necessary, the regulator will determine if there is a case to answer and if so, whether the registrant’s fitness to practise is impaired or, where appropriate, direct the person to another relevant organisation |
| 4 | All fitness to practise complaints are reviewed on receipt and serious cases are prioritised and where appropriate referred to an interim orders panel Large number of High Court extensions:- in PSA’s view this demonstrates that cases are not being prioritised and concluded promptly, and that also interim orders are lapsing without review. |
| 5 | The fitness to practise process is transparent, fair, proportionate and focused on public protection Weaknesses in voluntary removal and consensual panel determination processes and decisions, premature publication of a panel decision and weaknesses in approach to reviewing closed cases. |
| 6 | Fitness to practise cases are dealt with as quickly as possible taking into account the complexity and type of case and the conduct of both sides. Delays do not result in harm or potential harm to patients or service users. Where necessary the regulator protects the public by means of interim orders Timeliness of case progression:- in PSA's view, poor performance against adjudication KPI during 2013-2014 and high adjournment rate. |
| 7 | All parties to a fitness to practise case are kept updated on the progress of their case and supported to participate effectively in the process Customer service: failure to adequately support witnesses and failure to learn from customer feedback. |
| 8 | All fitness to practise decisions made at the initial and final stages of the process are well reasoned, consistent, protect the public and maintain confidence in the profession Inconsistency in quality of decisions by staff and panel members, number of PSA section 29 appeals and number of PSA learning points on final FTP outcomes. |
| 9 | All final fitness to practise decisions, apart from matters relating to the health of a professional, are published and communicated to relevant stakeholders |
| 10 | Information about fitness to practise cases is securely retained Number and seriousness of data security breaches involving personal information. |

| Key to 2013-2014 performance | Standard met | Inconsistently met | Standard not met |
|---|--------------|--------------------|------------------|
| Where Standards are rated red or amber in the tables, areas identified by the PSA for improvement are listed underneath the Standard. | | | |

Map of corporate objective activities, risks and performance in 2013-2014 against PSA Standards of Good Regulation

| | | | | | | | | | | |
|------------------------|--------------------------------------|--|---|--|--|---|-----------------------|--------------------------|------------------------------|--------------------------------------|
| Guidance and Standards | 1 Nursing and Midwifery Standards | 2 Nursing and Midwifery Guidance | 3 External input to Standards | 4 Public Information on Standards | <div>Key</div> <div>COCorporate objective activity (see Quarter 2 progress report and Annexe 3)</div> <div>CRCorporate risk (see risk register)</div> <div>KPICorporate key performance indicator (see KPI reports)</div> <div>Key to 2013-2014 performance:</div> <div>Standard met</div> <div>Inconsistently met</div> <div>Standard not met</div> | | | | | |
| | CO2: 2.2, 2.4, 2.7 | CO2: 2.2, 2.3 | CO2: 2.2, 2.3, 2.4 CO4: 4.1, 4.2 CO5: 5.4 | CO2: 2.1, 2.2., 2.3 CO5: 5.2, 5.3, 5.4, 5.7 | | | | | | |
| Education and training | 1 Education Standards | 2 Revalidation | 3 Education QA process | 4 Education QA monitoring | 5 Public information about Education QA | | | | | |
| | CO2: 2.6, 2.7 | CO2: 2.1, 2.2 CR3 | CO2: 2.5, 2.6 | CO2: 2.5 | CO2: 2.5 CO5: 5.2, 5.3 | | | | | |
| Registration | 1 Registration requirements | 2 Applications and appeals including customer service | 3 Register accuracy and integrity | 4 Public register and employer checks | 5 Protected titles | | | | | |
| | CO1: 1.1, 1.3, 1.6 KPI 1 | CO1: 1.1, 1.2, 1.3, 1.4, 1.5 KPI 1 | CO1: 1.4, 1.5 CR1 A and B KPI 1 | CO1: 1.4 CO5: 5.2 | CO1: 1.1 | | | | | |
| Fitness to practise | 1 Referrals | 2 Information sharing | 3 Screening | 4 IOs/Prioritising serious cases | 5 Fair and transparent processes | 6 Timeliness | 7 Customer service | 8 Decision-making | 9 Publication of outcomes | 10 Information security |
| | CO3: 3.1 CO4: 4.4 CO5: 5.2 | CO3: 3.1 CO4: 4.4 CO6: 6.3 | CO3: 3.1, 3.4 | CO3: 3.1 CR2 KPI 2 | CO3: 3.1, 3.8 CO5: 5.2 CR2 KPIs 3, 4 | CO3: 3.1, 3.2, 3.4, 3.8 CR2 KPIs 3, 4 | CO3: 3.7 CO8: 8.4 | CO3: 3.4, 3.5 CR2 | CO3: 3.1 | CO3: 3.1, 3.6 CO8: 8.7 CR6 |

Summary of the NMC's planned actions in response to the Francis report recommendations

This table is a summary of the actions taken from our formal response, dated 18 July 2013, to the Francis report recommendations.

Our full response, including the table presented here, can be read on the NMC website: <http://www.nmc-uk.org/About-us/Our-response-to-the-Francis-Inquiry-Report/>

Our latest progress against these eight actions is outlined within the Quarter 2 report against the Corporate Plan 2014-2017, found at Annexe 3 of the Performance and Risk report.

| Planned action | |
|----------------|---|
| 1 | Raising our public profile and encouraging appropriate referrals to improve our ability to act promptly to protect the public. |
| 2 | Developing more risk-based and proportionate fitness to practise processes to ensure that our resources are effectively targeted on public protection and introducing regional advisors to provide employer liaison and advice. |
| 3 | Improving our joint working and intelligence sharing arrangements with other professional and systems regulators. |
| 4 | Improving the NMC witness experience for those involved in fitness to practise proceedings. |
| 5 | Reviewing the Code and other practice standards. |
| 6 | Evaluating our pre-registration education standards. |
| 7 | Making changes to our legislation so that our processes are more efficient and allow us to more effectively protect the public. |
| 8 | Developing a proportionate revalidation model. |

Annexe 3

Assessment of quarter 2 progress against the Corporate Plan 2014-2017 1 July to 30 September 2014

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

Overview of performance for quarter 2 by corporate goal

| NMC Corporate goals 2014-2017 | | Red | Amber | Green |
|---|---|-----|-------|-------|
| Goal 1: Protecting the public | Protecting the public will be at the centre of all our activities. Our work will be designed around and measured against the benefits we can bring to the public. | 1 | 3 | 18 |
| Goal 2: Open and effective relationships | We will have open and effective relationships that will enable us to work in the public interest. | 0 | 5 | 13 |
| Goal 3: Services, systems and staff | Our staff will have the skills, knowledge and supporting systems needed to help us provide excellent services to the public and the people that we regulate. | 0 | 1 | 22 |
| Activity RAG totals | | 1 | 9 | 53 |

Key to the table headings

| | | |
|-------------------------------------|----------|---|
| Activity | | As outlined in the Corporate Plan, this is key work that we planned to do in the financial year 2014-2015. |
| Status | | Assessment as at 30 September 2014. |
| Red/amber/green (RAG) rating | R | Some significant aspects of the activity, as originally specified, may not be completed within the year and remedial action is required for delivery. |
| | A | A significant issue or potential problem has been identified but action is being taken to resolve it and overall the activity is expected to be completed by the end of the year. |
| | G | All significant dimensions of schedule, cost, resource and decisions required are on course for delivery as originally specified. |
| Evidence from Q2 | | Brief explanation of what has happened in quarter 2 and also any key issues which could pose a challenge to progression of the activity. |

GOAL 1: Protecting the public

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

| Ref | Activity | Status | Evidence from Q2 |
|-----|---|----------|--|
| 1.1 | Continue to strengthen and improve our registration policies and processes. <i>PSA Standard not met – Registration 2</i> | G | <p>UK registration policy is now awaiting approval by the Council in December 2014 (delayed due to Council agenda).</p> <p>New test of competence for overseas trained nurses and midwives developed and will apply to all applications received from 1 October 2014. This strengthens regulatory outcomes, enhances the overall process and adds efficiencies for both the NMC and applicants.</p> <p>New Assistant Director, Continuous Improvement, in place from early July 2014. Recruitment for roles in new "Continuous Improvement" structure is underway with interviews in October 2014. Registration dashboard created and awaiting final sign off by Executive Board. Review of customer service standards across the directorate is underway – all current standards mapped and now under review by management team.</p> |
| 1.2 | Provide secure and easy-to-use online services for nurses and midwives. <i>PSA Standard not met – Registration 2</i> | G | <p>Following initial limited deployment in December 2013, NMC Online went live for renewals on 6 June 2014. This now allows nurses and midwives to renew their registration directly at their convenience (subject to their renewal date). This enhances customer service (renewed within hours rather than weeks) for the registrant and also enables the NMC to realise efficiencies across the directorate. Work continues on the development of online initial registration for applicants and this is on track to go live in November 2014.</p> <p>The new overseas process based on the test of competence will apply to all applications received from 1 October 2014. All overseas applicants can now "manage" their own applications through an online portal enabling them to view status updates and, for example, further information required by the NMC.</p> |
| 1.3 | Introduce a test of competence for overseas applicants who were trained outside the European Economic Area. <i>PSA Standard not met – Registration 2</i> | G | <p>As above the revised overseas process based on a two part test of competence will apply to all applications received from 1 October 2014. Initial applications have been received; however applicants applying before the cut-off date are also being progressed through the old system. Further enhancements and functionality will be added to the new system in November 2014 and January 2015.</p> |

| | | | |
|-----|--|----------|--|
| 1.4 | <p>Improve our customer service for everyone who seeks registration with use or relevant information about our register.</p> <p><i>PSA Standard not met – Registration 2</i></p> | G | <p>New Assistant Director, Continuous Improvement, in place from early July 2014. Recruitment for roles in new “Continuous Improvement” structure is underway with interviews in October 2014. Registration dashboard created and awaiting final sign off by Exec Board. Review of customer service standards across the directorate is underway – all current standards mapped and now under review by management team.</p> <p>We have introduced a new customer survey (from 1 September 2014) for all users of the Registration centre and the outputs of this will enable us to target improvements in this area. A similar measure will be rolled out for the online registration system in Q3. An initial customer feedback survey had been carried out in Q1 shortly after the launch of the online system, and the results had been used to make improvements.</p> |
| 1.5 | <p>Scope our business requirements and commence modernisation of the systems supporting registration activities.</p> | R | <p>This activity is now part of a wider programme across the NMC to determine IT and data handling requirements for the future. The first step is a corporate master database which will service all areas and thus remove silos and duplicate data capture, integration issues and data replication. Any solutions for Registration (separate or as part of the whole) will be scoped and developed within this programme.</p> |
| 1.6 | <p>Enable nurses and midwives to self-declare that they have in place, or will have in place, an appropriate indemnity arrangement when they practise in the UK.</p> <p><i>PSA intend to follow up 2014–2015</i></p> | G | <p>PII requirement and attendant IT functionality went live on 17 July 2014. Project has now ended and is run as business as usual. A lessons-learned report is due to be produced.</p> |
| 1.7 | <p>Continue to implement and engage on changes to European legislation.</p> | G | <p>The policy and legislation team has analysed the risks and opportunities associated with the proposals and provided detailed feedback to directorates on the implications for each of our regulatory functions.</p> <p>We have provided extensive feedback to the European Commission, Department of Health and Department for Business Innovation and Skills on the new provisions of the Mutual Recognition of Professional Qualifications (MRPQ) Directive (2005/36/EC).</p> <p>We have used collaborative networks to identify and influence on matters of common concern, with some success. Next steps are to establish a programme to oversee the continuation of the influencing work around the MRPQ and to start the detailed planning for implementation of the required changes.</p> |

| Corporate objective 2: We will set evidence-based and accessible standards of education and practice. We will assure the quality of education programmes for nurses and midwives and the quality of supervision of midwives, so that we can be sure that everyone on our register is fit to practise. | | | |
|--|---|----------|--|
| Ref | Activity | Status | Evidence from Q2 |
| 2.1 | Consult on, refine and publish evidence about our model for revalidation of nurses and midwives. <i>Francis action 8</i> <i>PSA Standard not met – Education and Training 2</i> | G | Consultation on the NMC model of revalidation completed in August 2014 following six months of consultation and engagement through five summits and a large number of engagement events and face to face meetings. IPSOS MORI submitted the results of their online consultation and focus groups held across the UK with nurses and midwives, employers, patients and members of the public and hard to reach groups. Evidence report on our revalidation model has been finalised and due to be published by the end of November 2014. |
| 2.2 | Develop and publish a revised Code and standards for practice supported by guidance on revalidation. <i>Francis actions 5 and 8</i> <i>PSA intend to follow up 2014–2015</i> | G | The revised Code has been consulted on extensively. Following the results of the consultation, we have continued to work collaboratively with our key stakeholder groups, who commented on various versions of the revised Code. The final version signed by the Executive Board is on track to be discussed and agreed by the Council in December. The guidance for revalidation will be discussed in draft at the January Council meeting and will be used during the pilots to test its effectiveness and user friendliness. |
| 2.3 | Develop and publish guidance on the duty of candour. | G | A joint statement by all regulators has been agreed and published. The joint NMC GMC guidance has been developed and the consultation launched first week of November. We are expecting the guidance to be published by March 2015. |
| 2.4 | Review our current model of midwifery regulation to ensure that it is fit for purpose. <i>PSA intend to follow up 2014–2015</i> | G | The King's Fund has been engaged to conduct an independent review and make recommendations to the Council. In Q2 the King's Fund completed phase 1 of its work as planned, and contributed to progress update sessions with the external partner group, Midwifery Committee and Council, in seminar. We commissioned IPSOS MORI to conduct focus groups to supplement the research and stakeholder engagement evidence. Regular monthly meetings have taken place through Q2 to manage the work. |

| | | | |
|-----|---|----------|---|
| 2.5 | Monitor and review our framework for the quality assurance of nursing and midwifery education to ensure that it is fit for purpose. | G | Our QA framework has been revised to reflect feedback from universities and impact of lay reviewers. Our monitoring activity has been delivered on schedule and the final report on both education and local supervising authorities (LSAs) will be discussed by the Council in January 2015. Extraordinary activity around the LSA QA has occurred during this period, which led to extraordinary and additional input from Midwifery Committee. This is reported to the Council under a separate item. |
| 2.6 | Develop a new education strategy. <i>Francis action 6</i> | G | Risk and intelligence systems are being reviewed for effectiveness and information gathering to feed into the education strategy. The Education Advisory Group (EAG) met on 24 September to review stakeholder and listening events plan. Recommendations have been incorporated into a stakeholder engagement plan. A listening event is scheduled for 31 October for EAG members, RCN, RCM and Unison. |
| 2.7 | Evaluate our pre-registration nursing and midwifery standards. <i>Francis action 6</i> | G | IFF Research, the external research agency we appointed to undertake the work, commenced work on the evaluation in July. The scoping phase for the project has been completed and they are designing research tools and planning the communications strategy. IFF Research is working towards providing us with an interim report in January 2015 as planned. The evaluation will assess the effectiveness of the pre-registration education standards (in protecting the public and preparing nurses and midwives for their professional roles) and their reach, intelligibility and accessibility. |

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.

| Ref | Activity | Status | Evidence from Q2 |
|-----|--|----------|--|
| 3.1 | Continue to review our fitness to practise processes to improve efficiency, speed, quality, proportionality, fairness and learning. <i>Francis action 2</i> <i>PSA Standards not met – FtP 6 and 8</i> | G | Guidance on voluntary removal (VR) has been reviewed and updated and training has been delivered to adjudication staff. 12 month investigation KPI: Between April and September our average performance against the target of 90 percent of cases progressed through the investigation stage within 12 months was 90 percent. Interim order KPI: Our average performance between April and September against the interim order KPI of 80 percent of interim orders imposed within 28 days was 93 percent. The consensual panel determination process has been rolled out through the FtP process and it now |

| | | | |
|-----|---|----------|---|
| | <p><i>PSA Standards inconsistent – FtP 4 and 5</i></p> | | <p>includes investigation. Training has been delivered to staff and panel members.</p> <p>A quality management framework has been fully implemented and evaluated.</p> |
| 3.2 | <p>Review and implement changes to our scheduling to ensure we are efficient with our resources.</p> | G | <p>Stage one of the process has been implemented. We are currently embedding stage one. The majority of the cases scheduled for October, November and December have been scheduled using the new approach.</p> <p>We have received positive feedback from our stakeholders about the new approach to scheduling.</p> |
| 3.3 | <p>Deliver a new investigations model.</p> <p><i>PSA Standard not met – FtP 6</i></p> <p><i>PSA Standard inconsistent – FtP 4</i></p> | G | <p>We have:</p> <ul style="list-style-type: none"> designed and implemented a new streamlined investigation model focusing on outcome and risk. Fully integrated legal resource; devised an accreditation model and qualification and implemented a system to support the investigators; changed initial assessment of referrals to focus on likely outcomes thereby enabling increased proportionality; improved timeliness and customer service by eradicating unnecessary duplication of effort and repeat handovers. <p>In collaboration with representative bodies we have raised awareness amongst registrants of the value of early engagement.</p> <p>A high profile inquiry team has been established.</p> |
| 3.4 | <p>Subject to legislative change, introduce case examiners to improve the timeliness, consistency and quality of early-stage decision making.</p> <p><i>Francis action 7</i></p> <p><i>PSA Standards not met – FtP 6 and 8</i></p> <p><i>PSA Standards inconsistent – FtP 4 and 5</i></p> | A | <p>First stage recruitment is complete, with training and induction delayed to Q4 to coincide with the legislation implementation. Additional recruitment is underway for two registrant Case Examiners to make up the shortfall from the first round of recruitment. Recruitment is underway for Case Examiner support staff (QA and co-ordination). The successful Case Examiner applicants have been awarded contracts, with a start date of 1 January 2015.</p> <p>The development of the case allocation process and quality assurance has been completed.</p> <p>CMS changes relating to Case Examiners has been scoped and is in the final stage of development.</p> <p>Project status will remain amber until section 60 approval is confirmed.</p> |

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| 3.5 | <p>Improve the quality of decision making by capturing learning points to inform guidance and training and to create a culture of continuous improvement.</p> <p><i>PSA Standard not met – FtP 8</i></p> | G | <p>Learning trends analysis from decision review group, lawyer reviews and PSA learning points has been completed and learning fed into guidance and training. 10 of the 12 training sessions for panel members have been completed. Panel secretary training has been revised to incorporate learning points.</p> <p>Evaluation of the process has been completed. Over 90% of panel members have stated that the training will be valuable in their roles.</p> |
| 3.6 | <p>Implement changes to our case management system leading to greater efficiencies.</p> | A | <p>Development costs and a schedule have been confirmed.</p> <p>Business process fully mapped and aligned to CMS specification.</p> <p>Development work has commenced on the six components that comprise release 4.0.</p> <p>A Change Champions network is being developed and prepared to introduce the systems and processes changes into the operational teams' practices.</p> <p>The first component has been scoped and is in the final stages of development it will facilitate the Case Examiners' case allocation process.</p> <p>This is rated amber due to the delay to CMS development.</p> |
| 3.7 | <p>Deliver a programme of customer service improvements based on feedback from our customers.</p> <p><i>Francis action 4</i></p> <p><i>PSA Standard not met – FtP 7</i></p> | G | <p>A Witness Liaison Manager and Witness Liaison Officers are in post. The witness room at our new Stratford office has been designed on the basis of feedback received and it is opening in November 2014. The witness room at our Edinburgh office has been improved based on witness feedback during extension to the 1st floor.</p> <p>Customer service standards have been reviewed and updated.</p> |
| 3.8 | <p>Develop new and improved processes in accordance with changes to the legal framework.</p> <p><i>Francis action 7</i></p> | A | <p>This is rated amber due to delays with legislation changes and the Law Commission Bill not proceeding.</p> <p>Early stage preparation for 'no case to answer' review power was completed..</p> <p>Early stage preparation for section 60 changes to enable striking off orders in health and lack of competence cases.</p> <p>Planning for the introduction of professional indemnity insurance was completed.</p> |

GOAL 2: Open and effective relationships

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

| Ref | Activity | Status | Evidence from Q2 |
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| 4.1 | Improve our UK-wide understanding and engagement. <i>Francis action 1</i> | G | As part of the work to map stakeholders and understand the health and regulatory landscapes in Northern Ireland, Scotland and Wales, fieldwork was completed in Q2. This involved a wide range of interviews and visits. A final report is to be completed in Q3. |
| 4.2 | Strengthen our approach to patient and public engagement across the four countries of the UK. <i>Francis action 1</i> <i>PSA Standard not met – Registration 3</i> | G | We continue to benefit from the advice and insights of our Patient and Public Engagement Forum (now known as the Patient and Public Advisory Group), for example, working to develop a public-facing Code leaflet which will be published to coincide with the Code itself in January. Following a successful patient and public engagement event in Scotland in June we now have better networks with Scottish PPE stakeholders and share information and awareness with them. The Strategic Engagement team has had discussions with Council Members from Northern Ireland and Wales about replicating this model and a related visit to Northern Ireland is planned for Q3. |
| 4.3 | Learn through engagement about how senior nurses and senior midwives can contribute to our communications. | G | In Q2 the Chief Executive established a Professional Strategic Advisory Group to benefit from the advice of senior nurses and midwives at the formative stages of policy development. The group had its first meeting, agreed terms of reference and identified some priorities on which the group could add value to the NMC's thinking. The Chief Executive and Chair of the Council continue to invest in visiting health and care settings and spending time with senior registrants, the better to understand the environment in which they practise. They also seek and receive their views about how the NMC communicates with members of the professions. |
| 4.4 | Develop a model to provide improved regional employer liaison and advice. <i>Francis action 2</i> | G | The employer project is progressing within the FtP Change Programme, with the aim of enabling us to work more effectively with employers, and in the longer term our wider regulatory partners. In January and February 2014 we engaged external stakeholders, including nursing and midwifery representatives in all four countries, across the NHS and independent sectors, to understand what |

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| | | | <p>employer liaison for the NMC might involve and what benefits it could bring. A broad design for employer liaison was formulated based on these engagement discussions, and consultation with internal stakeholders.</p> <p>Recommendations were put to the FtP Programme Board and Change Management and Portfolio Board (CMPB) in May and June. CMPB agreed that we should engage consultants to help us with the design of an operating model and a procurement exercise was undertaken during July and August. PA Consulting has now commenced the design work, with approval of the design recommendations report scheduled for December 2014. They are also undertaking further stakeholder engagement.</p> <p>We are working towards our commitment to implement the first stage of the employer service in early 2015.</p> |
| 4.5 | Engage proactively with developments and inquiries in the healthcare landscape and swiftly respond. | G | <p>We published a position statement on safe staffing and NMC regulation in Q2 in response to dialogue with nurse leaders and the NHS Trust Development Authority, and this was well received.</p> <p>We continue to participate in a range of consultative forums and processes, and to report as required to by DH on our public commitments in response to Francis and related reviews.</p> <p>The Chief Executive gave evidence to the government's investigation into maternity and neo-natal failings at Morecambe Bay in Q2.</p> |
| 4.6 | <p>Explore ways in which we can assess the impact and effectiveness of our activities to raise awareness and understanding of our role.</p> <p><i>PSA Standard not met – Registration 3</i></p> | G | <p>We have undertaken significant scoping work in order to inform the development of a piece of research that explores stakeholder's understanding of our role. We have issued an invitation to tender for the initial qualitative component of this work. This is the first stage of a larger suite of work during which we will develop an online survey that will enable us to look at awareness and perceptions of our role on a regular basis.</p> |
| 4.7 | Promote understanding of our case for legislative change. | G | <p>We engaged in a concerted campaign for the inclusion of a government Bill based on the Law Commission's recommendations in the Queen's Speech, involving proactive media work, stakeholder engagement particularly with parliamentarians and collaborative approaches with other regulators. Although not successful the work did enhance understanding and support for our case for change and we continue to build on this in pursuing a first term Bill following the English election in May 2015.</p> |

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

| Ref | Activity | Status | Evidence from Q2 |
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| 5.1 | Continue to keep stakeholders up to date on our progress and be honest about the improvements we still have to make. | G | <p>We used the media proactively to make our stakeholders aware of what we are doing in order to improve how we protect the public. We responded to enquiries from journalists in a timely manner, working with relevant colleagues across the organisation to make sure our answers were accurate and gave our stakeholders confidence that we are fulfilling our duty to protect them.</p> <p>Both NMC Online and Test of Competence projects included extensive communication strands – both internal and external. Communications began with outline plans/consultations (where applicable) and increased in detail and frequency up to launch dates.</p> |
| 5.2 | <p>Launch our refreshed website to meet the needs of the public, and nurses and midwives.</p> <p><i>Francis action 1</i></p> | A | <p>There has been a delay to the website redesign project, due to the need to do proper testing on the new website. The testing has been delayed because of other priorities and the go live date is now March. The testing will take place from January. All other parts of the project are fully on track. The amber rating reflects the delay but also that we expect the work to still be delivered by the end of the financial year.</p> |
| 5.3 | <p>Improve materials which explain our role to the public.</p> <p><i>Francis action 1</i></p> <p><i>PSA Standard not met – Registration 3</i></p> | G | <p>We have been working on a public-facing annual review of the NMC for 2013-2014 which combines reporting on the year with detailed information on who we are and what we do. We are aiming to publish it in Q3.</p> <p>We have also been working with the Patient and Public Engagement Forum (now known as the Patient and Public Advisory Group) to develop a public-facing Code leaflet, which will be published to coincide with the Code itself in January.</p> |
| 5.4 | <p>Promote the revised Code as a resource for patients and the public in understanding what they can expect from nurses and midwives.</p> <p><i>Francis actions 1 and 5</i></p> | G | <p>The consultation version of the Code contained patient and public facing material but in response to stakeholder feedback we now propose to develop some public Code resources, in addition to ensuring that the Code itself is written in plain English.</p> |

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| 5.5 | Enhance our digital presence through increased online services and extend our use of social media. | G | <p>NMC Online went live for renewals on 6 June 2014. This now allows nurses and midwives to renew their registration at their convenience (subject to their renewal date). This enhances customer service for the registrant and also enables the NMC to realise efficiencies across the directorate. Work continues on the development of online initial registration for applicants and this will go live in November 2014.</p> <p>The new overseas process based on the test of competence will apply to all applications received from 1 October 2014. Under the new process, overseas applicants can now “manage” their own applications through an online portal enabling them to view status updates and, for example, further information required by the NMC.</p> |
| 5.6 | Review and develop the content, promotion and distribution of our public e-newsletters. | G | We have reviewed our e-newsletters, improving the design and the visibility of the ‘call to action’ topic. We have made sign up options more prominent. Using campaigns around direct debit as a means of publicising the awareness of e-newsletters, we have generated and met additional interest in the registrants’ newsletters |
| 5.7 | Use plain English in all our public-facing materials. | G | We use plain English for all key external documents and in Q2 our communications team delivered house style training that incorporated plain English. |

Corporate objective 6: We will improve the collection and use of our both own data and intelligence from other sources, and share what we know with other regulators and relevant partner organisations to improve public protection.

| Ref | Activity | Status | Evidence from Q2 |
|-----|---|----------|--|
| 6.1 | <p>Improve the quality and completeness of data available to enable evidence-based regulation.</p> <p><i>PSA Standard not met -Education and training 2</i></p> | A | This activity is rated amber as there has been slippage on the timetable for starting work on improvements to our data. It took longer than we hoped to agree the staff resources needed for this work but we hope to report recovery in Q3. |
| 6.2 | Build risk and intelligence capabilities, aligned with a research and evidence function, so that we can identify potential issues and risks to patients. | A | There are a number of workstreams that contribute to this objective, including collaborative work with other regulators (6.3) and the work to develop employer liaison (4.4). We are also participating routinely in Regional Quality Surveillance Groups (England only) and participating as appropriate in risk summits about settings causing concern. We are sharing information from this involvement across directorates in advance of having health and care settings on CRM enabling better access. In Q2 we participated in the revision of guidance on QSG and risk summits by a sub group of the National |

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| | <i>PSA Standard not met -Education and training 2</i> | | Quality Board and strengthened references to identifying any FtP matters. |
| 6.3 | <p>Continue to develop a programme of collaborative work with other regulators and organisations so that we can improve our joint working and intelligence-sharing arrangements to help identify and act on risks to patients.</p> <p><i>Francis action 3</i></p> | A | <p>We have a programme of Memorandum of Understanding (MoU) development and review underway, to ensure that we have the right formal arrangements in place for working with others who have a role in public protection. Our MoU tend to cover routine information sharing, 'casework' and strategic collaboration. This activity is rated amber as we know that our capabilities around routine information sharing are constrained by our data quality and utility and we are taking steps to improve these. We also need to refresh staff awareness of when to share information and with whom.</p> <p>We are an active member of the AURE (Alliance of UK Regulators on Europe) group and have made a number of co-ordinated responses to government and the EC on proposed changes to the MRPQ Directive.</p> <p>We have worked closely with other regulators to influence on legislative change.</p> <p>During Q2 we have been developing a joint statement on the professional duty of candour with eight of the healthcare regulators and joint guidance from nurses, midwives and doctors with the GMC.</p> |
| 6.4 | Develop and deliver a robust evaluation model to support our understanding of the effects of our interventions and standards. | A | Due to staff changes within the team and competing priorities this work has been deferred from Q3 to Q4. |

GOAL 3: Services, systems and staff

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

| Ref | Activity | Status | Evidence from Q2 |
|-----|---|--------|--|
| 7.1 | Implement a revised equality and diversity strategy across the organisation. | G | The first draft of the equality and diversity strategy has been developed, though there is an ongoing dependency on the development of the corporate strategy. The corporate strategy has been drafted to include equality and diversity commitments in each section and these will help shape and develop the Equality and Diversity Strategy 2015-2020. |
| 7.2 | Improve our methods of collecting and analysing data about the diversity of nurses and midwives on our register and fitness to practise outcomes. | G | <p>Diversity data Work is ongoing to integrate the revised questionnaire with our online registrations system (NMC online). The revised questionnaire aims to improve the method of collection and the quality of our diversity data. The questionnaire itself was completed last year and had been circulated externally for best practice views and approved by the Executive Board. The integration element is continuing, though it has been recently overshadowed by the facilitation of a smooth launch.</p> <p>Equality and diversity annual report 2013-2014 An equality and diversity annual report was presented to the Council, which reported on our progress against the equality objectives action plan 2013-2014. The annual report will be published in October, alongside the annual report and accounts and will be available in both English and Welsh.</p> |
| 7.3 | Analyse our activities, services and functions to see how they affect diverse groups. | G | <p>We have considered and analysed equality and diversity implications when developing policies and procedures.</p> <p>Standards evaluation and development methodologies now take account of the impact of our standards across diverse groups. A new UK registrations policy will be approved and includes an equality analysis. The equality analysis has helped the organisation to understand how the policy may potentially impact on different groups of people and how these impacts could be mitigated or avoided.</p> <p>During Q2 we also carried out equality analyses for the overseas registration work, before the new process was launched, and the Revalidation model.</p> |
| 7.4 | Deliver quality services relevant to the needs of diverse groups and communities. | G | We are working in partnership with the Business Disability Forum, a best practice organisation for disability related issues, to develop a reasonable adjustment policy. The purpose of the reasonable adjustment policy is to improve the quality of reasonable adjustments for service users with disabilities. |

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| | | | <p>The scope of the policy plans to cover the functionalities of FtP procedures, handling complaints and procurement (facilities management).</p> <p>Progress has been made in preparing for improvements to our website page 'Doing Business with the NMC', where we will advertise contract opportunities when the new website is launched. We have a pipeline of planned tenders to add to the website when launched.</p> |
| 7.5 | Ensure that our staff and partners are aware of their accountabilities and responsibilities in relation to equality and diversity. | G | 90% of staff have completed e-learning on equality and diversity and further face-to-face training has been developed. Learning content has been reviewed and will be further adapted in Q3 based on input from staff. Four courses have been held since April with 60 delegates trained. |
| 7.6 | Continue to work in partnership with diverse groups and external diversity experts to inform our work. | G | <p>We are working in partnership with the Gender Identity Research and Education Society, a best practice organisation who focuses on trans-related issues, to develop a trans-policy. The trans-policy aims to provide a set of guidance to understand and prevent issues which may negatively impact on trans members of staff, nurses and midwives and service users. We will use their expertise to help us understand key issues which affect trans members of staff and service users and to attract trans people applicants for future staff and FtP panellist posts.</p> <p>We are working in partnership with Race for Opportunity, a best practice organisation which focuses on race related issues and Stonewall, a best practice organisation which focuses on sexual orientation issues. We will use their expertise to help us understand key issues which affect, Black, Asian and Minority Ethnic (BAME) and lesbian, gay and bi-sexual members of staff and service users and to attract BAME and LGB applicants for future staff and FtP panellist posts.</p> <p>We are working in partnership with the Welsh Language Commissioner, the appointed person who is responsible for implementing the Welsh Language Standards. We recently attended a meeting to share best practice ideas to implement the Welsh Language Standards consultations with the Welsh Language Commissioner, other healthcare regulators and Welsh public healthcare bodies.</p> <p>We are also working with the Equality Human Rights Commission, a best practice organisation which focuses on both human rights and diversity issues, to understand key issues that affect public bodies. We currently attend their quarterly meetings to share best practice ideas with other regulators (healthcare and non-healthcare), inspectorates and ombudsmen.</p> |
| 7.7 | Improve our governance processes to support the delivery of equality and inclusion. | G | The work of the Equality and Diversity Steering Group, comprising 18 staff members, has assisted in the improvement of our governance processes. Members are involved in monitoring the organisation's progress against the equality objectives action plan 2014-2015. They are also involved in ensuring that our business plans include equality and diversity considerations, gathering views on equality and |

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| | | | diversity opportunities and challenges within their own directorate, as well as wider equality and diversity issues for discussion at Group meetings. |
| 7.8 | Demonstrate a good reputation as a fair employer and regulator. | G | <p>We monitor progress against the equality objectives action plan 2014-2015. Quarterly meetings with each director are held to discuss assessment of our performance against the equality objectives action plan and future actions which could form the equality objectives action plan 2015–2016.</p> <p>Reviews of policies and procedures are conducted on a cyclical basis with Stonewall providing input.</p> <p>Quarterly workforce reports are produced regularly for management and include analysis of equality and diversity data.</p> |

| Corporate objective 8: We will develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions. | | | |
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| Ref | Activity | Status | Evidence from Q2 |
| 8.1 | Set a budget and long-term financial plan that support business needs and achieve our reserves targets. | G | The budget for 2014-2015 and three year financial plan were approved in March 2014 and we remain on track to deliver this plan. The decision made on 1 October 2014 to raise the registration fee provides further assurance that the plan will be achievable. |
| 8.2 | Achieve efficiency savings through improved contracts management and procurement practice. | G | The monthly finance report highlights progress against the targeted efficiency savings included in our FtP plans. Training on procurement and contract management is scheduled for the second half of the year. |
| 8.3 | <p>Embed a culture of continuous learning and improvement which provides strong assurance and results in process improvements, risk reduction and efficiency savings.</p> <p><i>PSA intends to follow up effectiveness of our Quality Assurance</i></p> | A | <p>We have refined the Serious Event Review (SER) database and provided additional training to selected investigation officers. We are embedding the new complaints policy and procedure and have provided training to managers. The proposed new complaints database is awaiting development of CRM but we continue to maintain an Excel spreadsheet to monitor complaints work.</p> <p>The amber rating for this activity reflects the fact that work on the learning hub has been delayed due to staff vacancies in the QA team and the availability of resource in the ICT team. This is now more likely to be implemented in the final quarter of 2014-15.</p> |

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| 8.4 | <p>Improve the experience of all our customers when they interact with us.</p> <p><i>PSA Standards not met – Registration 2 and FtP 7</i></p> | G | <p>During Q2 we have continued to review customer service and have introduced various process changes to enhance customer service for users of our services.</p> <p>These include the introduction of NMC Online and the Test of Competence and other more tactical enhancements. We have introduced a new customer survey for all users of the Registration centre and the outputs of this will enable us to target improvements in this area. We have now mapped all customer service standards across the Registration directorate and these will be standardised and then published to enable users to identify the level of service they can expect to receive.</p> <p>A Witness Liaison Manager and Witness Liaison Officers are in post. The witness room at our new Stratford office has been designed on the basis of feedback received and it is opening in November 2014. The witness room at our Edinburgh office has been improved based on witness feedback during extension to the 1st floor.</p> <p>Customer service standards across the Fitness to Practise directorate have been reviewed and updated.</p> |
| 8.5 | <p>Ensure we are prepared for forthcoming legislative change.</p> | G | <p>We have completed regular reviews of legislative changes to ensure we are well versed in proposed new legislation that may affect our functions.</p> <p>We have a number of legislative changes to our Order and Rules underway. We have agreed timelines and easily understandable plans to ensure stakeholders are up to speed and the changes remain on course for delivery.</p> |
| 8.6 | <p>Redefine our Change programme to be one of transformation supporting our emerging corporate strategy.</p> | G | <p>We had commissioned an independent review to assess our progress against the Strategic Review recommendations made by the Professional Standards Authority in 2012. The report of the review was published in September 2014, highlighting the progress we have made and the areas where we need to continue to make progress.</p> <p>We have developed our draft proposals for the delivery of projects and programmes which are aligned to our emerging 2015-2020 strategy. The proposals have been discussed and broadly agreed by directors and the Change Management and Portfolio Board (CMPB). We are now developing a governance framework to support the new structure. We expect to start the transition to the new delivery model in Q3.</p> |
| 8.7 | <p>Continue to improve our information technology, security and governance arrangements.</p> | G | <p>The IT Programme Board continues to review regularly our developing strategy. In the meantime we have introduced online services for registrants and introduced an online process for new overseas applicants, thereby enhancing our digital presence.</p> |

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| | <i>PSA Standards not met – FtP 10 and Registration 3 (CMS/Wiser)</i> | | We continue to make progress against our Information Security Improvement Plan and are working towards being able to benchmark our work in this area with other regulators. |
| 8.8 | Develop our capacity regarding business analysis and project management. | G | <p>We have now a resource pool of project managers working across the organisation. The Programme Management Office (PMO) is actively monitoring project manager resourcing.</p> <p>We currently do not have business analysis capability within the organisation. We have drafted new role profiles for business analysts (BAs) and these were submitted for role evaluation to ascertain pay levels. We aim to recruit to BA positions in the near future. In the mean time we continue to have contract resource to cover business analysis functions within key areas of Fitness to Practise, Registration and Revalidation.</p> <p>The internal project management training is going ahead in Q3 of this budget year and further training sessions will be planned depending on the demand. The PMO is continuing to provide one to one and bite-size training sessions to those who need to gain project understanding.</p> |
| 8.9 | Manage the transition of our hearings facility at Old Bailey to new accommodation. | G | Alternative accommodation was located in Stratford and the fit-out is advancing to plan. Staff consultation has been completed and external stakeholders (panellists) have undertaken a site visit. We are on track to complete the necessary work and meet the November 2014 deadline. |

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

| Ref | Activity | Status | Evidence from Q2 |
|-----|--|----------|---|
| 9.1 | Implement effective workforce planning, demonstrating a proactive and longer term approach to decision making and resource planning. | G | More comprehensive workforce information has now been provided through quarterly reports, providing a deeper understanding of our workforce. Over the second half of the year, workforce planning will be a central component of our corporate strategy, HR and OD strategy and accommodation review. |
| 9.2 | Improve performance management by implementing a new appraisal system. | G | A new online system for appraisal has been established for 2014-2015 (Individual Personal Development Plan) which includes behaviours. |

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| 9.3 | Further develop career progression pathways, a rewards system and our market position as an employer. | G | Following the pay and grading review, job families were created and have continued to meet and develop career pathways within those families. A further phase of review of reward has been commissioned for the rest of the year. |
| 9.4 | Develop clear alignment between our workforce skills and behaviours and our emerging corporate strategy and transformation work. | G | More comprehensive workforce information has now been provided through quarterly reports, providing a deeper understanding of our workforce. Over the second half of the year, workforce planning will be a central component of our corporate strategy, HR and OD strategy and accommodation review. |
| 9.5 | Foster a culture of openness in which staff feel able to raise concerns so we can learn from our mistakes. | G | <p>HR information shows that staff feel confident to raise concerns, informally and formally, using our HR processes.</p> <p>In July, we signed up to Public Concern at Work's (PCaW) First 100 Campaign, an initiative designed to support people who raise concerns. By signing up to First 100, NMC staff can be assured that the NMC is committed to handling concerns and whistleblowing in accordance with PCaW's code of practice.</p> |
| 9.6 | Conduct an annual staff survey, learn from what staff say and implement improvements in response. | G | The second annual staff survey was completed in June, showing an improvement in satisfaction and engagement ratings in most respects. Development plans for each directorate are being compiled. |

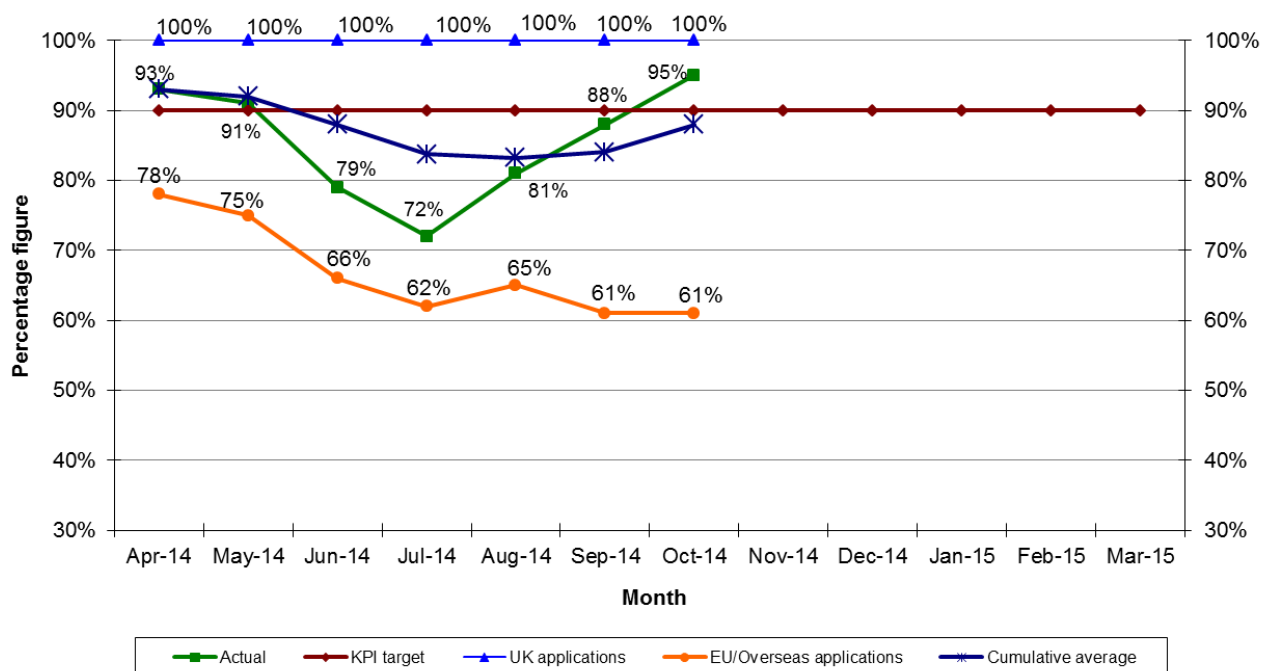
Annexe 4

Progress against our key performance indicators (KPIs)

This report is based on information as at 31 October 2014.

| KPI 1 | | | | | | |
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| 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. (PSA standard not met – Registration 2) | | | | | |
| 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 protect the public’s health and wellbeing by keeping an accessible accurate register of all nurses and midwives who meet the requirements for registration and who are required to demonstrate that they continue to be fit to practise. | | | | | | |
| | | | Current performance | | Year end (March 2015) | |
| Historical figure (Average for the year 2013-14) | August 2014 | September 2014 | October 2014 | Year to date average | Year end average forecast | Year end average target |
| 85% | 81% | 88% | 95% | 86% | 89% (Amber) | 90% |
| YtD average: Average of monthly percentages from April to October 2014. Year end average forecast is based on the average of monthly forecast figures. | | | | | | |
| RAG rating: Year end average forecast vs. Year end average target. | | | | | | |
| Red/Amber/Green rating: Based on 10% variance threshold. Green = figure matches or is higher than the target figure of 90%. Amber = figure is between 80-89%. Red = figure is 79% or lower. | | | | | | |

Graphical information and commentary:



UK registration volumes reached a peak in October as a result of the academic cycle generating the course completion notifications. There were 8,629 UK initial registrations processed with 96% of these being processed within 5 days.

We saw further increases in completed EU applications with 668 in September and 826 in October. Applications received from Spain, Italy, Romania and Portugal remain consistently high. Completion of overseas applications has increased to 206 in October as applicants take advantage of the transitional arrangements in place for assessment under the old, pre-competency test, procedures.

Having reviewed performance we have revised the year end forecast slightly to 89%, just short of the 90% target. However we are still striving to achieve the full target if at all possible. Although the new overseas process is now in operation, given the required steps it is unlikely that this will have a material impact until March 2016. In parallel high volumes continued to be processed under the previous process based on applications received in September before the process change.

KPI 2

Percentage of interim orders (IOs) imposed within 28 days of a referral being logged

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

Definition: Percentage of interim orders imposed within 28 days of opening the case.

Corporate goal 1, objective 3

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

| | | | Current performance | | Year end (March 2015) | |
|---|-------------|----------------|---------------------|---------------------------------|---------------------------|-------------------------|
| Historical figure (Average for the year 2013-14) | August 2014 | September 2014 | October 2014 | Year to date cumulative average | Year end average forecast | Year end average target |
| 84% | 95% | 91% | 88% | 93% | 93% (Green) | 80% |

YtD cumulative average: Average of numbers from April to October 2014

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

Red/Amber/Green rating:

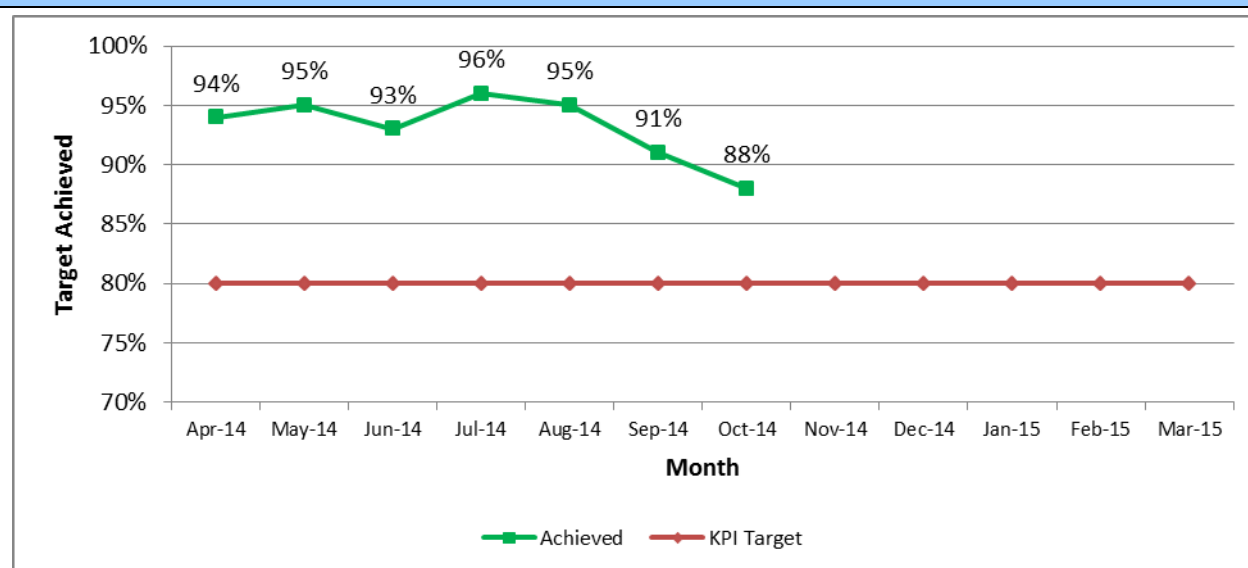
Based on 10% variance threshold.

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

Amber = figure is between 70-79.9%.

Red = figure is 69.9% or lower.

Graphical information and commentary:



Performance in September of 91% and 88% in October was slightly lower than what has been achieved during the year to date. With a relatively low volume of activity in this area, small changes in the number of cases on either side of the threshold have a magnified effect on the percentage reported. There is nothing to indicate that there will be any sustained shift from the levels of

performance that have been achieved thus far so the year end average forecast of 93% appears reasonable.

The average time to impose an interim order in both September and October was 27 days. The longest time was 199 days and the shortest was 11 days.

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. (PSA standard not met – FtP 6) |
| Definition: | The percentage of investigations which have been completed within 12 months of opening the case. |

Corporate goal 1, objective 3

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

| | | | Current performance | | Year end (March 2015) | |
|-------------------------------------|-------------|----------------|---------------------|----------------------|---------------------------|-------------------------|
| Historical spot figure (March 2014) | August 2014 | September 2014 | October 2014 | Year to date average | Year end average forecast | Year end average target |
| 87% | 87% | 85% | 85% | 89% | 85% (Amber) | 90% |

YtD average: Average of monthly percentages from April to October 2014.

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

Red/Amber/Green rating:

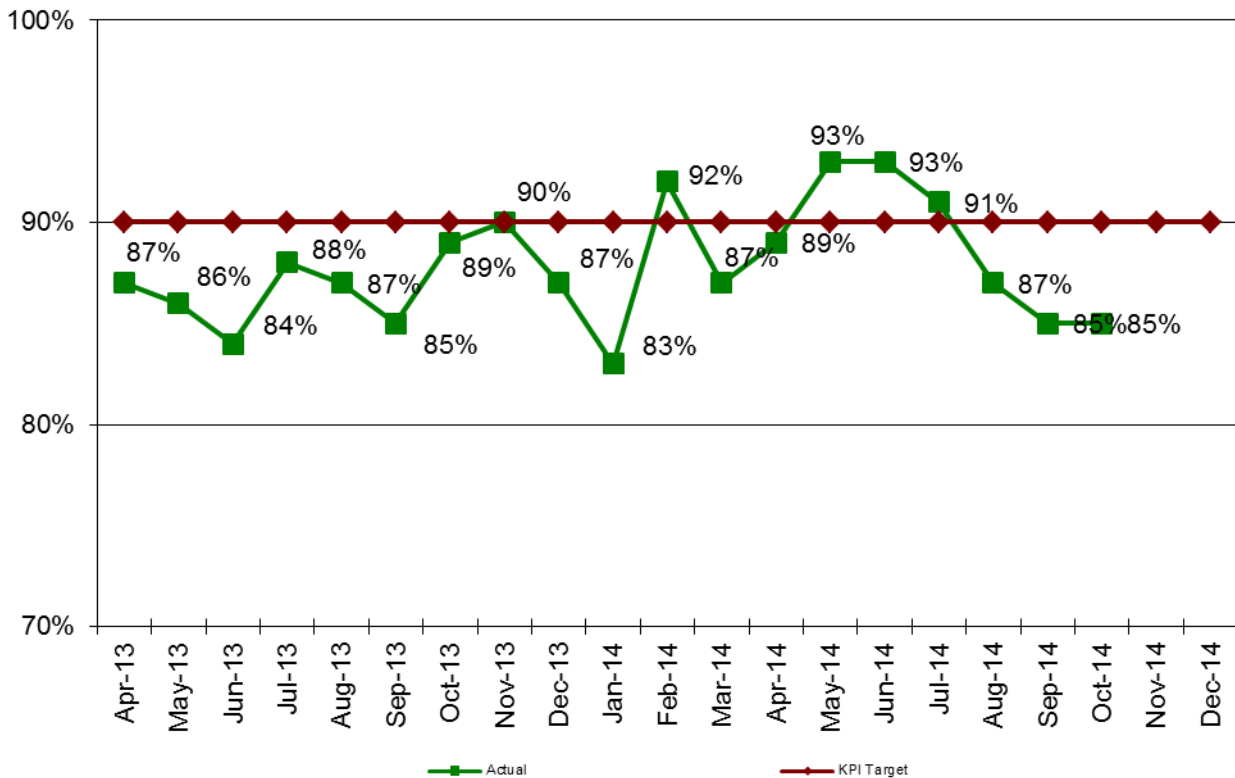
Based on 10% variance threshold.

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

Amber = figure is between 80-89%.

Red = figure is 79% or lower.

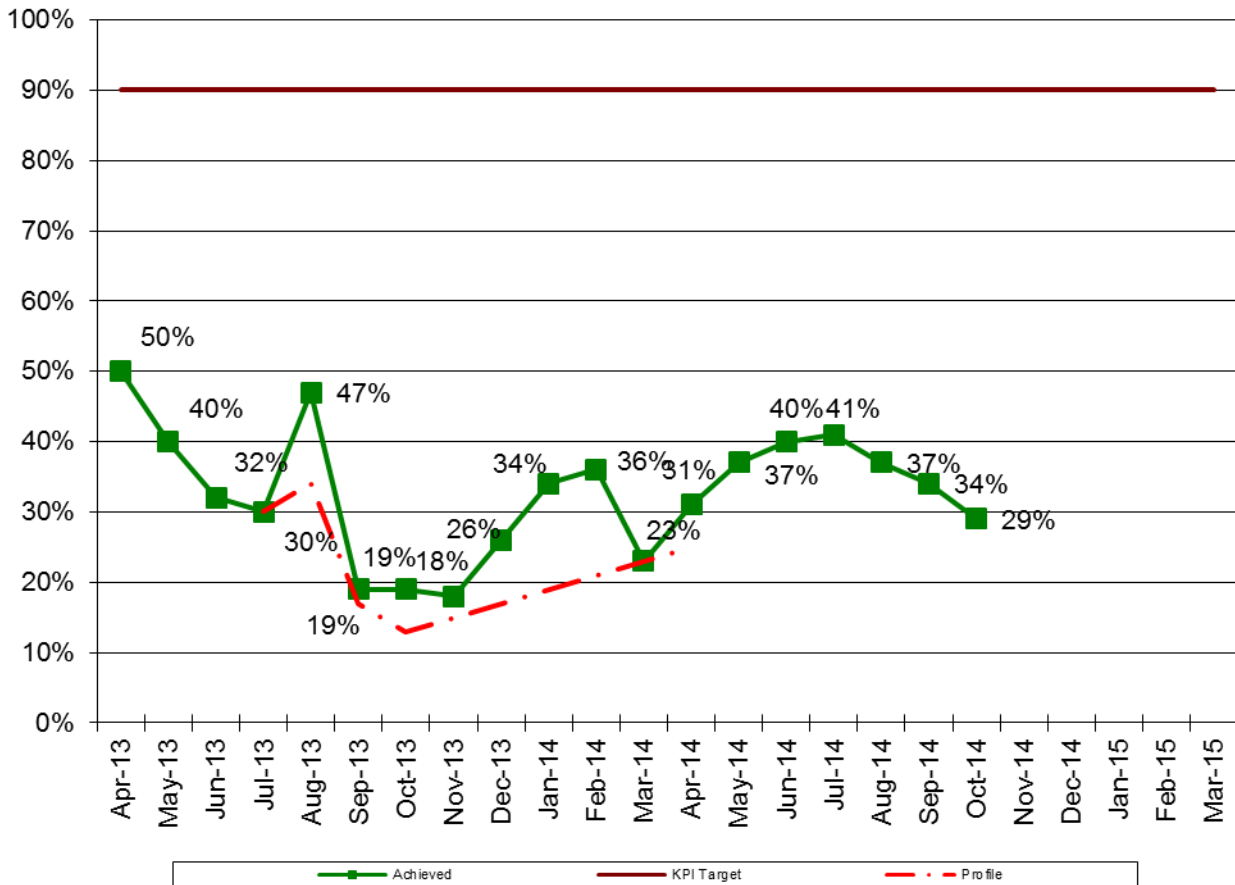
Graphical information and commentary:



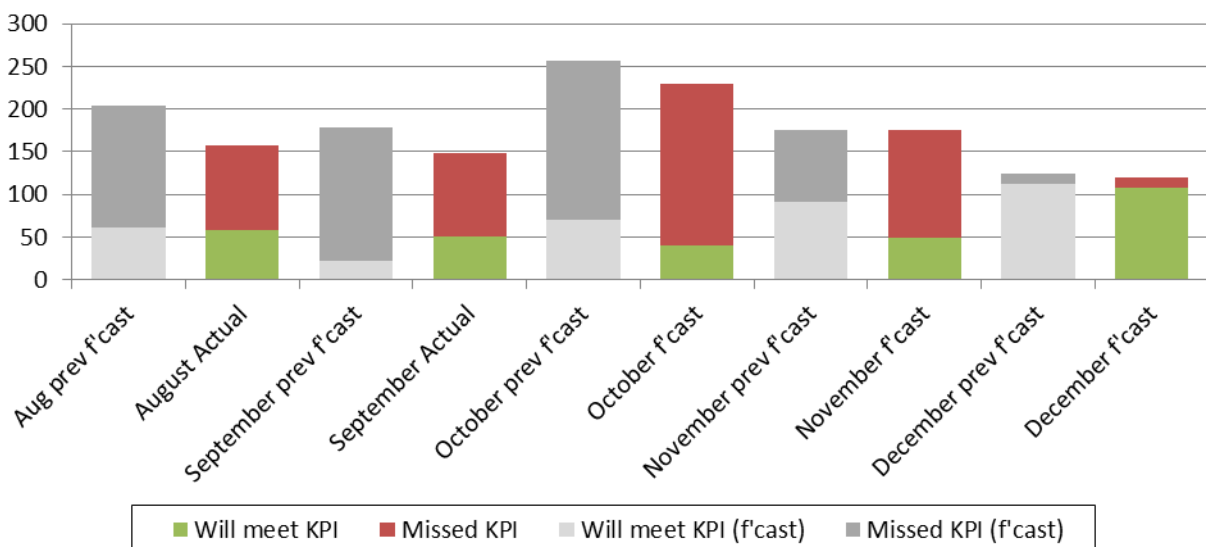
Performance in September and October of 85% was slightly lower than what was achieved in the first quarter. This was not unexpected and was forecast for some time. There is a cohort of cases over twelve months old in the caseload, many of which are or have been held up by third party action. Cases are progressed as soon as they are ready so there is likely to be variable performance through to the end of the financial year as the older cases pass the IC decision point. The year end average forecast has been lowered to 85% as a result.

| KPI 4 | | | | | | | |
|--|---|-----------|---------------------|-----------------------|--------------------------------|------------------------|----------------------|
| Percentage of cases progressed through the adjudication stage to the first day of a hearing or meeting within 6 months | | | | | | | |
| Rationale: | When the investigating committee decides that there is a case to answer we have a responsibility to put it to a substantive committee as swiftly as possible. (PSA standard not met – FtP 6) | | | | | | |
| Definition: | The percentage of cases which have reached their first day of a hearing or meeting within six months of referral from the investigating committee. | | | | | | |
| Corporate goal 1, objective 3 We will take swift and fair action to deal with individuals whose integrity or ability to provide safe care is questioned, so that the public can have confidence in the quality and standards of care provided by nurses and midwives. | | | | | | | |
| | | | Current performance | | December 2014 | | March 2015 |
| Historical figure (Average for the year 2013-14) | August 2014 | Sept 2014 | October 2014 | October 2014 profile* | December 2014 current forecast | December 2014 target** | March 2014 target*** |
| 31% | 37% | 34% | 29% | 18% | 90% (Green) | 90% | 90% |
| <div>* Based on cases scheduled to complete during the month</div> <div>** Target is a spot target</div> <div>***Target we are aiming for at the end of this financial year.</div> <div>RAG rating: current forecast vs. Dec 2014 target</div> <div>Red/Amber/Green rating: Based on 10% variance threshold. Green = figure matches or is higher than the December 2014 target figure of 90%. Amber = figure is between 80-89%. Red = figure is 79% or lower.</div> | | | | | | | |

Graphical information and commentary:



September and October saw the predicted decline in performance against the KPI. 233 cases were started in October and 197 completed. November is expected to deliver a similar KPI performance. Cases scheduled in December will deliver 90% if they all complete.



Note: A more detailed update on the adjudication KPI is provided in the Performance and Risk Report.

KPI 5

Available free reserves

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

Corporate goal 3, objective 8

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

| | | | Current performance | | Year end (March 2015) | |
|-----------------------------------|-------------|----------------|---------------------|---------------------|-----------------------------|-------------------|
| Historical figure (March 2014) | August 2014 | September 2014 | October 2014 | October 2014 budget | March 2015 current forecast | March 2015 budget |
| £7.6m | £9.7m | £9.4m | £8.7m | £6.1m | £7.5m (Green) | £7.5m |

RAG rating: current forecast vs. March 2015 budget

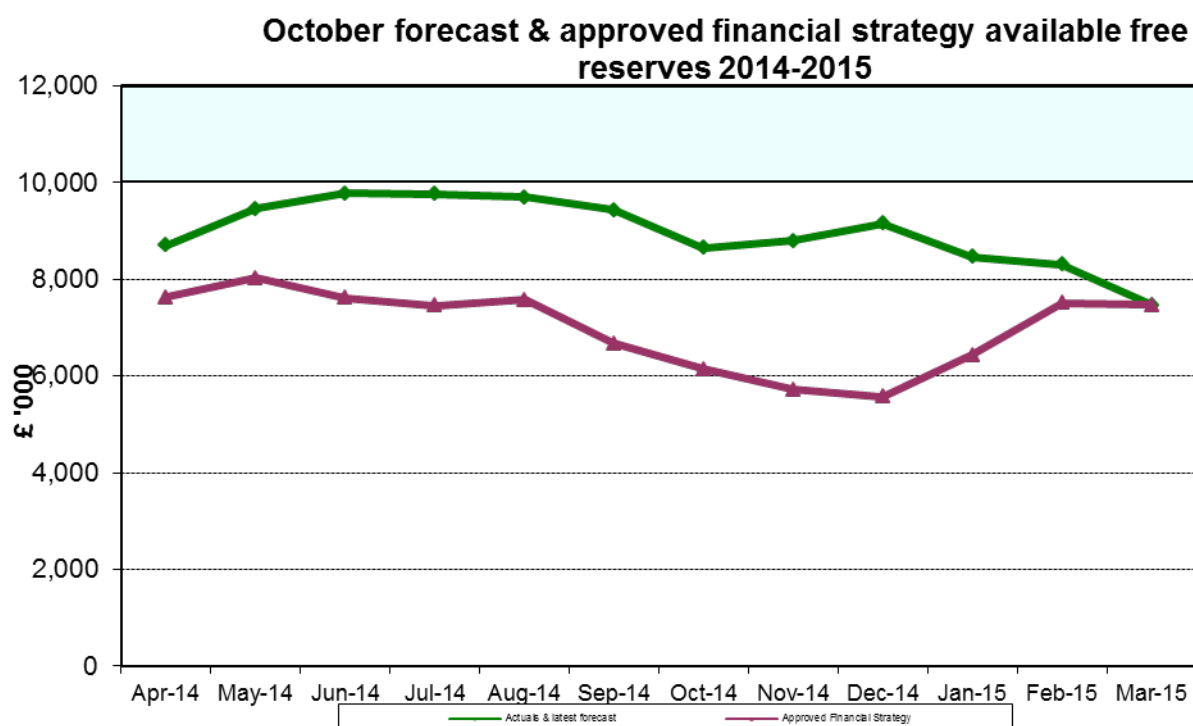
Red/Amber/Green rating:

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

Amber = within 5% of the target figure.

Red = greater than 5% of the target figure.

Graphical information and commentary:



The target figure for March 2015 is similar to that of March 2014. The available free reserves will fluctuate each month based on the pattern of budgetary expenditure.

At October 2014, available free reserves were £8.7 million compared to the planned level of £6.1 million. This was due to lower than budgeted revenue expenditure, largely considered to be timing differences between actual and budget spend, principally in Fitness to Practise and revalidation. An underspend to October 2014 on ICT capital expenditure is offset by capital expenditure for the move to Stratford.

The full year forecast predicts that available free reserves at March 2015 will be on target at £7.5 million and will take into account planned increased FtP costs up to December 2014 and the full cost of the office move from Old Bailey to Stratford.

Activity levels, their financial impact and forecasts are reviewed monthly by the Executive Board.

KPI 6

Staff turnover rate

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

Corporate goal 3, objective 9

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

| | | | Current performance | | Year end (March 2015) | |
|---|-------------|----------------|---------------------|-----------------------|--------------------------------|---------------------|
| Historical figure (as at March 2014) | August 2014 | September 2014 | October 2014 | October 2014 profile* | March 2015 current forecast*** | March 2015 target** |
| 26.3% | 24.1% | 24.3% | 26.5% | 24.5% | 24.8% (Red) | 23% |

* Profile here is based on a forecast from July 2014

** Target is a spot target

***Current forecast for March 2015 is based on July 2014 profile

RAG rating: March 2015 current forecast vs. March 2015 target.

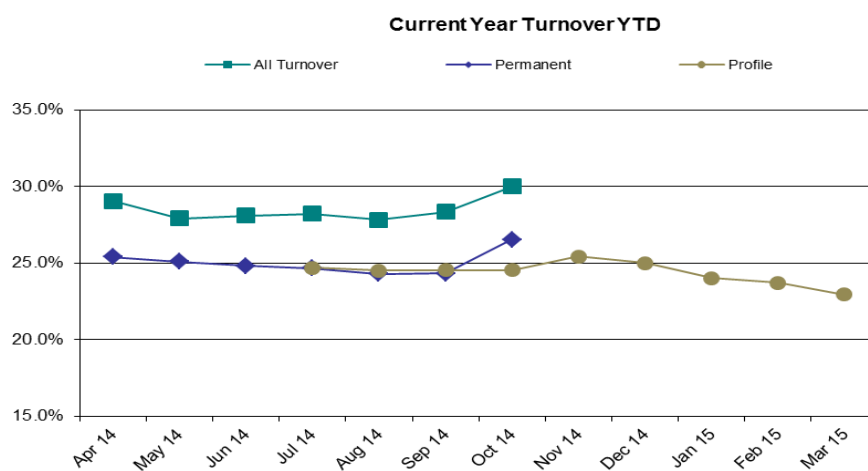
Red/Amber/Green rating:

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

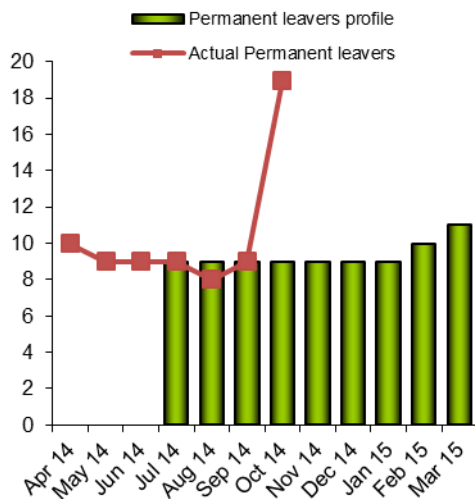
Amber = within 1% of the target figure.

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

Graphical information and commentary:

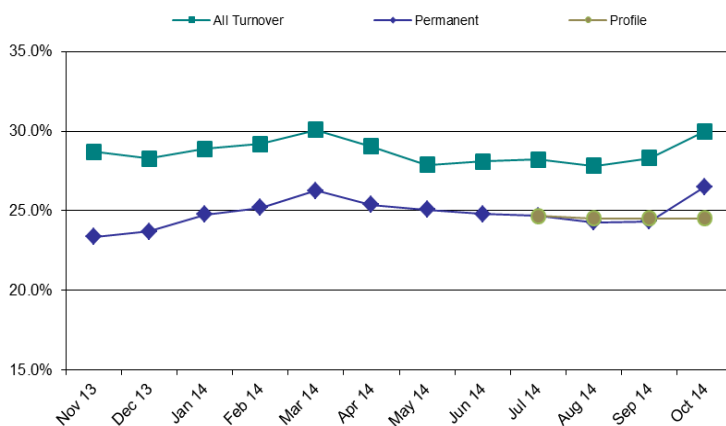


Leavers



Permanent leavers data for July onwards was profiled in July 2014, based on the average of actual leavers in the first quarter of 2014 and trends in previous years.

12 month rolling Turnover



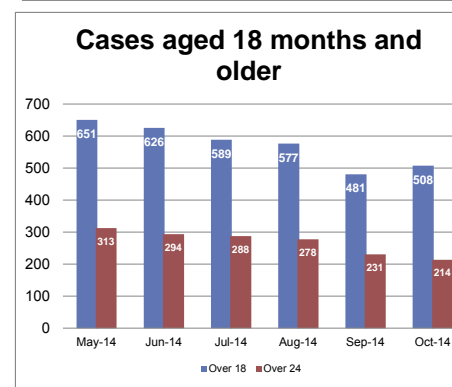
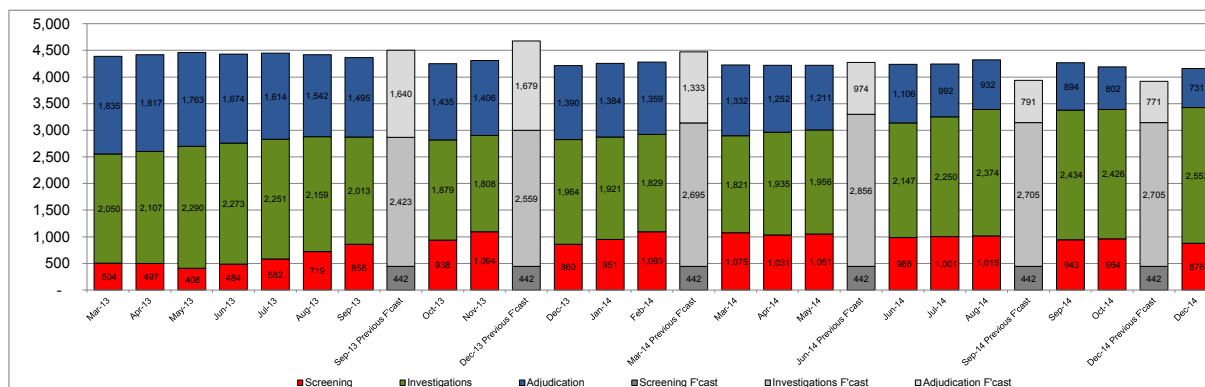
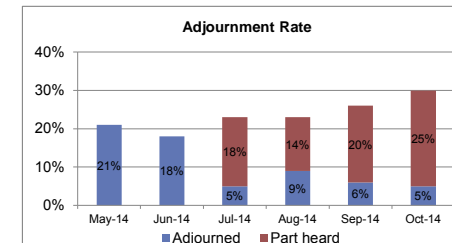
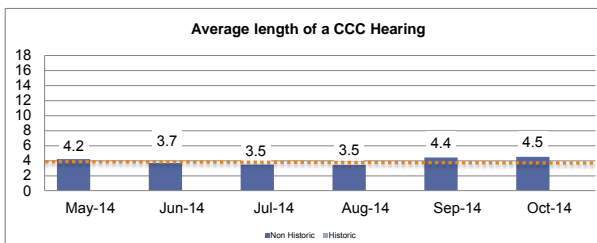
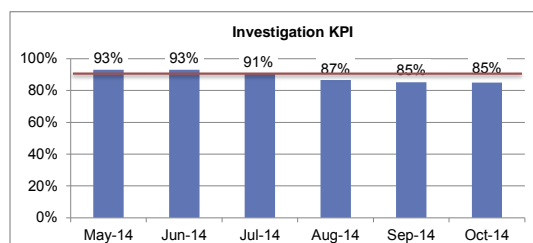
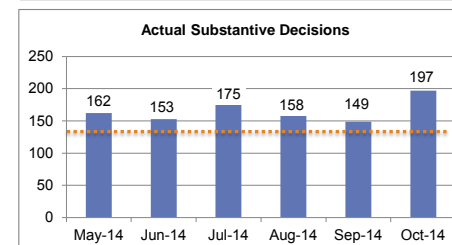
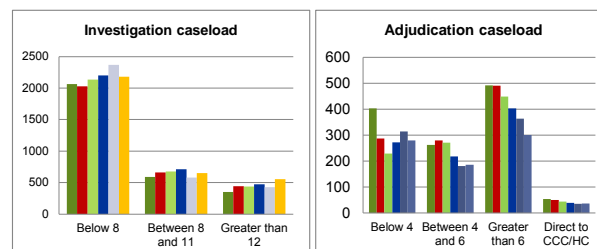
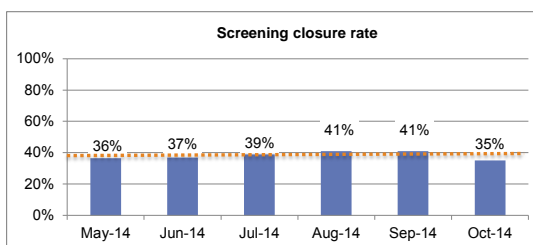
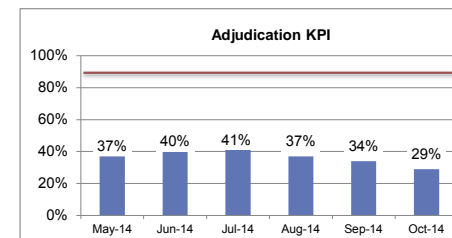
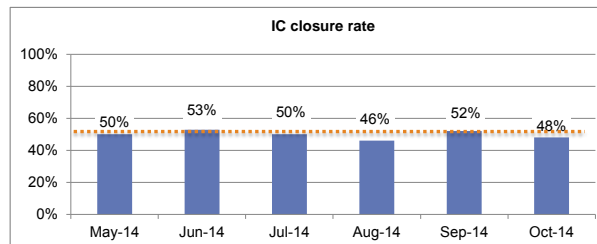
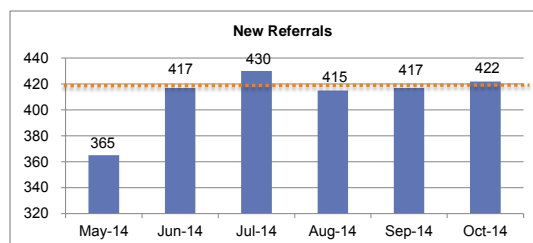
For reference, this graph shows all and permanent turnover for the last 12 months, including the profile for the year to date (re-calculated in July 2014).

Commentary:

During September the annualised permanent turnover rate remained stable and stayed below the profile set in July 2014 and, as per the forecast, was on track to meet the year-end target. During October there has been a significant increase in the number of permanent leavers and subsequently this has impacted on the annualised turnover figure as compared to the previous downward trend experienced so far this year. All 19 leavers were resignations however there is no obvious reason for the increase in number of leavers. Nine were due to career progression which is the most common reason given and the rest included reasons such as 'health related', 'leaving the country', 'pay and benefits', 'personal circumstances' and 'the role'. It should be noted that 47% of the leavers this month had under one year's service, with three employees leaving within their first month.

We are currently reviewing our exit interview process and a new, more in-depth design and process is being developed. This will involve the collation of more qualitative data which will allow more scope for analysing the reasons employees are leaving in more detail. We also continue to gather soft intelligence to support our regular workforce data reports to identify any particular trends or patterns.

FtP Performance for May to October 2014

12 month
average

Corporate risk register

| | | | | Date: 17 November 2014 | | Issue No: 20 (following 4 Nov Exec Board meeting) | | | | Note: The 'inherent risk scoring' column does not take into account any mitigation. The 'post-mitigation scoring' involves taking into account the mitigation in place but not the planned action. | | | | | |
|------------------------------------|---|---|--|---|-----------------------|---|-------|--|-------------------------|--|-------|-----------------------------------|---|--|---|
| No. | Date of origin | Risk Scenario | | | Inherent risk scoring | | | Mitigation in place / Planned action | Post-mitigation scoring | | | Risk Owner (and Mitigation Owner) | Dates up-dated (log of dates for when risk was updated) | Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring) | Direction (of risk score from the previous issue) |
| | | Root cause(s) | Potential situation | Consequences | Likelihood | Impact | Score | | Likelihood | Impact | Score | | | | |
| CR1 A | May-13 | Integrity of the register - Current | | | 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. (4) Council has committed to introduce a proportionate and effective model of revalidation by the end of 2015. (5) All Overseas applicants are now required to attend the NMC in person to present original I.D Documents. (6) ID Checker now in post. (7) 2nd ID Verification officer now in post and effective in role. (8) Longer term strengthened overseas process established, incorporating competency test Planned action: (1) Implement Registration Improvement Programme (September 2013-September 2014). (2) Address prioritised system defects (Feb-April 2014) - this is an ongoing piece of work and WISER improvements are to be implemented as part of other IT releases throughout 2014-15. (3) Further process refinements and alignment of FtP and Registration data (ongoing). This planned action is aligned to Risk BI2 - see for further information. (4) Implementation of Internal audit recommendations on registration control framework and registrant data integrity - Q2 2014-15. (5)The Code and standards will be reviewed and revised to ensure they are compatible with revalidation. Guidance for revalidation will also be developed (December 2015). (6) Further investigation to take place of APD Database and its veracity and possible impact on integrity of the register - joint CP/Registration review of this area is ongoing and will be reported in December 2014. (7) Implement audit of Professional Indemnity Arrangement declarations (early 2015). | 3 | 4 | 12 | Director, Registrations | 16/9/14 Update to add root cause (3) and potential situation with planned action. Update to planned action 7, ongoing to be reviewed in December 2014 17/11/14 - Planned action about the new overseas process was moved to Mitigation in place (8). | 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 Jan 2015 | No change |
| | (previously risk Reg 2011/02. Date of origin: Apr 2011) | (1) Wiser and Case Management System (CMS) not fully integrated. (2) Current policies, processes and procedures may be ineffective or inconsistently applied. (3) Relying on registrants to make full and accurate declarations in respect of their Professional Indemnity Arrangements | 1)The online register may be inaccurate. 2) Registrants may be practising without appropriate indemnity arrangement in place. | (1) Public protection compromise (2) Negative impact on registrants. (3) Reputation damaged. (4) PSA Standards of Good Regulation not being met. | | | | | | | | | | | |
| Cross ref: R7 BI2 CR3 | | | | | | | | | | | | | | | |

Cross ref:
R7
BI2
CR3

| No. | Date of origin | Risk Scenario | | | Inherent risk scoring | | | Mitigation in place / Planned action | Post-mitigation scoring | | | Risk Owner (and Mitigation Owner) | Dates up-dated (log of dates for when risk was updated) | Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring) | Direction (of risk score from the previous issue) |
|-------------------------------------|---|--|---|--|-----------------------|--------|-------|---|-------------------------|--------|-------|-----------------------------------|---|--|---|
| | | Root cause(s) | Potential situation | Consequences | Likelihood | Impact | Score | | Likelihood | Impact | Score | | | | |
| CR1 B Cross ref: R7 | May-13 (previously risk Reg 2011/01. Date of origin: Apr 2011) | Integrity of the register - Historic | | | 5 | 5 | 25 | Mitigation in place: (1) Initial Overseas Audit (April 2002 - 2013) results indicate a strengthening of process over time (since 2007). Standard operating procedures and improved training. (2) Council has committed to introduce a proportionate and effective model of revalidation by the end of 2015. (3) FtP/Registration working group who have identified all known issues relating to historical inaccuracies. Daily reports available to FtP/Registration to identify anomalies for these to be rectified. Planned action: (1) Analysis of specific cohorts where potential issues/risks are identified - to provide assurance or scope any issues (on-going). (2) Interviews will be held on 26 November 2014 to appoint a continuous improvement manager who will interrogate register to establish areas of risk. (3) Investigate gathering employer data to allow analysis of appropriate registration (ESR). This will form phase 2 of the NMC Online project and is dependent on obtaining a change to legislation (early 2015) - ongoing. (4) Further risk based audits as required (ongoing). (5) Obtained duplicate records data identifying a number of registrants who have separate entries on the register. These duplicate records will be amalgamated. | 4 | 4 | 16 | Director, Registrations | 17/11/14 - updates made. | Open - on track. Risk reviewed monthly. Involves a long lead time for any action to play forward and impact the risk scoring. Very marginal improvement predicted until after revalidation in place from 2015. Reduction in post mitigation scoring of likelihood to 4 based on joint FtP/WISER work completed and outcomes of audit work completed by external reviewers | No change |
| | | (1) Policies and procedures may have been absent, ineffective or inconsistently applied in the past. (2) Historic decisions may have been made on a different basis, but cannot be reversed. (3) Circumstances may have changed after initial admission to the register, however these are not routinely checked. (4) Historic inaccuracies in recording FtP case statuses. | We may identify individuals currently on the register who would not meet current requirements for admission, and we may not have appropriate plans in place to respond to this. | (1) Public protection compromised. (2) Reputation damaged. (3) PSA Standards of Good Regulation not being met. | | | | | | | | | | | |
| CR2 (FtP1) Cross ref: | 26/06/2013 | Fitness to practise performance | | | 5 | 5 | 25 | Mitigation in place: (1) Detailed profiling and forecasting of caseload and activity and oversight by FtP Steering group. (2) Improved case management processes including voluntary removal and consensual panel determinations (3) Standard operating procedures and improved training for staff. (4) Increased staffing base. (5) Targeted review of adjudication caseload. (6) Increase in number of panel members and introduction of rolling recruitment for panel members and chairs. (7) Training for panel members and introduction of rolling programme. (8) Increased number of hearing venues. (9) External review of management information and forecasting assumptions (September 2013). (10) Contingency planning for increase in hearing activity at the end of Q3. (11) Further workforce planning (March 2014). (12) Targeted review of investigation cases. (13) Quality assurance management fully implemented (July 2014). (14) Interim order proportionality review (July 2014). (15) Refocused FtP scheduling July 2014. (16) Diverted resources from FtP teams to schedule cases further in advance (July 2014). Planned action: (1) Closer working with employers (January 2015). (2) Legislative change (March 2015). (3) Successful delivery of FtP Programme (April 2015). | 3 | 5 | 15 | Director, Fitness to Practise | 11/11/2014 | Open - on track Weekly performance/delivery against target reviewed at weekly management meeting and risk reviewed monthly. Risk reduction expected in by the end of Q4 2014/15 once adjudication caseload has decreased and new case management measures have embedded. Linked to FtP Programme Risk Register | No change |
| | | (1) Historic under investment in FtP. (2) Inflexible legislative framework. (3) Fluctuations in referrals above the forecast levels. (4) Possibility that processes may be unable to sustain required volume of case progression/hearings at the expected quality. | The quality of our decision making may be compromised and we may not achieve the investigation/adjudication targets | (1) Public protection compromised. (2) Negative impact on registrants. (3) Negative impact on referrers. (4) Reputation damaged. (5) PSA Standards of Good Regulation not met (6) Adverse PSA initial stages audit' | | | | | | | | | | | |

TRIM Ref 2269140

| No. | Date of origin | Risk Scenario | | | Inherent risk scoring | | | Mitigation in place / Planned action | Post-mitigation scoring | | | Risk Owner (and Mitigation Owner) | Dates up-dated (log of dates for when risk was updated) | Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring) | Direction (of risk score from the previous issue) |
|-----------|---|---|--|--|-----------------------|--------|-------|---|-------------------------|--------|-------|--|---|--|---|
| | | Root cause(s) | Potential situation | Consequences | Likelihood | Impact | Score | | Likelihood | Impact | Score | | | | |
| CR13 B | May-13 (previously risk CR3) | Revalidation - system impact and readiness | | | 4 | 4 | 16 | Mitigation in place: (1) PSA update provided through annual performance review and face to face meetings. (2) Implications on system project report delivered in August 2014. (2) Oversight and scrutiny by Revalidation Programme Board and Executive Board, to address issues of complexity and cost of model. (3) Extensive stakeholder engagement activities. Planned action: (1,2,3) Robust evaluation of the pilots both from the registrants' perspective (registration experience evaluation) and the impact on the system perspective (evaluation of the impact on the system, employers and governments at four country level). (3) Organisational readiness toolkit and other material to assess impact on the system in development for the pilots December 2014-March 2015. | 3 | 4 | 12 | Director, Continued Practice (sponsor) AD Revalidation (lead) | 17/11/2014: this new risk supersedes CR3/CP1. The old wording has been moved to the 'Closed risks' tab. 19/11/2014 | Open - Programme to be achieved in Dec 2015 Recruitment of Pilot Managers & Coordinators in progress. Engagement activity has moved to focus on strategic partnership building. Stakeholder groups have been re-shaped to support programme's needs. | |
| | | (1) Lack of buy-in from stakeholders and accountability authorities (PSA, HSC) regarding revalidation model and how it aligns to corporate objectives. (2) Costs for organisations to prepare for, and to put resources/ processes/ infrastructure in place, to support revalidation. (3) Inconsistent levels of buy-in across the system and register. | (1) Lack of positive promotion from key stakeholders. (2) Organisations may lack the resources/ infrastructure required to enable them to introduce revalidation by the set timeframe. (3) Inadequate preparations made to support/allow compliance with revalidation process due to lack of knowledge/ understanding or unaddressed resistance. | (1) Criticism drawn as PSA standards of good regulation, and expectations of HSC are not met. (2) Individuals are not able to adopt revised procedures and requirements leading to inability to introduce revalidation. (3) Criticism/confusion from registrants/ stakeholders. Unable to implement full revalidation process. | | | | | | | | | | | |
| CR5 | May-13 (previously risk G39. Date of origin: Mar-13) | Financial resources | | | 4 | 5 | 20 | Mitigation in place: (1) Prudent budgeting aligned to corporate planning and change management programmes. (2) Financial strategy. (3) Risk based reserves policy. (4) Monthly finance and planning meetings with each directorate. (5) Monthly monitoring by Executive Board. (6) Standing financial report to the Council. (7) Grant secured to meet unexpected costs re overseas registrations. (8) Balanced budget for 2014-15 after careful prioritisation of activity, approved by Council. (9) Targeted efficiency savings monitored through Corporate Efficiency Board. (10) Contingency built into the budget. (11) Fee rise approved by Council. Planned action: (1) Development of revised financial plan (March 2015). | 2 | 5 | 10 | Director, Corporate Services | 11.11.14 | Open - on track. Risk reviewed monthly ----- Linked to Department of Health KPI of January 2016 ----- Reviewed after outcome of fee consultation on 01.10.2014 | Reducing |
| | | (1) Limited sources of income and projected fee income dependent on outcome of consultation. (2) Possible increase in resource requirements as a result of external factors e.g. external reviews, Inquiries, government policy etc. (3) Possible increase in fitness to practise referrals above forecast rate. (4) Resource requirements arising from several, simultaneous improvement projects. (5) Possibility that we do not achieve targeted efficiency savings. | We may have insufficient financial resources to meet all our planned operational requirements. | (1) Inability to deliver corporate objectives and/or improvement programme. (2) Negative impact on registrants. (3) Reputation damaged. | | | | | | | | | | | |

| No. | Date of origin | Risk Scenario | | | Inherent risk scoring | | | Mitigation in place / Planned action | Post-mitigation scoring | | | Risk Owner (and Mitigation Owner) | Dates up-dated (log of dates for when risk was updated) | Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring) | Direction (of risk score from the previous issue) |
|------------------|--|--|---|---|-----------------------|--------|-------|--|-------------------------|--------|-------|--|---|--|---|
| | | Root cause(s) | Potential situation | Consequences | Likelihood | Impact | Score | | Likelihood | Impact | Score | | | | |
| CR6 (CS4) | May-13 (previously risk T24. Date of origin: Oct-12) | Information Security | | | 5 | 4 | 20 | Mitigation in place: (1) Information security and data protection policies. (2) Mandatory training for staff and panellists. (3) Oversight by Information Governance Steering Group. (4) Laptop encryption programme. (5) Information security gap analysis completed and independently validated, identifying risk areas. Improvement Plan in place. (6) Internal audit activity on data security completed, with amber rating. (7) New email encryption solution rolled out. (8) More than 90% compliance with mandatory training. (9) September 2014 - 37 of 51 high priority actions complete. (10) Review meeting held with Information Commissioner's Office. Planned action: (1) Continue to implement information security improvement plan, addressing remaining highest risk areas as priority (2014-15 as per planned schedule). (2) Further work with ICO on benchmarking good practice (Date tbc) | 4 | 4 | 16 | Director, Corporate Services AD ICT | 11.11.14 | Open - on track. Risk last reviewed by IGSBM in September 2014 Next review 11.12.14 | No change |
| | | (1) Large volume, complex information processing. (2) Possibility that policies and procedures may be ineffective or inconsistently applied. (3) Security enhancements to some systems needed. | Sensitive information may be accessed by, or disclosed to, unauthorized individuals. | (1) Negative impact on data subject. (2) Regulatory intervention and/or fine by the Information Commissioner's Office. (3) Reputation damaged. (4) Failing to meet PSA standard of good regulation | | | | | | | | | | | |
| CR7 | May-13 (previously risk G20 & G35. Date of origin: 26.3.2012) | Quality of information | | | 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) Improved FtP MI to support corporate KPIs. (4) Initial intelligence shared with CQC. (5) High level data strategy completed and approved. (6) Some reviews of the quality of data and management of corporate KPIs were undertaken by the QA team and learning shared with directorates - Q2. Planned action: (1) Further reviews of the quality of data and management of corporate KPIs are included in the QA team's programme of work for Q4. (2) Knowledge manager recruited in Q3. (3) Data Strategy Steering Group established Q3. (4) Data definition and cleansing activities underway (Q3). | 4 | 3 | 12 | Director, Strategy Assistant Director, Strategy and Comms | 17/11/14 | Open. High level strategy will provide framework for a range of activities to deliver the strategic benefits outlined. A follow on project to address the identified priority activities and an ongoing data and intelligence capability provided for in ongoing business plan. | No change |
| | | (1) Inconsistency in collection and use of data. (2) Ownership and governance arrangements for data and information management fragmented. (3) Enhanced system and analysis tools needed. | We may not consistently provide a coordinated response to management information and data requests. | (1) Inability to deliver corporate objectives and/or improvement programme. (2) Barrier to making sound business decisions and prioritisation of work. (3) Ineffective use of resources. (4) Reputation damaged. | | | | | | | | | | | |

| No. | Date of origin | Risk Scenario | | | Inherent risk scoring | | | Mitigation in place / Planned action | Post-mitigation scoring | | | Risk Owner (and Mitigation Owner) | Dates up-dated (log of dates for when risk was updated) | Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring) | Direction (of risk score from the previous issue) |
|------------------|---|---|--|---|-----------------------|--------|-------|--|-------------------------|--------|-------|--|---|--|---|
| | | Root cause(s) | Potential situation | Consequences | Likelihood | Impact | Score | | Likelihood | Impact | Score | | | | |
| CR9 (CS3) | May-13 (previously risk T25. Date of origin: Oct-12) | Staffing | | | 4 | 3 | 12 | 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 (2014), directors taking forward staff survey action plans, and staff are being engaged directly through their managers. (4) Learning and development programme for 2014 implemented. (5) Improved management information reports produced and used in directorate discussions to aid decision making. (6) Pay and grading review implemented. (7) Opportunity for developing Career Pathways being developed within job family model embedded in pay and grading proposals. (8) Workforce planning discussions underway in phased approach across directorates. | 3 | 3 | 9 | Director, Corporate Services AD HR & OD | 11.11.14 | Open - on track. Linked to KPI on employer turnover. | No change |
| | | (1) 2014 Staff survey indicates that only 48% of staff see themselves staying with the NMC for 2 years. (2) Staff perception of pay progression remains an issue. (3) Management of staff expectations regarding career management. | Staff turnover is decreasing but in a recovering economy we may continue to lose staff due to competing offers externally. | (1) Impact on delivery of corporate objectives and directorate business plans. (2) Negative impact on staff morale, motivation, and performance. (3) Organisational reputation damaged. (4) For specific roles e.g. IT, a continued reliance on consultants and contractors for key roles. (5) Loss of knowledge holders. | | | | Planned action: (1) Long term workforce planning aligned to strategic direction (in 2014-15 Business Plan). (2) Pay and Grading Phase 2 project (September 2014 - March 2015). (3) Discussion on pay award/pay progression with Rem Com (ongoing). (4) Directorate Action Plans shared from staff survey 2014. (November 2014) | | | | | | | |

Cross ref:

| No. | Date of origin | Risk Scenario | | | Inherent risk scoring | | | Mitigation in place / Planned action | Post-mitigation scoring | | | Risk Owner (and Mitigation Owner) | Dates up-dated (log of dates for when risk was updated) | Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring) | Direction (of risk score from the previous issue) |
|------|---|--|---|--|-----------------------|--------|-------|---|-------------------------|--------|-------|--|---|--|---|
| | | Root cause(s) | Potential situation | Consequences | Likelihood | Impact | Score | | Likelihood | Impact | Score | | | | |
| CR10 | May-13 | Profile and proactivity | | | | | | Mitigation in place: (1) Council seminar on engagement in March 2014. (2) Seminar on professionalism in regulation held March 2014. (3) Programme of key stakeholder meetings ongoing between Chief Executive, Chair and senior staff with the DH, professional bodies and unions, patient groups, nurses, midwives and other regulators. (4) Patient and Public Engagement Forums held quarterly in England and first Patient and Public Engagement Forum held in Scotland 25 April. (5) Changes made to NMC website in response to Patient and Public Engagement Forum feedback. (6) System in place for tracking and recording FtP referrals. (7) MoU with CQC agreed. (8) Public facing leaflets approved and published. (9) Council meeting held in Scotland in June 2014 - Council members met with public and professionals and members of the Scottish Govt. Health and Sport Committee to boost profile (10) Health Committee appearance 17 June - gave evidence to the Complaints and Raising Concerns Inquiry. (11) Professional Strategic Advisory Group established and inaugural meeting held 15 July. Group to meet quarterly. (12) MoU with TDA agreed. (13) Ministerial and key stakeholder engagement in Belfast (Sept). (14) Joint input to party conferences with other regulators (Autumn). (15) NMC presence at Scottish Regulators Conference - Oct. | | | | Director, Strategy Assistant Director, Strategy and Comms | 19.11.14 | Open | No change |
| | (previously risk T29. Date of origin: Feb-13) | (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 | (1) Patient and Public Advisory Groups to be pursued in Wales and Northern Ireland (Q3 2014-2015). (2) Employer engagement on revalidation. (3) Website relaunch to make it more public focused and interactive (in early 2015). (4) Memorandums of understanding to be underpinned with information and data sharing protocols (March 2014 and ongoing). (5) FtP developing employer liaison model (for implementation in early 2015). (6) Next CMS release to enable capture of referrals to and from other regulators (Q2 2014-2015). (7) Planned internal audit activity to look at communication and engagement in Q4 2014 - 15. (8) Next seminars following on from professionalism being planned (Whistleblowers, February 2015). (9) Proactive media strategy being developed in line with emerging corporate strategy (Spring 2015). (10) Four nations stakeholder mapping project completed in October. Update - fieldwork completed in Q2, with final report expected in Q3. (11) Popular annual review in development to be published alongside annual reports (November). (12) QA function reviewing our arrangements for sharing information with others (Q3). (13) Promotional campaign for the Code, including public-facing material in place. | 3 | 3 | 9 | | | | |

Cross ref:
CR7,
CP2,
S18

| No. | Date of origin | Risk Scenario | | | Inherent risk scoring | | | Mitigation in place / Planned action | Post-mitigation scoring | | | Risk Owner (and Mitigation Owner) | Dates up-dated (log of dates for when risk was updated) | Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring) | Direction (of risk score from the previous issue) |
|------------|----------------|--|---|---|-----------------------|--------|-------|--|-------------------------|--------|-------|--|---|--|---|
| | | Root cause(s) | Potential situation | Consequences | Likelihood | Impact | Score | | Likelihood | Impact | Score | | | | |
| CR11 (S11) | 14-Feb-14 | Legislative change | | | 4 | 4 | 16 | Mitigation in place: (1) We have an engagement plan in place to work with, and alongside, other key stakeholders to continue to exert pressure and influence on all parties to include this Bill in the next parliament. (2) We are now engaging directly with DH with a view to influencing their response to the draft Bill and engaging with other regulators, PSA and patient groups to secure consensus on many key issues. (3) Legislation Programme Board has been set up to support this work. (4) Joint regulators working group and CEOs forum set up to share information and agree joint regulatory approaches where possible. (5) Corporate legislation adviser is leading this work towards developing a new legislative framework. (6) On 21 October 2014 we published a position statement <i>Better legislation for better regulation</i> which outlines the case for urgent legislative reform. | 4 | 4 | 16 | Chief Executive Corporate Legislation Adviser | 18.09.14: Title amended, potential situation 2 added and status updated. 19.11.14: Mitigation 6 added. | Open Post-mitigation scoring reflects concern that the Bill or alternative legislative change may not be introduced within a reasonable timescale, rather than expected contents of Bill. | No change |
| | | (1) The government decided not to include the Bill in the fourth session of this Parliament. ----- (2) The Department of Health may not make all the amendments we are seeking to the Law Commission draft Bill in its own draft Bill, whenever this is taken forward. | (1) The Bill may not be introduced by the government at all. (2) In the absence of a Bill, the government may not prioritise our request for further legislative change. ----- (3) We may be unable to secure all our desired amendments or correct all the oversights. (4) The Bill may reserve too many powers to the government. | (1) We will be left operating within our current unsatisfactory legislative framework, which will not be financially viable and which will render us unable to carry out our regulatory functions without continuing to raise the registration fee. ----- (2) The DH Bill does not deliver the promised streamlined and flexible legislative framework, but actually either maintains too many of our existing legislative problems or creates more mandatory requirements so that the additional burdens outweigh the benefits. (3) A requirement for further legislation leading to long delays before some of the benefits can be felt. | | | | Planned action: (1) We are now looking at the alternative options for legislative change, including future section 60 orders and the Private Members Bill being introduced by Jeremy Lefroy MP, whilst still pressing for the Law Commission Bill. | | | | | | | |

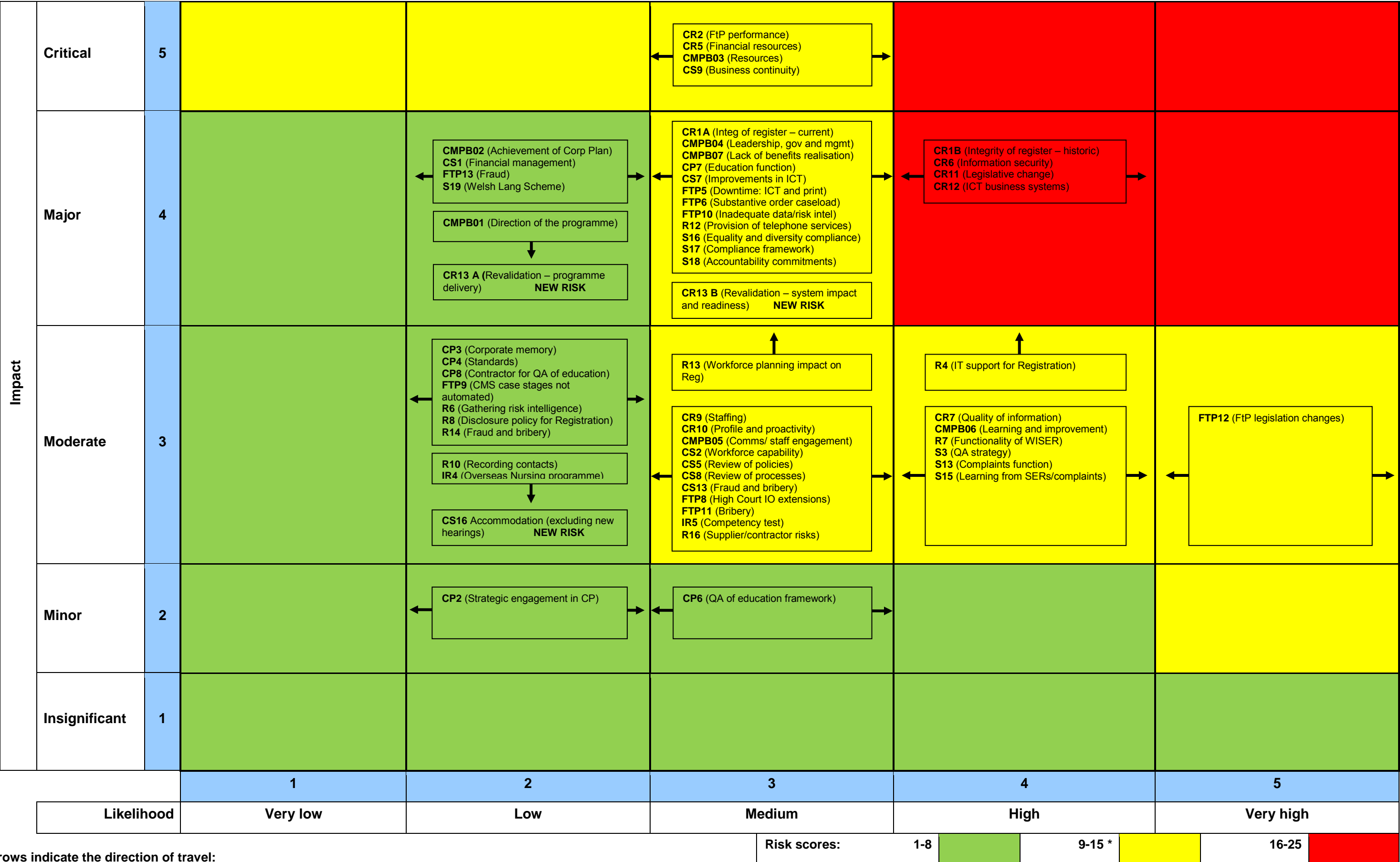
Cross
ref:

CR2,
FtP6,
FtP12

| No. | Date of origin | Risk Scenario | | | Inherent risk scoring | | | Mitigation in place / Planned action | Post-mitigation scoring | | | Risk Owner (and Mitigation Owner) | Dates up-dated (log of dates for when risk was updated) | Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring) | Direction (of risk score from the previous issue) |
|------|----------------|---|---|---|-----------------------|--------|-------|---|-------------------------|--------|-------|---------------------------------------|---|--|---|
| | | Root cause(s) | Potential situation | Consequences | Likelihood | Impact | Score | | Likelihood | Impact | Score | | | | |
| CR12 | May-14 | ICT business systems | | | 4 | 4 | 16 | Mitigation in place: (1) Review of servers completed with operational loads more even spread to reduce risk of server failure. (2) Change Management process updated to improve quality of ICT changes. (3) Testing policy updated to improve quality of testing and roll-out. (4) Upgrades to our operating platforms and telephony system to supported and more up to date versions, thereby reducing risk. (5) Series of enhancements to Windows 7 environment to improve concerns over performance (in progress, complete Jun 2014). (6) Replacement of old hardware for newer machines (98% complete). (7) Enhanced contract management with key ICT supplier to improve contractor performance. (8) Performance testing taking place as normal practice on all major upgrades. (9) Upgraded storage to provide additional capacity and performance (Completed September 2014). (10) Upgraded servers to provide additional processing power (September 2014). (11) Hardware upgrades completed. Like for like capabilities in place between production and disaster recovery for most applications. | 4 | 4 | 16 | AD ICT (Director, Corporate Services) | 11.11.14 | Open | No change |
| | | 1. Lack of robust procedures and controls over the management, testing and roll-out of changes to hardware and software, and development of new products and systems. 2. Ongoing use of critical business systems that are now unsupported by suppliers. 3. Insufficient capacity in our telephony system to handle peak periods in the Registration call centre. 4. Inadequate management of key third party ICT supply contracts. 5. Lack of quality-assured ICT service support. 6. Lack of planning for business continuity and disaster recovery. 7. IT infrastructure insufficient to cope with our operational requirements. | Current systems are either already at risk of failure or become at risk of failure. | 1. Critical business operations either stop or performance is negatively impacted. 2. Key performance targets or corporate commitments are not met or are put at risk. 3. Staff frustration contributes to poor motivation and increases staff turnover. 4. Wasted resources used in reacting to events. 5. Loss of confidence by staff, the Council and external stakeholders. | | | | Planned action: (1) Further work to Disaster Recovery environment following Business Impact Assessment (March 2015) (2) WISER replacement project to protect against risk of unsupported components (2016-17). (3) Renewal of key ICT infrastructure contract (2015). (4) Planning in progress to replace unsupported components in CMS and system for processing payments of registration fee by telephone. Discussion in place with vendors.(Final solution by end of financial year.) (5) Clear plans underway to ensure all services are fully supported and interim measures taken (by January 2015). (6) Implementation of ICT restructure ensuring capacity and capability to provide effective support (October 2014 - March 2015). (7) Healthcheck of processes and controls (December 2014). | | | | | | | |

Cross ref: CS7

Risk map of all corporate, CMPB and directorate risks as at 19 November 2014



Arrows indicate the direction of travel:
↑ Risk score has increased since 17 October 2014
↓ Risk score has decreased since 17 October 2014
↔ Risk score has stayed the same since 17 October 2014

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

CMPB: Change Management and Portfolio Board risk
S: Strategy risk
CS: Corporate Services risk
CP: Continued Practice risk

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

Council

Monthly financial monitoring – October 2014 results

Action: For information.

Issue: The Council is asked to consider financial performance information for current and forthcoming reporting periods.

Core regulatory function: Supporting functions

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

Decision required: None.

Annexes: The following annexes are attached to this paper:

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

**Further
information:**

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

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Context: Financial information

- 1 The budget information used throughout these reports is based on the budget approved by the Council on 26 March 2014.
- 2 The budget was set in the context of the three year plan to achieve our Fitness to Practise (FtP) Key Performance Indicators (KPIs) by December 2014 and the minimum available free reserves target by January 2016. Progress towards meeting the available free reserves target is also regularly presented to the Council in the KPI report.
- 3 On a monthly basis, meetings are held with each directorate to review progress against both the Corporate Plan and budget, and to update the activity and financial forecasts.
- 4 Detailed month end reporting packs are produced for the Executive Team, showing results by directorate, cost centres and projects, together with summary reports, commentary and an update of the contingency position.
- 5 The Executive Board reviews and approves the financial results and forecast each month.
- 6 Where significant variances are identified during the year which would impact our achievement of our reserves target, directors will determine the necessary corrective actions.

Discussion: Executive summary

- 7 The latest forecast is for available free reserves at March 2015 to be on target at £7.5 million. The reserves level will fluctuate during the year based on the pattern of expenditure.
- 8 Available free reserves at October 2014 were £8.7 million, which is £2.5 million higher than the budget position. This was due to lower than budgeted expenditure, as set out below.
- 9 On the basis of the latest monthly directorate meetings, the expenditure variances are considered at this stage to relate to the timing of activity and associated expenditure, and therefore this expenditure has been reforecast to later in the year. Further consideration will be given to the timing of expenditure in the context of the forecast and budget formulations which are now under way, in conjunction with the business planning process for 2015-18.
- 10 There has been some movement in the overall funding allocation within the full year, but activity is expected to be delivered within the overall budget funds approved by the Council. The principal

items identified as requiring funding since the beginning of the financial year are additional funding for FtP to ensure delivery of its adjudication KPI by December 2014 and the costs associated with the fit-out of leased premises at Stratford Place.

Monthly management results

- 11 The detailed management results and forecast for October are set out at Annexe 1.

Actual results versus budget

- 12 The principal variances for the seven months to October against budget are as follows:
 - 12.1 Income is £1.0 million lower than budget, with lower grant and interest income offset by higher periodic fee and overseas income. The costs associated with the test of competence are being held on the balance sheet and will be released to income and project costs once the grant funding is approved.
 - 12.2 Costs in the Office of the Chair & Chief Executive were lower than budget by £0.2 million. This is owing to the re-allocation of the Programme & Change Management team to the Strategy directorate. As a result, the Strategy directorate is higher than budget by £0.2 million to date.
 - 12.3 Costs in Registration were higher than budget by £0.1 million due to increased temporary staff required during the peak period and to service increased overseas volumes.
 - 12.4 Costs in Continued Practice were lower than budget by £0.6 million due to lower than budgeted QA costs, professional and engagement costs relating to revalidation to date. At this point in the year, this is considered to be an issue of timing of expenditure.
 - 12.5 Costs in ICT were higher than budget by £0.5 million. This is owing to increased contractor spend which has been transferred from capital expenditure combined with the requirement for additional specialist resource.
 - 12.6 FtP costs were £0.2 million lower than budget. This is principally due to lower than budgeted hearing activity (mainly ICIOs and CCC substantive hearings) resulting in lower hearing-associated costs. This is partly offset by increased temporary resource and external venue costs, both of which have been utilised to help ensure that the December 2014 KPI is met.
 - 12.7 The substantive hearing activity has been forecasted to be

24 hearings per day in November 2014 and 20 hearing days in December 2014. This level of hearing activity is designed to ensure that the December 2014 KPI is met.

- 12.8 Capital expenditure was £0.1 million lower than budget. This is due to lower ICT capital expenditure arising from the timing of spend on the replacement registration system and the transfer of contractor spend to ICT directorate expenditure, offset by the approved capital spend on the fit-out of leased premises at Stratford Place.

Full year forecast versus budget

- 13 The principal variances for the full year forecast compared to budget are as follows:
- 13.1 Periodic fee income is forecast to be higher than budget by £0.5 million, reflecting higher volumes on the register than budgeted.
 - 13.2 FtP expenditure is forecast to be £0.6 million higher than budget. The forecast reflects the updated hearing activity and additional headcount required to ensure the December 2014 KPI is met, and the re-phasing of expenditure from the first half of the year to later in the year.
 - 13.3 Costs are forecast to be £1.0 million higher than budget in Strategy. £0.7 million has been added to the Governance forecast; £0.5 million in relation to the Programme & Change Management team (including £0.3 million budget transferred from OCCE) and £0.15 million for the independent review of progress against the PSA 2012 Strategic Review recommendations (including £0.1 million budget transferred from OCCE). £0.3 million additional costs are forecast in Policy due to the external review of midwifery regulation; this work was budgeted as part of the contingency as it was not fully defined at the time of the budget.
 - 13.4 £0.4 million lower than budget in OCCE owing to the re-allocation of budgeted funds for both the Programme & Change Management team and the independent review of progress against the PSA 2012 Strategic Review recommendations to the Strategy directorate. These are now reported and controlled in the Strategy directorate.
 - 13.5 ICT expenditure is forecast to be £0.9 million higher than budget. £0.5 million is due to the requirement for specialist resource, which has been funded by the contingency, and £0.4 million due to a transfer from the capital budget. The

latter has no impact on projected reserves.

- 13.6 Finance is forecast to be £0.2 million higher than budget as costs associated with the appointment of a Chief Information Officer have now been incorporated into the forecast.
- 13.7 Facilities is forecast to be £0.2 million lower than budget resulting from vacating the Old Bailey earlier than expected and a VAT rebate received on the 61 Aldwych rent.
- 13.8 NMC General is forecast to be £0.4 million higher than budget, which includes provision for the next stage of our reward strategy, and an updated employer contribution for the defined benefits pension scheme, following the latest valuation of the scheme. Both of these were budgeted in the contingency and have no impact on budgeted reserves.
- 13.9 The forecast now reflects the capital expenditure required to fit out the new leased hearing accommodation at Stratford Place. This is higher than the budgeted amount, but this overspend will be offset by lower than budgeted rental payments in future years. The total agreed for Stratford Place (rental costs and fit-out) is within the envelope agreed by Council. The budget was based on the costs incurred with the Old Bailey fit-out. Since then the market has changed and the new accommodation will provide extra capacity, hence the increased costs this year.
- 13.10 Increases in forecast expenditure have been funded from the contingency. The contingency fund is set up as part of the budget to fund items which could not be budgeted at the time, either because they could not be accurately quantified or were not envisaged.

Efficiencies

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

| | | |
|---|----|--|
| Public protection implications: | 17 | The monitoring of financial results and forecasts enables the NMC to ensure it has sufficient resources to deliver continued public protection. |
| Resource implications: | 18 | The key financial indicators for current and projected levels are discussed in this paper. |
| Equality and diversity implications: | 19 | None. |
| Stakeholder engagement: | 20 | None. |
| Risk implications: | 21 | <p>There are a number of risks which should be considered on an ongoing basis when reviewing the financial position.</p> <p>21.1 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. At the October 2014 meeting, the Council considered the latest position on risks to be covered by reserves, and agreed that the target risk based reserves level should remain in this range. Our available free reserves are £8.7 million at October 2014, which is in breach of our reserves policy. A reduction in reserves from the policy level should only be authorised by trustees where there is a clear and robust plan to rebuild reserves. In our case, our financial and fee strategy is designed to build reserves back up to the required level.</p> <p>21.2 There is a risk around the FtP forecast assumptions for case closures via alternative case disposal methods. If the most recent trend continues, rather than forecast, FtP will potentially require an additional £0.5 million if these cases require a full substantive hearing at the average 3.5 hearing days to maintain their latest forecast.</p> |
| Legal implications: | 22 | None. |

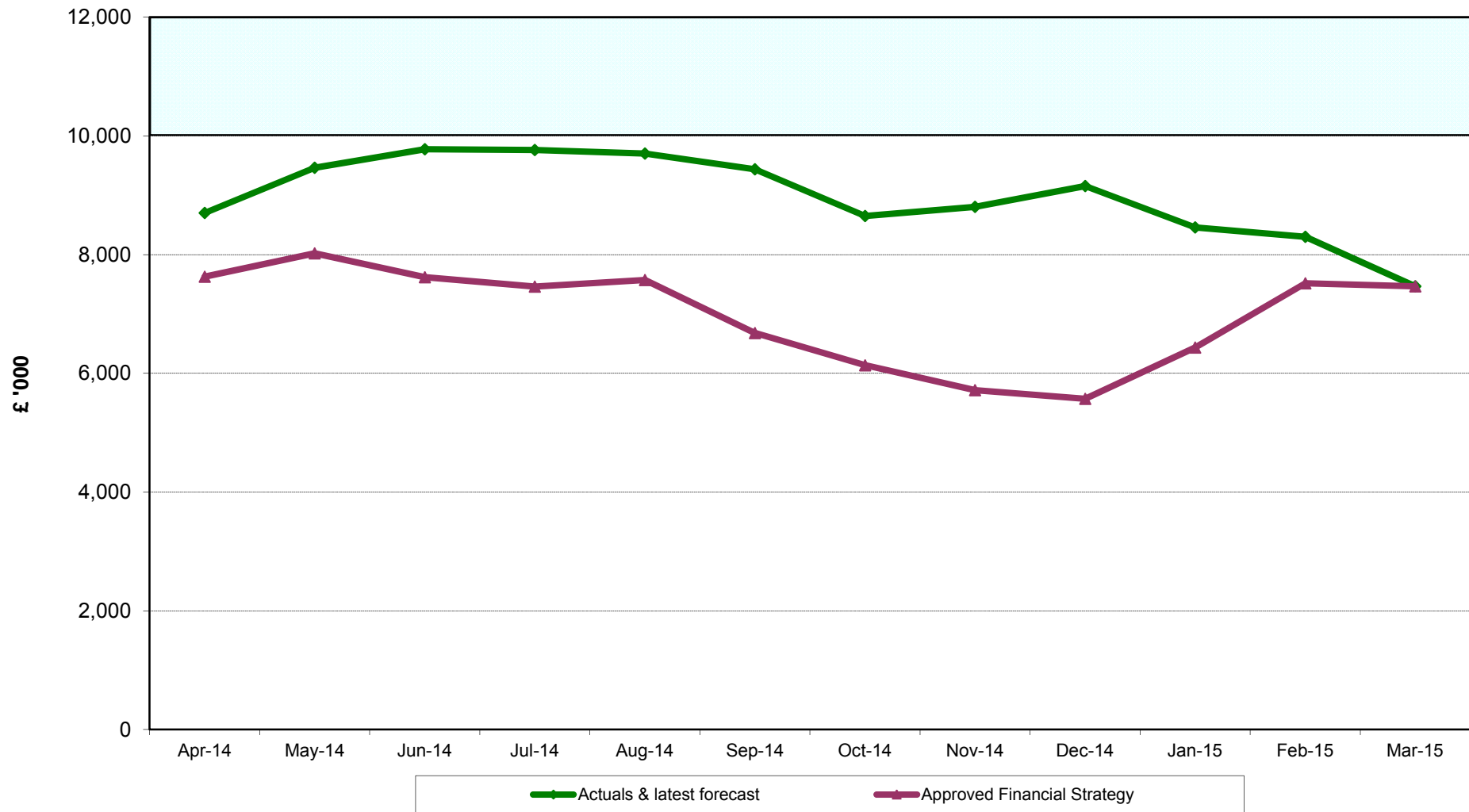
Actual, budget & forecast 2014-2015
£000's

| | Month of October | | | | April to October | | | | | November to March | | | | | Full Year | | | | |
|---|------------------|--------------|----------------|--------------|------------------|----------------|----------------|--------------|-------------------|-------------------|----------------|----------------|----------------|-------------------|-----------------|----------------|----------------|--------------|-------------------|
| 2014/2015 | Actual | Budget | Prior Forecast | vs budget | Actual | Budget | Prior Forecast | vs budget | vs prior forecast | Forecast | Budget | Prior Forecast | vs budget | vs prior forecast | Actual/Forecast | Budget | Prior Forecast | vs budget | vs prior forecast |
| Grant Income | (11) | 36 | 0 | (47) | 194 | 1,527 | 205 | (1,333) | (11) | 1,409 | 127 | 1,409 | 1,282 | 0 | 1,604 | 1,654 | 1,615 | (50) | (11) |
| Periodic Fee Income | 5,717 | 5,629 | 5,672 | 88 | 39,733 | 39,401 | 39,687 | 331 | 45 | 28,434 | 28,219 | 28,434 | 215 | 0 | 68,166 | 67,620 | 68,121 | 546 | 45 |
| Overseas Applications | 35 | 18 | 18 | 17 | 178 | 125 | 162 | 54 | 17 | 89 | 89 | 89 | 0 | 0 | 267 | 214 | 251 | 54 | 17 |
| Eu Assessment Fee | 89 | 40 | 45 | 49 | 459 | 279 | 415 | 180 | 44 | 225 | 199 | 225 | 26 | 0 | 684 | 478 | 640 | 206 | 44 |
| Interest Income | 52 | 78 | 56 | (25) | 378 | 537 | 381 | (159) | (4) | 280 | 365 | 280 | (85) | 0 | 658 | 902 | 661 | (244) | (4) |
| Other Income | 50 | 32 | 32 | 18 | 190 | 225 | 172 | (35) | 18 | 161 | 161 | 161 | 0 | 0 | 351 | 386 | 333 | (35) | 18 |
| Total Income: | 5,932 | 5,832 | 5,823 | 99 | 41,132 | 42,094 | 41,023 | (963) | 109 | 30,598 | 29,160 | 30,598 | 1,438 | 0 | 71,730 | 71,255 | 71,621 | 475 | 109 |
| Office of the Chair & Chief Executive | 45 | 89 | 51 | 44 | 315 | 548 | 321 | 233 | 6 | 241 | 408 | 235 | 167 | (6) | 556 | 956 | 556 | 400 | (0) |
| Communication | 78 | 70 | 79 | (8) | 467 | 523 | 468 | 56 | 1 | 452 | 393 | 450 | (59) | (2) | 919 | 916 | 918 | (3) | (1) |
| Council Services | 35 | 41 | 42 | 7 | 291 | 302 | 298 | 12 | 8 | 219 | 158 | 216 | (60) | (2) | 509 | 461 | 514 | (49) | 5 |
| Governance | 126 | 108 | 161 | (18) | 1,063 | 777 | 1,098 | (286) | 35 | 935 | 564 | 923 | (371) | (12) | 1,998 | 1,341 | 2,020 | (657) | 22 |
| Policy | 80 | 83 | 77 | 3 | 672 | 650 | 669 | (22) | (3) | 635 | 406 | 658 | (229) | 23 | 1,307 | 1,056 | 1,327 | (251) | 20 |
| Strategy | 319 | 302 | 359 | (16) | 2,493 | 2,253 | 2,533 | (240) | 40 | 2,241 | 1,521 | 2,247 | (719) | 6 | 4,733 | 3,774 | 4,779 | (959) | 46 |
| Registration | 425 | 337 | 346 | (87) | 2,335 | 2,223 | 2,257 | (113) | (79) | 1,466 | 1,540 | 1,519 | 74 | 53 | 3,801 | 3,763 | 3,775 | (39) | (26) |
| Continued Practice | 230 | 324 | 205 | 94 | 1,698 | 2,288 | 1,673 | 590 | (25) | 2,165 | 1,575 | 2,190 | (590) | 25 | 3,863 | 3,863 | 3,863 | (0) | (0) |
| ICT | 613 | 322 | 518 | (291) | 3,356 | 2,844 | 3,261 | (512) | (95) | 2,307 | 1,901 | 2,435 | (406) | 128 | 5,663 | 4,745 | 5,697 | (918) | 33 |
| Finance | 192 | 183 | 194 | (9) | 1,270 | 1,278 | 1,272 | 8 | 2 | 1,141 | 958 | 1,139 | (183) | (2) | 2,411 | 2,236 | 2,411 | (174) | 1 |
| Facilities Management | 516 | 453 | 537 | (63) | 3,224 | 3,290 | 3,245 | 66 | 21 | 2,091 | 2,241 | 2,374 | 150 | 283 | 5,315 | 5,531 | 5,619 | 216 | 304 |
| HR&OD | 248 | 266 | 313 | 17 | 1,513 | 1,566 | 1,578 | 53 | 64 | 1,179 | 1,081 | 1,114 | (98) | (66) | 2,693 | 2,647 | 2,691 | (45) | (1) |
| Corporate Services | 1,569 | 1,224 | 1,562 | (346) | 9,363 | 8,979 | 9,356 | (384) | (8) | 6,718 | 6,180 | 7,062 | (537) | 345 | 16,081 | 15,160 | 16,418 | (921) | 337 |
| Directors office | 59 | 53 | 85 | (6) | 429 | 372 | 455 | (58) | 26 | 280 | 265 | 280 | (15) | 0 | 709 | 636 | 735 | (73) | 26 |
| Screening | 91 | 123 | 123 | 32 | 681 | 862 | 713 | 181 | 32 | 616 | 616 | 616 | 0 | 0 | 1,297 | 1,477 | 1,329 | 181 | 32 |
| Case Investigations - Total | 552 | 424 | 465 | (128) | 3,132 | 2,882 | 3,045 | (249) | (87) | 2,451 | 2,137 | 2,446 | (315) | (6) | 5,583 | 5,019 | 5,491 | (564) | (92) |
| Investigations - IC | 40 | 191 | 179 | 151 | 488 | 889 | 627 | 401 | 139 | 645 | 696 | 635 | 51 | (10) | 1,133 | 1,585 | 1,262 | 452 | 129 |
| Case Management | 0 | 24 | 24 | 24 | 44 | 170 | 69 | 126 | 24 | 122 | 122 | 122 | 0 | 0 | 166 | 292 | 190 | 126 | 24 |
| Scheduling | 98 | 80 | 100 | (18) | 573 | 549 | 574 | (24) | 2 | 410 | 400 | 410 | (10) | 0 | 983 | 949 | 984 | (34) | 2 |
| Case Preparation | 106 | 118 | 138 | 12 | 752 | 844 | 784 | 92 | 32 | 590 | 590 | 590 | 0 | 0 | 1,342 | 1,434 | 1,374 | 92 | 32 |
| Admin / General | 58 | 109 | 103 | 52 | 689 | 806 | 734 | 117 | 45 | 595 | 587 | 563 | (8) | (32) | 1,284 | 1,393 | 1,297 | 109 | 13 |
| Adjudication | 387 | 247 | 301 | (140) | 2,168 | 1,713 | 2,082 | (455) | (86) | 1,347 | 1,255 | 1,280 | (92) | (67) | 3,515 | 2,967 | 3,362 | (548) | (153) |
| CCC | 2,030 | 1,541 | 2,272 | (488) | 10,876 | 10,085 | 11,118 | (791) | 242 | 6,594 | 5,592 | 6,110 | (1,002) | (484) | 17,470 | 15,678 | 17,229 | (1,793) | (242) |
| HC | 123 | 94 | 90 | (29) | 796 | 663 | 763 | (133) | (33) | 387 | 392 | 367 | 5 | (20) | 1,183 | 1,055 | 1,130 | (128) | (53) |
| Investigations - ICIO | 140 | 340 | 198 | 200 | 1,129 | 2,321 | 1,187 | 1,192 | 58 | 966 | 1,719 | 1,415 | 752 | 449 | 2,095 | 4,040 | 2,602 | 1,944 | 507 |
| Regulatory Legal Team | 477 | 400 | 398 | (77) | 3,034 | 2,742 | 2,955 | (293) | (79) | 1,906 | 1,740 | 1,722 | (166) | (184) | 4,940 | 4,482 | 4,677 | (458) | (263) |
| Panel support | 117 | 60 | 60 | (57) | 572 | 481 | 515 | (91) | (57) | 421 | 421 | 421 | 0 | 0 | 993 | 902 | 936 | (91) | (57) |
| Case Investigations Team 5 | 0 | 33 | 33 | 33 | 0 | 231 | 33 | 230 | 33 | 165 | 165 | 165 | 0 | 0 | 165 | 396 | 198 | 230 | 33 |
| FtP Programme Initiatives | 67 | 6 | 21 | (61) | 87 | 42 | 41 | (45) | (46) | 240 | 270 | 347 | 30 | 107 | 327 | 312 | 388 | (16) | 61 |
| FTP | 4,344 | 3,845 | 4,590 | (500) | 25,450 | 25,650 | 25,696 | 200 | 245 | 17,736 | 16,966 | 17,490 | (770) | (246) | 43,186 | 42,616 | 43,186 | (570) | (0) |
| Projects | (11) | 52 | 11 | 63 | 458 | 1,881 | 480 | 1,423 | 22 | 1,625 | 250 | 1,625 | (1,374) | 0 | 2,083 | 2,131 | 2,105 | 49 | 22 |
| Depreciation | 302 | 297 | 299 | (4) | 2,078 | 2,062 | 2,075 | (16) | (3) | 1,541 | 1,367 | 1,539 | (174) | (2) | 3,619 | 3,429 | 3,614 | (190) | (5) |
| NMC Corporate/General | (241) | 5 | 58 | 246 | 165 | 33 | 463 | (132) | 298 | 288 | 24 | 288 | (264) | 0 | 452 | 57 | 751 | (396) | 298 |
| Contingency | 0 | 250 | 0 | 250 | 0 | 1,750 | 0 | 1,750 | 0 | 950 | 1,250 | 164 | 300 | (786) | 950 | 3,000 | 164 | 2,050 | (786) |
| Revenue Spend | 6,983 | 6,725 | 7,481 | (258) | 44,355 | 47,666 | 44,853 | 3,311 | 498 | 34,969 | 31,082 | 34,357 | (3,887) | (612) | 79,325 | 78,748 | 79,211 | (576) | (114) |
| Surplus / (Deficit) | (1,051) | (893) | (1,658) | (158) | (3,224) | (5,572) | (3,831) | 2,348 | 607 | (4,371) | (1,922) | (3,759) | (2,449) | (612) | (7,594) | (7,493) | (7,590) | (101) | (5) |
| Capital | 703 | 611 | 626 | (92) | 2,540 | 2,612 | 2,463 | 72 | (77) | 1,696 | 1,593 | 1,774 | (103) | 78 | 4,236 | 4,205 | 4,237 | (31) | 0 |
| Total free reserves | | | | | 17,462 | 14,973 | 16,929 | 2,489 | 532 | | | | | | 15,791 | 15,680 | 15,791 | 111 | 0 |
| Pension deficit | | | | | 8,810 | 8,835 | 8,810 | 25 | 0 | | | | | | 8,324 | 8,213 | 8,324 | (111) | 0 |
| Available free reserves (excluding pension deficit & restricted funds) | | | | | 8,652 | 6,138 | 8,119 | 2,514 | 532 | | | | | | 7,467 | 7,467 | 7,467 | 0 | 0 |
| Restricted funds | | | | | 8,003 | 8,003 | 8,003 | 0 | 0 | | | | | | 5,148 | 5,148 | 5,148 | 0 | 0 |
| Cash at bank | | | | | 79,184 | 73,729 | 75,685 | 5,455 | 3,499 | | | | | | 72,471 | 72,359 | 72,470 | 111 | 0 |
| Net inflow/(outflow) of funds | | | | | 934 | (4,521) | (2,565) | 5,455 | 3,499 | | | | | | (5,779) | (5,891) | (5,780) | 111 | 0 |

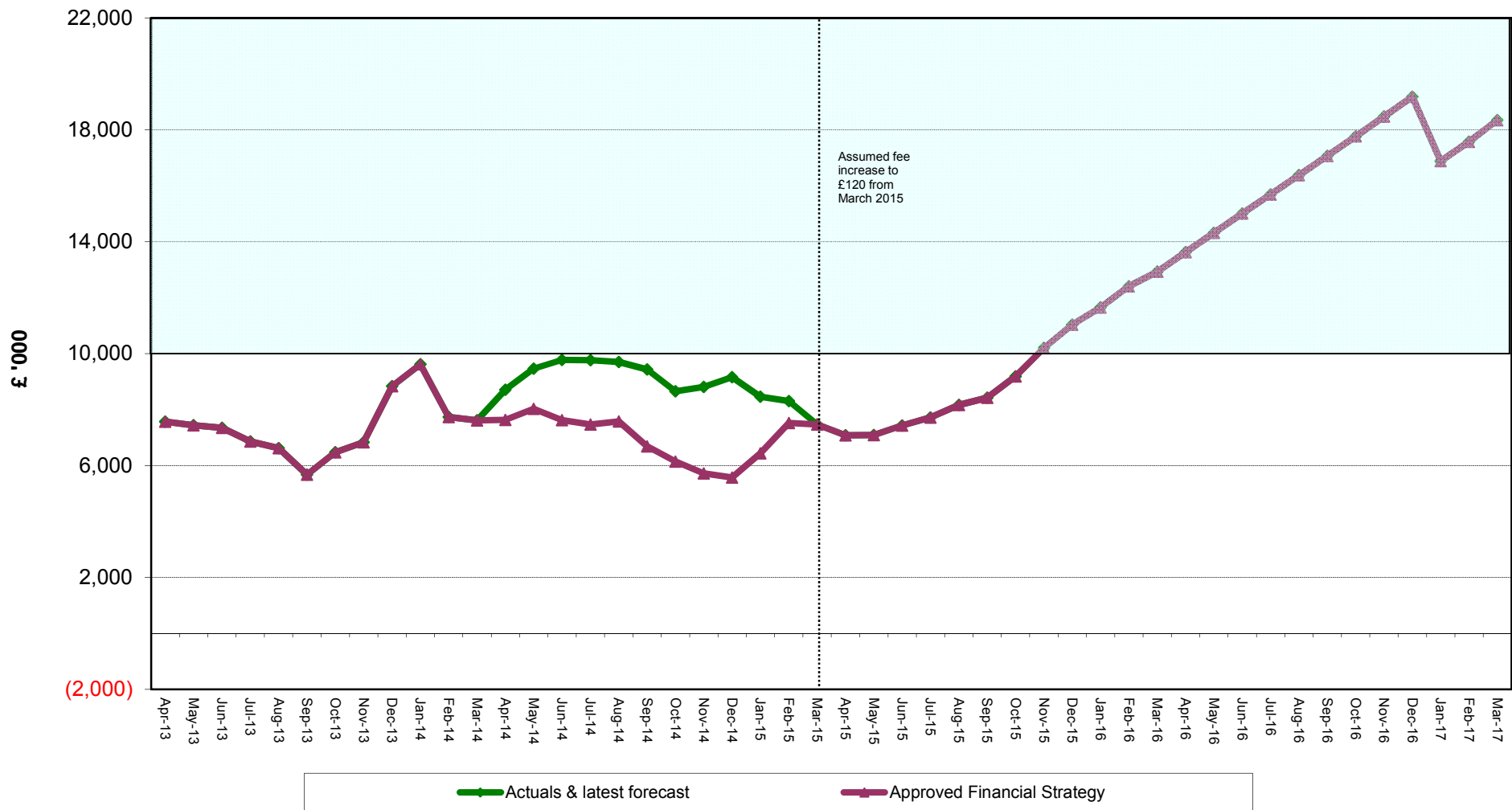
Actual and Forecast per month 2014-2015
£000's

| | Apr-14 Actual | May-14 Actual | Jun-14 Actual | Jul-14 Actual | Aug-14 Actual | Sep-14 Actual | Oct-14 Actual | Nov-14 Forecast | Dec-14 Forecast | Jan-15 Forecast | Feb-15 Forecast | Mar-15 Forecast | Full Year 2014- 2015 |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------------------|--------------------|--------------------|--------------------|--------------------|-------------------------|
| Grant Income | 73 | 41 | 44 | 21 | 10 | 16 | (11) | 0 | 1,354 | 18 | 18 | 18 | 1,604 |
| Periodic Fee Income | 5,670 | 5,674 | 5,675 | 5,671 | 5,664 | 5,662 | 5,717 | 5,672 | 5,672 | 5,672 | 5,672 | 5,747 | 68,166 |
| Overseas Applications | 22 | 25 | 37 | 28 | 9 | 23 | 35 | 18 | 18 | 18 | 18 | 18 | 267 |
| Eu Assessment Fee | 53 | 55 | 50 | 69 | 71 | 72 | 89 | 45 | 45 | 45 | 45 | 45 | 684 |
| Interest Income | 52 | 56 | 57 | 56 | 53 | 50 | 52 | 56 | 56 | 56 | 56 | 56 | 658 |
| Other Income | 23 | 18 | 21 | 27 | 23 | 29 | 50 | 32 | 32 | 32 | 32 | 32 | 351 |
| Total Income: | 5,893 | 5,870 | 5,882 | 5,873 | 5,831 | 5,852 | 5,932 | 5,823 | 7,177 | 5,841 | 5,841 | 5,916 | 71,730 |
| Office of the Chair & Chief Executive | 67 | 61 | 67 | 70 | (44) | 49 | 45 | 50 | 47 | 48 | 47 | 49 | 556 |
| Communication | 47 | 68 | 70 | 66 | 54 | 84 | 78 | 79 | 74 | 145 | 76 | 78 | 919 |
| Council Services | 33 | 65 | 74 | 61 | (14) | 36 | 35 | 28 | 32 | 60 | 49 | 51 | 509 |
| Governance | 94 | 100 | 153 | 215 | 236 | 140 | 126 | 172 | 188 | 189 | 185 | 200 | 1,998 |
| Policy | 65 | 32 | 146 | 141 | 134 | 73 | 80 | 54 | 83 | 166 | 166 | 167 | 1,307 |
| Strategy | 239 | 264 | 442 | 484 | 411 | 334 | 319 | 333 | 377 | 560 | 475 | 495 | 4,733 |
| Registration | 273 | 325 | 292 | 268 | 342 | 411 | 425 | 272 | 288 | 295 | 310 | 301 | 3,801 |
| Continued Practice | 209 | 192 | 285 | 307 | 270 | 206 | 230 | 313 | 312 | 556 | 477 | 507 | 3,863 |
| ICT | 286 | 475 | 508 | 464 | 472 | 538 | 613 | 480 | 404 | 453 | 474 | 497 | 5,663 |
| Finance | 160 | 156 | 189 | 230 | 177 | 166 | 192 | 203 | 210 | 234 | 231 | 264 | 2,411 |
| Facilities Management | 448 | 435 | 443 | 431 | 485 | 467 | 516 | 287 | 450 | 479 | 436 | 439 | 5,315 |
| HR&OD | 183 | 226 | 228 | 195 | 229 | 204 | 248 | 232 | 239 | 258 | 225 | 224 | 2,693 |
| Corporate Services | 1,077 | 1,292 | 1,367 | 1,320 | 1,362 | 1,375 | 1,569 | 1,201 | 1,302 | 1,424 | 1,366 | 1,424 | 16,081 |
| Directors office | 60 | 68 | 60 | 60 | 60 | 63 | 59 | 53 | 53 | 53 | 53 | 66 | 709 |
| Screening | 118 | 112 | 101 | 97 | 75 | 86 | 91 | 123 | 123 | 123 | 123 | 123 | 1,297 |
| Case Investigations - Total | 422 | 365 | 458 | 480 | 421 | 433 | 552 | 542 | 557 | 449 | 439 | 464 | 5,583 |
| Investigations - IC | 88 | 56 | 89 | 48 | 69 | 99 | 40 | 181 | 149 | 149 | 149 | 16 | 1,133 |
| Case Management | 24 | 20 | 0 | 0 | 0 | 0 | 0 | 24 | 24 | 24 | 24 | 24 | 166 |
| Scheduling | 59 | 57 | 66 | 72 | 114 | 107 | 98 | 90 | 80 | 80 | 80 | 80 | 983 |
| Case Preparation | 101 | 106 | 108 | 111 | 126 | 94 | 106 | 118 | 118 | 118 | 118 | 118 | 1,342 |
| Admin / General | 112 | 140 | 95 | 104 | 95 | 85 | 58 | 109 | 129 | 109 | 109 | 139 | 1,284 |
| Adjudication | 273 | 259 | 281 | 284 | 302 | 381 | 387 | 341 | 247 | 247 | 247 | 265 | 3,515 |
| CCC | 1,403 | 1,437 | 1,363 | 1,518 | 1,464 | 1,660 | 2,030 | 1,496 | 1,178 | 1,374 | 1,374 | 1,172 | 17,470 |
| HC | 136 | 123 | 91 | 124 | 128 | 71 | 123 | 92 | 92 | 53 | 53 | 98 | 1,183 |
| Investigations - ICIO | 198 | 172 | 180 | 194 | 76 | 168 | 140 | 197 | 197 | 190 | 190 | 191 | 2,095 |
| Regulatory Legal Team | 383 | 469 | 486 | 426 | 385 | 409 | 477 | 395 | 391 | 382 | 377 | 361 | 4,940 |
| Panel support | 52 | 61 | 77 | 117 | 48 | 99 | 117 | 60 | 72 | 60 | 60 | 170 | 993 |
| Case Investigations Team 5 | 0 | 0 | 0 | (0) | 0 | 0 | 0 | 33 | 33 | 33 | 33 | 33 | 165 |
| FtP Programme Initiatives | 0 | 0 | 0 | 8 | 0 | 12 | 67 | 13 | 49 | 59 | 59 | 59 | 327 |
| FTP | 3,430 | 3,446 | 3,455 | 3,642 | 3,363 | 3,769 | 4,344 | 3,867 | 3,495 | 3,505 | 3,490 | 3,379 | 43,186 |
| Projects | 73 | 156 | 101 | 22 | 14 | 103 | (11) | 11 | 1,409 | 110 | 24 | 70 | 2,083 |
| Depreciation | 291 | 303 | 282 | 297 | 306 | 296 | 302 | 300 | 281 | 320 | 320 | 320 | 3,619 |
| NMC Corporate/General | 5 | 5 | 56 | 184 | 58 | 98 | (241) | 58 | 58 | 58 | 58 | 58 | 452 |
| Contingency | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 317 | 317 | 316 | 950 |
| Revenue Spend | 5,663 | 6,044 | 6,347 | 6,595 | 6,082 | 6,642 | 6,983 | 6,405 | 7,568 | 7,193 | 6,883 | 6,919 | 79,325 |
| Surplus / (Deficit) | 230 | (174) | (465) | (721) | (252) | (790) | (1,051) | (582) | (391) | (1,352) | (1,042) | (1,003) | (7,594) |
| Capital | 90 | 33 | 183 | 257 | 782 | 492 | 703 | 235 | 204 | 334 | 105 | 818 | 4,236 |
| Total free reserves | 18,100 | 18,767 | 18,972 | 18,862 | 18,706 | 18,343 | 17,462 | 17,515 | 17,773 | 16,978 | 16,722 | 15,791 | |
| Pension deficit | 9,397 | 9,303 | 9,199 | 9,102 | 9,005 | 8,907 | 8,810 | 8,713 | 8,616 | 8,519 | 8,421 | 8,324 | |
| Available free reserves (excluding pension deficit & restricted funds) | 8,703 | 9,464 | 9,773 | 9,761 | 9,701 | 9,435 | 8,652 | 8,802 | 9,157 | 8,459 | 8,301 | 7,467 | |
| Restricted funds | 11,429 | 10,858 | 10,287 | 9,716 | 9,145 | 8,574 | 8,003 | 7,432 | 6,861 | 6,290 | 5,719 | 5,148 | |
| Cash at bank | 76,546 | 75,227 | 73,439 | 71,548 | 72,048 | 79,808 | 79,184 | 75,408 | 73,498 | 69,249 | 68,534 | 72,471 | |
| Net inflow/(outflow) of funds - monthly | (1,704) | (1,319) | (1,788) | (1,891) | 500 | 7,760 | (624) | (3,776) | (1,910) | (4,249) | (715) | 3,937 | (5,779) |

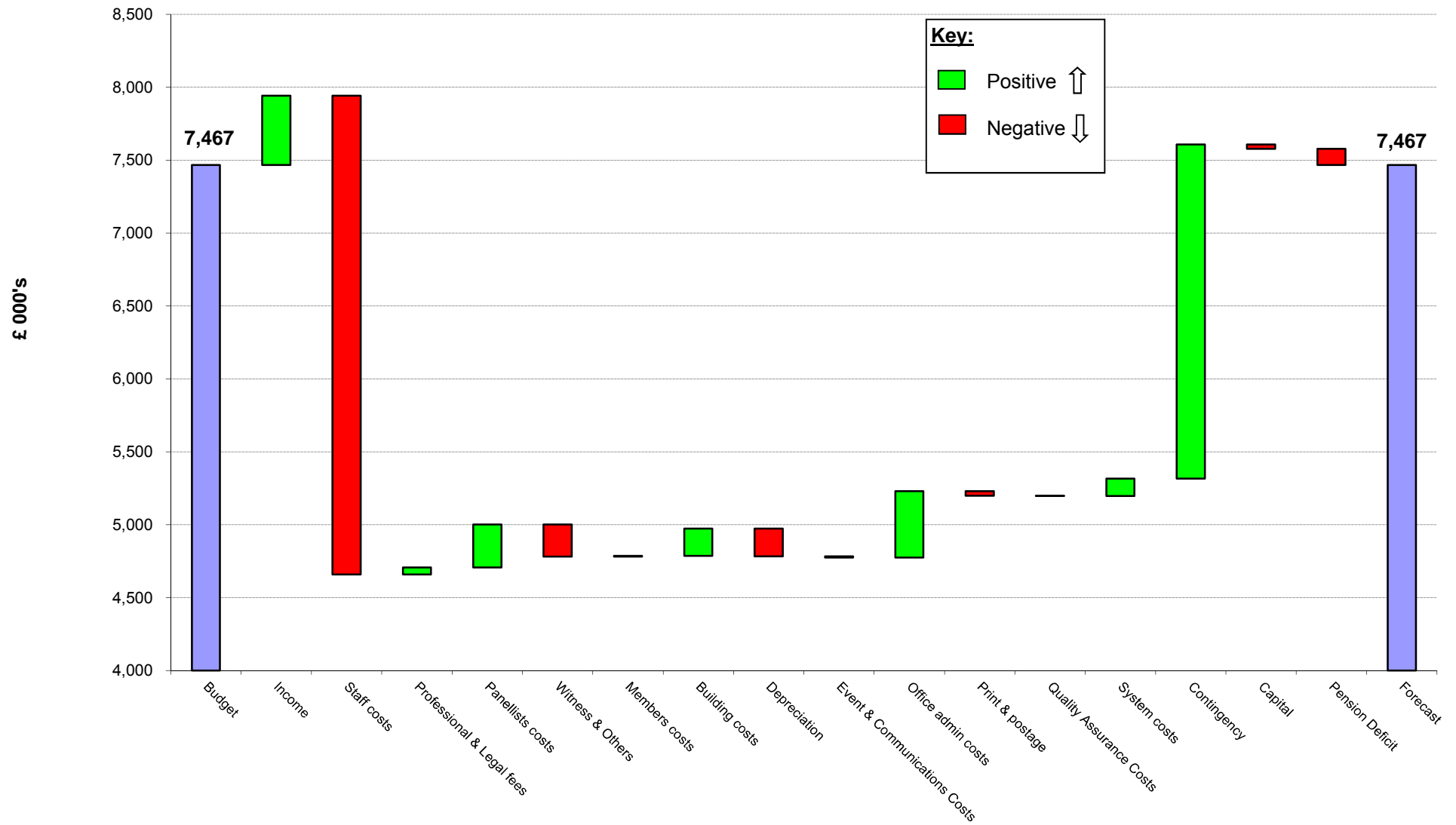
October forecast & approved financial strategy available free reserves 2014-2015
Annexe 3



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



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



Efficiency performance 2014-2015

Oct-14

£000's

| | | Efficiencies assured by KPMG | | Actual/Forecast | | Variance | |
|--------------------------------------|--|------------------------------|---------------|-----------------|---------------|----------------|----------------|
| | | 2014-2015 | Total | 2014-2015 | Total | 2014-2015 | Total |
| In-house investigations | | 8,184 | 8,184 | 7,190 | 7,190 | (994) | (994) |
| Shorthand writers | | 1,583 | 1,583 | 2,108 | 2,108 | 525 | 525 |
| Cases to investigating committees | | 1,336 | 1,336 | 959 | 959 | (377) | (377) |
| Alternative methods to case disposal | | 6,251 | 6,251 | 5,559 | 5,559 | (692) | (692) |
| Introduction of case examiners | | (36) | (36) | (36) | (36) | 0 | 0 |
| Total | | 17,318 | 17,318 | 15,780 | 15,780 | (1,538) | (1,538) |

| Efficiencies assured by KPMG | | 2014-2015 | 2015-2016 | 2016-2017 | Total |
|--------------------------------------|--------|---------------|---------------|---------------|---------------|
| In-house investigations | Note 1 | 8,184 | 9,664 | 10,762 | 28,610 |
| Shorthand writers | Note 2 | 1,583 | 1,385 | 1,453 | 4,421 |
| Cases to investigating committees | Note 3 | 1,336 | 30 | 30 | 1,396 |
| Alternative methods to case disposal | Note 4 | 6,251 | 5,835 | 6,055 | 18,141 |
| Introduction of case examiners | Note 5 | (36) | 903 | 1,054 | 1,921 |
| Total | | 17,318 | 17,817 | 19,355 | 54,490 |

Key

Note 1: In-house investigations

The savings are based on the difference between cases being investigated in-house and the cost of those cases being sent externally for investigation.

Note 2: Shorthand writers

The cost of transcribing hearings is high and previously all hearings would have transcripts requested. To reduce costs, the use of 'loggers' has been implemented and transcripts are only requested on demand.

Note 3: Cases to investigating committees

This saving is driven by a change in process. Previously, cases would go to the Investigating Committee (IC) for confirmation where an investigation is required, and then subsequently following the investigation for a decision on whether they need to go to adjudication. The new process has removed the first visit to the IC.

Note 4: Alternative methods to case disposal

There are three alternative methods to case disposal; Voluntary Removal, which is equivalent to zero full hearing days, meetings equivalent to 0.5 hearing days and consensual panel determinations equivalent to 1.0 hearing days. These three methods reduce the hearing days by dealing with cases in different ways based on their circumstances. The saving is driven from the reduction in hearing days against the average length of a case, which currently stands at 3.5 days.

Note 5: Introduction of case examiners

The NMC, with support from the Department of Health, proposed changes to the Fitness to Practise legislation and process with the introduction of case examiners. Case examiners will be permanent NMC employees, with the efficiency saving based on comparing the monthly cost of the cases previously going to the Investigating Committee (IC) with the cost of employing the case examiners who will take on the decision making process, with just a single IC meeting every other month, once fully implemented.

Council

UK Registrations Policy

Action: For decision.

Issue: An overarching policy document for the UK registration process has been created which outlines the high level statutory requirements for registration, retention, renewal and readmission to the register. The policy document has been produced in accordance with the NMC's policy governance guidance. This paper introduces the policy for consideration ahead of submission to Council for decision.

Core regulatory function: Registration.

Corporate objectives: 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."

Decision required: The Council is recommended to approve the Tier 2 UK Registration Policy (as attached at **Annexe 1**).

Annexes: The following annexe is attached to this paper:

Annexe 1: Tier 2 UK Registration Policy.

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

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- Context:**
- 1 The current process for the registration of nurses and midwives trained in the UK, and for those maintaining their registration, is guided by a series of standard operating procedures (SOPs), and other documents. These SOPs are based on the Nursing and Midwifery Order 2001 (the Order) and the NMC (Education, Registration and Registration Appeals) Rules 2004 (the Registration Rules).
 - 2 In 2013, the Executive Board agreed a scaling framework of policy creation and a set of policy tiers. Under this framework, all operating guidance and SOPs (Tier 3) must be clearly linked to a policy (Tier 2) or a corporate strategy (Tier 1). Where required all policy and guidance documents must comply with and clearly reference the relevant legislation.
 - 3 At present a large number of Tier 3 guidance documents and SOPs are used by registration staff to fulfil their duties. This Tier 2 policy is consolidating the current policies and addressing the gap previously identified by a QA audit. The Tier 2 UK registrations policy document is directly derived from the existing legislative requirements of the Order and the Registration Rules. As such it is not “new” policy but is a statement of the NMC’s processes.
 - 4 The Registration Directorate is currently undertaking a programme of continuous improvement. One of the aims of the plan is to consider compliance with NMC legislation, where appropriate. In developing the policy document, the policy team has taken in to consideration the work being carried out by the Quality Assurance team as part of the ongoing review of registration processes.
- Discussion and options appraisal:**
- 5 The policy document (attached as Annexe 1) outlines the whole UK registration process, including:
 - 5.1 applications for initial registration for UK trained nurses and midwives (including if the person is already on the register);
 - 5.2 retention and renewal of registration;
 - 5.3 readmission to the register;
 - 5.4 lapsing of registration;
 - 5.5 appeals; and
 - 5.6 referral to the Registrars Advisory Group (RAG).
 - 6 The policy document applies to UK trained nurses and midwives applying for registration and to all nurses and midwives wishing to maintain their registration or be re-admitted to the register. This includes nurses and midwives who originally entered the register

through the overseas and EU registration routes.

- 7 The document purposefully focuses on the high level legislative requirements for each process, and does not go into detailed descriptions of these requirements. Further detail of each of the processes, reflecting the detailed requirements outlined in the Registration Rules, must be included in Tier 3 guidance documents and SOPs.
- 8 The document includes the new statutory requirement to hold an appropriate indemnity arrangement as a condition of registration. This became law in mid-July 2014.
- 9 **Recommendation: The Council is recommended to approve the Tier 2 UK Registration Policy (as attached at Annexe 1).**

Public protection implications:

- 10 The policy document clearly outlines the NMC's statutory obligations for the entire UK registration process. It will provide guidance for staff writing and using process documents ensuring that the NMC meets its statutory obligations in full. All registration processes must adhere to requirements outlined in this document.

Resource implications:

- 11 There are no resource implications from the creation of the policy document.

Equality and diversity implications:

- 12 There are no equality or diversity implications emanating from the creation of the policy document.

Stakeholder engagement:

- 13 The document is for internal use only. It will be disseminated to the registration directorate, with staff briefed on its key components.

Risk implications:

- 14 NMC processes must comply with the requirements of legislation and all policy and guidance documents should reflect this legislation where relevant. Current and new Tier 3 documents should be derived from the policy document. The NMC will expose itself to risk if its processes do not comply fully.

Legal implications:

- 15 The policy fully reflects the requirements of the Order and the Registration Rules.

NMC Registration policy: UK registration

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| | |
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| Key principles of the policy | 4 |
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| Recording qualifications on the NMC register | 7 |
| Professional Indemnity Insurance | 7 |
| Good health and good character | 7 |
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| Retention and renewal of registration | 8 |
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| Renewal of registration | 9 |
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UK registration policy

This policy document explains the Nursing and Midwifery Council's (NMC's) policy that applies to nurses and midwives trained in the UK who apply for registration and to the maintenance of registration for all nurses and midwives registered with the NMC.

This policy document is for internal use only and must be used by NMC staff who process applications for registration and maintenance of registration.

This policy became operational on 4 December 2014 having been approved by Council on 3 December 2014.

No change or amendment should be made to this document without the approval of Council.

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Aims of the policy

- 1 The aim of this document is to:
 - 1.1 Outline the requirements for considering applications to join the register from nurses and midwives trained in the UK.
 - 1.2 Outline the requirements for managing the maintenance of registration for all nurses and midwives including those who entered the register via the European Union (EU) and overseas routes.

Legislative framework

- 2 A number of different pieces of legislation govern the operation of the UK registration process. These are:
 - 2.1 The Nursing and Midwifery Order 2001¹ (the Order)
 - 2.2 The Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004² (the Registration Rules)
 - 2.3 The Nursing and Midwifery Council (Fees) Rules 2004³ (the Fees Rules)
 - 2.4 Nurses and Midwives (Parts of and Entries in the Register) Order of Council 2004.⁴
- 3 The Order requires the NMC to set out in rules much of its activity concerning registration and these are set out in the Registration Rules, the Fees Rules and the Parts Of and Entries in the Register Order.

Key principles of the policy

- 4 All applications for registration will be processed in line with the NMC's primary duty, which is to protect patients and the public through efficient and effective regulation.
- 5 The registration of nurses and midwives is governed by the NMC's regulatory legislative framework, including the legislation set out in paragraph 2. All registrations policy and processes must comply with this legislation.
- 6 Nurses and midwives will only be registered if they meet NMC standards⁵ and are capable of safe and effective practice.⁶
- 7 There will be robust procedures in place to prevent anyone securing registration fraudulently. This will include procedures to assess that the documents received as part of an application are genuine. Policies and processes relating to

¹ SI 2002/253 (as amended)

² SI 2004/1767 (as amended)

³ SI 2004/1654 (as amended)

⁴ SI 2004/1765 (as amended)

⁵ Article 3(2) and 9(1) of the Order

⁶ Article 5(2) of the Order

registration will comply with corporate data protection and document retention regulations. These procedures will be set down in guidance derived from this policy document.

- 8 We are committed to providing good standards of customer service. All applications will be dealt with in a timely manner and in accordance with the statutory timescales outlined in article 9 of the Order.⁷
- 9 All decisions will be fair, consistent and reasoned. When we refuse an application we will provide clear explanations to the applicant for why that decision was made⁸. We will have a process to deal with appeals against our decisions in a fair and timely manner.⁹
- 10 The UK registration process¹⁰ is divided into the following areas:
 - 10.1 Admission to the register
 - 10.2 Renewal and retention of registration
 - 10.3 Lapse of registration
 - 10.4 Readmission to the register
- 11 Applications from EU and EEA trained nurses and midwives are considered in accordance with the EU registration policy.
- 12 Applications from nurses and midwives trained outside the EU and EEA are considered in accordance with the overseas registration policy.
- 13 Once registered with the NMC all nurses and midwives will be subject to the same statutory requirements and standards in order to maintain their registration or to subsequently re-enter the register if their registration has lapsed.

⁷ Article 9(4) to 9(6) of the Order

⁸ Article 9(4)(b) of the Order

⁹ Article 37 of the Order and Part IV of the Registration Rules

¹⁰ The “UK registrations process” refers to the entry to the register of nurses and midwives trained in the UK, and once on the register the renewal and retention and readmission of everyone on the register, as set out in Part 3 of the Registration Rules

Admission to the register by UK trained nurses and midwives

- 14 This section applies to all initial applications for registration in a part of the NMC register, whether or not the applicant is already registered in a different part of the register.¹¹
- 15 In order to meet the requirements for registration an applicant must meet all of the following requirements:
 - 15.1 Hold an approved qualification;¹²
 - 15.2 Satisfy the NMC that they are capable of safe and effective practice as a nurse or midwife¹³ including meeting prescribed requirements for good health and good character;¹⁴
 - 15.3 Meet the requirement to hold an appropriate indemnity arrangement;¹⁵ and
 - 15.4 Pay the prescribed fee as set out in the Fees Rules.¹⁶
- 16 Only qualifications gained following the completion of an NMC accredited programme from approved education providers¹⁷ who meet the standards of education and training set by the NMC¹⁸ are acceptable in support of admission to the register.
- 17 An application for registration must be made by the applicant in the form and manner prescribed by the NMC.¹⁹ The information provided must include that outlined in Schedule 3 of the Registration Rules and can be made in English or Welsh.²⁰
- 18 Midwives may apply for registration if they have completed either a three year direct entry programme, or an 18 month programme where they are already qualified as an adult nurse. An applicant who wishes to apply for registration having completed an 18 month midwifery programme can only do so if they have previously registered as an adult nurse with the NMC.²¹
- 19 Applicants who have undertaken a specialist community public health nursing can only apply for an additional entry in the specialist community public health nursing part of the register if they hold effective registration as either a nurse or a midwife.²²

¹¹ Article 9(3) of the Order allows for registration on multiple parts of the Register

¹² Articles 9(2)(a) and 13(1)(a) of the Order

¹³ Article 9(2)(b) of the Order

¹⁴ Article 5(2)(b) of the Order

¹⁵ Article 9(2)(aa) of the Order

¹⁶ Article 9(2) of the Order and Rule 3(a) of the Fees Rules

¹⁷ Article 15(6)(c) of the Order

¹⁸ Article 15 of the Order and Part 2 of the Registration Rules

¹⁹ Article 9(2) of the Order and Rule 5 of the Registration Rules

²⁰ Article 6(3)(h) of the Order

²¹ The midwifery training requirements are derived from Article 40(1) of Directive 2005/36/EC and are more fully set out in the NMC publication "Standards for Pre-Registration Midwifery Education."

²² Article 1 of the Parts of and Entries in the Register Order

- 20 An applicant's qualification must have been awarded within the previous five years of their application for registration.²³ In the instance where a person has an approved qualification that was awarded more than 5 years prior to the application, the applicant will only be eligible to apply for registration when they provide evidence that they have completed any additional education, training or experience as specified in standards set by the NMC.²⁴

Recording qualifications on the NMC register

- 21 Nurses and midwives may also record a number of specialist qualifications with the NMC.²⁵
- 22 Nurses and midwives wishing to record a qualification with the NMC must hold effective registration as a nurse or midwife as appropriate and:
- 22.1 Hold an NMC approved qualification for recording on the register;²⁶
 - 22.2 Record the qualification within the timescale specified in NMC standards; and
 - 22.3 Pay the required fee as set out in the Fees Rules.²⁷

Professional Indemnity Insurance

- 23 EU Directive 2011/24/EU²⁸ requires healthcare professionals to have an appropriate indemnity arrangement in force appropriate to their role. This is a legal requirement in the UK and applies to initial registration, retention of registration, renewal of registration and for readmission or restoration to the register.²⁹
- 24 In order to meet this requirement nurses and midwives will be required to declare that they hold an appropriate indemnity arrangement, or will do when they begin practising.³⁰ In this context practising means any activity undertaken by virtue of their registration as a nurse or a midwife. Nurses and midwives who are not able to make this declaration will not be eligible for registration.

Good health and good character

- 25 In satisfying the Registrar that they are capable of safe and effective practice nurses and midwives must meet the NMC's requirements for good health and good character. The requirements for a declaration of good health and good character are set out in Rule 6 of the Registration Rules.³¹

²³ Article 9(2)(a)(i) and Article 19(3) of the Order and Rule 3(4)(a) of the Registration Rules

²⁴ Article 19(3) of the Order and Rule 3(4) of the Registration Rules

²⁵ Article 6(3)(a) of the Order and Article 7 of the Parts of and Entries in the Register Order

²⁶ Article 9(2)(a) and 9(3) of the Order and Rule 4(1)(c) to (d) of the Registration Rules

²⁷ Article 9(2)(c) and 9(3) of the Order and Rule 3(h) of the Fees Rules.

²⁸ Directive 2011/24/EU 'on the application of patients' rights in cross border healthcare'

²⁹ Article 12A(4)(a) to 12A(4)(b) of the Order

³⁰ Article 9(2)(aa) of the Order

³¹ Article 5(2)(b) of the Order and Rule 6 of the Registration Rules

- 26 In order to satisfy the good health requirement, the applicant may be required to provide further information to the NMC for review if necessary.³² The requirement to demonstrate good health relates solely to the need for the applicant to be capable of undertaking safe and effective practice.
- 27 In order to assure itself that the applicant is of good character the NMC must take into account certain criminal convictions, cautions or determination by regulatory bodies responsible for health and social care services.³³ Further information to support good character requirements may include information about disciplinary action and will be set down in registrations guidance.

Processing of applications

- 28 The NMC must notify the applicant of the result of the application as soon as practicable and in any event within three months of receiving the complete application.³⁴
- 29 If the application is refused, the NMC must provide the applicant with the reasons for the decision and advise the applicant of their right to appeal the decision³⁵ as well as the grounds for such an appeal. Requirements for processing of appeals are set down on page 12 of this document.

Registration period

- 30 Once approved to join the register, the nurse or midwife will be registered for a period of three years. This will commence on the first day they are registered in the part of the register applied for, and end on the last day of the month of registration in the third calendar year after they were registered, subject to payment of the annual retention fee (see below).³⁶

Retention and renewal of registration

Retention of registration

- 31 Prior to the first and second anniversary of their admission to the register the NMC will issue the registrant with a notification of the date that their annual retention fee is due, to the address that we have on record for them.³⁷ The notification must also state that if the retention fee is not paid by the due date specified in the documentation, their registration will lapse.³⁸
- 32 The registrant's registration will lapse if they do not pay the prescribed annual retention fee before the date that their annual fee is due for payment.³⁹

³² Article 5(2)(b) of the Order and Rule 6(5) of the Registration Rules

³³ Rules 6(6)(c) and 6(6)(d) of the Registration Rules

³⁴ Articles 9(4)(a), 9(5)(a) and 9(5A) of the Order

³⁵ Rule 9(4)(b) of the Order

³⁶ Rule 10 of the Registration Rules

³⁷ Rule 10A of the Registration Rules and Rule 3(i) of the Fees Rules

³⁸ Rule 10A(b) of the Registration Rules

³⁹ Rule 12A(2) of the Registration Rules and Rule 3(i) of the Fees Rules

Renewal of registration

- 33 Upon being admitted to the register (and in addition to paying a retention of registration fee on the first and second anniversary of their registration), a nurse or midwife is required to renew their registration every three years if they wish to continue to practice.⁴⁰
- 34 Prior to the last day of a registrant's registration, the NMC will notify them of the need to renew their registration and set out the documentation that is required to renew registration as specified in the Registration Rules.⁴¹
- 35 In order for a nurse or midwife to renew their registration, they must:⁴²
- 35.1 Return the completed application to the NMC on the personalised documentation with which they have been supplied;⁴³
 - 35.2 Have undertaken the prescribed practice and CPD hours outlined in NMC standards in the previous three years since admission or their last renewal;⁴⁴
 - 35.3 Continue to meet the requirements for safe and effective practice, including demonstrating good health and good character;⁴⁵
 - 35.4 Hold an appropriate indemnity arrangement; and⁴⁶
 - 35.5 Have paid the required fee as prescribed by the Fees Rules.⁴⁷
- 36 Nurses and midwives who do not meet these requirements will not be eligible for renewal of their registration and will lapse. Registration may not lapse if the Registrar allows the registrant additional time to comply with the CPD requirements and the registrant manages to comply within the additional time.⁴⁸

Lapse of registration and administrative or voluntary removal from the register

- 37 A nurse or midwife's registration may lapse due to:⁴⁹
- 37.1 Non-payment of the fee for retention of registration.⁵⁰

⁴⁰ Article 10(1) of the Order and Rule 10(3) and 13(1) of the Registrations Rules

⁴¹ Rule 11 and Schedule 4 of the Registration Rules

⁴² Article 5 and 19 of the Order, Rule 3(3) and Rule 13(1)(b) of the Registration Rules and set out in the Prep Handbook

⁴³ Rule 13(1)(a) of the Registration Rules

⁴⁴ Article 10(2)(b) to (c) and Rules 3(3) and 13(1)(b)(i) of the Registration Rules

⁴⁵ Articles 9(2)(b) and 10(2)(a) of the Order, and Rule 13(1)(a) of the Registration Rules

⁴⁶ Article 10(2)(aa) of the Order and Rule 13(1)(aa)

⁴⁷ Articles 9(2)(c) and 10(2)(a) of the Order and Rule 13(1)(c) of the Registration Rules and Rule 3 of the Fees Rules

⁴⁸ Article 10(3) of the Order and Rule 13(2) of the Registration Rules

⁴⁹ Article 12 of the Order and Rule 14 of the Registration Rules

⁵⁰ Article 9(2)(c) of the Order, Rule 12A(2) of the Registration Rules, and Rule 3(e) of the Fees Rules

37.2 The registrant not renewing their registration (in accordance with the requirements as set out in paragraph 35).⁵¹

- 38 A nurse or midwife may be administratively removed from the register if it is discovered that they do not hold an appropriate indemnity arrangement or if any part of their application is found to be fraudulent.⁵²
- 39 A nurse or midwife who wishes to cease practice may seek removal from the register by applying in writing to the Registrar.⁵³ They must declare that they are not aware of any matter which is or could be the subject to an allegation regarding their fitness to practise covered under article 22 of the Order.⁵⁴
- 40 Applications for removal from the register must be processed in accordance with the requirements of Rule 14 of the Registration Rules. If they are subject to fitness to practise proceedings a decision will be made on the application for voluntary removal in accordance with Fitness to Practise guidelines.⁵⁵
- 41 Subject to the voluntary removal powers, a nurse or midwife may not lapse from the register, or be administratively removed from the register on the grounds that they have not paid the prescribed fee or failed to apply for renewal in the prescribed form or time⁵⁶ even if their registration period expires, if they are:
 - 41.1 The subject of a Fitness to Practise (FtP) allegation;⁵⁷
 - 41.2 Treated as if they were the subject of an allegation; or⁵⁸
 - 41.3 The subject of a suspension or conditions of practice order (whether interim or final).⁵⁹

Readmission to the register

- 42 If a registrant's registration has lapsed or they have been administratively or voluntarily removed, they may apply for readmission to the register.⁶⁰ In order to meet the requirements for readmission they must:
 - 42.1 Satisfy the NMC that they continue to meet the requirements for safe and effective practice;⁶¹
 - 42.2 Have undertaken the prescribed practice and CPD hours outlined in NMC Standards, or if not have successfully completed any NMC required activity to demonstrate their ability to meet the current standards;⁶²

⁵¹ Article 10 of the Order and Rule 13(2) and Schedule 4 of the Registration Rules

⁵² Article 12A(8)(a) of the Order

⁵³ Article 12(1) of the Order and Rule 14(1) of the Registration Rules

⁵⁴ Article 12(3) of the Order and Rules 14(2) of the Registration Rules

⁵⁵ Rules 12(2A) and 14(2B) of the Registration Rules

⁵⁶ Article 12(3) of the Order and Rule 14(4) of the Registration Rules

⁵⁷ Rule 14(4)(a) of the Registration Rules

⁵⁸ Rule 14(4)(a) of the Registration Rules

⁵⁹ Article 12(3)(b) of the Order and Rules 14(4)(b) of the Registration Rules

⁶⁰ Article 10(4) of the Order and Rule 15(1) of the Registration Rules

⁶¹ Articles 9(2)(b) and 10(4)(a) of the Order and Rules 5(1)(a) and 15(2) of the Registration Rules

42.3 Provide a declaration of good health and character;⁶³

42.4 Hold an appropriate indemnity arrangement; and ⁶⁴

42.5 Pay the prescribed fee.⁶⁵

- 43 Where an applicant has been subject to the Fitness to Practise process and their application for voluntary removal has been allowed in accordance with the relevant Fitness to Practise guidance, the Registrar will consider whether the applicant is capable of safe and effective practice as a nurse or midwife, including the applicant's good health and good character in accordance with Rule 15(4) of the Registration Rules. The Registrar may seek additional evidence to ensure that the full circumstances of the voluntary removal are considered in such cases.⁶⁶
- 44 Where information which raises concerns that a nurse or midwife's Fitness to Practise may be impaired is received after the individual's registration has lapsed, this will be noted and be investigated should the individual apply for readmission to the register. The Registrar will consider whether the applicant is capable of safe and effective practice as a nurse or midwife, including the applicant's good health and good character in accordance with Rule 15(4) of the Registration Rules. The Registrar may seek additional evidence of such matters raised as part of consideration of the application for readmission.⁶⁷
- 45 References will be required as part of the readmission process in accordance with Rule 15 (3) of the Registration Rules. The NMC must respond to an application of readmission as soon as practicable and in any event within three months of receiving the application.⁶⁸

Restoration to the register

- 46 Where a Fitness to Practise committee has granted an application for restoration to the register following a striking off order it shall direct the Registrar to register the applicant subject to them meeting the requirements for readmission to the register.⁶⁹
- 47 In such cases the nurse or midwife will be eligible for readmission to the register if they meet the requirements outlined in paragraphs 41.⁷⁰

⁶² Articles 9(2)(b) and 10(4)(a)-(b) of the Order and Rules 3(4), 5(1)(a), 6(1)(a) and 15(2) of the Registration Rules

⁶³ Rule 5(1) of the Registration Rules

⁶⁴ Article 10(2)(aa) of the Order and Rule 15(2) of the Registration Rules

⁶⁵ Article 10(4) of the Order and Rule 15 of the Registration Rules

⁶⁶ Rules 6(5) and 6(6) of the Registration Rules

⁶⁷ Rules 6(5) and 6(6) of the Registration Rules

⁶⁸ Article 10(5) of the Order

⁶⁹ Article 33 of the Order

⁷⁰ Articles 9(2) and 33(5) to (7) of the Order

Registrar's Advisory Group

- 48 The Registrar's Advisory Group (RAG) is a forum that advises the Registrar on certain applications for entry, renewal or readmission to the register. It is chaired by the Registrar or by an Assistant Registrar.
- 49 On entry, renewal or readmission to the register a nurse or midwife must satisfy the registrar that they are capable of safe and effective practice. In order to do this they must comply with the requirements to be met with regard to good health and good character.⁷¹
- 50 Applications for admission, renewal, readmission or restoration may be referred to RAG, including, but not limited to, the following circumstances:
 - 50.1 A charge, caution or conviction is declared by the applicant or registrant at the point of initial registration, retention, renewal or readmission.
 - 50.2 An applicant or registrant has an outstanding fitness to practise allegation against them, at the point of initial registration or readmission.
 - 50.3 An applicant or registrant has been practising as a nurse or midwife while their registration was lapsed.
 - 50.4 An applicant or registrant is unable to produce references as required.
- 51 The procedures for referral and processing of cases through RAG are set down in Registrations guidance.
- 52 An application may be reconsidered by RAG if new information is submitted as part of any appeal lodged.

Appeals

- 53 An applicant or registrant may appeal decisions made by the NMC relating to applications for entry, renewal, readmission⁷² or restoration⁷³ to the register. The specific cases where an individual has a right to appeal are set down on Article 37 of the Order. Article 37 also outlines where a right to appeal does not apply.
- 54 An appeal against a decision by the NMC with regards to registration may be made within a period of 28 days of the decision.⁷⁴ An appeal should set out the grounds of the appeal and any evidence to be relied upon, such as the details of character referees or supporting statements.
- 55 An appeal panel shall hear the appeal and shall be constituted in accordance with Rule 25 of the Registration Rules. The appeal shall be conducted in accordance with the requirements of Part 4 of the Registration Rules.

⁷¹ Article 5(2)(b) of the Order and Rule 6 of the Registration Rules

⁷² Article 37(1) of the Order

⁷³ Article 33(12) and 38 of the Order

⁷⁴ Rule 20(a)(v) and 20(3) of the Registration Rules

- 56 Appeals made against refusal of restoration will be dealt with through the legal system and adjudicated in a court of law, rather than the Appeals Board.
- 57 Detailed information relating the appeals process is set down in Registrations guidance.

DRAFT

Council

Changes to our regulatory legislation: the Registration Rules and Fitness to Practise Rules

Action: For decision.

Issue: This paper summarises the results of a consultation on proposed changes to the Registration Rules¹ that would introduce the legal power to collect the registration fee in instalments. It seeks the Council's approval of our findings having analysed the results of the consultation, and, as a result, the Council's agreement that we should proceed with introducing legislative change that would introduce the legal power to collect the registration fee in instalments.

The paper goes on to request the Council to publically review two separate legislative changes. First, the proposed legislative changes that would give effect to the above legal power for payment of fees by instalments; and second, the legal changes which give effect to the decision reached by Council at their meeting of 1 October in considering paper NMC/14/92, regarding introducing case examiners and related changes

Subject to Council approval, we have agreed with the Department of Health that, for the purposes of efficiency these two sets of changes can be combined into a single legislative instrument. Hence, although unrelated, they are presented here in a single paper.

Core regulatory function: Registrations and Fitness to Practise

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

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."

¹ The Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004 (as amended).

Decision required:

The Council is recommended to:

- Review and approve the findings reached following consultation on proposed changes to the Registration Rules that would introduce the legal power to collect the registration fee in instalments (as set out in Annexe 1). And, as a result of those findings, agree that we should proceed with introducing legislative change that would introduce the legal power to collect the registration fee in instalments (paragraph 8.1).
- Publically review the draft amendment Rules in Annexe 2 which would give effect to:
 - a) a legal power to collect the registration fee in instalments consulted upon in Annexe 1; and,
 - b) the decision reached by the Council at their 1 October meeting (set out in paper NMC/14/92 – Annexe 3) to introduce legislation that would introduce case examiners, a power to review no case to answer decisions, change the composition of registration appeals panels and powers to request and verify registration information.

We have agreed with the Department of Health that these two sets of changes can be combined into a single legislative instrument for efficiency (paragraph 8.2).

Annexes:

The following annexes are attached to this paper:

- Annexe 1: NMC conclusions from the consultation on introducing powers to allow payment of the registration fees by instalments.
- Annexe 2: Legal drafting - The Nursing and Midwifery Council (Fitness to Practise) (Education, Registration and Registration Appeals) (Amendment) Rules Order of Council 2014.
- Annexe 3: NMC Council paper NMC/14/92 - *Conclusions following consultation on proposed changes to the Fitness to Practise and Registration Rules.*

Further information:

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

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Context: Legislation to introduce the power to collect the registration fee in instalments

- 1 Between 11 August and 3 October 2014, we consulted² on proposals to introduce legislative changes that would allow us to introduce payment of the annual registration fee in instalments. We set out the proposed base method for payment with a future-proofing clause to allow us to develop other methods without having to change our legislation, and proposed that the frequency of payment should not be a matter for legislation. We also proposed an option to take action should payment of an instalment be missed.
- 2 We also sought to gauge potential demand for payment of the registration fee in instalments, if introduced, to help shape our future approach. This would enable us to start work on developing policies and systems to implement collection of the registration fee in instalments. The scope of the consultation was therefore limited to the introduction of legislation that would allow payment of the registration fee by instalments in the future, rather than any detail about the operational policies or processes implemented under that legislation. These would follow at a later date and be led by the Registrations Directorate.

Legislation to introduce the conclusions in Annexe 3 agreed by Council on 1 October 2014

- 3 At their meeting of 1 October 2014, the Council agreed with the recommendations and conclusions reached in paper NMC/14/92 - *Conclusions following consultation on proposed changes to the Fitness to Practise and Registration Rules*. Recommendation 2 of that paper was for Council to review the amendment Rules at its 3 December 2014 Council meeting. Those amendment Rules are therefore set out in Annexe 2 of this paper for Council's review.

Discussion and options appraisal: Legislation to introduce the power to collect the registration fee in instalments

- 4 The proposals to introduce legislation that could be used in the future to allow the payment of the registration fee in instalments received a high level of support as set out in Annexe 1. There were a number of positive themes of support identified in the respondents' answers. A number of unsupportive or other comments were also identified, but were not evidenced. A full assessment of each proposal following consultation responses received can be found in Annexe 1.
- 5 Overall, we believe that the proposals as consulted upon should be

² <http://www.nmc-uk.org/Get-involved/Consultations/Introducing-powers-to-allow-payment-of-registration-fees-by-instalment/>

implemented. The Executive Board agreed with the recommendations in this paper and conclusions in Annexe 1 in their meeting of 4 November 2014.

Legislation to introduce the conclusions in Annexe 3 agreed by Council on 1 October 2014

- 6 At their meeting of 1 October 2014, the Council agreed with the assessments, recommendations and conclusions reached in paper NMC/14/92.
- 7 The legal drafting that would give effect to the decision reached by the Council is set out in Annexe 2 of this paper for Council's review.

Conclusion and recommendations for the Council

8 The Council is recommended to:

- 8.1 **Review and approve the findings reached following consultation on proposed changes to the Registration Rules that would introduce the legal power to collect the registration fee in instalments (as set out in Annexe 1); and, as a result of those findings, agree that we should proceed with introducing legislative change that would introduce the legal power to collect the registration fee in instalments.**
- 8.2 **Publically review the draft amendment Rules in Annexe 2 which would give effect to:**
 - 8.2.1 **a legal power to collect the registration fee in instalments consulted upon in Annexe 1; and,**
 - 8.2.2 **the decision reached by the Council at their 1 October meeting (set out in paper NMC/14/92 – Annexe 3) to introduce legislation that would introduce case examiners, a power to review no case to answer decisions, change the composition of registration appeals panels and powers to request and verify registration information.**

What happens next

- 9 Subject to the Council's agreement with the legal drafting in Annexe 2, we will ask members to make the necessary Rules by correspondence on or about 11 December 2014 (when the changes to the Nursing and Midwifery Order as set out in the Nursing and Midwifery Amendment Order 2014³ have taken effect, and as permitted under part 5.10 of the [Council's Standing Orders](#)) so they may be passed to Privy Council for approval and be laid in

³ <http://www.legislation.gov.uk/ukdsi/2014/9780111121337/contents>

parliament.

- 10 This means the legal power for the Council to make the amendment Rules set out in Annexe 2 will come from the Nursing and Midwifery Amendment Order 2014 taking effect on or about 11 December 2014. This has been agreed in advance and drafted with the Department of Health so it will not cause delay. The amendment Rules in Annexe 2 will be finalised in conjunction with the Department of Health legal team.
- 11 The amendment Rules set out in Annexe 2, once made by the Council, would be sent for Privy Council approval and laid in parliament for 28 days. Subject to the appropriate approvals being obtained and the parliamentary process, we anticipate the amended Rules coming into force in early March 2015, on a date designated in the legal drafting.
- 12 We would not be exercising the new legal power to collect the registration fee in instalments until the Registrations Directorate have developed appropriate operational policies, systems and processes to do so; the NMC remains committed to delivering the ability for nurses and midwives to pay their registration fee in instalments by early 2016.

Public protection implications:

- 13 The proposals to introduce legislative amendments have no anticipated impact on our ability to protect the public.

Resource implications:

- 14 Resources for introducing legislative amendments are covered within existing budgets.

Equality and diversity implications:

- 15 An Equality Impact Assessment has been completed for these proposals and shows no evidence of adverse equality impacts. We believe phased payments will make it easier for lower paid registrants in particular to manage the impact of fee payment.

Stakeholder engagement:

- 16 In developing the policy proposals, a communication plan has been developed with key stakeholders identified. Stakeholders have been engaged with to gather feedback. Key elements of this have been:

16.1 An NMC news release; and,

16.2 A public consultation.

Risk implications:

- 17 The proposals set out are enabling legislation aimed at assisting nurses and midwives. Given the high level of support the proposals have received, risk is considered to be low.

Legal implications:

- 18 Please refer to Annexe 2 - the proposals would amend current NMC legislation.

Draft - NMC conclusions from the consultation on introducing powers to allow payment of the registration fees by instalments

December 2014

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Introduction and background

- 1 The Nursing and Midwifery Council (NMC) is the healthcare regulator for nursing and midwifery in the UK. We exist to safeguard the health and wellbeing of the public. We do this by setting standards of education, training, conduct and performance for nurses and midwives. We also hold the register of those who have qualified and meet those standards. If an allegation is made that a registered nurse or midwife is not fit to practise, we have a duty to investigate that allegation and, where necessary, take action to safeguard the health and wellbeing of the public.
- 2 Between 11th August and 3rd October 2014 we [consulted](#) on proposals to introduce legislative changes that would allow us to offer payment of the annual registration fee in instalments. We set out the proposed base method for payment with a future-proofing clause to allow us to develop other methods without having to change our legislation, and proposed that the frequency of payment would not be a matter for legislation. We also proposed an option to take action should payment of an instalment be missed.
- 3 The consultation was therefore about introducing enabling legislation as a first step, not the development of systems and processes for operating payments of the registration fee in instalments in the future. This will be developed separately, with a further consultation on how we proposed to use the legislation at a date in the future.
- 4 We also sought to gauge potential demand for payment of the registration fee in instalments, if introduced, to help inform the development of any systems and processes in the future that would use the legislation we consulted upon.
- 5 We believed that there was demand for the ability to pay the registration fee in instalments from nurses and midwives, as well as a recommendation to do so from the House of Commons Health Select Committee. The expected result would be to help nurses and midwives better manage the cost of paying registration fees, by spreading the cost (for those who wished to do so) of the fee over time. This would reduce the impact of payment in full on a set date each year.
- 6 We would like to thank all of those who responded to our consultation.

Stakeholder responses and our conclusions

- 7 We received 3,077 responses to our consultation. 9 responses were from organisations, 3,068 responses were from individuals. Of individual responses, 87% indicated that they were registered as a nurse or midwife with us.

Supportive responses

- 8 94% of respondents thought the introduction of the ability to pay the registration fee in instalments would be a good idea, with 84% indicating they strongly supported it. This support was strong across a range of demographics and amongst nurses and midwives. 87% of respondents agreed with the legislation changes we proposed in our consultation to give us the legal ability to introduce phased payments in the future.
- 9 44% of respondents indicated that they would be likely to take up the option to pay in instalments if the payment frequency was two six-monthly payments. By comparison, this became 66% if the payment frequency was four quarterly payments and 77% if the payment frequency was 12 monthly payments. 36% of respondents indicated that they were likely to use any of the three options. Only 5% said they would be unlikely to use any of these options. We will use this information to feed into systems and process options to be developed in the future to make use of the proposed legislation we consulted upon.
- 10 We received a number of supportive comments for our proposals to introduce the ability to pay the registration fee in instalments. Many respondents welcomed the proposals and commented that the major benefit of being able to pay the registration fee in instalments in the future would be the ability to spread costs throughout the year, making them more manageable.

Unsupportive or other comments

- 11 We received a small number of unsupportive or other comments for our proposals to introduce the ability to pay the registration fee in instalments. These are set out below.
- 12 Some respondents set out that registrants who opted to pay the registration fee in instalments should be reminded of the importance of keeping their address details up to date to insure they do not miss any correspondence, for example in the event of a missed payment. Equally, the NMC must ensure they keep registrant details up to date as it was suggested this has not always happened in the past. We agree with both of these points and would note that nurses and midwives are obliged to ensure that their correct personal and contact details are kept up to date¹. The NMC is also bound by data protection provisions to ensure we act on

¹ A statement of entry is issued to each nurse or midwife who registers with us, confirming registration and the individuals' personal details. A change in personal details, such as address, will require the re-issue of the statement of entry - <http://www.nmc-uk.org/Registration/Staying-on-the-register/Your-statement-of-entry/> : further detail can be found on how to do this on our website - <http://www.nmc-uk.org/Registration/Staying-on-the-register/Updating-your-details/> : In addition, page 11 – 'NMC Prep Standards' sets out the obligation to keep us informed of changes to personal details - http://www.nmc-uk.org/Documents/Standards/NMC_Prep-handbook_2011.pdf :

any notifications of personal detail changes and maintain the notified information on our records.

- 13 Some respondents queried whether it would still be possible to pay the registration fee in full up front as their preferred method of payment. For clarity, we confirm that it would remain an option should a nurse or midwife wish to do so.
- 14 Some respondents asked how employers and members of the public could check the continuing registration of a nurse or midwife if their registration could be removed for non-payment. The means for members of the public who wish to check whether a nurse or midwife holds an active registration at a given point in time is to [search our on-line register](#) via our website. Although employers can also use this function, the Employer Confirmation Service is recommended for use by all employers as it provides more information. It is currently used by many employers to meet their existing obligations in only employing registered professionals in roles requiring registration. These services will remain unchanged as a result of introducing the proposed legislation we consulted upon. The continuing suitability of these mechanisms or any additional need to promote their use or develop other methods, will be further considered as systems and processes to use the legislation are developed in the future, based on proportionality and necessity.
- 15 Some respondents expressed concern that payment of the registration fee in instalments could be used as an excuse to increase the registration fee. This is not the case, any decision to increase the registration fee must, under our governing legislation, be consulted upon with stakeholders as set out in our recent fee rise [consultation](#), and follow a set process. Any such change would require changes to our Fees Rules.
- 16 Some respondents believed that paying the registration fee in instalments could be a disincentive to paying the registration fee and make it easier to exceed a personal monthly budget or mismanage personal finances. This could affect an individual's registration. No evidence was presented to support this view further. We would note that this view is at odds with the majority of responses to our consultation which stated payment in instalments of the registration fee would give nurses and midwives the ability to spread costs throughout the year, making them more manageable.
- 17 Some respondents stated that the implementation of payment of the registration fee in instalments could incur additional cost for the NMC which would be funded by registrants. The cost of introducing the legislation that we consulted upon to introduce the ability to pay the registration fee in instalments is captured within existing budgets. We acknowledge that there will be a financial cost for the NMC in the future of introducing the systems and processes that will make use of the legislation that we consulted upon to operate the ability to pay the registration fee in instalments. There may also be savings associated with having a greater proportion of our registrants paying by direct debit or other such means. The cost for the systems and processes to deliver it in the future will be thoroughly assessed as options are developed and will be taken into account.

- 18 Some respondents considered that the 14 day period to pay in the event of a missed payment was too short and suggested advance payments could be collected to cover such an eventuality. No supporting evidence was presented to substantiate or expand on this view. Timely payment of the annual registration fee by whatever available method the individual chooses remains a personal responsibility. However as set out in our consultation document, this legislation would not mean removal from the register would be automatic in the event of non-payment; this allows for safeguards to protect the registrant against circumstances in which they are not at fault and of which they are therefore unaware. The NMC will develop appropriate approaches to make use of the legislation in the future. The 14 day timeframe to address non payment is consistent with that used by the Health and Care Professions Council which currently has the ability to collect the registration fee in instalments.
- 19 Some respondents did not think the registrant should be removed from the register in the event of non-payment. Our current legislation² provides that a nurse or midwife's registration would lapse where, for example, the registration fee was not paid. As this power already exists and we are not seeking to remove it in the legislation we consulted upon, this approach would continue to exist for payment of the registration fee in instalments.
- 20 A number of other comments were made that we should consider during the future development of systems and processes that would make use of the legislation that we consulted upon:
- IT systems should be sufficiently robust to ensure that registrants are not adversely affected by an IT or banking error;
 - The process to inform registrants of a non-payment and the action to be taken should be clearly defined;
 - Consideration could be given as to whether payments may be deducted directly from an employment pay roll to the NMC; and,
 - Those who may choose to pay the registration fee in instalments should not have to pay for that ability.

Equality Assessment

- 21 We have completed an Equality Assessment for the proposal to introduce legislative changes that would allow us to introduce payment of the registration fee in instalments, against protected characteristics as defined in the [Equalities Act 2010](#).
- 22 In addition, in our consultation respondents were invited to comment on or evidence any equality impacts the proposed changes may have in free text responses to the consultation questions. No views or evidence of note were provided. Our analysis shows no adverse impacts on protected characteristics from the proposals.

² Rule 14 (4) and (5) of the Education, Registration and Registration Appeals Rules 2004 (as amended) - <http://www.nmc-uk.org/About-us/legislation/Our-Orders-and-Rules/>

Impacts of the proposed changes

- 23 In our consultation, respondents were invited to comment on or evidence any impacts the proposed legislation changes may have in free text responses to the consultation questions.
- 24 No views or evidence of note were provided further to the views set out above. We therefore do not consider that any of the responses raise matters which would cause us to amend or abandon the proposed approach.

Legal drafting

- 25 We proposed that we would give effect to our proposals by the legal drafting that was contained within Annexe A of our consultation.
- 26 No views or evidence of note were provided in relation to the proposed legal drafting. We therefore do not consider that any of the responses raise matters which would cause us to change or abandon the amendments we seek to our legislation. Subject to any minor drafting amendments after further review by the Department of Health's legal team, we propose to implement the legal drafting as consulted upon to give effect to the approaches set out in our consultation.

Conclusion and next steps

- 27 We have decided to implement our proposals to introduce legislation that would allow payment of the registration fee in instalments in the future as set out in our consultation. The proposals have received a high level of support. There has not been any evidence submitted to us that would suggest another course of action is required. The expected result would be to help nurses and midwives better manage the cost of paying registration fees, by spreading the cost (for those who wished to do so) of the fee over time. This would reduce the impact of payment in full on a set date each year.
- 28 Our Council has approved these conclusions on [date].
- 29 We will lay the legal drafting amending our legislation before parliament for approval. We anticipate that this will be in early 2015. Subject to this and a successful parliamentary process we anticipate that these amendments to our Rules will take effect before the dissolution of parliament for the general election in May 2015.
- 30 In the future, we will separately start work on developing policies and systems to use this legislation. We will use the feedback that has been provided in response to this consultation to help inform proportionate options for those policies and systems. A separate consultation on how what systems and processes we propose to introduce to make use of this legislation will follow in the future.

Comment [CS1]: Subject to Council's approval of these conclusions at their meeting of 3 December 2014

Comment [CS2]: To add in after Council meeting – 03/12/2014, should they approve the conclusions.

Draft 19 November 2014.

S T A T U T O R Y I N S T R U M E N T S

2014 No.

HEALTH CARE AND ASSOCIATED PROFESSIONS

NURSES AND MIDWIVES

**The Nursing and Midwifery Council (Fitness to Practise)
(Education, Registration and Registration Appeals)
(Amendment) Rules Order of Council 2014**

Made 2014

Laid before Parliament 2014

Coming into force - - 9th March 2015

At the Court Council Chamber, Whitehall, the *** day of *** 2014

By the Lords of Her Majesty's Most Honourable Privy Council

The Nursing and Midwifery Council has made the Nursing and Midwifery Council (Fitness to Practise) (Education, Registration and Registration Appeals) (Amendment) Rules 2014, as set out in the Schedule to this Order, in exercise of the powers conferred by articles 7(1) and (2), 9(1) and (2), 10(1), 12A(4) to (7), 22(5), 26(2) to (5), 26A(1), 26B, 26C(1), 37(4) and (5) and 47(2) of the Nursing and Midwifery Order 2001(a).

In accordance with article 47(3) of the Nursing and Midwifery Order 2001 the Nursing and Midwifery Council has consulted representatives of groups of persons who appear likely to be affected by the proposed rules.

In accordance with articles 47(1) and 48 of that Order such Rules shall not come into force until approved by Order of the Privy Council.

Citation and commencement

1. This Order may be cited as the Nursing and Midwifery Council (Fitness to Practise) (Education, Registration and Registration Appeals) (Amendment) Rules Order of Council 2014 and comes into force on 9th March 2015.

(a) S.I. 2002/253. Article 10(1) was amended by S.I. 2007/3101, regulation 1(2) and by S.I. 2014/1887, article 2, Schedule 1, Part 7, paragraph 25. Article 12A was inserted by S.I. 2014/1887, article 2, Schedule 1, Part 7, paragraph 26 and amended by S.I. [insert NMO s60 no.]. Articles, 26A, 26B and 26C were inserted by S.I. [insert NMC s60 Order number].

Privy Council approval

2. Their Lordships, having taken these Rules into consideration, are pleased to, and do approve them.

Richard Tilbrook
Clerk of the Privy Council

SCHEDULE

The Nursing and Midwifery Council (Fitness to Practise) (Education, Registration and Registration Appeals) (Amendment) Rules 2014

The Nursing and Midwifery Council makes the following Rules in exercise of the powers conferred under articles 7(1) and (2), 9(1) and (2), 10(1), 12A(4) to (7), 22(5), 26(2) to (5), 26A(1), 26B, 26C(1), 37(4) and (5) and 47(2) of the Nursing and Midwifery Order 2001, having consulted in accordance with article 47(3) of that Order.

PART I**Preliminaries****Citation and commencement**

1. These Rules may be cited as the Nursing and Midwifery Council (Fitness to Practise) (Education, Registration and Registration Appeals) (Amendment) Rules 2014 and come into force on 9th March 2014.

PART II**Amendment of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004**

2. The Nursing and Midwifery Council (Fitness to Practise) Rules 2004(a) are amended as follows.

3. In rule 2 (interpretation)(b) at the appropriate place in the alphabetical order insert—

““Case Examiner” means a professional or lay officer of the Council appointed by the Registrar for the purposes of exercising the functions of the Investigating Committee in accordance with article 26A of the Order, and “Case Examiners” means the professional and lay Case Examiner to whom an allegation is referred under rule 2A(2) and includes any replacement Case Examiner appointed by the Registrar;”;

“lay”, in relation to a Case Examiner, means a person who—

(a) is not and never has been a registered nurse or midwife (and article 5(5) does not apply for these purposes);

(a) These Rules are set out in the Schedule to S.I. 2004/1761.

(b) Rule 2 was amended by rule 3(1) of the Nursing and Midwifery Council (Fitness to Practise)(Amendment) Rules 2007 which are set out in the Schedule to S.I. 2007/893, by rule 12 of the Nursing and Midwifery Council (Midwifery and Practice Committees)(Constitution) Rules 2008 which are set out in the Schedule to S.I. 2008/3148 and by rules 2 and 3 of the Nursing and Midwifery Council (Fitness to Practise) (Amendment) Rules 2011 which are set out in the Schedule to S.I. 2012/17.

- (b) is not and never has been a registered medical practitioner; and
 - (c) does not hold qualifications which would entitle them to apply for registration as a registered nurse, a registered midwife or a registered medical practitioner;
- “professional”, in relation to a Case Examiner, means a registered nurse or midwife;”.

4. In Part 2 (Investigating Committee), for the heading “Investigating Committee” substitute “Investigation of Allegations”.

5. Before rule 3 (notice provisions) insert—

“Initial consideration of allegations

2A.—(1) Where the Registrar considers that an allegation falls within article 22(1)(b) of the Order, the Registrar must refer the allegation to the Investigating Committee for consideration under rule 5.

(2) Where the Registrar considers that an allegation falls within article 22(1)(a) of the Order, the Registrar must refer the allegation to the Case Examiners for consideration under rule 6C.

(3) Where the Registrar considers that an allegation does not fall within article 22(1)(a) of the Order, the Registrar must notify the maker of the allegation (if any).

(4) The Registrar may carry out any investigations as in the Registrar’s opinion are appropriate to the consideration of—

- (a) whether or not the allegation falls within article 22(1)(a) of the Order;
- (b) whether or not the allegation falls within article 22(1)(b) of the Order;
- (c) the registrant’s fitness to practise; or
- (d) the registrant’s entry in the register.”.

6. In rule 3(a)—

(a) for the heading substitute “Notice of allegations of fraudulent or incorrect entries in the register”;

(b) for paragraph (1) substitute—

“(1) Where an allegation is referred under rule 2A(1), the Registrar shall, in accordance with article 26(2)(a) of the Order, notify the registrant of any allegation referred to the Investigating Committee, by serving a notice of referral upon her.”;

(c) in paragraph (2)(b) for “Council” substitute “Registrar”;

(d) after paragraph (2)(d) add—

“(e) invite the registrant to inform the Registrar within 28 days from the date of service of the notice of referral if the registrant wishes the allegation to be considered at a hearing.”;

(e) after paragraph (2) add—

“(3) The Registrar shall give notice of the referral made under paragraph 2A(1) to the following—

- (a) where known, the registrant’s employer or any other person with whom the registrant has an arrangement to provide services in, or in relation to, nursing or midwifery;
- (b) where known, any other body by which the registrant is authorised to practise a health or social care profession;

(a) Rule 3 was amended by rules 2 and 4 of the Nursing and Midwifery Council (Fitness to Practise) (Amendment) Rules 2011 which are set out in the Schedule to S.I. 2012/17.

- (c) the Secretary of State, the Scottish Ministers, the National Assembly for Wales and the Department of Health, Social Services and Public Safety in Northern Ireland; and
- (d) where the registrant is a practising midwife, the midwife's local supervising authority.”.

7. Omit rule 4 (procedure of the Investigating Committee where the allegation relates to impairment of fitness to practise)(a).

8. For rule 5 (procedure of the Investigating Committee where the allegation relates to a fraudulent or incorrect entry in the register)(b) substitute—

“Procedure of the Investigating Committee where the allegation relates to a fraudulent or incorrect entry in the register

5.—(1) Where—

- (a) the registrant asks for a hearing within the period specified in rule 3(2)(e); or
 - (b) the Registrar considers that a hearing is desirable,
- the Investigating Committee must consider the allegation at a hearing.

(2) Where a hearing is to be held pursuant to paragraph (1), the Registrar must send a notice to the registrant no later than 28 days before the date fixed for the hearing.

(3) The notice of hearing must—

- (a) inform the registrant of the date, time and venue of the hearing;
- (b) contain a charge particularising the allegation, and the alleged facts upon which the allegation is based;
- (c) inform the registrant of the registrant's right to attend, and to be represented at, the hearing in accordance with rule 20;
- (d) inform the registrant of the Committee's power to proceed with the hearing in the registrant's absence;
- (e) inform the registrant of the registrant's right to adduce evidence in accordance with rule 31;
- (f) inform the registrant of the registrant's right to call witnesses, and to cross examine any witnesses called by the Council or by the Committee;
- (g) require the registrant to inform the Council, within 14 days of receipt of the notice, whether the registrant intends to—
 - (i) attend the hearing,
 - (ii) be represented at the hearing;
- (h) inform the registrant of the Committee's power to impose an interim order under article 26(11) of the Order; and
- (i) inform the registrant of the action the Committee may take under article 26(2)(d)(ii), (7) and (8) of the Order.

(4) Where a hearing is to be held pursuant to paragraph (1), the Investigating Committee—

- (a) may hold a preliminary meeting in accordance with rule 18; and

(a) Rule 4 was amended by rules 2 and 5 of the Nursing and Midwifery Council (Fitness to Practise) (Amendment) Rules 2011 which are set out in the Schedule to S.I. 2012/17.

(b) Rule 5 was amended by rules 2 and 6 of the Nursing and Midwifery Council (Fitness to Practise) (Amendment) Rules 2011 which are set out in the Schedule to S.I. 2012/17.

- (b) must determine the matter in accordance with the procedure set out in Part 5 of these Rules, and must dispose of the matter in accordance with article 26(2)(d)(ii), (7), (8) and (11) of the Order.

(5) Where the registrant has not requested a hearing and the Registrar considers that no hearing is necessary—

- (a) the Registrar must invite any person who, in the Registrar’s opinion, has an interest in the proceedings to submit written representations within such time as the Registrar may direct; and
- (b) the Investigating Committee shall meet in private and, notwithstanding the absence of any representations invited in accordance with sub-paragraph (a), dispose of the matter in accordance with article 26(2)(d)(ii), (7), (8) and (11) of the Order.

(6) The Registrar must notify, in writing, the registrant and the person making the allegation (if any) of the Investigating Committee’s decision together with its reasons.”.

9. Omit rule 6 (notice of decision)(a).

10. After rule 6 insert—

“Notice of fitness to practise allegations

6A.—(1) Where an allegation is referred to Case Examiners under rule 2A(2), the Registrar must notify the registrant of that allegation and referral by serving a notice of referral on the registrant.

(2) The notice of referral must—

- (a) be accompanied by any documents relating to the allegation that have not previously been disclosed to the registrant by the Council or a Practice Committee;
- (b) invite the registrant to make written representations, to be received by the Registrar no later than 28 days after the date of the notice;
- (c) unless the allegation is made by virtue of article 22(6) of the Order, inform the registrant that any representations or extracts of any representations received from the registrant may be shown to the person making the allegation for comment; and
- (d) inform the registrant that further information may be sought from other persons in accordance with article 25(1) of the Order or investigations undertaken to assist the Case Examiners in carrying out their functions.

Investigation of Fitness to Practise allegations

6B.—(1) The Registrar may carry out any investigations, whether or not any have been carried out under rule 2A(4), as in the Registrar’s opinion are appropriate to the consideration of the allegation by the Case Examiners.

(2) The Registrar may, in the case of an allegation that the registrant’s fitness to practise is impaired by reason of lack of competence, invite the registrant to submit to an assessment.

(3) The Registrar may, in the case of an allegation that the registrant’s fitness to practise is impaired by reason of the registrant’s physical or mental health, invite the registrant to submit to a medical examination by experts appointed by the Council.

(4) Before any decision is made by the Case Examiners as to whether or not there is a case to answer in respect of an allegation that the registrant’s fitness to practise is impaired, the Registrar must send any information or documents obtained pursuant to this rule to the

(a) Rule 6 was amended by rules 2 and 7 of the Nursing and Midwifery Council (Fitness to Practise) (Amendment) Rules 2011 which are set out in the Schedule to S.I. 2012/17.

registrant and invite the registrant to make written representations to be received by the Registrar no later than 28 days after the date on which such documents are sent.

Consideration of fitness to practise allegations by Case Examiners

6C.—(1) Where an allegation is referred under rule 2A(2), the Case Examiners must consider, in the light of the information which the Council has been able to obtain and any representations or other observations made to it under rule 6A(2) or under rule 6B(4), whether there is a case to answer.

(2) Where the Case Examiners agree that there is a case to answer—

- (a) the Case Examiners must refer the case to—
 - (i) the Health Committee in the case of an allegation of a kind mentioned in article 22(1)(a)(iv) of the Order, or
 - (ii) the Conduct and Competence Committee, in the case of an allegation of any other kind mentioned in article 22(1)(a) of the Order; and
- (b) the Registrar must notify in writing both the registrant and the person making the allegation (if any) of the decision of the Case Examiners together with their reasons.

(3) Where the Case Examiners agree that there is no case to answer, the Registrar must notify in writing—

- (a) the registrant and the person making the allegation (if any) of the decision of the Case Examiners together with their reasons;
- (b) the registrant, that the allegation may be taken into account in the consideration of any further allegation about the registrant, received by the Council within three years from the date of the Case Examiners' decision that there is no case to answer.

(4) Where the Case Examiners fail to agree whether there is a case to answer, they must notify the Registrar accordingly, and the Registrar must refer the allegation to the Investigating Committee for consideration under rule 6D.

(5) If, during their consideration of the allegation, one or both of the Case Examiners is of the opinion that the Investigating Committee should consider making an interim order in relation to the registrant, the Case Examiners must direct the Registrar accordingly.

Consideration of fitness to practise allegations by the Investigating Committee

6D.—(1) Where an allegation has been referred to the Investigating Committee under rule 6C(4), the Committee—

- (a) may direct the Registrar to carry out any investigations as the Committee considers appropriate to the consideration of the allegation;
- (b) must direct the Registrar to send any information or documents obtained pursuant to this rule to the registrant and invite the registrant to make written representations to be received by the Registrar no later than 28 days after the date on which these documents are sent;
- (c) must consider, in the light of the information which the Registrar has been able to obtain under this rule or rule 2A(4), 6B(1), (2) or (3) and any representations or other observations made to it under rule 6A(2) or 6B(4), whether there is a case to answer.

(2) Upon consideration of an allegation under paragraph (1), the Committee may—

- (a) determine that there is no case to answer and that the allegation should not proceed further; or
- (b) refer the case to—

- (i) the Health Committee in the case of an allegation of a kind mentioned in article 22(1)(a)(iv), or
- (ii) the Conduct and Competence Committee in the case of an allegation of any other kind mentioned in article 22(1)(a) of the Order.

(3) Where the Committee determines that there is no case to answer, the Registrar must notify in writing—

- (a) the registrant and the person making the allegation (if any) of the decision of the Committee together with its reasons;
- (b) the registrant, that the allegation may be taken into account in the consideration of any further allegation about the registrant, received by the Council within three years from the date of the Committee's decision that there is no case to answer

(4) The Investigating Committee shall meet in private to consider an allegation referred to it under this rule.”.

11. In rule 7 (reconsideration of allegation after a finding of no case to answer)—

- (a) in paragraph (1) for sub-paragraph (a) substitute—
 - “(a) the Case Examiners or the Investigating Committee have considered an allegation that the registrant's fitness to practise is impaired and decided that there is no case to answer in respect of that allegation; and”;
- (b) in paragraph (2) immediately before “the Investigating Committee” insert “the Case Examiners or”.

12. After rule 7 insert—

“Review of decisions

7A.—(1) All or part of a decision by the Case Examiners or the Investigating Committee that there is no case to answer in respect of an allegation that a registrant's fitness to practise is impaired (a “no case to answer decision”) may, if reached on or after 9th March 2015, be reviewed by the Registrar under this rule.

(2) The Registrar may carry out such a review if the Registrar—

- (a) has reason to believe that the no case to answer decision may, in whole or in part and for any reason, be materially flawed and considers that a review would be in the public interest; or
- (b) has reason to believe that there is new information which may have led to a decision that is wholly or partly different from the no case to answer decision and considers that a review would be in the public interest.

(3) Where the Registrar decides to carry out such a review, the Registrar must—

- (a) notify the registrant, the maker of the allegation (if any) and any other person who, in the opinion of the Registrar has an interest in it, of that decision;
- (b) notify the registrant, the maker of the allegation (if any) and any other person who, in the opinion of the Registrar, has an interest in the no case to answer decision of any new information and where appropriate, provide them with that information; and
- (c) seek representations from those persons.

(4) The notification referred to in sub-paragraphs (a) and (b) of paragraph (3) must be in writing and, in the case of the notification referred to in sub-paragraph (a), must give reasons for the Registrar's decision.

(5) As part of such a review, the Registrar may carry out any investigations which the Registrar considers appropriate for the purposes of making a decision on the review of the no case to answer decision.

(6) Where, as a result of the review, taking into account any information or representations referred to in paragraph (3) and such other matters as the Registrar considers appropriate, the Registrar decides that—

- (a) all or part of the no case to answer decision was materially flawed and that a fresh decision is required in the public interest; or
- (b) the new information referred to in paragraph (2)(b) would have probably led wholly or partly to a different decision and that a fresh decision is required in the public interest,

the Registrar must take a decision referred to in paragraph (7).

(7) Those decisions are—

- (a) to substitute, for all or part of the no case to answer decision, any decision which the Case Examiners or the Investigating Committee could have made under Part 2 of these rules; or
- (b) to refer to the Case Examiners for reconsideration by them under rule 6C, an allegation that a registrant's fitness to practise is impaired.

(8) Where, following the review, the Registrar decides otherwise than in paragraph (6), the Registrar must confirm the no case to answer decision.

(9) Having taken one of the decisions referred to in paragraph (7) or having decided in accordance with paragraph (8), the Registrar must, as soon as reasonably practicable after having done so and in writing, notify—

- (a) the registrant;
- (b) the maker of the allegation (if any); and
- (c) any other person who, in the opinion of the Registrar, has an interest in receiving the notification,

of the decision taken and the reasons for it.

(10) Save in exceptional circumstances, the Registrar must not commence a review of a no case to answer decision more than one year after the date of that decision.”.

13. In rule 8 (notice and procedure)(a)—

- (a) in paragraph (2), for “rule 5(8)” substitute “rule 5(2);
- (b) in paragraph (3)(c) for “rule 5(9)(a) and (c) to (f)” substitute “rule 5(3)(a) and (c) to (f)”.

PART III

Amendment of the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004

14. The Nursing and Midwifery (Education, Registration and Registration Appeals) Rules 2004(b) are amended as follows.

15. After rule 5 (Application for admission to part of the register) insert—

“Provision of information

5A. The Registrar may request from any person such information as the Registrar may reasonably require for the purposes of determining whether, if the applicant's application for admission to the register is accepted, there will be in force in relation to that applicant, an indemnity arrangement providing appropriate cover.”.

(a) Rule 8 was amended by rules 2 and 8 of the Nursing and Midwifery Council (Fitness to Practise) (Amendment) Rules 2011 which are set out in the Schedule to S.I. 2012/17.

(b) These Rules are set out as a Schedule to S.I. 2004/1767.

16. In rule 13(1), (renewal of registration)(a) after sub-paragraph (c), add—

“(d) such other documents, information or evidence as the Registrar may have reasonably requested for the purpose of verifying the information in and determining the application for renewal.”.

17. After rule 13 insert—

“Provision of information

13A. The Registrar may request from any person such information as the Registrar may reasonably require for the purposes of determining whether, if the registrant’s registration is renewed, there will be in force in relation to that registrant, an indemnity arrangement providing appropriate cover.”.

18. In rule 14 (lapse of registration)(b) in paragraph (4) for "rule 12A or 13" substitute "rule 12A, 13 or 15A(4)".

19. After rule 15 (readmission to the register) insert—

“Payment of fees

15A.—(1) A person may, with the agreement of the Registrar, pay any prescribed fee for—

- (a) registration as provided in rule 5 or rule 8;
- (b) retention as provided in rule 12A;
- (c) renewal as provided in rule 13;
- (d) readmission as provided in rule 15; or
- (e) restoration as provided in article 33 of the Order,

in such instalments and by such means of payment as the Registrar may determine.

(2) For the purpose of paragraph (1) the Registrar will determine—

- (a) the amount of each instalment and the date on which each instalment is to be paid (with the final instalment due on a date no later than 11 months beginning with the date on which the prescribed fee was due); and
- (b) that payment will be made by direct debit or by such other means of payment.

(3) Where it has been agreed in accordance with paragraph (1) that any prescribed fee will be paid in instalments—

- (a) the Registrar may make, retain, renew, readmit or restore a register entry once the first instalment as so determined of that fee has been so paid; and
- (b) references in these Rules to an application being accompanied by the relevant fee, supported by payment of the appropriate fee, or payment of such a fee having been received, shall be construed as if they were references to a direct debit mandate (or such other form of written payment authorisation as the Registrar may determine), being received in respect of those fees.

(4) Where—

- (a) in accordance with this rule any prescribed fee is to be paid in instalments; and

(a) Rule 13(1) was amended by rule 3(5)(a) of the Nursing and Midwifery Council (Education, Registration and Registration Appeals)(Amendment) Rules 2005 which are set out in the Schedule to S.I. 2005/3354.
 (b) Rule 14(4) was amended by rule 3(6)(a) of the Nursing and Midwifery Council (Education, Registration and Registration Appeals)(Amendment) Rules 2005 which are set out in the Schedule to S.I. 2005/3354.

- (b) following the payment of the first instalment and the making, retention, renewal readmission or restoration of a register entry, any subsequent instalment is not paid by the date on which it is due,

the Registrar will send a notice to the registrant stating that, if payment is not received within 14 days (beginning with the day on which the Registrar sent the notice) the registrant's name may be removed from the register, and if no such payment is made, the Registrar may remove the registrant's name from the register.”.

20. In rule 16 (amendments to the Register)—

- (a) after paragraph (1) insert—

“1A. A registrant must inform the Registrar—

- (a) if there is not, or will not be in force in relation to that registrant, appropriate cover under an indemnity arrangement; and
- (b) the date on which the appropriate cover under an indemnity arrangement ceased or will cease to be in force.”;

- (b) in paragraph (2)(a) after “under paragraph (1)” insert “or paragraph (1A)”.

21. After rule 16 insert—

“Evidence in connection with indemnity arrangements

16A.—(1) The Registrar may, by notice to a registrant specifying a period within which the registrant must comply, request that the registrant provide—

- (a) evidence that there is, or will be in force in relation to the registrant, appropriate cover under an indemnity arrangement;
- (b) details of the nature and scope of the registrant’s practice; and
- (c) the name and address of—
 - (i) any person, body or organisation by whom the registrant is employed, or intends to be employed as a nurse or midwife,
 - (ii) any person, body or organisation with whom the registrant has an arrangement, or intends to have an arrangement to provide services as a nurse or midwife.

(2) The Registrar may request such other documents and information as the Registrar may reasonably require for the purposes of verifying the evidence provided in accordance with paragraph (1).”.

22. In rule 25 (consideration by the Appeal Panel)(a)—

- (a) before paragraph (3)(a) insert—

“(aa) a person who is appointed to act as a chair of a Practice Committee in accordance with rule 7 of the Nursing and Midwifery Council (Midwifery and Practice Committees) (Constitution) Rules 2008**(b)** to act as chair of the Appeal Panel;”;

- (b) omit paragraphs (3)(c) and (4).

23. In Schedule 3 (Application for admission to a part of the register)(c) after paragraph (h) add—

“(i) details of the nature and scope of the applicant’s practice;

(a) Rule 25 was amended by S.I. 2009/1182, article 4(1), Schedule 4, Part 6, paragraph 41.

(b) These Rules are set out as a Schedule to S.I. 2008/3148.

(c) Schedule 3 was amended by S.I. 2007/3101, regulation 177(1) and (14).

- (j) the name and address of—
 - (i) any person, body or organisation by whom the applicant is employed, or intends to be employed as a nurse or midwife,
 - (ii) any person, body or organisation with whom the applicant has an arrangement to provide services as a nurse or midwife.”.

24. In paragraph 1 of Schedule 4 (Notice of renewal of registration)—

- (a) at the end of sub-paragraph (e) omit “and”;
- (b) after sub-paragraph (f) add—
 - “(g) details of the nature and scope of the registrant’s practice; and
 - (h) the name and address of—
 - (i) any person, body or organisation by whom the registrant is employed, or intends to be employed as a nurse or midwife,
 - (ii) any person, body or organisation with whom the registrant has an arrangement to provide services as a nurse or midwife.”.

EXPLANATORY NOTE

(This note is not part of the Order)

This Order amends the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (S.I. 2004/1761) (“the Fitness to Practise Rules”) and the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004 (S.I. 2004/1767) (“the Registration Rules”).

Part II of the Schedule amends the Fitness to Practise Rules.

Paragraph 3 amends the interpretation provisions by inserting a definition of “Case Examiner” and, in relation to case examiners, a definition of “professional” and “lay”.

Paragraphs 4 to 8 amend the Fitness to Practise Rules to provide for the investigation of allegations of impairment of fitness to practise by the Case Examiners and the Investigating Committee or, where the allegation is of a fraudulent or incorrect entry in the register, by the Investigating Committee.

Paragraph 5 inserts rule 2A to provide that where the Registrar considers that an allegation relates to a fraudulent or incorrect entry in the register, the Registrar must refer this to the Investigating Committee for consideration under rule 5. Where the allegation is that a registrant’s fitness to practise is impaired, the Registrar must refer this to the Case Examiners for consideration in accordance with new rule 6C. It also provides that the Registrar can carry out investigations which the Registrar considers are appropriate to the consideration of an allegation.

Paragraph 6 amends rule 3 to provide that the Registrar must notify a registrant that an allegation of a fraudulently procured or incorrect entry in the register has been referred to the Investigating Committee and also specifies that the Registrar must notify certain other bodies of the referral.

Paragraph 7 removes rule 4 which set out the procedure to be followed by the Investigating Committee where an allegation related to impairment of fitness to practise. This procedure is now set out in rule 6D.

Paragraph 8 substitutes rule 5 which specifies the procedure to be followed by the Investigating Committee when it considers an allegation that an entry in the register has been fraudulently procured or incorrectly made. This substitution is necessary as a consequence of new rule 2A (inserted by paragraph 5 of the Schedule) and the amendments to rule 3. Paragraph 13 makes consequential amendments to rule 8.

Paragraph 9 omits rule 6 of the Fitness to Practise Rules. The requirement to notify the registrant and any person who made the allegation of impairment of fitness to practise, of the Case Examiners’ decision, or in a case where the Investigating Committee considered the allegation, its

decision is now set out in rules 6C and 6D respectively. Where the allegation relates to a fraudulent or incorrect entry in the register, the notice requirement is set out in rule 5(6).

Paragraph 10 amends the Fitness to Practise Rules by inserting rules 6A, 6B, 6C and 6D. Rule 6A specifies the Registrar's duty in relation to serving a registrant with notice that an allegation has been referred to the Case Examiners. Rule 6B provides that the Registrar can carry out investigations as the Registrar considers necessary for the Case Examiners' consideration of the allegation and can request that a registrant submits to an assessment or to a medical examination. Rule 6C sets out the procedure to be followed by the Case Examiners when considering an allegation that a registrant's fitness to practise is impaired. Rule 6D sets out the procedure to be followed by the Investigating Committee when considering such an allegation. The Investigating Committee will consider an allegation of impairment of fitness to practise only in cases where the Case Examiners fail to agree whether there is a case to answer and the allegation is then referred to the Committee under rule 6C(4).

Paragraph 11 amends rule 7. Where there has been a no case to answer decision in respect of an allegation of impairment of fitness to practise, rule 7 allows the allegation to be taken into account when considering a fresh allegation of impairment of fitness to practise which is received within three years from the service of the no case to answer decision. By virtue of this amendment, the rule will apply to any such decision of the Case Examiners as well as to those of the Investigating Committee.

Paragraph 12 inserts rule 7A which provides that a 'no case to answer' decision may be reviewed by the Registrar. The rule specifies the circumstances in which there can be such a review, the time limit in which this can be done and the notice requirements.

Part III of the Schedule amends the Registration Rules.

Paragraph 15 inserts rule 5A providing that the Registrar may request information from any person for the purposes of determining whether, if an applicant's application for admission to the register is accepted, the applicant will have in force appropriate cover under an indemnity arrangement. Paragraph 17 inserts rule 13A which makes similar provision in respect of an application for the renewal of a registrant's registration.

Paragraph 16 amends rule 13 of the Registration Rules to provide that, on renewal of registration, the registrant must provide the Registrar with other documents and evidence as reasonably required by the Registrar for verification purposes and for determining the application.

Paragraph 19 inserts rule 15A to the Registration Rules to provide that the Registrar may agree that payment of the prescribed fees for registration, retention, renewal, readmission or restoration may be made by instalments. Paragraph 18 makes a consequential amendment to rule 14.

Paragraph 20 amends rule 16 of the Registration Rules to provide that a registrant must inform the Registrar if that registrant does not have an indemnity arrangement providing appropriate cover or if they will not have such cover. It is a condition of registration under article 12A of the Order, that a practising registrant has in place an indemnity arrangement providing appropriate cover.

Paragraph 21 inserts rule 16A to the Registration Rules to provide that the Registrar may by notice, require a Registrant to provide evidence that the registrant has in place appropriate cover under an indemnity arrangement, details of the nature and scope of the registrant's practice as well as employer details. This will enable the Registrar to assess whether a registrant does in fact have appropriate cover.

Paragraph 22 amends rule 25 of the Registration Rules as a consequence of an amendment to Article 37 of the Order which removed the requirement for a Council member to sit as chair of a Registration Appeals Panel and also removed the requirement for a registered medical practitioner to sit on this panel where the health of a person is in issue.

Paragraph 23 amends Schedule 3 to the Registration Rules to provide that the registrant, when applying for application for admission to the register, must provide details of the nature and scope of their practice and also their employer details. This is to enable the Registrar to check whether

the person applying for registration has appropriate cover under an indemnity arrangement, or will have such cover.

Paragraph 24 makes similar amendments to Schedule 4 in relation to an application for renewal of registration.

DRAFT

NMC Council

Conclusions following consultation on proposed changes to the Fitness to Practise and Registration Rules

Action: For decision.

Issue: This paper summarises the results of a consultation on proposed changes to the Fitness to Practise and Registration Rules, and sets out a proposed way forward for decision.

Core regulatory function: Fitness to Practise / 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: The Council is recommended to:

- 1 Review and approve the conclusions reached following consultation on proposed changes to the Fitness to Practise and Registration Rules as set out in Annexe 1 (paragraph 10).
- 2 Agree to review the amendment rules at its meeting on 4th December 2014 and (subject to agreement of the rules when reviewed) then make the necessary rules by correspondence on or about 11 December 2014 (when the changes to the Nursing and Midwifery Order have taken effect, and as permitted under part 5.10 of the Council's Standing Orders) so they may be passed to the Privy Council for approval and be laid in parliament (paragraph 11).

Annexes: The following annexe is attached to this paper:

- Annexe 1: NMC conclusions on proposed changes to the Fitness to Practise and Registration Rules following consultation.

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

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- Context:**
- 1 Between 17 April and 12 June 2014, we consulted on a number of changes to our Rules aimed primarily at improving the efficiency and effectiveness of our processes. The consultation paper can be viewed on our website (<http://www.nmc-uk.org/Get-involved/Consultations/Consultation-on-changes-to-the-Fitness-to-Practise-and-Registration-Rules/>) and sets out our full proposals. We consulted in parallel with the Department of Health (DH); their consultation on proposed changes to the Order can be found on their website (<https://www.gov.uk/government/consultations/nursing-and-midwifery-council-changes-to-governing-legislation>). Changes to the Order progressed by DH would allow our changes to Rules to be progressed.
 - 2 The proposals consulted upon were:
 - 2.1 To introduce Case Examiners to the Fitness to Practise process, and change the focus of the Investigating Committee to making and reviewing interim orders;
 - 2.2 To introduce the power to review no case to answer decisions;
 - 2.3 To amend the composition of Registration Appeal Panels, so they no longer included a Council member as Chair, or a Registered Medical Practitioner where the health of the applicant was in question; and,
 - 2.4 Provisions for the collection and verification of information relating to a new legal requirement to have professional indemnity insurance.
 - 3 In addition, the DH consultation set out a proposed approach to clarifying our ability to make striking- off orders in health or lack of competence cases.
- Discussion and options appraisal:**
- 4 The proposals above received broad support as set out in Annexe 1. There were a number of positive themes of support identified in the respondents' answers. A number of unsupportive or other comments were also identified, but were not evidenced. A full assessment of each proposal following consultation responses received can be found in Annexe 1.
 - 5 Overall, DH and the NMC believe that the proposals as consulted upon should be implemented. The Executive Board agreed with the recommendations in this paper and conclusion in Annexe 1 in their meeting of 2 September 2014. DH is intending to publish its conclusions shortly. DH then intend to lay amendments to the Order in parliament on 13 October 2014; once the Order amendments take effect in December 2014, the Council would be able to make the amendment Rules.

- 6 The Rules will be finalised in conjunction with the DH legal team and the Council (subject to approval of the conclusions in Annexe 1) will be asked to publicly review them at its meeting on 3 December 2014, and then to formally make them by correspondence once the Order has come into force on or about 11 December 2014. The amendment Rules, once made by the Council, would be sent for Privy Council approval and laid in parliament for 28 days. Subject to the appropriate approvals being obtained and the parliamentary process, we anticipate the amended Rules coming into force in early March 2015.
- 7 **Recommendation 1: The Council is recommended to review and approve the conclusions reached following consultation on proposed changes to the Fitness to Practise and Registration Rules as set out in Annexe 1.**
- 8 **Recommendation 2: The Council is recommended to agree to review the amendment Rules at its meeting on 3 December 2014 and (subject to agreement of the rules when reviewed) then make the necessary Rules by correspondence on or about 11 December 2014 (when the changes to the Nursing and Midwifery Order have taken effect, and as permitted under part 5.10 of the Council's Standing Orders) so they may be passed to Privy Council for approval and be laid in parliament.**
- Public protection implications:** 9 The proposed amendments will have a positive impact on our ability to protect the public. Please see Annexe 1 for full details.
- Resource implications:** 10 Resources for development and implementation of the proposals are covered within existing budgets.
- Equality and diversity implications:** 11 An Equality Impact Assessment has been completed for these proposals and shows no evidence of adverse equality impacts.
- Stakeholder engagement:** 12 In developing the policy proposals, a communication plan was developed and we have engaged with stakeholders to gather feedback. Key elements of this have been:
- 12.1 NMC news release;
 - 12.2 An NMC listening event; and,
 - 12.3 A public consultation.
- Risk implications:** 13 The key risks are associated with any delay in the parliamentary process relating to the s.60 Order which will inevitably result in a consequential delay of the implementation of these Rule changes.

**Legal
implications:**

- 14 Please refer to Annexe 1. The original consultation contained legal drafting; the proposals would amend current NMC legislation and will ensure our legislation is consistent with recent judicial decisions from the higher courts.

DRAFT - NMC conclusions on proposed changes to the Fitness to Practise and Registration Rules following consultation

October 2014

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Introduction and background

- 1 The Nursing and Midwifery Council (NMC) is the healthcare regulator for nursing and midwifery in the UK. We exist to safeguard the health and wellbeing of the public. We do this by setting standards of education, training, conduct and performance for nurses and midwives. We also hold the register of those who have qualified and meet those standards. If an allegation is made that a registered nurse or midwife is not fit to practise, we have a duty to investigate that allegation and, where necessary, take action to safeguard the health and wellbeing of the public.
- 2 Our roles, functions and many of our processes are set out in secondary legislation: the Nursing and Midwifery Order 2001 ('the Order'), and a series of Rules which sit underneath the Order. Between 17 April and 12 June 2014, we consulted on a number of changes to our Rules¹ aimed primarily at improving the efficiency and effectiveness of our processes. That consultation can be found [here](#) and sets out our full proposals. We consulted in parallel with the Department of Health; its consultation on proposed changes to the Order can be found [here](#).
- 3 We asked for views from stakeholders on our proposed changes in order to help finalise our approach. We received 183 responses to our consultation, 17 of these

¹ The Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004 (as amended), and The Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (as amended).

were from organisations and 166 were from individuals. 139 of the individual responses were declared as being from registered nurses and midwives. It should be noted that not all of the respondents answered all the questions.

- 4 We would like to thank all of those who responded to our consultation.
- 5 This document sets out the responses we have received to our proposals. It also sets out our assessment of those responses, and our conclusions having taken account of those responses. Finally, it sets out the next steps that we intend to take. The Department of Health will publish its the conclusions to its consultation separately.

Stakeholder responses and our conclusions

Responses about registration fees

- 6 Concerns were raised within some of the consultation responses that the proposed changes would result in greater expense for the NMC, and that this was a contributory factor to the NMC separately consulting on a proposal to raise the registration fee. As part of our policy development, in conjunction with the Department of Health, we undertook a financial impact assessment on the proposals. This estimated that the collective financial impact of the proposed changes to the Order and the Rules would be annual efficiency savings of between £340,000 and £650,000 for the NMC.
- 7 The proposed changes represent part of our drive to improve efficiency and keep our costs under control as set out in our fee rise consultation². We would like to take this opportunity to reassure nurses and midwives that the proposed changes to the Fitness to Practise and Registration Rules are designed to produce financial savings and not contribute towards the proposal for an increase in registration fees. We therefore consider this concern does not impact on the proposals upon which we have consulted.

Case examiners / changes to the role of the Investigating Committee

- 8 We proposed that we should introduce case examiners into our fitness to practise process. A pair of case examiners (one lay and one registrant) would fulfil many of the functions currently carried out by the Investigating Committee (IC) in deciding whether a registrant had a case to answer against an allegation that their fitness to practise was impaired. The IC would reach a decision where case examiners failed to agree on a decision, and the IC would extend their role regarding interim orders (IOs)³. IOs could be made by the IC throughout the fitness to practise process until the commencement of a substantive hearing, and could be reviewed by the IC up until the final decision at the substantive hearing.

² Pages 8 & 12 –

<http://www.nmc-uk.org/Documents/Consultations/2014/Fee%20Rise%20Consultation.pdf>

³ A temporary measure (suspension from practice or conditions of practice) that the NMC is able to place on a nurse or midwife whilst considering a fitness to practise allegation against them. The measures available are set out in Article 31 of the Nursing and Midwifery Order 2001 (as amended) and Rules 2 & 8 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (as amended).

- 9 65% of all respondents agreed with the introduction of case examiners, 21% did not agree and the remainder were unsure or had no view. 60% of all respondents agreed with a pair of case examiners (one lay and one registrant) making a decision on whether there was a case to answer, 23% disagreed and the remainder were unsure or had no opinion. 78% of all respondents agreed a case should be referred to the IC if a pair of case examiners could not agree, 14% disagreed and the remainder were unsure or had no opinion. 65% of all respondents agreed with proposals around the IC making IO's, 21% did not agree and the remainder were unsure or had no opinion. 70% of all respondents agreed with proposals around the IC reviewing IOs, 20% did not agree and the remainder were unsure or had no opinion.

Supportive responses

- 10 We received a number of supportive responses for our proposals to introduce case examiners and the expanded ability of the IC to make and review IOs. The supportive themes, with which we agree, are set out below:
- 11 Respondents generally believed the changes proposed would be a means of improving efficiency, swiftness and consistency in decision making and would result in a welcome streamlining of processes. They considered that it would also be simpler to understand, more proportionate, improve robustness and produce cost savings, boosting public protection and public confidence as a result.
- 12 Respondents observed that the proposals broadly mirror changes made by the General Medical Council (GMC) and General Optical Council (GOC) so would bring consistency in regulation. The introduction of case examiners at the GMC and GOC is reported to have made a positive impact on the swiftness, robustness and consistency of decision making.
- 13 There was strong support for the IC retaining its case to answer decision-making function in situations where case examiners could not agree, as a safeguarding mechanism.
- 14 Respondents stated that the expansion of the existing ability of the IC to make and review IOs would improve public protection and free up the time of the Health Committee (HC) and Conduct and Competence Committee (CCC) to focus on substantive hearings. The IC would also develop greater specialism in IOs which would potentially be beneficial for all involved. Respondents believed there would be an increase in the swiftness of decision making to the point of referral which was not always the case with the current approach.

Unsupportive or other responses

- 15 There were a number of responses regarding our proposals to introduce case examiners and the expanded ability of the IC to make and review IOs which were unsupportive or suggestive that further clarity was required. These are set out below.
- 16 The two main questions asked about case examiners related to their independence (given that they would be employees of the NMC) and the ability of

lay persons to make sound decisions in areas where they had no professional experience.

- 17 The NMC is the independent regulator of nurses and midwives in the UK, therefore decisions by case examiners employed directly by us or making a decision on our behalf will be independent of the profession. We do not exist as a representation body. This model is widely used to good effect throughout regulatory approaches in the UK. Furthermore, within the NMC itself the role of case examiners is a distinct one and they will make their decisions impartially and independently. They will not be involved in undertaking the investigation itself nor in presenting cases at any final hearing.
- 18 Furthermore, the role of lay people in professional regulation and in the governance of health and care institutions is well established. For the case examiner role, the NMC is seeking to appoint people with sufficient skills and experience to make robust decisions.
- 19 One respondent questioned why a case could not be reviewed by another pair of case examiners in the event that the first pair could not agree, instead of referring it to the IC. We do not believe that this would be a fair or proportionate way to resolve a case. We think that the IC is the best place for resolving such a case as it (the IC) has the required expertise and experience to perform such a function. A case should also be escalated to be resolved if one level of decision maker cannot decide on the case in the first instance. This approach is also consistent with the model used by other regulators.
- 20 Finally, it appears that there was some confusion amongst respondents over our proposal to extend the IC's ability to make and review IOs and whether this was an existing power, or whether it was a new power to be introduced. For clarity, the use of IOs is a key element of our existing fitness to practise process. They enable us to suspend a registrant's practice, or put conditions on their practice, during the period of time between allegations, investigations and final substantive hearing. The consultation proposal only related to which committee could make such orders at which stage of the process. It was proposed that IOs could be made by the IC at any point prior to a final hearing commencing rather than its power to make an IO ending where a referral to the HC or CCC had been made by the case examiners or IC. At present the power to make an IO rests with the CCC or HC after the referral to them, but under our proposal the IC would also be able to make or review an order after referral to the CCC or HC.

Conclusion

- 21 We have decided to implement our case examiner and IC proposals as set out in our consultation. These proposals have been well supported through the consultation process, with no material objections being raised. No evidence has been submitted to us that would suggest another course of action is required. The expected outcome is swifter and more efficient and consistent decision making.

Reviewing no case to answer decisions

- 22 We proposed that where case examiners or a panel of the IC decides there is no case to answer, the Registrar would be able to carry out a review of that decision if the Registrar:
- a. had reason to believe the decision was materially flawed in whole or in part, and it would be in the public interest to review the decision; or
 - b. had reason to believe that new information may have led to a different decision in whole or in part, and it would be in the public interest to review the decision.
- 23 We proposed the inclusion of an additional safeguard so that any such review must start within one year of the original decision, save in exceptional circumstances.
- 24 The Registrar would have the ability to carry out appropriate investigations and could decide to uphold the original decision, may substitute all or part of the decision or refer the case to the case examiners for reconsideration.
- 25 55% of all respondents agreed with our proposals to introduce a power to review no case to answer decisions, 31% disagreed and the remainder were unsure or had no opinion. 48% of all respondents agreed that a 1 year time limit for review (except in exceptional circumstances) was appropriate, 34% disagreed and the remainder were unsure or had no opinion. 51% of all respondents agreed that the grounds for review were appropriate, 17% disagreed and the remainder were unsure or had no opinion.

Supportive responses

- 26 We received a number of supportive responses for our proposals to review no case to answer decisions. The supportive themes, with which we agree, are set out below.
- 27 Respondents agreed that reviewing materially flawed decisions or decisions where new information has come to light is an important safeguard for public protection. Respondents commented that this power would assist accountability and agreed that the trigger points for a review were appropriate.

Unsupportive or other responses

- 28 A number of responses received about our proposals for reviewing no case to answer decisions were unsupportive or sought clarity on our proposals. These are set out below.
- 29 We received numerous differing views on the one year time limit for review. Views we received ranged from having no time limit for review, to a 28 day, six month, 12 month, 18 month, two year, three year or five year time limit for review. Other respondents believed that no review should be allowed as a no case to answer decision should be final to provide certainty for the registrant. Overall, the public and some registrants favoured 12 months or a longer time limit, with other

registrants and professional bodies favouring no review power at all or a much shorter time limit.

- 30 It is plainly not possible to arrive at a time limit that will be welcomed by all parties. The main objective in arriving at an appropriate time limit must be to afford the regulator an ability to review a decision in the public interest whilst giving the registrant certainty by not allowing a review to be brought a long period of time after the event. We therefore feel on balance that a one year time limit, to be applied unless there are exceptional circumstances, is reasonable. The power to undertake a review outside this normal time limit in exceptional circumstances addresses the concerns of those seeking a longer time limit for reasons of public protection. For the reasons set out in our consultation, we believe that having no option to review a no case to answer decision represents a fundamental flaw in regulatory arrangements and is not conducive to public protection.
- 31 Other significant comments were that a review power could be detrimental to the health of those involved and that any power of review could also undermine the credibility of the NMC's decision making.
- 32 We disagree with these points, and note that no supporting evidence has been provided to substantiate either comment. The key reason for a power to review a no case to answer decision is to ensure that those who may represent a danger to the public and patients can be held to account.

Conclusion

- 33 We have decided to implement our reviewing no case to answer decisions proposals as set out in our consultation. There have been no material objections to them, nor has any evidence been submitted to us that would suggest another course of action is required. The expected outcome is a more robust regulatory regime that will be better able to hold nurses or midwives to account.

Changes to the composition of a registration appeal panel

- 34 We proposed that Council members should no longer chair registration appeal panels and that this function would instead be performed by existing practice committee⁴ Chairs. We also proposed that where the health of a registrant is in issue, there would no longer be a requirement for the registration appeal panel to have a registered medical professional (RMP) on the panel. Instead, medical opinion would only be provided by expert witnesses called by either party (which may also be done at present) ensuring it is provided to all parties involved and was open to cross examination. This would make the Registration Rules consistent with the Fitness to Practise Rules, and bring the NMC in line with general legal principles.
- 35 57% of all respondents agreed with removing Council members from the panel, 18% disagreed and the remainder were unsure or had no opinion. 49% of all respondents agreed with the removal of RMPs from the registration appeals panel, 39% disagreed and the remainder were unsure or had no opinion.

⁴ i.e. an existing Chair of the Investigating Committee, Health Committee or Conduct and Competence Committee.

Supportive responses

- 36 We received a number of supportive responses for our proposals to change the composition of a registration appeal panel. The supportive themes, with which we agree, are set out below.
- 37 There was strong support for the removal of Council members from the Panel, with respondents commenting that it would improve public confidence by removing any suggestion that the panel was not impartial. This would bring clear lines of demarcation between the operational and governance function of the NMC and remove any perceived or potential conflicts of interest.
- 38 Many respondents also commented that it is preferable that medical opinion is provided from an expert witness rather than a RMP panel member. This will improve public confidence in the transparency of the panel's decision-making.

Unsupportive or other responses

- 39 Almost all unsupportive or other comments received were around concerns that removing an RMP would result in no medical opinion being able to be offered at a registration appeal panel hearing where health is in question. This was considered to be unacceptable.
- 40 We believe this objection is a misunderstanding. For clarity, we would like to confirm that expert medical opinions would still be available in cases where the nurse or midwife's health is in issue. However, this would come from an expert witness instead of a panel member. Panel members would be making their decisions on registration based on expert medical opinion which can be considered and challenged in the correct forum.

Conclusion

- 41 We have decided to implement our proposals to change the composition of registration appeals panels as set out in our consultation. The removal of Council members has been widely supported, and objections on proposals to remove RMP's were, we believe, based on a misunderstanding. There have been no material objections to our proposals, nor has any evidence been submitted to us that would suggest another course of action is required. The expected outcome is more open and independent panels.

Requesting and verifying information

- 42 We proposed that in order to meaningfully comply with EU legislation requiring nurses and midwives to have a professional indemnity arrangement appropriate to their role, the NMC should be able to request and verify the following in registration applications⁵:
- a. evidence that they have, or will have when they are practising, appropriate cover in place under an indemnity arrangement;

⁵ Meaning during an initial registration application, an application for re-admission, or an application for renewal of registration.

- b. details of the nature and scope of the nurse or midwife's practice;
 - c. the name and address of any person or organisation by whom the nurse or midwife is employed or intends to be employed, or for whom the nurse or midwife provides services, or intends to provide services; and,
 - d. other documents and information that the Registrar may reasonably require for the purpose of verifying the information in and determining renewal applications, including whether the nurse or midwife has, or will have when they are practising, appropriate cover in place under an indemnity arrangement.
- 43 There was broad support for the proposal that the NMC should be able to request certain indemnity information. The proposed power to disclose that information to a third party was supported by the majority of respondents, but support was not as clear cut as for the power to request information. There was also a difference in support of disclosure between organisations and individuals.
- 44 64% of all respondents agreed with our proposals to be able to request certain information in relation to indemnity arrangements, 17% disagreed and the remainder were unsure or had no opinion. 49% of all respondents agreed with our proposals to have the ability to disclose indemnity information to a third party in order to verify it, 31% disagreed and the remainder were unsure or had no opinion.

Supportive responses

- 45 We received a number of supportive responses for our proposals around requesting and verifying information. The supportive themes, with which we agree, are set out below.
- 46 The majority of respondents agreed that the ability to request and then verify certain information was required to be able to meaningfully comply with EU legislation. Most agreed it would bring a robust approach to compliance and therefore help to protect the public and patients in the event of a failure in care. Without the ability to disclose in order to verify information, respondents agreed the powers would be an administrative and toothless exercise. Organisations in particular were strong in their support of this.

Unsupportive or other responses

- 47 A number of responses received about our proposals around requesting and verifying information were unsupportive or sought clarity on our proposals. These are set out below.
- 48 Some respondents objected to the principle of professional indemnity arrangements, stating it would reduce the choice for women by ending the ability for midwives to practise independently. This issue is out of scope for this consultation and has previously been addressed and concluded on by the Department of Health⁶. Furthermore, the requirement is now in both EU and UK law. Please see the [guidance on our website](https://www.gov.uk/government/consultations/protecting-patients-from-negligence) for further information.

⁶ Indemnity or Insurance for Regulated Healthcare Professionals – Department of Health - <https://www.gov.uk/government/consultations/protecting-patients-from-negligence>

- 49 Some respondents asked for clarity on exactly what information would be requested and who it would be disclosed to. The information proposed to be requested is set out in paragraph 42 above. In order to verify such information, we may disclose it to any third party in a position to verify it which may include employers, agencies or insurance providers.

Conclusion

- 50 We have decided to implement our proposals to request and verify information as set out in our consultation. The proposals have received a good level of support. There has not been any evidence submitted to us that would suggest another course of action is required. The expected outcome is to ensure we can meaningfully comply with EU and UK law in order to protect the public in the event of a failure in care.

Our proposed legal drafting

- 51 We proposed that we would give effect to our proposals by the legal drafting that was contained within Annex A of our consultation. This is available [here](#).
- 52 The majority of respondents had no comments on our legal drafting. Some respondents who supported the consultation proposals stated the legal drafting would give effect to the proposals. Some respondents who did not support proposals opposed the legal drafting on the basis that it would give effect to the proposals they did not support.
- 53 We therefore do not consider that any of the responses raise matters which would cause us to change the amendments we seek to the Registration or Fitness to Practise Rules. Subject to any minor drafting amendments after further review by the Department of Health's legal team, we propose to implement the legal drafting as consulted upon to give effect to the approaches set out in our consultation.

Impacts of the proposed changes

- 54 In our consultation, we asked a further question on what impacts, financial or otherwise, the introduction of the proposed changes would have. The majority of respondents indicated there would be no direct impact. Others believed the impact would be positive by increasing speed and efficiency whilst maintaining robustness.
- 55 One trade union body noted that there could be financial impacts on them due to retaining case information for longer (in relation to the one year review period) and a possible increased demand for union representation of registrants.
- 56 In terms of the administrative impact on a trade union body, like us they are bound by the requirements of the Data Protection Act as a public body holding personal data. They are required to have a data retention schedule which sets out retention for a period appropriate to the information. Whilst it is up to any public body to define their data retention periods, we consider it would be unlikely that a significant change to any document storage policy would be required as a result of this proposal.

- 57 In terms of any impact on demand for trade union representation, this will depend on the individual being a member of that trade union and the frequency of such reviews being undertaken, which we are not in a position to accurately estimate at present. The proposed approach is, however, significantly cheaper and more aligned with the principles of better regulation than a Judicial Review. Furthermore, as the review power is being sought to improve our ability to protect the public, we do not consider that a potential and unquantified impact on a representative body would be sufficient evidence of a negative impact to change our proposals.

Next steps

- 58 We have concluded that we will proceed with the implementation of our proposals as presented in our consultation document.
- 59 We will lay the legal drafting amending our Registration Rules and Fitness to Practise Rules before parliament for approval. We will be able to do this once the amendments to the Nursing and Midwifery Order 2001 being progressed by the Department of Health have successfully completed their parliamentary process and taken effect. We anticipate that we will be able to lay the legal drafting in parliament in early 2015. Subject to this and a successful parliamentary process we anticipate that these amendments to our Rules will take effect in March 2015.

Council

Revision of the Code

Action: For decision.

Issue: The paper invites the Council to consider and approve the contents of the revised version of the Code; and to agree a publication date and an 'effective from' date for the revised Code.

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 contents of the **draft** revised version of the Code.
- note plans for next steps, the publication date and an 'effective from' date for the revised Code.

Annexes: The following annexes are attached to this paper:

- Annex 1: The text of the revised Code (**draft**).

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

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Context:

- 1 The core function of the NMC is to protect patients and the public across the UK through effective and proportionate regulation of nurses and midwives. The publication that currently underpins this work is *The Code: Standards of conduct, performance and ethics for nurses and midwives* – usually referred to simply as ‘the Code’.
- 2 The current version of the Code was drafted and approved in 2007 and was implemented on 1 May 2008. It is therefore due for review as part of the NMC’s ongoing cycle of review of all the standards and guidance that it publishes.
- 3 In addition, organisations across the UK will pilot the NMC’s new revalidation scheme from January until June 2015. In order to support this, a revised Code needs to be published by the end of December 2014.
- 4 The Council has previously agreed that the revised Code should:
 - 4.1 Be fit for purpose for our core regulatory functions including revalidation (once introduced), fitness to practise and registration.
 - 4.2 Be fit for purpose as the overarching professional standard(s) for nurses and midwives on the NMC register; and understood and used by service users as well as nurses and midwives.
 - 4.3 Be evidence based, outcome focused, measurable and relevant to nurses and midwives appraisal processes.
 - 4.4 Reflect the accepted recommendations from key recent reports and current best practice from other regulators.
 - 4.5 Reflect feedback from internal and external stakeholders across the four countries and both professions.
 - 4.6 Be produced in a range of formats that meet the needs of all users.
- 5 A two-part consultation exercise has been carried out in order to inform the drafting of the revised Code. Part one took place in January – March 2014 and focused on people’s views of the current Code. Part two took place in May – August 2014 and was formed of a public consultation exercise seeking feedback on a draft revised version of the Code (the content of which was based upon the outcomes of part one and feedback on early drafts from key stakeholders) and a series of targeted events aimed at obtaining feedback from a range of dedicated stakeholder groups.
- 6 A full review of the evidence - collated from all sources during both parts of the consultation exercise and how this fed into the revision

of the Code - has been put together by our research and evidence team. This was published in November 2014 and is available on the NMC website (www.nmc-uk.org).

- 7 The proposed final version of the revised Code is now before the Council for approval. A copy of the revised Code is attached at **Annexe 1**.

**Discussion
and options
appraisal:**

- 8 The revised Code that the Council is being asked to approve is different in a number of respects from both the current Code and the draft revised Code that was put out for public consultation in May 2014. This is largely as a result of taking on board the feedback from the consultation exercise and further subsequent comments from key stakeholder groups.

Purpose of the Code

- 9 During and since the public consultation period, there has been considerable debate about the core purpose of the Code – both in terms of whom it is for and what it is for. As a result of those discussions, the following has been agreed in terms of the purpose and audience of the Code.
- 10 The Code contains the professional standards that registered nurses and midwives must uphold, and all nurses and midwives must not only meet these standards to gain entry to the register but must abide by them to remain on the register. The Code should not be merely a fitness to practise tool but should set out the professional values and principles that all registrants across all settings and scopes of practice should uphold as central to their practice and should exhibit on a daily basis. A commitment to upholding the standards outlined in the Code is a fundamental part of being a professional. In that respect, the Code is not an ‘aspirational’ document but a clear statement of the professional standards everyone should be able to expect from a nurse or midwife.
- 11 The Code is not, however, aimed just at nurses and midwives. It is aimed at everyone who cares about high standards in nursing and midwifery. Whilst nurses and midwives can use the Code to promote safe and effective practice, it can also be used by patients and service users to provide feedback on the care they receive; by employers to help support their staff; by educators to help students understand what it means to be a registered professional; and policy makers can use it to help give shape and structure to the landscape for which they are developing new policies.
- 12 The revised version of the Code achieves this through a new introduction that sets out clearly what the Code is, what purposes it serves and who it is aimed at. The document as a whole is

structured and phrased in a way that is applicable to all nurses and midwives in whatever role or setting they operate. It enables them to uphold the Code in their daily practice and to promote professionalism.

Structure, tone and language

- 13 The structure of the Code has also changed from the version published for consultation in May 2014. Although feedback on the version that went out for consultation was largely positive (over 80% of respondents were positive about the language and tone of the consultation version), many respondents found the consultation version to be too long, too repetitive and difficult to follow, with some respondents claiming they had found the document to be poorly structured. We have listened to those concerns and have redrafted and restructured the Code accordingly.
- 14 Rather than being based around a series of five aspirational statements, the Code is now based around four distinct themes. Those four themes are 'Prioritise people'; 'Practise effectively'; 'Preserve Safety'; and 'Promote professionalism and trust'.
- 15 In addition, rather than being based around 114 separate stand-alone statements, it is now based around 25 statements, which are underpinned by a number of further sub-statements that add clarity to the requirements of the overarching statement. Not only has this reduced the length of the Code considerably, but it has given the Code a better structure and flow, as statements on similar subjects have been more successfully grouped together.
- 16 The requirements of the Code, although now presented in a different structure, all remain prefaced by the phrase 'you must'. There had been concerns voiced during the consultation exercise that the constant use of the phrase 'you must' made the Code sound dictatorial and draconian rather than promoting a sense of ownership. However, it is felt that retaining the phrase 'you must' makes it clear that these are not optional requirements and are expected standards for all nurses and midwives. It was also noted that other leading healthcare regulators (e.g. GMC, GDC) continue to structure the requirements of their codes of practice around the use of the phrase 'you must'.
- 17 Finally, the wording of many of the requirements in the Code has been changed to make them more widely applicable to registrants in all settings. There were reflections from a number of respondents working in non-front line clinical care roles that the Code did not speak to those who work in, for example, policy, education or community based care roles. This was in many cases largely down to the use of the phrase 'people in your care'. Therefore, in a number of instances, we have changed this wording and replaced it with

phrases such as ‘people receiving care’, with the aim of making it clearer that responsibility for those receiving care rests not just with those who are providing hands-on care but also rests with those registrants responsible for developing healthcare related policies, for educating those who will deliver healthcare in the future, for managing those who deliver healthcare or those who work to protect the wider public in community-based public healthcare roles and settings.

Patient and public expectations

- 18 The ‘patient and public expectations’ section contained near the front of the consultation version of the Code has been removed. This information is now contained in introductory statements to each section of the Code and a separate, stand-alone public facing document on the Code and what patients and the public can expect from nurses and midwives.
- 19 Whilst there was overwhelming support for the concept of a ‘patient and public expectations’ element to the new Code from the public and the professions alike (84% of respondents to the consultation were positive about including this in the new Code and 85% of registrant respondents felt they would be able to incorporate it into their daily practice), there was concern that including it in the Code led to unnecessary repetition and possible confusion whilst also adding unnecessary additional length to the Code.
- 20 Having this section in a separate document should address these concerns whilst the introductory passages to each section set the scene and ensure that the patient and public facing element is embedded within the Code.

Title of the Code

- 21 The title of the document has changed. The title of the new document is: ‘The Code: Professional standards of practice and behaviour for nurses and midwives’. We anticipate that it will still be referred to as ‘the Code’ in everyday usage.
- 22 Despite the change of title, the new Code still constitutes the NMC’s standards of conduct, performance and ethics as laid down in Article 21(1) of the Nursing and Midwifery Order 2001 and these standards are being made by the Council under that power.

Content of the Code

- 23 The wording of the section on ‘emergency action’ has been amended to include clarification on the professional duty to intervene in an emergency encountered when the registrant is off duty. This is an area where the NMC currently has no publicly stated policy – in

comparison to, for example, the GMC, which clearly states in its code of practice that such a duty does exist – and this has come to light as an issue that needs clarifying, most recently in response to the newly implemented laws on professional indemnity arrangements for healthcare professionals. We have therefore decided to expand upon the section previously contained within the Code (which was supported by 83% of respondents) and include reference to a professional duty to offer assistance in an emergency.

- 24 The wording of the sections on 'delegation' has been amended. This is because a number of respondents felt the original wording did not correctly reflect the position on who has personal responsibility for delegated tasks. The reworded version makes clearer that although the individual to whom the task was delegated has personal responsibility for carrying out the task delegated to them, the person who delegated the task remains accountable for the decisions to delegate the task, who it was delegated to and ensuring that the delegated task was carried out to the required standard.
- 25 The wording of the section on 'social networking' has been amended. Whilst there was overwhelming support for the inclusion of a section on social networking within the Code (83% of respondents welcomed the inclusion of something on social networking in the Code), it was generally felt that the wording provided in the draft revised Code that went out for consultation was not fit for purpose. We have responded to those concerns with revised wording which focuses more widely on communications in general with a specific mention of social networking. The use of social media and social networking sites is an area on which we will be issuing specific guidance in the near future.
- 26 A number of sections have been merged where it was felt that this would provide brevity, eliminate repetition and consolidate items on similar subject areas. For example, previously separate items on sharing skills, knowledge and experience; providing feedback; addressing differences of opinion through informed discussion and debate; and facilitating learning have now been merged into one section.
- 27 Furthermore, certain sections contained within the consultation version of the Code have now been omitted where responses indicated that they were felt to be unnecessary or added little if anything to what was already available elsewhere. For example, paragraph 43 of the consultation version on ending the professional relationship with a patient gained little support, with a number of respondents saying they found it confusing and could not see why it should be contained within the Code. As a result this has been removed from the current version.

28 Finally, the glossary has also now been removed, as a glossary of terms will be developed as additional material to be made available online.

29 **Recommendation: The Council is invited to approve the contents of the revised version of the Code.**

Next steps, publication date and 'effective from' date

30 Provided the Council approves the draft content of the revised Code, it will go forward for 'Plain English' editing. It is our intention that the final published version of the revised Code will be awarded a 'Crystal Mark', which is an exemplar standard in respect of 'plain English' communications, in the same way that our revised 'Raising Concerns' guidance was in September 2013. The agreed content will then be laid out for publication by our in-house communications team.

31 It is our intention that the revised version of the Code be published before the end of January 2015.

32 After publication, it is regarded as good practice for there to be a short transitional period before a new Code comes into effect. This gives registrants and other interested parties time to become accustomed to any new requirements contained within the Code. That being the case, it is our intention that the new Code will become effective in March 2015, subject to discussion with stakeholders.

33 **Recommendation: The Council is invited to note plans for next steps, the publication date and an 'effective from' date for the revised Code.**

Guidance

34 The Code will continue to be underpinned by the NMC's other standards and guidance. All of our standards are currently subject to an ongoing cycle of review as agreed by the Council in March 2014, when Council agreed the cycle of reviews for the period 2014-17.

35 In line with existing governance arrangements and the agreed timetable, new or revised guidance will be brought before the Council for consideration and approval.

36 Any new or revised guidance will need to meet the following criteria:

36.1 Guidance is necessary to meet public protection needs.

36.2 Guidance must relate directly to the Code and/or our standards.

36.3 Guidance must be proportionate and in line with PSA principles on 'right touch' regulation.

36.4 Where relevant and appropriate we will seek to develop guidance in conjunction with other regulators or professional bodies.

37 The Council will receive, in January 2015, a further paper outlining what current guidance underpinning the Code will remain in place, what new guidance we are developing and what existing guidance is to be repealed, based on the above criteria.

Public protection implications:

38 The Code is the key document that underpins all our public protections activities – it is therefore imperative that the revised Code remains relevant, fit for purpose and capable of supporting our fitness to practise procedures and revalidation.

Resource implications:

39 All work associated with the recommendations contained within this paper would come under the category of 'business as usual' and would therefore not incur additional costs as it is already catered for under our existing budget.

Equality and diversity implications:

40 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. The revised Code has been reviewed by our equality and human rights experts and their comments have been taken on board.

Stakeholder engagement:

41 The revised Code is the result of considerable stakeholder engagement, including two public consultation exercises. Earlier versions of the draft Code were shared with NMC directors, colleagues in Fitness to Practise and Registrations, RSAG, Task and Finish Group, Midwifery Committee and the Education Advisory Group for their comments. In addition, certain elements of the draft revised Code were shared with members of our patient and public engagement forum.

42 There has also been further engagement subsequent to the closing of part two of the consultation exercise with stakeholders such as the Revalidation Strategic Advisory Group, PSAG, the Revalidation Task and Finish Group, the Midwifery Committee and Chief Nursing Officers.

Risk implications:

43 Failure to review and revise the Code prior to the introduction of revalidation in December 2015 will lead to a situation where nurses

and midwives are revalidating against a Code that is out of date and not fit for purpose. This would clearly undermine the credibility of the revalidation process and the NMC in general.

- 44 In addition, we have committed to publishing a revised Code by December 2014. This forms part of our commitments in response to the Francis Inquiry report, and to the PSA.

**Legal
implications:**

- 45 The Nursing and Midwifery Order 2001 states that the NMC's principle function shall be to establish the standards for education, training, conduct and performance for nurses and midwives – this is in order to ensure the maintenance of standards within the nursing and midwifery professions and to maintain public confidence and safety. The Code is the overarching standard against which all nurses and midwives are measured.
- 46 The revised Code is put to the Council for approval under powers contained in Article 21(1) of the Nursing and Midwifery Order 2001.

(The Code – Front cover)

**The Code: Professional standards of practice and behaviour
for nurses and midwives**

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About us

The Nursing and Midwifery Council exists to protect the public. We do this by ensuring that only those who meet our requirements are allowed to practise as a nurse or midwife in the UK. We take action if concerns are raised about whether a nurse or midwife is fit to practise.

It is illegal to practise as a nurse or midwife in the UK if you are not on our register

For more information about the Code, please visit our website at [insert weblink]

Publication date:

Review date:

Introduction

The Code: Professional standards of practice and behaviour for nurses and midwives (known as ‘the Code’) contains the professional standards that registered nurses and midwives must uphold. UK nurses and midwives must act in accordance with the Code, whether they are providing direct care to individuals, groups or communities or bringing their professional knowledge to bear on nursing and midwifery practice in other roles, such as leadership, education, or research. While the values and principles set out in the Code need to be interpreted in a range of different practice settings, they are not negotiable or discretionary in any given circumstance.

Our role is to set the standards in the Code, but these are not just the NMC’s standards. They are the standards that patients and members of the public tell us they expect from health professionals. They are the standards exhibited every day by good nurses and midwives across the UK.

When joining our register, and subsequently renewing their registration, nurses and midwives commit to upholding these standards. This commitment to professional standards is fundamental to being part of a profession. The NMC can take action if registered nurses or midwives fail to uphold the Code, including, in serious cases, removing them from the register.

The Code should be useful for everyone who cares about good nursing and midwifery.

- Patients and service users, and those who care for them, can use it to provide feedback to nurses and midwives about the care they receive.
- Nurses and midwives can use it to promote safe and effective practice in their place of work.
- Employer organisations that support their staff in upholding the standards in their Code and provide better care as a result will be judged positively by service users and regulators.
- Educators can use the Code to help students understand what it means to be a registered professional and how abiding by the Code helps to achieve that.

This Code should resonate with the many committed and expert practitioners on our register, as a means of reinforcing their professionalism. Through revalidation, registrants will provide fuller, richer evidence of their continued ability to practise safely and effectively when they renew their registration. The Code will play a key part in the revalidation process as a focus for professional reflection. This will give the Code significance in the professional lives of all nurses and midwives, and raise its status and importance for employers.

The Code contains a series of statements that taken together signify what good nursing and midwifery practice looks like. It is safe and effective; puts the interests of patients and service users first; and promotes trust through professionalism.

Prioritise people

You put the interests of people using or needing nursing or midwifery services first, making their care and safety your primary concern and ensuring that their dignity is preserved and their needs are recognised, assessed and responded to. You ensure that those receiving care are treated with respect, that their rights are upheld and that discriminatory attitudes and behaviours towards those receiving care are challenged.

1. Treat people as individuals and uphold their dignity.

To achieve this, you must:

- 1.1 treat people with kindness, respect and compassion.
- 1.2 ensure that the fundamentals of care are delivered effectively.
- 1.3 avoid making assumptions and recognise diversity and individual choice.
- 1.4 ensure that any treatment, assistance or care for which you are responsible is delivered without undue delay.
- 1.5 respect and uphold people's human rights.

(Footnote to 1.2: Fundamentals of care – the fundamentals of care include, but are not limited to, nutrition, hydration, bladder and bowel care, physical handling and ensuring that those receiving care are kept in clean and hygienic conditions. It includes ensuring that those receiving care have adequate access to nutrition and hydration, and ensuring that assistance is provided to those who are unable to feed themselves or drink fluid unaided.)

2 Listen to people and respond to their preferences and concerns.

To achieve this, you must:

- 2.1 work in partnership with people to ensure effective delivery of care.
- 2.2 recognise and respect the contribution that people can make to their own health and wellbeing.
- 2.3 encourage and empower people to share in decisions about their treatment and care.
- 2.4 respect the level to which people receiving care wish to be involved in decision making about their own health, wellbeing and care.
- 2.5 respect, support and document a person's right to accept or decline care and treatment
- 2.6 recognise when people are anxious or in distress and respond compassionately and courteously.

3 Ensure that the physical, social and psychological needs of people are assessed and responded to.

To achieve this, you must:

- 3.1 pay special attention to promoting well-being, preventing ill-health and meeting the changing health and care needs of people during all life stages.

3.2 recognise and respond compassionately to the needs of those who are in the last few days and hours of life.

3.3 act in partnership with those receiving care, helping them to access relevant health and social care, information and support when they need it.

3.4 act as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviours relating to their care.

4 Act in the best interests of people at all times.

To achieve this, you must:

4.1 balance the need to act in the best interests of people at all times with the requirement to respect a person's right to accept or decline treatment.

4.2 ensure that properly informed consent is obtained and documented before any intervention requiring such consent is commenced.

4.3 have knowledge of and abide by the relevant legislation regarding mental capacity that applies in the country in which you are practising, to ensure that the rights and best interests of those who lack capacity remain at the centre of the decision-making process.

4.4 inform and explain to colleagues, your manager and the person receiving care if you have a conscientious objection to a particular procedure and arrange for a suitably qualified colleague to take over responsibility for that person's care.

(Footnote to 4.4: 'Conscientious objection' to participating in a particular procedure can only be invoked in limited circumstances. Please see our guidance at [\[weblink to guidance on conscientious objection\]](#) for further details.)

5 Respect people's right to privacy and confidentiality in all aspects of their care.

As a nurse or midwife, you owe a duty of confidentiality to all those who are receiving care. This includes ensuring that people are informed about their care and that information about them is shared appropriately.

To achieve this, you must:

5.1 share necessary information with other healthcare professionals and agencies when the interests of patient safety and public protection override the need for confidentiality.

5.2 share with people, their families and their carers, as far as the legislative requirements for confidentiality allow, the information they want or need to know about their health, care and ongoing treatment sensitively and in a way they can understand.

5.3 ensure that people are informed about how and why information is used and shared by those who will be providing care.

5.4 respect that a person's right to privacy and confidentiality continues after they have died.

5.5 respect a person's right to privacy in all aspects of their care.

Practise effectively

You assess need and deliver or advise on treatment or give assistance (including preventative or rehabilitative care) without undue delay and to the best of your abilities, on the basis of the best evidence available and best practice. You maintain effective communication with colleagues and those receiving care, keeping clear and accurate records and sharing skills, knowledge and experience where appropriate. You reflect and act on any feedback you receive in order to improve your practice.

6 Ensure that you practise in accordance with the best available evidence.

To achieve this, you must:

- 6.1 ensure that any information or advice given is evidence-based, including information relating to the use of any healthcare products or services.
- 6.2 ensure that you have the knowledge and skills for safe and effective practice.

7 Communicate clearly.

To achieve this, you must:

- 7.1 use terms that people in your care, colleagues and the public can understand.
- 7.2 take reasonable steps to meet people's language and communication needs, ensuring wherever possible that those who require assistance to communicate their own or other people's needs are provided with it.
- 7.3 use a range of verbal and non-verbal communication methods, bearing in mind cultural sensitivities, in order to understand better people's personal and health needs and to respond to them accordingly.
- 7.4 check people's understanding periodically to ensure the scope for misunderstanding or error is kept to a minimum.
- 7.5 be able to communicate clearly and effectively in the English language.

8 Work cooperatively within teams and respect your colleagues.

To achieve this, you must:

- 8.1 respect the skills, expertise and contributions of your colleagues, referring matters to them when appropriate.
- 8.2 maintain effective communication with colleagues.
- 8.3 keep colleagues informed when you are sharing the care of individuals with other health and care professionals and staff.
- 8.4 work with colleagues to evaluate the quality of your work and that of the team.
- 8.5 work with colleagues to ensure the safety of those receiving care
- 8.6 share information in order to identify and mitigate risk.
- 8.7 be supportive of colleagues who are encountering health or performance problems. However, this support must never compromise or be at the expense of patient or public safety.

9 Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues.

To achieve this, you must:

- 9.1 provide honest, accurate and constructive feedback to colleagues.
- 9.2 obtain and reflect on feedback from a variety of sources, using it to improve your practice and performance.
- 9.3 address differences of professional opinion with colleagues by discussion and informed debate, respecting the views and opinions of colleagues and conducting yourself in a professional manner at all times.
- 9.4 facilitate student and colleague learning to help them develop their professional competence and confidence.

10 Keep clear and accurate records relevant to your practice.

This includes but is not limited to patient records. It includes all records that are relevant to your scope of practice.

To achieve this, you must:

- 10.1 complete all records contemporaneously. If this is not possible they should be completed as soon as possible after the event has occurred, with the retrospective nature of such notes being clearly identified.
- 10.2 identify any risks or problems that have arisen and the steps taken to address them, so that colleagues who make use of the records have all the information they require.
- 10.3 ensure that all records are completed accurately and are not falsified in any way, taking immediate and appropriate action if you become aware that someone has not complied with these requirements.
- 10.4 ensure any entries you make in any paper or electronic records are clearly attributable to you, are clearly and legibly written, dated and timed, and do not include unnecessary abbreviations, jargon or speculation.
- 10.5 take all steps to ensure that all records are kept securely.
- 10.6 ensure that all data and research findings are collated, treated and stored appropriately.

11 Be accountable for your decisions to delegate tasks and duties to other people.

To achieve this, you must:

- 11.1 ensure that tasks and duties you delegate to people are within their scope of competence and that they fully understand your instructions.
- 11.2 ensure that everyone you delegate a task to is adequately supervised and supported to enable them to provide safe and compassionate care.
- 11.3 confirm that the outcome of any delegated task meets the required standard.

12 Have in place an indemnity arrangement which provides appropriate cover for any practice you undertake as a nurse or midwife in the United Kingdom.

To achieve this, you must:

12.1 ensure that you have an appropriate indemnity arrangement in place relevant to your scope of practice.

(Footnote to 12.1: For further information visit [insert weblink to PII guidance].)

DRAFT

Preserve safety

You seek to ensure that patient and public safety is not compromised, working within the limits of your competence, exercising your professional duty of candour and raising concerns immediately whenever you encounter situations that put patients or public safety at risk, taking the necessary action to address any concerns where appropriate.

13 Recognise and work within the limits of your competence.

To achieve this, you must:

13.1 accurately assess signs of normal or deteriorating physical and mental health.

13.2 make a timely and appropriate referral to another practitioner when it is in the best interests of the individual requiring an intervention, care or treatment.

13.3 seek assistance from a suitably qualified and experienced healthcare professional to carry out an intervention or procedure that is beyond the limits of your competence.

13.4 take account of your own personal safety as well as the safety of people in your care.

13.5 ensure that you have completed the necessary underpinning training before undertaking a new role.

14 Exercise candour and be transparent with all service users about all aspects of care and treatment, including when any errors or harm have occurred.

To achieve this, you must:

14.1 act immediately to remedy the situation if someone has suffered actual harm for any reason or an incident has occurred which had the potential for harm.

14.2 ensure an explanation of what has happened, including the likely effects, and an apology is provided fully and promptly to the person affected and, where appropriate, their advocate, family or carers.

14.3 document all such events formally and escalate them as appropriate to enable them to be acted on quickly.

(Footnote to 14.1: For further information visit [insert weblink to candour statement and guidance].)

15 Offer help if an emergency arises in your practice setting or anywhere else.

To achieve this, you must:

15.1 always act in an emergency within the limits of your knowledge and competence.

15.2 make arrangements wherever possible for emergency care to be accessed and provided promptly.

15.3 take account of your own safety, the safety of others and the availability of other options for the provision of care.

16 Act without delay if you believe that there is a risk to patient safety or public protection.

To achieve this, you must:

16.1 raise and, if necessary, escalate any concerns you may have about patient or public safety, or the level of care people are receiving in your workplace or any other healthcare setting, using the channels available to you in line with our guidance and your local working practices.

16.2 raise your concerns immediately if you are being asked to practice beyond your remit, experience and training.

16.3 inform someone in authority at the first reasonable opportunity if you experience problems that may prevent you working within the Code or other national standards, taking prompt action to address the causes of concern if it is within your remit to do so.

16.4 acknowledge and act on all concerns raised to you, investigating, escalating or addressing those concerns where it is appropriate for you to do so.

16.5 not obstruct, intimidate, victimise or in any way hinder a colleague, member of staff, person you care for or member of the public who wishes to raise a concern.

16.6 ensure that those you have management responsibility for are protected from any harm, detriment, victimisation or unwarranted treatment following the raising of a concern.

(Footnote to 16.1: For further information visit [weblink to Raising Concerns].)

17 Raise concerns immediately if you believe a person is vulnerable or at risk and in need of additional support and protection.

To achieve this, you must:

17.1 take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse.

17.2 disclose information if you believe someone may be at risk of harm in line with the law regarding disclosure of information for the country in which you are practising.

17.3 have knowledge of and abide by the relevant legislation and policies regarding safeguarding and the care and protection of vulnerable people.

18 Provide advice on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations.

To achieve this, you must:

18.1 prescribe or otherwise advise on or provide medicines or treatment, including repeat prescriptions, only when you are suitably qualified, have adequate knowledge of that person's health status and you are satisfied that the medicines or treatment serve that person's health needs.

18.2 comply with appropriate guidance when giving advice on the use of controlled drugs or when recording the prescribing, supply, dispensing or administration of controlled drugs.

18.3 ensure that the care or treatment you advise on, prescribe, supply, dispense or administer for each person is compatible with any other care or treatment the person is receiving, including (where possible) over-the-counter medicines.

18.4 take all steps to ensure that all medicines are kept and stored securely.

18.5 wherever possible avoid prescribing for yourself or for anyone with whom you have a close personal relationship.

(Footnote to 18: For further information visit [weblink to prescribing / medicines management standards / guidance].)

19 Be aware of, and minimise, any potential for harm associated with your practice.

To achieve this, you must:

19.1 consider how you can take measures to minimise the likelihood of errors, near misses, harms and the impact of harm if it occurs.

19.2 take account of current evidence, knowledge and developments in the reduction of human errors and the impact of human factors and system failures as contributory factors to errors.

19.3 adhere to and promote recommended practice in relation to infection control and prevention.

19.4 take all reasonable personal precautions necessary to avoid any potential health risks to colleagues, people receiving care and the public.

Promote professionalism and trust

You uphold the reputation of your profession at all times, displaying a personal commitment to the standards of practice and behaviour set out in the Code. You provide a model of integrity and leadership for others to aspire to, thereby leading to trust and confidence in the profession from patients, people receiving care, other healthcare professionals and the public alike.

20 Uphold the reputation of your profession at all times.

To achieve this, you must:

- 20.1 abide by and uphold the standards and values set out in the Code.
- 20.2 act with honesty and integrity at all times, treating people fairly and without discrimination, bullying or harassment.
- 20.3 show awareness at all times of how your behaviour can affect and influence the behaviour of other people.
- 20.4 adhere to the laws of the country in which you are practising.
- 20.5 treat people in a way that does not exploit their vulnerability or cause them upset or distress.
- 20.6 maintain objectivity and clear professional boundaries at all times with people in your care (including those who have formerly been in your care), their families and carers.
- 20.7 not express your personal beliefs (including political, religious or moral beliefs) to people in an inappropriate manner.
- 20.8 act as a role model of professional behaviour for students and newly qualified nurses and midwives to aspire to.
- 20.9 maintain the level of health necessary for you to perform your professional role.
- 20.10 ensure that you use all forms of oral, written and digital communication (including social media and networking sites) responsibly, respecting the right to privacy of third parties at all times.

(Footnote to 20.10: For further guidance on the use of social media and networking sites, visit [weblink to social media guidance].)

21 Uphold your position as a registered nurse or midwife and do not abuse that position for your own ends.

To achieve this, you must:

- 21.1 refuse any gifts, favours or hospitality (except those of a trivial nature) as acceptance might be interpreted as an attempt to gain preferential treatment.
- 21.2 not ask for or accept loans from anyone in your care or anyone close to them.
- 21.3 be honest and act with integrity in any financial dealings you have with people in your care, employers, insurers, professional bodies and anyone else you have a professional relationship with, including colleagues.

21.4 ensure that any advertisements, publications or published material you produce or have produced for your professional services are accurate, responsible, ethical, do not mislead or exploit vulnerabilities and accurately reflect your relevant skills, experience and qualifications.

21.5 not use your professional status to promote causes that are not related to health.

21.6 cooperate with the media only when it is appropriate to do so, ensuring that you protect the confidentiality and dignity of people receiving treatment or care.

22 Fulfil all necessary requirements for maintaining your registration, adhering to any reasonable requests made by those responsible for overseeing the process.

To achieve this, you must:

22.1 adhere to the NMC's prescribed hours of practice and its required continued professional development activities.

22.2 keep your knowledge and skills up to date, taking part in appropriate and regular learning and professional development activities that seek to maintain and develop your competence and improve your performance.

(Footnote to 22.1: For further information visit [\[insert weblink to relevant standards/guidance\]](#).)

23 Cooperate with all internal and external investigations and audits.

This includes investigations or audits instigated either against you or relating to others, whether individuals or corporate bodies. It also includes cooperating with any request to act as a witness in any hearing that forms part of such an investigation. A former registrant would be expected to cooperate with such investigations even after they have left the register.

To achieve this, you must:

23.1 cooperate with any audits of training records, registration records or other relevant audits that we may wish to carry out to ensure you remain fit to practise.

23.2 inform us and any employers you work for at the first reasonable opportunity of any caution or charge against you, or if you have received a conditional discharge in relation to, or have been found guilty of, a criminal offence (other than a protected caution or conviction).

23.3 inform any employers you work for if you have had your practice restricted or had any other conditions imposed upon you by us or any other relevant body.

23.4 inform us and any employers you work for at the first reasonable opportunity if you are or have been disciplined by any regulatory or licensing organisation, including those who operate outside of the professional healthcare environment.

23.5 give your NMC Pin number when any reasonable request for it is made.

(Footnote to 23.2: In 23.2, 23.3 and 23.4, reference to informing employers includes informing (i) any person, body or organisation by whom the registrant is employed, or intends to be employed, as a nurse or midwife; and (ii) any person, body or organisation with whom the registrant has an arrangement to provide services as a nurse or midwife.)

(Footnote to 23.3: For further information, please see [insert weblink to relevant legislation].)

24 Respond to any complaints made against you professionally.

To achieve this, you must:

24.1 ensure that you do not allow someone's complaint to prejudice the care that is provided to them.

24.2 use all complaints as a form of feedback and an opportunity for reflection and learning to improve practice

25 Provide leadership to ensure people's wellbeing and to improve their experiences of the healthcare system.

To achieve this, you must:

25.1 identify priorities, manage time, staff and resources effectively and mitigate risk to ensure that the quality of care or service delivery is maintained and enhanced and that the needs of those receiving care or services are put first.

25.2 ensure that those staff you may be responsible for are: enabled and supported to comply with the Code at all times; have the knowledge, skills and competence for safe practice; and understand how to raise any concerns linked to potential or actual breaches of the Code.

Council

Provisional policy for the revalidation of nurses and midwives

Action: For decision.

Issue: The report sets out the provisional policy to support the revalidation pilots for the Council's approval. This policy will be supported by standards and guidance for registrants and reviewed following the revalidation pilots. The final policy will be presented to Council for agreement in September 2015, following an external evaluation of the pilots.

Core regulatory function: Standards and Registration (revalidation)

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

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

Decision required: The Council is recommended to approve the provisional policy set out in Annexe 1 for the purpose of the revalidation pilots.

Annexes: The following annexes are attached to this paper:

- Annexe 1: Provisional policy for the revalidation of nurses and midwives

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

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- Context:**
- 1 In September 2013, the Council agreed to consult on the NMC revalidation model to be launched in December 2015. The NMC's model is based on a phased approach, designed within existing legislation and built upon the NMC's existing renewal process.
 - 2 We have committed to piloting phase one of revalidation from January 2015. This will provide us with further opportunities to improve and refine the model before we introduce the first phase of revalidation in December 2015.
 - 3 Phase one of revalidation will enable us to build more knowledge and evidence about risk through our audit process. We will then be able to consider how the model could evolve in the future and what legislative change we may require to provide a more risk-based approach to revalidation.
 - 4 Our approach to revalidation has been developed through extensive engagement with key stakeholders across the UK. The *Revalidation evidence report* was published in November 2014 and provides an overview of what we learned through our consultation and other engagement activities, and how that further informed our approach.
- Discussion and options appraisal:**
- 5 The primary role of revalidation is to ensure that nurses and midwives continue to remain fit to practise throughout their careers. This will improve public protection and increase the public's confidence in nurses and midwives caring for them.
 - 6 Revalidation will enhance and strengthen the existing renewal requirements. From January 2016, all NMC registrants will need to revalidate in order to renew their registration.
 - 7 Nurses and midwives have always had a professional duty to maintain their registration and remain fit to practise. This is clear in the standards, values and ethos set out in the Code. Our registration, fitness to practise and education functions also contribute in different ways to ensure our registrants are fit to practise.
 - 8 Revalidation is not intended to replace these mechanisms. It will add value through reinforcing the duty on our registrants to maintain their fitness to practise within the scope of their practice and competence, and promote the Code as part of a registrant's day to day practice and personal development. Revalidation will also challenge professional isolation and encourage our registrants to engage in professional networks and discussions.
 - 9 Revalidation will drive positive employer behaviours by increasing their awareness of our regulatory standards, encouraging discussions about practice concerns early before they escalate or

require referral to us, and increase access and participation in appraisal and professional development.

- 10 Revalidation will also create a more interactive, career-long relationship with our registrants and increase our understanding of the registrant population and their practice.

Research and evidence

- 11 From January to August 2014 we undertook a two-stage consultation on our proposals. These were supported by significant stakeholder engagement. We have also considered potential implications for employers (both opportunities and challenges) through the consultation and additional engagement. Information about research and evidence is set out in the *Revalidation evidence report*.
- 12 We are committed to undertaking more research into the revalidation of nurses and midwives. We are also committed to commissioning an external evaluation of the pilots to assess both the registrants' experience during the piloting phase and the impact on the system.

The revalidation model

- 13 The Professional Standards Authority (PSA) has published broad guidance for regulators to use in the development of their revalidation models.¹ We have carefully considered the PSA's guidance in developing our approach.
- 14 Our model is a positive affirmation that registrants continue to meet the Code, rather than an exercise in identifying bad practice. Registrants will be required to reflect on their adherence to the Code.
- 15 Revalidation is based on the existing mandatory mechanism of renewal every three years. This is a process that employers and registrants are familiar with. For the vast majority of registrants, revalidation will make use of existing employer processes such as appraisal.
- 16 In line with their approach to 'right-touch regulation', the PSA advocate a risk based approach with measures focusing on practice areas or groups that present the greatest risks. We do not yet have a sufficient evidence base to develop a differentiated model based on risk. Furthermore, our current legislation imposes universal requirements as part of renewal. Phase one of the revalidation model will bring all registrants into a revalidation model where their fitness to practise will be evaluated on a regular basis. This will allow

¹ PSA (formally CHRE), November 2012, *An approach to assuring continuing fitness to practise based on right-touch regulation principles*, available at <http://www.professionalstandards.org.uk/docs/psa-library/november-2012---right-touch-continuing-fitness-to-practise.pdf>

revalidation to become embedded while we begin to build more evidence about risk and consider how the model could evolve and what legislative change that might require.

Phase one of revalidation

- 17 Every three years, all registrants will be required to declare that they have met the revalidation requirements and obtained confirmation from a third party about their compliance with the revalidation requirements.
- 18 The third party confirmation will be provided by the line manager. We expect in most cases this to be a NMC registrant. We will provide guidance for those cases where the line manager is not a NMC registrant and for self-employed nurses and midwives on how to access confirmation.
- 19 We will also require all nurses and midwives to discuss their reflections on their CPD, feedback and Code with another NMC registrant. In most cases this will be the line manager.
- 20 Registrants will keep records of evidence on how they meet revalidation requirements in a portfolio and each year we will audit a sample of portfolios. This will help us to enhance our understanding of risk and inform future phases of revalidation.
- 21 We will develop standards and detailed guidance to support the revalidation process and a range of information for other audiences, such as confirmers and employers. The pilots will help test the policy, standards and guidance, and both will be reviewed following the pilots.
- 22 Following a legal review of the policy and feedback from stakeholders, we are considering possible transitional arrangements to ensure that our requirements are fair and reasonable for those due to revalidate in the first year of implementation.
- 23 Upon approval of this policy in December 2014, the Council will approve draft standards and guidance in January 2015, which will be tested during the pilots.
- 24 **Recommendation: The Council is invited to approve the provisional policy set out in Annexe 1.**

Public protection implications:

- 25 Revalidation assures that all our registrants participate in a structured process where they regularly consider how they are maintaining their fitness to practise through reflection on the Code. Concerns will be identified earlier and remediated at a local level before they escalate or require referral to us for investigation. Overall, the public will have greater assurance and confidence in

nurses and midwives.

| | | |
|---|----|---|
| Resource implications: | 26 | All budget and staff time to carry out the policy and process development for the revalidation audits has been accounted for within the 13/14 business planning cycle. |
| | 27 | We have estimated the total costs for the NMC for the development of phase one will be £4.431 million. This is the budgeted amount in our financial strategy for 2013 to 2016. |
| Equality and diversity implications: | 28 | A detailed equality assessment of the revalidation policy has been undertaken. This included a review of revalidation policy as well and consultation responses. It identified a number of areas where it would be harder for some groups to meet the revalidation requirements. |
| | 29 | Most impacts were raised in relation to the confirmation process, how all registrants would be able to access a confirmation that meets the requirements within the final year, and the extension and appeals process. |
| | 30 | Findings from the assessment have been reviewed and the policy has been clarified or amended in some cases. We are limited in our flexibility by our existing legislation. |
| Stakeholder engagement: | 31 | Our approach to revalidation has been developed through extensive engagement with key stakeholders across the UK. We ran a two-part public consultation from January to August 2014. The second part of the consultation involved workshops, focus groups and online forums with nurses and midwives, patients and the public, and groups that we seldom hear from. |
| | 32 | Our Revalidation Strategic Advisory Group has been instrumental in advising and providing support and constructive input to our proposals. |
| Risk implications: | 33 | Failure to approve the provisional revalidation policy will result in a significant delay to developing the system requirements, IT, standards and guidance to support the pilots. |
| Legal implications: | 34 | The policy has been developed within our existing legislation. References to the legislation are included in the policy and the entire document has been reviewed legally both internally and externally. |

Provisional policy for the revalidation of nurses and midwives

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Introduction

- 1 This policy sets out how nurses and midwives will maintain their registration through revalidation at the point of renewal. This policy will be reviewed following the revalidation pilots.

Who the policy applies to

- 2 This policy applies to all NMC registrants.

Aims of the policy

- 3 The aim of the revalidation policy is to outline the requirements that all registrants must comply with in order to maintain their registration.

Legislative framework

- 4 In this document, any reference to the Order is a reference to the Nursing and Midwifery Order 2001. Any reference to the Rules or a rule is referring to the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004.
- 5 The Nursing and Midwifery Order 2001 (the Order) established the NMC and sets out its powers.
- 6 Article 10(1) of the Order requires a registrant to make an application for renewal if they wish to renew their registration at the end of the 'prescribed period'. Rule 10(3) of the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004 (the Rules) sets the registration period at three years.

- 7 Article 10 of the Order sets out the basis for which the Registrar will grant an application for renewal of registration.

10. —(2) The Registrar shall grant the application for renewal if the applicant—

(a) meets the conditions set out in article 9(2)(b) and (c) ¹

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

(b) satisfies the Registrar that he has met any prescribed requirements for continuing professional development within the prescribed time; and

(c) where he has not practised, or has practised for less than the prescribed period, since his first registration or, as the case may be, his latest renewal, has met such requirements as to additional education, training or experience as the Council may specify under article 19(3) and which apply to him

- 8 Article 9(2)(b) and (c) states:

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

(c) has paid the prescribed fee.

- 9 Article 5(2) states:

5.—(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 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.

- 10 The applicant must make an application for renewal to the Registrar in accordance with rules made by the Council.² Rule 13 of the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004 (the Rules) sets out what the Registrar must have received from the applicant in order to renew the registration.

¹ Article 9(2)(b) of the Nursing and Midwifery Order 2001 requires the applicant to satisfy the Registrar that they are capable of safe and effective practice based on standards and requirements set by Council under Article 5(2). Article 9(2)(c) requires the registrant to pay the prescribed fee.

² Article 10(1) of the Order

13.—(1) *No later than the date specified in the notice to renew her registration, issued in accordance with rule 11(c), the Registrar must have received*

(a) an application on the personalised documentation provided by the Council which shall include a declaration by the applicant, with which the Registrar is satisfied, as to her good health and good character;

(aa) evidence that there is in force in relation to the applicant, or there will be as necessary for the purpose of complying with article 12A of the Order, appropriate cover under an indemnity arrangement;

(b) confirmation from the applicant that—

(i) she has undertaken continuing professional development in accordance with rule 3(3) and has recorded such learning activity in accordance with standards provided by the Council; and

(ii) she has, subject to rule 3(5), practised for no fewer than 450 hours in the three years preceding the date of her application for renewal of her registration;

(c) the fee for renewal prescribed in rule 3(e) of the Fees Rules

(d) such other documents, information or evidence as the Registrar may have reasonably requested for the purpose of verifying the information in and determining the application for renewal.³

- 11 Registration will not be renewed if the registrant fails to comply with Rule 13.⁴
- 12 Article 10(3) of the Order gives the Registrar discretion to approve a renewal application on the condition that the applicant satisfies the requirements within a specified timeframe. Rule 14(5) sets out the process for exercising this discretion - *“...the Registrar may decide, prior to the date on which the registration is due to lapse, to allow a further period not exceeding three months...”*
- 13 Rule 14(3) requires the Registrar to notify the registrant and inform them of the right of appeal. Article 37 of the Order sets out the decisions of the Registrar that a registrant can appeal. These include the refusal of an application for renewal, the imposition of additional conditions and removal from the register for breaching a condition in respect of CPD.
- 14 Article 37(2) of the Order states there will be no appeal for failure to pay the fee or failure to apply in the prescribed form and manner in accordance with article 10. Furthermore, 37(2B) states there will be no appeal based on a complaint that a provision of the rules under Article 10 is invalid. Part 4 of the Rules sets out the process to be followed in an appeal.

³ Rule 13(1)(d) is currently draft and is intended to commence in March 2015.

⁴ Rule 13(2)

15 Where a registrant's registration has lapsed, article 10(4) of the Order allows them to apply to the Registrar to be readmitted. Rule 15 provides further detail around readmission including:

- requirements that currently apply to admission⁵
- requirement for referees⁶
- taking into account any information that raises concerns about the registrant's fitness to practise⁷
- meeting any additional requirements around education, training and experience.⁸

The Code, standards and guidance

16 The revised Code *Professional standards of practice and behaviour for nurses and midwives* (known as 'the Code') contains the professional standards that registered nurses and midwives must uphold. This will include general requirements for maintaining registration.⁹

17 The revalidation requirements will be contained in standards set out by Council under article 5(2) of the Order.

18 Guidance will be provided to registrants to help them understand the revalidation requirements.

Revalidation requirements for registrants

19 Every three years, at the point of renewal, all registrants will be required to make declarations to confirm they have met the requirements for revalidation. All registrants must declare that they :

- have practised at least 450 hours during the last three years¹⁰
- have undertaken at least 40 hours of CPD¹¹
- have demonstrated capability of safe and effective practice by:
 - making a health and character declaration¹²
 - obtaining practice-related feedback¹³

⁵ Rule 15(2) and rule 5(1), 5(2)(aa) and (b), and rule 6(1) to (1E)

⁶ Rule 15(3)

⁷ Rule 15(4)

⁸ Rule 15(2) and rule 3(4)

⁹ Paragraph 22 of the revised Code *Professional standards of practice and behaviour for nurses and midwives* (the Code)

¹⁰ Article 10(2)(c), Rule 13(1)(b)(ii)

¹¹ Article 10(2)(b), Rule 3(3) and Rule 13(1)(b)(i)

¹² Rule 13(1)(a)

- recording reflective accounts based on their CPD, feedback and the Code¹⁴
 - have, or will have, an appropriate professional indemnity arrangement in place¹⁵
 - have obtained confirmation from a third party that they have demonstrated that they have met the revalidation requirements.¹⁶
- 20 The registrant must pay the fee for renewal no later than the date specified in the notice.^{17 18}
- 21 To support and evidence these declarations, all registrants must keep records of their participation in a portfolio. The portfolio can be kept in any format that the registrant chooses, and must be kept in English¹⁹. Our *standards and guidance* will set out the records that must be included in the portfolio. These records must be submitted to us on request if the registrant is selected for audit.²⁰ Our *standards and guidance* will also provide examples to help registrants maintain their portfolio for revalidation.
- 22 The following sections set out these requirements in detail.

Practice hours

Legislative basis

- 23 Rule 13(1)(b)(ii) of the Rules requires the applicant to confirm as part of their renewal of registration that they have practised no fewer than 450 hours in the three years preceding their application.

Requirement

- 24 All registrants are required to practise a minimum number of hours in the three years preceding their application for renewal.²¹ Registrants are already required to confirm this as part of the renewal process.

¹³ Article 5(2) and Article 10(2)(a), Rule 13(1)(d)

¹⁴ Article 5(2) and Article 10(2)(a), Rule 13(1)(d)

¹⁵ Article 10(2)(aa) and Rule 13(1)(aa)

¹⁶ Rule 13(1)(d)

¹⁷ Rule 13(1)(c)

¹⁸ Rule 3(e) of The Nursing and Midwifery Council (Fees) Rules 2004 sets the fee for renewal at £100 each registration period. This will increase to £120 from March 2014.

¹⁹ We will make adjustments for those registrants who train and practise in Welsh and choose to maintain their portfolio in Welsh. Our Welsh language scheme sets out how we will implement the principle of equal treatment for the Welsh language in aspects of our business including service planning and delivery, and communications. Our Welsh Language Scheme is available at <http://www.nmc-uk.org/About-us/Welsh-Language-Scheme/>. 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.

²⁰ Rule 13(1)(d)

²¹ Subject to Article 10(2)(c) which provides that those who have not practised the minimum number of hours must meet any requirements specified under Article 19(3) as to additional education, training or experience.

| Registration | Total practice hours required |
|--|-------------------------------|
| Nurse | 450 |
| Midwife | 450 |
| Nurse and SCHPN | 450 |
| Midwife and SCHPN | 450 |
| Nurse and midwife (including Nurse/SCHPN and Midwife/SCHPN) | 900 |

Continued professional development

Legislative basis

- 25 Article 19(1) of the Order enables Council to make rules requiring registrants to undertake CPD as it shall specify in standards. Article 10(2)(b) of the Order requires the Registrar to be satisfied that the applicant has met the prescribed requirements for CPD within the three year period before granting a renewal.
- 26 Rule 3(3) places a requirement on the registrant to undertake CPD as specified in the standards set by Council in accordance with article 19(1) of the Order. Rule 13(1)(b)(i) requires the applicant to confirm as part of the application for renewal, that they have undertaken CPD in accordance with rule 3(3) and recorded this learning activity in accordance with standards provided by Council.

Requirement

- 27 All registrants will be required to undertake a minimum of 40 hours of CPD in each three year renewal period. The requirements will be specified in standards and guidance.
- 28 The CPD requirement is to be increased from the current requirement, which is 35 hours of CPD in each three year renewal period.

Professional indemnity arrangements

Legislative basis

- 29 Article 10(2)(aa) requires the applicant to satisfy the Registrar they have, or will have as necessary, appropriate cover under an indemnity arrangement. Article 12A provides further detail in relation to indemnity arrangements, including definition of 'appropriate cover'.
- 30 Rule 13(1)(aa) states that as part of the application for renewal, the Registrar must have received evidence that there is in force in relation to the applicant, or there will be as necessary, appropriate cover under an indemnity arrangement.

Requirement

- 31 All registrants are required to have in force an indemnity arrangement which provides appropriate cover for any practice they undertake as a nurse or midwife in the United Kingdom.²² As part of their renewal, nurses and midwives are required to declare that they have in force (or will have when necessary) appropriate cover.

Demonstrating capability of safe and effective practice*Legislative basis*

- 32 Article 10(2)(a) of the Order requires the registrant to satisfy the Registrar that they are capable of safe and effective practice as a nurse or midwife.
- 33 Article 5(2) of the Order requires Council to a) establish 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 part of the register, and b) prescribe the requirements to be met as to the evidence of health and character in order to satisfy the Registrar an applicant is capable of safe and effective practice as a nurse or midwife.
- 34 The requirements in relation to demonstrating capability of safe and effective practice will be contained in standards set out by Council under article 5(2) of the Order.
- 35 Rule 13(1)(d) will enable us to require a registrant to provide other documents, information or evidence that the Registrar has reasonably requested for the purpose of determining the application for renewal.
- 36 Rule 13(1)(a) states that the Registrar must have received an application on the personalised documentation provided by the Council. This application will include a declaration by the applicant (with which the Registrar is satisfied) as to her health and character.²³

Requirement: health and character declaration

- 37 All registrants must provide a health and character declaration because that will help to satisfy the Registrar that the nurse or midwife is capable of safe and effective practice.
- 38 Furthermore, any registrant who has been convicted of any criminal offence or been issued with a formal caution, since her registration or last renewal of registration, must disclose details as part of their application.

²² Paragraph 12 of the revised Code *Professional standards of practice and behaviour for nurses and midwives* (the Code)

²³ Schedule 4 of the Rules sets out the information to go in the application, and includes a health and character declaration.

Requirement: feedback on their practice

- 39 The revised Code will highlight the importance of providing honest, accurate and constructive feedback to colleagues, as well as obtaining and reflecting upon feedback from a variety of sources, and using it to improve practice and performance.²⁴
- 40 The standards made under article 5(2) of the Order will require registrants to provide confirmation that they have obtained feedback about their practice. This will help to satisfy the Registrar that the nurse or midwife is capable of safe and effective practice. Details of the requirements, including any minimum number of instances of feedback, will be set out in our standards and guidance.

Requirement: reflections on CPD, feedback and the Code

- 41 The standards made under article 5(2) of the Order will require registrants to reflect on their CPD and the feedback they have received about their practice, and to have a discussion with another NMC registrant about their reflections. Details of the requirements, including any minimum number of reflective accounts, will be set out in standards and guidance. They will also need to reflect more broadly on how that CPD or feedback links to the Code.

Payment of fee

- 42 Rule 13(1)(c) states that the Registrar must have received the fee for renewal no later than the date specified in the notice. Rule 3(e) of The Nursing and Midwifery Council (Fees) Rules 2004 sets out the fee for renewal.²⁵

Third party confirmation*Legislative basis*

- 43 Article 10(2)(a) of the Order requires the registrant to satisfy the Registrar that they are capable of safe and effective practice as a nurse or midwife.
- 44 Under draft rule 13(1)(d) we will be able to require a registrant to provide other documents, information or evidence that the Registrar has reasonably requested for the purpose of verifying the information in and determining the application for renewal. This will help to satisfy the Registrar that the nurse or midwife is capable of safe and effective practice.

Requirement

- 45 All registrants must obtain confirmation from a third party. The third party will need to confirm that the registrant has demonstrated that they have complied with the revalidation requirements.

²⁴ Paragraph 9 of the revised Code *Professional standards of practice and behaviour for nurses and midwives* (the Code)

²⁵ In 2014 we consulted on legislation to introduce payments by instalments.

- 46 In order to get confirmation, the registrant must demonstrate their compliance to the third party confirmer. This will include discussing their revalidation portfolio with the confirmer. Where the registrant has a line manager who is an NMC registrant, we expect that person to provide the confirmation.
- 47 Further information about who else can provide confirmation will be set out in the guidance.

Fitness to practise

Raising concerns about a registrant's fitness to practise

- 48 All registrants have a professional duty to raise concerns about the practice of another registrant either through their employer or directly with us. Revalidation is not creating a new way to raise fitness to practise concerns. If employers or registrants become aware of serious concerns about the fitness to practise of a nurse or midwife they should raise them promptly through the existing fitness to practise procedures. They should not wait until a registrant's renewal is due.

Registrants who are subject to a fitness to practise process at the point of renewal

- 49 The existing approach in relation to renewal of a registrant subject to fitness to practise processes will continue to apply.
- 50 Those subject to an investigation, conditions of practice order or a caution will be able to renew their registration through the revalidation process. However, they will remain subject to fitness to practise processes (and our powers such as interim orders) and the outcome of those processes.
- 51 Those who have been struck off or suspended from the register are not able to renew their registration because they are no longer on the register.

Formal notification and submission of the application

Notification and submission

- 52 We need to notify registrants of the date by which we require them to renew their registration prior to the last day of a registrant's registration period.²⁶ Council needs to send the application form (set out in schedule 4 of the Rules), a notice of the renewal fee and a notice warning that failure to return the form and fee by the date specified in the notice will result in lapse of registration. Rule 12 specifies that any form, warning or notice may be sent by post.
- 53 The applicant must make an application for renewal to the Registrar in accordance with rules made by the Council. Rule 13 sets out what the Registrar must have received from the applicant in order to renew the registration. Registration will not be renewed if the registrant fails to comply with Rule 13.

²⁶ Rule 11

- 54 Details of the notice that will be provided and the online application arrangements will be set out in guidance.²⁷

Granting an extension

- 55 Rule 14(5) states that where there is good reason for a registration not to lapse, the Registrar may decide, prior to the date the registration is due to lapse, to allow a further period not exceeding three months for the registrant to satisfy the renewal requirements. This would need to be decided prior to the date the registration is due to lapse. Therefore the Registrar needs to consider the renewal and possible extension in advance of the lapse date.
- 56 This additional three-month extension will be used to request information from those selected for audit.
- 57 Further information about extensions will be provided to applicants as required.

Audit

- 58 Each year a selected number of registrants seeking renewal will be asked to provide additional documentary evidence in support of their applications to allow the Registrar to verify that they have met all the revalidation requirements and the other requirements for renewal. Their registration will not be renewed until this evidence has been provided and the checks have been completed. This may involve contacting their employer, their confirmer, or any other relevant third party who can verify the information that has been provided by the registrant. The registrant will be asked to provide consent for this purpose.

Legislative basis

- 59 Rule 13(1)(d) will require registrants to provide any documents, information or evidence that the Registrar may have reasonably requested for the purpose of verifying the information in and determining the application for renewal.
- 60 Rule 16A will enable us to ask for a range of information for the purpose of satisfying the Registrar that the registrant has an appropriate professional indemnity arrangement. This includes details about the nature and scope of the registrant's practice, information about their employer and information about organisations where they provide services as a nurse or midwife. The Registrar will also be able to request other documents for the purpose of verifying this information. This rule is not limited in application to a registrant. For example, we may use it to seek information from an employer.
- 61 Rule 14(5) states that where there is good reason for a registration not to lapse, the Registrar may decide, prior to the date the registration is due to lapse, to allow a further period not exceeding three months for the registrant to satisfy the renewal requirements. This additional three-month extension will be used to request information from those selected for audit. However, the Registrar must make a renewal decision prior to the extended date of lapse.

²⁷ Arrangements will be provided where accessibility needs are identified.

Requirements

- 62 Registrants selected for audit must provide the information requested within the timeframe we specify in the notice. We will request information and evidence to enable us to check their compliance with all of the revalidation requirements.
- 63 Further details about audit will be set out in guidance.

Appeals

- 64 Article 37 of the Order sets out decisions of the Registrar that a registrant can appeal. These include the refusal of an application for renewal, the imposition of additional conditions and removal from the register for breaching a condition in respect of CPD and a refusal to readmit. Part 4 of the Rules sets out the process to be followed in an appeal.
- 65 No appeal is available to a registrant who fails to pay the fee or to apply in the prescribed form and manner in accordance with Article 10.^{28 29} Furthermore, there is no appeal based on a complaint that a provision of the rules under Article 10 is invalid.³⁰
- 66 Appeals will continue to be managed through the existing registration appeals process.

Readmission to register following lapse

Legislative basis

- 67 Where a registrant's registration has lapsed, article 10(4) of the Order allows them to apply to the Registrar to be readmitted. The Registrar must grant the readmission if the applicant meets the conditions set out in article 9(2)(b) and (c) (meets the Council's requirements in relation to safe and effective practice), they have appropriate indemnity arrangements, and meet any additional requirements around education, training or experience.
- 68 Rule 15 contains detailed provisions relating to readmission.

Requirements

- 69 Registrants who lapse and wish to be readmitted to the register will be required to apply for readmission.³¹ The readmission process in place at the point of applying will apply.
- 70 However if we suspect that a registrant has lapsed and is seeking re-admission to avoid meeting the revalidation requirements, we will request further information or

²⁸ Article 37(2)

²⁹ Reasonable adjustments will be made for those with access requirements.

³⁰ Article 37(2B)

³¹ Rule 15

evidence from the registrant to demonstrate that they were complying with the revalidation requirements prior to their lapse.³²

Transitional arrangements

- 71 We are developing transitional arrangements to ensure that our requirements are fair and reasonable for those applying for renewal within the first year of implementation. These transitional arrangements will be set out in standards and guidance.

³² Rule 5(2)(b)

Council

The Welsh Language Scheme monitoring report and the proposed schedule for the implementation of the Welsh Language Standards

Action: For information.

Issue: This paper presents the Welsh Language Scheme (WLS) Monitoring Report for 1 October 2013 – 30 September 2014 and an update on the implementation of the Welsh Language Standards.

Core regulatory function: Supporting functions.

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

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

- The Welsh Language Scheme monitoring report 1 October 2013 – 30 September 2014 and
- The forthcoming implementation of Welsh Language Standards.

Annexes: The following annexes are attached to this paper:

- Annexe 1: The Welsh Language Scheme monitoring report 1 October 2013 – 30 September 2014.

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

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- Context:**
- 1 The NMC, as a public body, is subject to the Welsh Language Act 1993 and Welsh Language (Wales) Measure 2011. We are required to:
 - 1.1 Establish the principle that the English and Welsh languages should be treated on a basis of equality in the conduct of public business in Wales.
 - 1.2 Facilitate the use of the Welsh language.
 - 1.3 Ensure compliance with our Welsh language scheme.
- Discussion and options appraisal:**
- 2 In accordance with our current obligations, the NMC has in place a Welsh Language Scheme that was approved by the Welsh Language Commissioner in 2011. Our Welsh Language Scheme is online at:

www.nmc-uk.org/About-us/Welsh-Language-Scheme/
 - 3 Our annual monitoring report (set out in Annexe 1) details progress against our Welsh Language Scheme, which will be submitted to the Welsh Language Commissioner.
 - 4 The Council is invited to note the Welsh Language Scheme annual monitoring report.
 - 5 The Welsh Language (Wales) Measure 2011 gives the Welsh Language Commissioner power to implement a new set of statutory standards which will replace existing schemes. Such standards, once introduced, will place a duty on the NMC to ensure that the Welsh language is treated no less favourably than the English language.
 - 6 The statutory standards will operate in the following areas:
 - 6.1 Operational standards.
 - 6.2 Policy making.
 - 6.3 Record keeping.
 - 6.4 Service delivery.
 - 7 The Welsh Language Commissioner is current consulting on the introduction of the standards. Following the conclusion of the consultation in early 2015, the Commissioner intends to introduce the standards by January 2016. Work is underway to assess the impact of the standards and frame the NMC's response to the consultation.
 - 8 The Council is invited to note the forthcoming implementation of

Welsh Language Standards.

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| Equality and diversity implications: | 9 | We have adopted the principle that, in conducting public business in Wales, the NMC will recognise both the Welsh and English languages equally. Welsh language considerations are included in our equality analysis toolkit and equality objectives action plan. |
| Resource implications: | 10 | Additional resources may be required in due course to ensure compliance with the new standards. |
| Stakeholder engagement: | 11 | The Legislation Compliance Manager has engaged with external stakeholders, including with the Commissioner and their office and other healthcare regulators, in working to ensure the NMC adopts a 'good practice' approach in this area. |
| Risk implications: | 12 | Failure to comply with our duties under our Welsh language scheme may result in action by the Welsh Language Commissioner. |
| Legal implications: | 13 | We have a legal duty to comply with the Welsh Language Act 1993 and Welsh Language (Wales) Measure 2011. |

Welsh Language Scheme Monitoring Report

1 October 2013 to 30 September 2014

Welsh language scheme annual monitoring report 1 October 2013 to 30 September 2014

Introduction

- 1 The Nursing and Midwifery Council (NMC) is the independent regulator for nurses and midwives in the UK. Our primary purpose is to protect patients and the public through effective regulation of nurses and midwives.
 - 1.1 We set and promote standards of education, training, conduct and performance for nurses and midwives across the UK. We hold the register of nurses and midwives who have qualified and meet those standards.
 - 1.2 We provide guidance to help nurses and midwives keep their skills and knowledge up to date and uphold our professional standards.
 - 1.3 We have fair and effective processes to investigate and deal with nurses and midwives who fall short of our standards. By doing this well we promote public confidence in nurses and midwives and in regulation.
- 2 In accordance with Section 21 of the Welsh Language Act 1993, we have adopted the principle that, in the conduct of public business and administration of justice in Wales, we will treat the English and Welsh languages on a basis of equality, so far as is both appropriate in the circumstances and reasonably practicable. In January 2011, our Welsh language scheme was approved by the Welsh Language Board.
- 3 The aim of this annual monitoring report is to summarise our progress in implementing our Welsh language scheme for the period between 1 October 2013 and 30 September 2014. We are pleased to share our progress and achievements over the last year.
- 4 We recognise that it is important to keep focused on our role and to deliver our Welsh language scheme to a high standard. We will continue to engage with the Welsh Language Commissioner to help inform and develop approach, particularly in the light of the Commissioner's new standards.

Corporate commitment

- 5 Members of the Council, the Chief Executive and Registrar, the Executive Board and all staff play a part in delivering our Welsh language scheme.
- 6 Specific responsibilities include the following.
 - 6.1 The Council is responsible for determining our overall strategy.
 - 6.2 The Executive Board is responsible implementing our strategy and for determining internal policies and business plans that support the delivery of the Welsh language scheme.
 - 6.3 The Director of Strategy is responsible for coordinating business planning and for monitoring delivery.

- 6.4 The Equality and Diversity Steering Group monitors progress against the Welsh language scheme and provides a forum for sharing good practice.
- 6.5 The Legislation Compliance team is responsible for driving forward the agenda and providing support and guidance for individual action-owners and our staff more generally.

Our business in Wales

- 7 We believe that it is important that our communications and services should be accessible to Welsh-speaking members of the public, nurses, and midwives. As of September 2014, there were 33,763 nurses and midwives with a registered address in Wales on our register. During the period, there were 59 cases with adjudication outcomes in Wales.
- 8 We:
 - 8.1 publish our annual reports and key corporate publications in Welsh;
 - 8.2 provide facilities for Welsh language speakers who wish to make a complaint about a nurse or midwife; and
 - 8.3 provide Welsh language speakers and translation services for our fitness to practise (FtP) hearings in Wales.

Key achievements

- 9 Our key achievements include the following.
 - 9.1 We assessed the needs of Welsh language speakers by conducting a series of equality analyses. On the basis of the equality analyses we have:
 - translated and advertised the appointments of the Chair of the Council in Welsh.
 - translated our public consultations into Welsh to improve our engagement with stakeholders in Wales and to allow Welsh language speakers to communicate through the medium of Welsh if they choose to do so.
 - reviewed and revised key public-facing documents to ensure that both the English and Welsh languages are treated on the basis of equality.
 - held a key stakeholder event in Cardiff concerning the development of our revised code and revalidation guidance.

Progress on the implementation plan

- 10 A summary is set out in Annexe 1 and demonstrates how we are implementing each area of the scheme.

- 11 While we have not received any complaints regarding our scheme or its implementation, complaints would be dealt with as part of our complaints procedures.
- 12 Complaints presented in Welsh or English should be addressed to the Complaints Manager, Nursing and Midwifery Council, 23 Portland Place, London, W1B 1PZ, or sent to: complaints@nmc-uk.org. Further information about our complaints process is available on our website.

Key actions for the next year

- 13 Over the next year, we will focus our efforts on:
 - 13.1 implementing the set of standards;
 - 13.2 developing stakeholder relationships with healthcare and non-healthcare regulators to share best practice; and
 - 13.3 improving the accessibility of our new website.

Conclusion

- 14 We have made good progress implementing the scheme which is now embedded in our day-to-day activities. We will continue to raise awareness of our scheme with staff as our work evolves.
- 15 We will also engage closely and regularly with the Welsh Language Commissioner to ensure the smooth transition of the new set of Welsh language standards.

Annexe one: Welsh language scheme actions from 1 October 2013 to 30 September 2014

| What we said in our scheme | Progress and achievement |
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| Council to approve the scheme. | In December 2010, our Council approved the scheme before it was submitted and approved by the Welsh Language Board. We submitted our second Welsh language scheme annual monitoring to the Council in October 2014. |
| Provide internal staff briefings to the Fitness to Practise directorate. | <p>We have worked with colleagues across the organisation to implement our Welsh language scheme. We publicised the scheme and associated guidance internally through our staff newsletter, intranet, and team meetings. Specific actions we have undertaken in the Fitness to Practise directorate include:</p> <ul style="list-style-type: none"> • Developing a process for using Welsh language services in hearings and throughout cases, including identifying qualified translators and arranging translation of witness documents. • Amending case management cover sheets to include questions on the need for Welsh translations. • Translating oaths and affirmations into Welsh. |
| Give additional training to Fitness to practise (FtP) panel members. | <p>We updated our guidelines for FtP panel members across the UK. The guidelines were drafted to support our governing legislation for FtP procedures.</p> <p>We have provided a link to the guidelines for panellists on our Investigating Committees, Conduct and Competence Committees and Health Committees (http://www.nmc-uk.org/Hearings/Green-Guidance-Folders/).</p> <p>We will continue to review the training needs of the FtP panel members.</p> |

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| Launch the scheme. | <p>In January 2011, we externally publicised the launch of the scheme through:</p> <ul style="list-style-type: none"> • Correspondence to key stakeholders who responded to the scheme's consultation to thank them for their contributions. • Bilingual press releases. • An updated news item on our website. • Including information in our e-newsletters to registrants, students, educators and the general public. <p>Since the launch of the scheme, we have developed internal guidance explaining the arrangements for translating documents and correspondence into Welsh. The internal guidance is accessible to all staff on our intranet.</p> <p>Public meetings</p> <p>We are very keen to ensure that our four-nation remit is both recognised and reflected in our decision-making and strategy development processes. We will aim to hold at least one of our public meetings per year in one of the four countries.</p> <p>For example, on 26 June 2014, we held a Revalidation and Code review stakeholder summit in Cardiff. The summit involved consulting with several stakeholders such as nurses and midwives, healthcare employers, managers and leaders, professional body, union representatives, educators, academics, student nurses and midwives, to help us develop a revised Code, and ensure that revalidation guidance is fit for purpose.</p> |
| Internally promote the scheme. | <p>Equality analysis toolkit</p> <p>As part of our policy-development framework and project-management process, staff are required to undertake an equality analysis. Our equality analysis process includes a requirement to make an assessment of Welsh language requirements at an early stage. Staff have a set of guidance to support them during the equality analysis process.</p> |

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| | <p>We have conducted several equality analyses during our policy development work. Examples include:</p> <ul style="list-style-type: none"> • The appointment of the Chair of the Council. • The appointment of a Midwifery committee member. • The proposed changes to our governance rules and regulations. • The proposed increase our registration fees. • The review of our code of practice. • Our revalidation model. • Our overseas nursing programme. • The proposed introduction of registration fee payments by instalments. <p>Staff awareness and training</p> <p>As part of our induction package, all contract and permanent staff members must attend a compulsory equality and diversity full-day training course. This course references our Welsh language scheme.</p> <p>All staff members are informed of the scheme via an intranet page which provides useful information on the content of the Welsh language scheme.</p> <p>We have continually raised staff awareness about the importance of the Welsh language scheme through internal activities such as:</p> <ul style="list-style-type: none"> • The Chief Executive and Registrar explaining the purpose of our Welsh language |
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| | <p>scheme during staff briefings.</p> <ul style="list-style-type: none"> Publicising articles about the Welsh language scheme in our staff newsletter. <p>Quarterly progress meetings with directors Every three months, progress meetings are held with each director. The meetings inform them of progress against our action plan. As part of the meeting outcomes, each director provides recommendations for further developments.</p> <p>Equality and Diversity Steering Group The steering group coordinates and monitors our Welsh language scheme and action plan. The steering group has 18 staff representatives across six directorates. The Welsh language scheme is a standing agenda item at all steering group meetings.</p> <p>Our action plan is a structured way to meet the organisation's needs and to ensure compliance with our Welsh language scheme. Each action owner in the plan is responsible for informing their directorate of the actions to be completed. The Welsh language scheme and action plan are available to staff on our intranet and internal database.</p> |
| Amend the website to make clear our commitment to the scheme and the services we offer. | <p>Our website has pages accessible to Welsh language speakers.</p> <p>The following shows how many unique visitors¹ accessed specific webpages from 1 October 2013 to August 2014.</p> <ul style="list-style-type: none"> 381 unique visitors accessed the 'Welsh language scheme' webpage http://www.nmc-uk.org/About-us/Welsh-Language-Scheme/ 58 unique visitors accessed the 'What you can do in Welsh' webpage |

¹ Unique visitor is a term used to refer to a person who visits a website at least once within the reporting period. Each visitor to the site is only counted once during the reporting period, so if the same IP address accesses the website many times, it will still only count as one visitor.

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| | <p>http://www.nmc-uk.org/About-us/Welsh-Language-Scheme/What-you-can-do-in-Welsh/</p> <ul style="list-style-type: none"> • 143 unique visitors accessed the 'Other languages – Welsh' webpage http://www.nmc-uk.org/Other-languages/cy/ • 17 unique visitors accessed the 'Other languages – Welsh – What we do' webpage http://www.nmc-uk.org/Other-languages/cy/Yr-hyn-a-wnawn/ • 23 unique visitors accessed the 'Other languages – Welsh – The standards we expect nurses and midwives to follow' webpage http://www.nmc-uk.org/Other-languages/cy/Y-safonau-y-disgwyliwn-i-nyrsys-a-bydwragedd-eu-dilyn/ • 15 unique visitors accessed the 'Other languages – Welsh – Notify the NMC about the behaviour of a nurse or midwife' webpage http://www.nmc-uk.org/Other-languages/cy/Hysbysur-NMC-ynghylch-ymddygiad-nyrs-neu-fydwraig/ • 10 unique visitors accessed the 'Other languages – Welsh – Regulators health care and other social care' webpage http://www.nmc-uk.org/Other-languages/cy/Rheoleiddwyr-gofal-iechyd-a-gofal-cymdeithasol-eraill/ <p>Our Welsh language services include the following.</p> <ul style="list-style-type: none"> • Responding to written and telephone communications in Welsh. We welcome 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. |
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| | <p>We have responded to one written enquiry in Welsh in this reporting period regarding the consultation on our revised code of practice. However, we have not received any telephone enquiries from Welsh Language speakers or requests.</p> <ul style="list-style-type: none"> • Providing Welsh translation facilities for meetings in Wales. People attending our public meetings in Wales are welcome to speak in Welsh or English. During this period, we did not receive any translation facility requests for public meeting that was held in Cardiff. • 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, our public image and corporate identity incorporates the Welsh and English language. In Wales, we use our Welsh corporate name 'Cyngor Nyrsio a Bydwreigiaeth' on letterheads and publications intended for Welsh audiences. |
| <p>Make all publications aimed at the public available in Welsh.</p> | <p>We have treated the English and Welsh languages equally when we publish our corporate annual reports. The publications include our:</p> <ul style="list-style-type: none"> • Annual report 2012–2013. • Equality and diversity annual report 2012–2013. • Welsh language scheme annual monitoring report 2011–2013. <p>We have also treated the English and Welsh languages equally when we issue publications that are aimed at the public and patients. The publications include the following.</p> <ul style="list-style-type: none"> • Care and respect every time: What you can expect from nurses. |

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| | <ul style="list-style-type: none"> • Who regulates health and social care professionals? • The Code: Standards of conduct, performance and ethics for nurses and midwives. <p>By the last quarter of 2014, we will also translate our latest corporate annual reports into Welsh and publish them on our website. These include our:</p> <ul style="list-style-type: none"> • Annual report 2013–2014. • Equality and diversity annual report 2013–2014. • Welsh language scheme annual monitoring report 2013–2014. <p>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 request.</p> |
| Review our provision of publications for nurses and midwives in Welsh. | <p>We take Welsh language considerations into account when preparing all publications. We have reviewed the Welsh language publications for nurses and midwives and translated the following publications into Welsh.</p> <ul style="list-style-type: none"> • Our corporate plan 2014–2017. • Our leaflet on raising concerns. <p>We are also currently reviewing the following publications to improve our engagement with Welsh speakers.</p> <ul style="list-style-type: none"> • Our annual review report 2013–2014. |

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| | <ul style="list-style-type: none"> • Our quality assurance handbook for education. • Revalidation guidelines. |
| Produce a first monitoring report. | In September 2013, we submitted our first monitoring report to the Welsh Language Commissioner. The report covered the period from 10 January 2011 to 30 September 2013. A summary of our performance from 1 October 2013 to 30 September 2014 is provided in this report. |
| Include a monitoring summary in our annual report. | The Director of Strategy, the Equality and Diversity Steering Group and the Legislation Compliance Manager will review our approach in light of the new Welsh language standards. We look forward to working with the Welsh Language Commissioner on this transition. |

Council

Chair's report

Action: For information.

Issue: This paper reports on the Chair's activities since the last meeting of the Council.

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

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

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

Annexes: There are no annexes to this paper.

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

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- Context:**
- 1 Given the activity undertaken by the Chair in conjunction with the Chief Executive and Registrar, this report needs to be considered alongside the Chief Executive's report, also on this meeting agenda.
- Discussion**
- 2 The Chair chaired the Patient and Public Engagement Forum, which took place on 8 October 2014. The focus of the discussion was on compassion and care in practice. A number of guest speakers participated in the debate including Gail Thomas, Dean of Health and Social Care at Bournemouth University, Lisa Bayliss-Pratt, Director of Nursing, Health Education England and Paul Jebb, Assistant Director of nursing, Blackpool teaching hospital, NHS Foundation Trust.
 - 3 The forum agreed new terms of reference for the group which re-focussed its future purpose and revised the chairing arrangements to provide for a co-chair from among the members.
 - 4 On 4 November 2014, the Chair attended the meeting of the healthcare regulatory body chairs, this time hosted by the General Optical Council. The meeting was also attended by Baroness Pitkeathley, the chair of the Professional Standards Authority.
 - 5 The Chair has met with the NMC chair designate, Dame Janet Finch, on several occasions as part of her wider orientation on the NMC's work.
 - 6 The Chair will undertake a number of meetings with key political, professional and regulatory stakeholders before he leaves office at the end of December 2014. Among the meetings already scheduled:
 - 6.1 Gail Adams, head of nursing, Unison.
 - 6.2 Peter Carter, general secretary and chief executive, Royal College of Nursing.
 - 6.3 Cathy Warwick, chief executive, Royal College of Midwives.
 - 6.4 Sir Keith Pearson, chair, Health Education England (HEE); Ian Cumming, Chief Executive, HEE; and Lord Willis of Knaresborough.
 - 7 Accompanied by the Chief Executive, the Chair will also be speaking to NMC staff to reflect on his time in office and the progress made by the organisation since 2012.
 - 8 Dame Janet Finch will assume office as the NMC Chair on 1 January 2015. A detailed induction programme has been developed, including face to face meetings with the NMC's key stakeholders.

| | | |
|---|----|--|
| Public protection implications: | 9 | 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: | 10 | 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: | 11 | None directly from the paper. Equality and diversity issues are dealt with as part of the conduct of individual workstreams and projects. |
| Stakeholder engagement: | 12 | Stakeholder engagement is detailed, as appropriate, in the body of this report. |
| Risk implications: | 13 | None directly from the paper. |
| Legal implications: | 14 | None directly from the paper. |

Council

Report from the Audit Committee

Action: For information.

Issue: The Audit Committee held a meeting on 29 October 2014 and this report is a summary of its deliberations and recommendations.

Core regulatory function: Supporting functions.

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

Decision required: No decision is required by this report.

Annexes: No annexes are attached to this paper.

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

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

Chair: Louise Scull

Context: 1 The Audit Committee held a meeting on 29 October 2014, and the main areas discussed included:

- 1.1 Internal audit work programme 2014 – 15: progress report and follow up of internal audit recommendations
- 1.2 Annual review of internal audit effectiveness
- 1.3 Procurement assurance
- 1.4 Single tender action log
- 1.5 Quality assurance update

Internal audit work programme 2014 – 15: progress report and follow up of internal audit recommendations

- 2 The Committee received an update from Moore Stephens on the delivery of the Internal Audit Plan for 2014 / 15.
- 3 The Committee noted that internal audit fieldwork as detailed within the Plan remained on track to start in accordance with timescales. The Committee noted that importance steps that the NMC is taking to improve its approach to data and intelligence, both in the short and longer term, and agreed that a limited scope audit should be undertaken in this financial year to identify any risks inherent in the NMC's current approach to data and intelligence, particularly in the light of the original Francis recommendations.
- 4 The Committee noted the strategic importance of reviewing the corporate approach to customer service, and this will be a focus of internal audit work either late in this financial year or in the early part of the next financial year.
- 5 In respect of follow up of internal audit recommendations, the Committee emphasised the need to ensure that realistic deadlines for implementation are being set. In doing so, management should take account of dependencies on other priorities and work-streams. Where original timescales were not met, management should include in the update an explanation and a revised date for implementation.

Annual review of internal audit effectiveness

- 6 In keeping with good corporate governance practice, the Audit Committee is charged with reviewing on an annual basis the effectiveness of internal audit providers.
- 7 The Committee noted the outcomes of the review, which took into account both staff and Committee members' views, and noted that the feedback was broadly positive.

Procurement assurance

- 8 The Committee, at the request of the Council, received a report on assurance processes relating to procurement.
- 9 The report detailed the control systems that are in place, and the Committee agreed that further assurance regarding contract management is required. This area will be added to the internal audit programme for 2015 / 16, and the Committee will report to the Council on the findings once completed.

Single tender action log

- 10 The Committee considered a report on single tender actions authorised since April 2014. While we are assured that there is a process in place on the issuing of single tender actions, the Committee noted that there was currently a lack of clarity in the reasons for authorising single tenders. The Committee emphasised the need for the authorisation process to enable a clear decision to be taken in advance to authorise single tender actions, based on an agreed set of criteria.
- 11 The Committee has agreed to review single tender actions at each meeting going forward and will keep this area under review.

Quality assurance update

- 12 The Committee received a report on progress in implementing the quality assurance strategy, which is ongoing. The Committee remains concerned about the rate of progress, particularly in relation to concerns previously expressed.
- 13 The Committee recognises the strategic importance of quality assurance and will continue to seek assurance on progress. The Council will receive a further substantive update on this issue in early 2015.

Public protection implications:

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

Resource implications:

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

Equality and diversity implications:

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

Stakeholder engagement:

- 17 None.

Risk implications: 18 There are no risk implications arising directly from this report.

Legal implications: 19 None identified.

Council

Report from the Midwifery Committee

Action: For information.

Issue: The Midwifery Committee held a meeting on 28 October 2014 and this report is a summary of its deliberations and recommendations.

Core regulatory function: Supporting functions.

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

Decision required: No decision is required by this report.

Annexes: No annexes are attached to this paper.

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

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

Chair: Dr Anne Wright

Context:

- 1 The Midwifery Committee held a meeting on 28 October 2014, and the main areas discussed included:

Revalidation and review of the code: update

- 2 The Committee received an update on the development of the revised Code; and on the development of the draft revalidation model.
- 3 On the revised Code, the Committee noted that the NMC will need to continue to work closely with Approved Education Institutions to embed the revised Code's provisions in the training that nursing and midwifery students will receive. The Committee also noted that the revised Code does not include explicit provisions on the ways in which nurses and midwives should use social media. This is an important area, as the use of social media potentially reflects on the way in which the profession is perceived, and the NMC is developing separate guidance on social media usage for registrants that would sit alongside joint NMC / GMC guidance on the duty of candour.
- 4 The Committee endorses the revised Code that has been submitted to the Council at this meeting.
- 5 On revalidation, the Committee noted the extensive consultation that has taken place to date, and the largely positive feedback that has been received from a range of registrants, patients and the public during that consultation period.
- 6 The Committee would wish to bring to the Council's attention three particular points:
 - 6.1 Firstly, concerns were raised around midwives requiring to meet 450 hours of practice as a SCPHN. A meeting is being convened to discuss this issue further.
 - 6.2 The Committee acknowledges that the majority of midwives had indicated a preference for supervisors of midwives provide confirmation for revalidation purposes. This is not proposed in the current draft model, pursuant to a Council decision that confirmation be received from employers.
 - 6.3 The Committee expressed concern that midwives may, under current legislative obligations, be subject to additional burdens through revalidation, given requirements on appraisal, revalidation and supervision. The pilots would explore evidence around additional burdens.

LSA annual report and quarterly quality monitoring report of the LSAs

- 7 The Committee received a presentation from NMC colleagues on the development of this year's Local Supervising Authority (LSA) annual report and noted that the final report would be submitted to the

Council in January 2015, with the report published thereafter on the NMC website.

Review of midwifery regulation / Guernsey update

- 8 The Committee continues to engage with the King's Fund on the review of midwifery regulation; and the Committee's views on the review outcomes will be reflected as part of the Council's discussions in January 2015.
- 9 The Committee received an update report on developments in midwifery and maternity services in Guernsey. An extraordinary review report was, following the Committee's discussions, published on 30 October 2014 and is available via the NMC website.

Other business

- 10 The Committee wishes to formally thank, through this report, Kirsty Darwent and Marie McDonald, whose second terms of office will conclude at the end of this year. Both have contributed enormously to the Committee's work since 2009, and their experience and energy will be missed enormously.

Public protection implications:

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

Resource implications:

- 12 None arising from this report.

Equality and diversity implications:

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

Stakeholder engagement:

- 14 No direct implications arising from this report. The review of the Code and the consultation on revalidation have both involved significant stakeholder engagement.

Risk implications:

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

Legal implications:

- 16 None identified.

COUNCIL and COMMITTEE SCHEDULE OF BUSINESS 2015

Please note that this schedule of business is indicative; and that the items cited below and their timing remain subject to change.

| COUNCIL: 27 - 28 JANUARY 2015 (London) Deadline for receipt of papers: 14 January 2015 Despatch date: 21 January 2015 | |
|--|--|
| OPEN SESSION: 28 January 2015 | |
| <p>For decision:</p> <ul style="list-style-type: none"> • NMC Strategy 2015 – 2020 • Review of Midwifery regulation: report • Revalidation: draft standards and guidance • Revised Code: agreement of underpinning guidance • Annual education and LSA QA report <p>For discussion:</p> <ul style="list-style-type: none"> • Corporate plan and budget 2015 – 18: initial discussion • Draft Education Strategy 2015 - 2020 • Regional liaison model: update • ICT strategy development update • Update on evaluation of education standards <p>For information:</p> <ul style="list-style-type: none"> • Annual report of the Appointments Board to Council | |

COUNCIL: 24—25 MARCH 2015 (London)
Deadline for receipt of papers: 11 March 2015
Despatch date: 18 March 2015

OPEN SESSION: 25 March 2015

For decision:

- NMC 2015 – 18 Corporate Plan and budget
- Joint candour guidance
- HR and OD strategy 2015 - 18

For discussion:

- Review of the delivery of the QA strategy
- Standards development programme
- Strategy updates (ICT strategy)
- NMC Customer service¹: reporting
- Payment of the registration fee by instalments: changes to Rules

For information:

- Revalidation update

¹ Agreed at July 2014 Council, twice-yearly reporting

COUNCIL: 26 – 27 May 2015 (TBC) - Belfast
Deadline for receipt of papers: 13 May 2015
Despatch date: 20 May 2015

OPEN SESSION: TBC

For decision:

- Education strategy

For discussion:

- Annual review of Council and Committee effectiveness: arising themes
- Accommodation review

For information:

- Revalidation update

COUNCIL: 28 – 29 July 2015 (London)
Deadline for receipt of papers: 15 July 2015
Despatch date: 22 July 2015

OPEN SESSION: 29 July 2015

For decision:

- Draft NMC annual report and accounts 2014 - 15
- Draft fitness to practise annual report 2014 – 15
- Draft annual NMC equality and diversity report 2014 – 15
- PSA performance review 2014 – 15: outcomes

For discussion:

- Annual NMC health and safety report 2014 – 15²
- NMC staff survey: outcomes

For information:

- Revalidation update

² Requested at July 2014 Council

COUNCIL: 29 – 30 September 2015 (London)
Deadline for receipt of papers: 16 September 2015
Despatch date: 23 September 2015

OPEN SESSION: 30 September 2015

For decision:

- Revalidation policy and standards

For discussion:

- Quality assurance update³
- NMC Customer service: reporting
- ICT strategy development update

³ Requested by the Council at its July 2013 meeting.

COUNCIL: 24 – 25 November 2015 (London)
Deadline for receipt of papers: 11 November 2015
Despatch date: 18 November 2015

OPEN SESSION: 25 November 2015

For discussion:

- Update on education strategy

For information:

- Revalidation update

Items for 2016 onwards

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

Meeting of the NMC Council

to be held from 09:30 to 13:15 on 3 December 2014
in the Council Chamber, 23 Portland Place, London W1B 1PZ

Agenda

Mark Addison
Chair of the Council

Matthew McClelland
Secretary to the Council

Preliminary items

- | | | | |
|---|---|------------|-------|
| 1 | Welcome from the Chair Chair | NMC/14/102 | 09:30 |
| 2 | Apologies for absence Secretary | NMC/14/103 | |
| 3 | Declarations of interest All | NMC/14/104 | |
| 4 | Minutes of the last meeting Chair | NMC/14/105 | |
| 5 | Summary of actions Secretary | NMC/14/106 | |

Corporate reporting

- | | | | |
|---|---|------------|-------|
| 6 | Chief Executive's report Chief Executive and Registrar | NMC/14/107 | 09:40 |
| 7 | Performance and Risk report Chief Executive and Registrar | NMC/14/108 | 10:00 |

- | | | |
|---|---|------------------|
| 8 | Monthly financial monitoring: October 2014 results | NMC/14/109 10:50 |
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Director of Corporate Services

BREAK: 11:00

Matters for decision

- | | | |
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| 9 | UK registrations policy | NMC/14/110 11:10 |
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Director of Registration

- | | | |
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| 10 | Changes to our regulatory legislation: the Registration Rules and Fitness to Practise Rules | NMC/14/111 11:30 |
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Director of Strategy

- | | | |
|----|-----------------------------|------------------|
| 11 | Revision of the Code | NMC/14/112 12:00 |
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Director of Continued Practice

- | | | |
|----|---|------------------|
| 12 | Provisional policy for the revalidation of nurses and midwives | NMC/14/113 12:30 |
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Director of Continued Practice

Questions from observers

- | | | |
|----|---------------------------------|------------------|
| 13 | Questions from observers | NMC/14/114 13:00 |
|----|---------------------------------|------------------|

LUNCH: 13:15

Matters for information

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

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|----|---|------------|
| 14 | The Welsh Language Scheme monitoring report and the proposed schedule for the implementation of the Welsh Language Standards | NMC/14/115 |
|----|---|------------|

Director of Strategy

- | | | |
|----|--|------------|
| 15 | Chair's report Chair | NMC/14/116 |
| 16 | Chair's actions taken since the last meeting of the Council Chair <i>No Chair's actions have been taken in the reporting period since the last meeting of the Council on 1 October 2014</i> | NMC/14/117 |
| 17 | Reports from Chairs of the Committees <ul style="list-style-type: none"> • Chair of the Audit Committee • Chair of the Midwifery Committee | NMC/14/118 |
| 18 | Council and committee schedule of business: 2015 Secretary | NMC/14/119 |

The next Council meeting will be held on 28 January 2015 at 9:30am at 23 Portland Place, London.