

## Meeting of the Council

To be held from 09:30 to 13:30 on Wednesday 4 June 2014  
at the Merchant's Hall, Edinburgh

### Agenda

Mark Addison  
Chair of the Council

Matthew McClelland  
Secretary to the Council

- |   |  |           |       |
|---|--|-----------|-------|
| 1 | <b>Welcome and Chair's opening remarks</b> | NMC/14/42 | 09:30 |
| 2 | <b>Apologies for absence</b>               | NMC/14/43 |       |
| 3 | <b>Declarations of interest</b>            | NMC/14/44 |       |
| 4 | <b>Minutes of the previous meeting</b>     | NMC/14/45 |       |
|   | Chair                                      |           |       |
| 5 | <b>Summary of actions</b>                  | NMC/14/46 |       |
|   | Secretary                                  |           |       |

### Corporate reporting

- |   |   |           |       |
|---|---|-----------|-------|
| 6 | <b>Chief Executive's report</b>                         | NMC/14/47 | 09:40 |
|   | Chief Executive and Registrar                           |           |       |
| 7 | <b>Performance and risk report</b>                      | NMC/14/48 | 10:00 |
|   | Chief Executive and Registrar                           |           |       |
| 8 | <b>Monthly financial monitoring: April 2014 results</b> | NMC/14/49 | 10:25 |
|   | Director of Corporate Services                          |           |       |
|   | <b>Refreshments: 10:30</b>                              |           |       |

### Matters for decision

- |   |                      |           |       |
|---|----------------------|-----------|-------|
| 9 | <b>NMC Strategy</b>  | NMC/14/50 | 10:45 |
|   | Director of Strategy |           |       |

10	<b>Revalidation update</b> Director of Continued Practice	NMC/14/51	11:45
11	<b>PSA initial stages audit 2013</b> Director of Fitness to Practise	NMC/14/52	12:05
12	<b>Fitness to practise: policy on issuing guidance</b> Director of Fitness to Practise	NMC/14/53	12:25
13	<b>Appointments and reappointments policy</b> Secretary	NMC/14/54	12:30

### **Matters for discussion**

14	<b>Law Commission update</b> Chief Executive and Registrar	NMC/14/55 (Oral)	12:45
15	<b>Reports from Chairs of the Committees</b> Chair of the Audit Committee Chair of the Midwifery Committee	NMC/14/56	13:00
16	<b>Questions from observers</b>	NMC/14/57	13:15

### **LUNCH**

### **Matters for information**

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

17	<b>Review of Midwifery Regulation: update</b> Director of Strategy	NMC/14/58	
18	<b>Chair's report</b> Chair of the Council	NMC/14/59	

19 **Council and committee schedule of business**

NMC/14/60

Secretary

The next meeting of the Council will be held on Wednesday 30 July 2014 at 9:30am at 23 Portland Place, London, W1B 1PZ.



Meeting of the Council  
Held at 09:30 on 26 March 2014  
at 23 Portland Place, London W1B 1PZ

## Minutes

### Present

#### Members:

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

#### NMC officers:

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

The meeting of the Council commenced at 09:35.

## Minutes

**NMC/14/21 Welcome from the Chair**

1. The Chair welcomed all attendees to the meeting.

**NMC/14/22 Apologies for absence**

1. Apologies for absence were received from Maura Devlin, Professor Judith Ellis (Items NMC/14/33 – NMC/14/41 only), Amerdeep Somal (Items NMC/14/29 – NMC/14/32 only), Stephen Thornton (Items NMC/14/32 – NMC/14/41 only) and Anne Wright (Items NMC/14/33 – NMC/14/41 only).

**NMC/14/23 Declarations of Interest**

1. The Council noted that declarations of interest with regard to specific items would be made at the appropriate point in the meeting.

**NMC/14/24 Minutes of previous meetings**

1. The minutes of the previous meeting of the Council held on 29 January 2014 were agreed as a correct record, subject to amending “March 2013”, in NMC/14/06, paragraph 6 to “March 2014.”

**NMC/14/25 Summary of actions**

1. The Council noted progress on responding to actions arising from previous meetings of the Council.
2. The Council noted that the Audit Committee would consider the scope of the review of the QA function at its meeting in April 2014.

**NMC/14/26 Chief Executive’s report**

1. The Council considered the report, which detailed high level strategic engagement and key developments against the NMC’s Corporate Plan 2013 – 16. The Chief Executive and Registrar noted that the meeting with representatives from the Care Quality Commission detailed in paragraph 4 had been rescheduled.
2. In discussion, the following points were noted:
  - a) The NMC continued to engage with Directors of Nursing and employers on the benefits that enhanced regional liaison would bring and themes were being identified through this engagement. The next step would be a workshop with internal stakeholders, followed by a business case to the Executive Board enabling the development of a regional liaison model.
  - b) The NMC would collaborate with the Kings’ Fund in taking forward future proposals on midwifery regulation. The Midwifery Committee would continue to advise the Council as

these proposals developed.

- c) The NMC had commenced a project to find alternative hearings premises given that the lease of Old Bailey was extremely unlikely to continue beyond the end of 2014.
- d) The length of time that it takes to hear registration appeals was discussed. A number of options were being explored, including increasing the number of registration appeal chairs to allow these to be scheduled as early as possible. In a high proportion of cases, the timescale was determined by the appellants' readiness or availability.
- e) The Registration Centre had received an 8% increase in January and February 2014 over the same period in 2013. Further work toward greater online provision, including a refresh of the NMC's website, would help in ensuring that calls remained manageable. Work was continuing to understand and address any specific drivers for call volumes.
- f) The deadline for response to the NMC's consultation on revalidation and the Code was 31 March 2014 and a high number of responses had been received by professionals, organisations and individuals.

- 3. Some differences in the information contained in separate reports were noted. Greater consistency would be achieved in the future.

**NMC/14/27 Performance and risk report**

- 1. The Council received a report detailing progress against key performance indicators and the corporate risk register.
- 2. In discussion on the Key Performance Indicators, the following points were noted:
  - a) KPI1 (Registrations): Performance on the KPI had improved and at 89% was almost back at the target level of 90%. Additional monitoring had indicated challenges in January 2014 for the Registration Centre in terms of the call abandonment rate though performance had improved in February 2014. Call volumes and resource levels would remain under review to confirm whether the current staff numbers were appropriate in order to maintain high performance in this area.
  - b) KPI2 (Interim Orders): Performance against this indicator had fallen considerably below the target in January 2014, predominantly due to IT issues. Performance had improved in February 2014, with an average performance of 27 days

against an average performance in January 2014 of 37 days. The range in February had been established as between 18 and 55 days.

- c) KPI3 (Investigations): Performance against this indicator was on target.
- d) KPI 4 (Adjudications): Performance against this indicator had improved. Performance was expected to dip in March and April 2014 as a number of older cases were scheduled, though remained broadly in line with the profile.
- e) The Council also noted the additional information on this KPI as set out within Annexe 5. The Executive was confident that the workforce and panel member resource currently in place could deliver the contingencies outlined within the annexe if required. The Council welcomed the information and the fact that appropriate contingency arrangements could be made if so required.
- f) KPI 5 (Available free reserves): Performance against this indicator was on target. The latest estimate on the NMC's pension scheme deficit valuation, which had had an impact on free reserves, was noted as having been provided for in the March 2014 forecast.
- g) KPI 6 (Staff turnover): Both turnover of all staff and of permanent was above the profile for January and February 2014. It was noted that the full impact of the recent pay and grading review, such as new development and career progression opportunities, would take time to translate into performance against KPI 6. Comprehensive management information on the NMC's workforce allowed trends and patterns about reasons for staff leaving the organisation to be identified. A review of the Human Resources and Organisational Development (HR&OD) strategy would be taken forward over the second half of 2014, which the Council would have the opportunity to shape and influence.
- h) A breakdown of equality and diversity statistics on staff that had left the organisation over the last 12 months would be included in the NMC's Equality and Diversity Annual Report.

3. The Council considered the information on FtP performance for December 2013 to February 2014 (as set out within Annexe 2 to the report).

4. The following points were noted:

- a) Cases over 18 months remained a challenge. The FtP

directorate was putting in place a series of measures to reduce the caseload and had seen a reduction in cases between 18 months to 2 years. Recent, non-complex cases were progressing well through the investigations stage.

- b) The Council requested that consideration be given to the addition of further data points to future iterations of the FtP dashboard within the report to allow for easier identification of trends.

5. On the Corporate Risk Register, the Council noted the addition to the Register of the risk around the Law Commission Bill. The Council asked the Executive to reconsider whether the scoring was currently too low given the uncertainty about the timings of the Bill's passage through Parliament.
6. The Council asked that the Executive consider the addition of the recruitment of the Chair of the Council to the Corporate Risk Register.
7. The Council endorsed the Corporate Risk Register.

<b>Action:</b>	<b>Review feasibility of adding further data points to future versions of the FtP dashboard</b>
<b>For:</b>	<b>Director of Fitness to Practise</b>
<b>By:</b>	<b>4 June 2014</b>
<b>Action:</b>	<b>Reconsider the risk score for the Law Commission Bill</b>
<b>For:</b>	<b>Chief Executive and Registrar</b>
<b>By:</b>	<b>4 June 2014</b>
<b>Action:</b>	<b>Consider the possible addition of the recruitment of the Chair of the Council to the corporate risk register</b>
<b>For:</b>	<b>Director of Corporate Services</b>
<b>By:</b>	<b>4 June 2014</b>

**NMC/14/28 Monthly financial monitoring – January 2014 results**

1. The Council received and noted the monthly monitoring information.
2. In discussion, the following points were noted:
  - a) The NMC was taking a prudent approach in respect of any future revaluations of the deficit of the pensions scheme. Steps had been taken to reduce future liability through the closure to new staff of the defined benefits pension scheme.
  - b) The Council noted the discussions held at the Audit Committee on the potential accounting implications for the NMC of being the sole member of the pensions scheme.

**NMC/14/29 Update on Francis report and other related healthcare reviews**

1. The Council considered the report, which provided an update on matters arising out of the report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis report) and other related healthcare reviews. The Council also noted the progress made in planned actions arising in response to the Francis report and other healthcare reviews.
2. In discussion, the following points were noted:
  - a) Steps had already been taken to improve the witness experience, such as dedicated staff in place to provide improved support and changes to the environment of hearings settings. The Council asked that consideration be given to drawing up qualitative metrics to assess the effectiveness of those changes and to identify where further possible improvements could be made.
  - b) It was essential that joint working and the improvement of intelligence sharing arrangements with other professional and systems regulators took place across all four UK countries.

**Action: Consider qualitative metrics to assess efforts made to improve the witness experience**  
**For: Director of Fitness to Practise**  
**By: 4 June 2014**

**NMC/14/30 Standards and guidance review cycle 2014 – 17**

1. The Council considered the report, which outlined the review and publication cycle for new and existing NMC standards and guidance over the three year period April 2014 to March 2017.
2. In discussion, the following points were noted:
  - a) The consultation on the revised Code represented an important opportunity for engaging with the public and professionals. Consideration should be given to including the word “professional” in any revision of the title of the Code.
  - b) Duty of candour was incorporated within the cycle and work was ongoing with the General Medical Council to produce joint guidance on the duty.
3. **Decision: The Council approved the proposed review cycle for 2014 to 2017.**

**NMC/14/31 2014 – 17 Corporate plan and budget, including review of reserves policy and registration fee proposals**

1. Professor Judith Ellis, Maureen Morgan, Carol Shillabeer, Elinor Smith and Lorna Tinsley declared an interest in Item 11, “2014 – 17 Corporate plan and budget”, by virtue of being registrant members of the Council.
2. The Council received a presentation from the Chief Executive and Registrar on a recommendation to the Council to commence consultation to increase the annual registration fee to £120 from March 2015.
3. The Chief Executive and Registrar emphasised that the NMC had made substantial progress in delivering its core regulatory functions since the Council meeting in October 2012, at which proposals to increase registration fees had last been discussed.
4. The NMC recognised that this was a very difficult decision and the impact that any fee rise would have on nurses and midwives. While much had been done in achieving internal efficiencies, the decision to consult on a fee rise was still required given the further improvements that were necessary and the legal framework in which the NMC currently operated.
5. The Council received a presentation from the Director of Corporate Services on the Corporate Plan for 2014 – 17, the Financial Plan for 2014 – 17 and the budget for 2014 – 15.
6. The Chair of the Council noted that this was a discussion of utmost importance to nurses and midwives and invited comments from members of the audience. The Chair of the Council also noted that any decision taken at the Council meeting was subject to public consultation, which would commence shortly after the Council meeting.
7. The following points were raised by members of the audience:
  - a) The possibility of using the NMC reserves to enable either a delay in a rise in fee or a reduced rise in fee was raised. In response, it was noted that reserves were maintained to mitigate against a number of core risks to the organisation and to meet Charity Commission requirements, and as such could not be depleted to allow for a delay in fee rise or reduced rise in fees.
  - b) Concern was expressed over the potential for a further increase in fees shortly after the implementation of any future fee rise. It was noted that the £120 proposal was designed to ensure the NMC’s sustainability and self-sufficiency. The NMC would continue to explore options for achieving further cost efficiencies, including planning on long-term

accommodation; similarly, the outcomes of the Law Commission review could enable legislative change which would allow for further savings.

- c) There was acknowledgement of the progress that the NMC had made, particularly in improvements in Fitness to Practise, and this had served to build confidence from patients, nurses and midwives, the public and other interested parties in the organisation. However, there was significant concern about the reputational damage, and a consequent loss in trust from nurses and midwives, that a fee rise at the current time would cause.
- d) The consultation would need to be meaningful and the NMC would have to demonstrate that it took seriously the themes arising from the consultation responses; it was essential that the decision to raise fees was not viewed as a 'fait accompli'.
- e) Concern was also expressed about the focus of spending on the Fitness to Practise function at the possible expense of the NMC's other important functions.

- 8. The Chair of the Council thanked members of the audience for their observations.
- 9. The Council noted that any decision on the Corporate Plan 2014 – 17 and the Financial Plan for 2014 -17 were contingent upon determining the Council's view on a consultation for increasing the annual registration fee to £120.
- 10. The Council discussed the corporate Key Performance Indicators for 2014 – 15. It was suggested that there could be room to set more challenging targets for KPI2 (IOs) and KPI 6 (staff turnover). It was also necessary to set a target for concluding FtP cases in 15 months. The Council would return to the KPIs and target setting at its June 2014 meeting.
- 11. In discussion on the Financial Plan for 2014 – 17 and the Budget for 2014 – 15, it was noted that the budgetary assumptions around staff pay were based on Office of Budgetary Responsibility (OBR) figures and were consistent with the financial strategy agreed by the Council. Determining staff pay was currently a function of the Executive Board, with responsibility for agreeing pay and grading principles falling to the Remuneration Committee. The Council agreed that the Chair of the Council, in consultation with the Chair of the Remuneration Committee and the Chief Executive and Registrar discuss further pay assumptions prior to any decision on pay being made by the Executive Board.
- 12. In discussion on the risk-based reserves, the following points were

noted:

- a) The recommended range of £10m - £30m was to accommodate a number of different assumptions on the core risks facing the organisation.
- b) Council members, as trustees of the organisation, had an obligation to ensure that the NMC had sufficient reserves and could not therefore allow any further decrease in reserves to enable fees to remain at the same level.

13. In discussion on the recommendation to commence consultation to increase the annual registration fee to £120 from March 2015, the following points were noted by members of the Council:

- a) All members of the Council recognised that any increase in fees would have an impact on registrants who were working in challenging economic circumstances.
- b) Consultation should emphasise the work that the NMC has done over the last two years in driving improvements toward achieving its core regulatory function, and the work that had been done and that would continue to achieve significant cost-efficiencies. The consultation should also set out the reasons that a fee rise was considered necessary. Tax relief was available for registrants and more should be done to publicise this.
- c) The Law Commission review work was crucial in driving through necessary changes to the framework in which the NMC currently operated, and the NMC would make every effort to encourage legislative change during this Government.
- d) Reference was made to the possibility of further financial support from the Department of Health in order to allow the current fee level to be maintained. The offer of such support was a decision for the Government.
- e) A registration fee of £120 should not be regarded as the minimum level in going forward. Any changes, including to the legislative framework, that enabled the NMC to achieve significant savings would prompt a review as to whether fees could be reduced.
- f) The Council noted that it would consider consultation responses at its October 2014 meeting and would consider again the further cost efficiencies achieved, and the reserves based position, at that time.

14. The Council noted the latest position regarding phased payments,

and that this was an important area to progress.

**Decisions:**

- a) **The Council approved the Corporate Plan for 2014 - 17;**
- b) **The Council approved the Budget for 2014-15 and the Financial Plan for 2014 – 17 subject to further discussion on the budgetary assumptions on staff pay and noting that the 2015 - 17 Plan will be dependent on the outcome of fee consultation.**
- c) **The Council agreed that the level of available free reserves should be in the range of £10million to £25million, subject to any decision in October 2014 to raise the annual registration fee to £120.**
- d) **The Council agreed to commence consultation to increase the annual registration fee to £120 from March 2015.**

*Secretary's note: the Council subsequently decided to refer the pay assumptions to the Remuneration Committee for discussion before any decision was taken by the Executive Board.*

**NMC/14/32      Equality objectives action plan 2014 – 15**

1.            The Council received the report, which set out the outcomes of a review of the NMC's equality objectives and the action plan for 2014 – 15 as agreed by the Executive Board.
2.            In discussion, the following points were noted:
  - a)    It was suggested that the wording of point 4 of the action plan should be clarified
  - b)    Progress on the action plan would be reported to the Council through an annual equality and diversity report and quarterly reports on the corporate plan.

**NMC/14/33      Recruitment and selection of the Chair of the Council**

1.            The Council considered the report, which set out the work of the Appointment Committee since the last Council meeting.
2.            In discussion, the following points were noted:
  - a)    Search consultants had been appointed to assist with the advertising, search and selection.
  - b)    Good progress had been made in identifying the chair and

members of the Selection Panel.

- c) The proposed role description and competencies were praised for their clarity. Further thought should be given to whether to include in the role description a need for the Chair to “ensure that the will of the Council prevails.”

3. **Decision: The Council approved the draft role description and competencies, subject to any final amendments to be authorised by the Chair of the Appointment Committee.**

#### **NMC/14/34 Report from the Appointments Board**

1. The Council considered the report, which set out proposed changes to the terms of reference of the Board and related amendments to the Standing Orders and Scheme of Delegation. The Council was also invited to approve a programme of work regarding legal assessors and to approve the appointment of legal assessors. It was noted that panel members and legal assessors were not formal employees of the NMC and a note to that effect would be included in the terms of reference.

2. The Chair thanked the Chair and members of the Appointments Board for their continued involvement on the Board.

3. **Decisions:**

- a) **The Council approved the proposed terms of reference for the Appointments Board and the related amendments to the Standing Orders, the Scheme of Delegation and the terms of reference of the Remuneration Committee.**

- b) **The Council approved the appointment of the legal assessors as set out in Annexe 2 to the report.**

#### **NMC/14/35 Questions from observers**

1. The Chair of the Council invited questions from observers.
2. Concern was expressed by one observer that the language used in NMC online newsletter on the percentage of registrants involved in FtP hearings could imply a level of complacency. It was noted that the language was aimed at recognising that the vast majority of nurses and midwives achieved a very high level of standards and service to patients.

#### **NMC/14/36 Registration improvement programme**

1. The Council received and noted the report.

**NMC/14/37 Chair's report**

1. The Council received and noted the report.

**NMC/14/38 Chair's actions taken since the last meeting of the Council**

1. The Council received and noted the report.

**NMC/14/39 Reports from the Chairs of the Committees**

1. The Council received and noted the reports.

**NMC/14/40 Schedule of business**

1. The Council received and noted the report.

The date of the next meeting is to be 4 June 2014.

The meeting ended at 14:20.

**SIGNATURE (CHAIR):** .....

**DATE**.....

## Council

### Summary of actions

**Action:** For information.

**Issue:** A summary of the progress on completing actions agreed by the meeting of Council held on 26 March 2014 and progress on actions outstanding from previous Council meetings.

**Core regulatory function:** Supporting functions.

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

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

**Annexes:** None.

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

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## Summary of actions outstanding (Council)

### Actions arising from the Council meeting on 26 March 2014

Minute	Action	For	Report back to: Date:	Progress
NMC/14/27	Review feasibility of adding further data points to future versions of the FtP dashboard	Director of Fitness to Practise	Council 4 June 2014	Further data points added to dashboard included in agenda item NMC/14/47
	Reconsider the risk score for the Law Commission Bill	Chief Executive and Registrar	Council 4 June 2014	Executive Board decided to keep risk score at same level. Covered in agenda item NMC/14/48
	Consider the possible addition of the recruitment of the Chair of the Council to the corporate risk register	Chief Executive and Registrar	Council 4 June 2014	The Executive Board considered this further at its meeting on 8 April and agreed that, while it remains appropriate to continue reflect the risk on the Corporate Governance risk register, it does not currently require escalation to the corporate risk register.

NMC/14/29	Consider qualitative metrics to assess efforts made to improve the witness experience	Director of Fitness to Practise	Council 4 June 2014	Metrics considered and item discussed in agenda item NMC/14/48
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**Actions arising from the Council meeting on 12 September 2013**

<b>Minute</b>	<b>Action</b>	<b>For</b>	<b>Report back to: Date:</b>	<b>Progress</b>
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	To be confirmed with Department of Health in 2014	Not yet due. The Council will be updated once the timing for the analysis is confirmed.



## Council

### Chief Executive's report

**Action:** For information.

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

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

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

**Decision required:** None.

**Annexes:** None.

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

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

**Discussion: Legislative developments**

- 2 On 2 April 2014, the Law Commission published its report *Regulation of Health and Social Care Professionals* and draft Bill<sup>1</sup>. We consider the draft Bill to represent a significant opportunity to modernize our outdated legislative framework. It remains uncertain whether it will be included in the Queen's speech on 4 June 2014. We are continuing to press the case for the Bill. We are also working with patient representative groups, other UK healthcare regulators, and the Professional Standards Authority for Health and Social Care (PSA) to seek consensus on a number of key issues in the draft Bill.
- 3 We are currently consulting on the proposed section 60 order that will introduce, among other things, case examiners. Two listening events have been held, one for stakeholders and one for panel members. We anticipate that the order will come into effect in Spring 2015.
- 4 The revised EU Mutual Recognition of Professional Qualifications Directive is now law at EU level and must be transposed into UK law by January 2016. The NMC is in discussion with the UK government to prepare for changes to the NMC's own legislation. A briefing on the impact of the changes is scheduled for the Council seminar on 3 July 2014.

**Health Select Committee**

- 5 The NMC has been invited to appear before the Health Select Committee on 17 June 2014 to give evidence to the Complaints and Raising Concerns Inquiry. We have also submitted, as requested in the Committee's accountability report published in December 2013, an update on revalidation and other matters.

**Strategic Review**

- 6 The PSA Strategic Review published in July 2012 made a number of recommendations regarding leadership, governance, culture, and systems. The review indicated that we should aim to make demonstrable improvements within two years. We are commissioning an independent review to take stock of progress. The review is expected to report in early autumn.

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<sup>1</sup> The Bill has been published on behalf of the Law Commission, the Scottish Law Commission and the Northern Ireland Law Commission.

## **NMC Online**

- 7 In June 2014, we will launch the second phase of NMC Online, which will enable registrants to renew their registration online. This is an important step towards improving customer service, data quality and overall performance within the Registration function.

## **Duty of candour**

- 8 The inter-regulatory working group on candour is expecting to publish in June / July 2014 a joint statement of principles on consistent approaches to candour. The NMC and the GMC have contributed to a Department of Health publication on candour. We have commenced work on joint wording for guidance on candour, near misses, and apology, which will be released for consultation late in 2014. Subject to consultation, the NMC's revised Code will contain references to candour.

## **Liverpool Care Pathway**

- 9 Published in July 2013, *More Care, Less Pathway* was the report that looked in depth into the issue of care for the dying in hospitals, care homes and hospices, in particular focusing on the use of the Liverpool Care Pathway. The NMC has contributed to a system wide response, the priorities of care guidance, and the responsibilities of health and care staff guidance, all of which will be launched in the near future. We will take the review into account in future development and evaluation of our standards.

## **NMC consultations**

- 10 On 8 May 2014, we launched our consultation on a proposed increase to the registration fee. The consultation will run until the end of July 2014. In the meantime an e-petition opposing the proposed fee rise has now exceeded 100,000 signatures, meaning that it could be subject to a Parliamentary debate. We await confirmation as to how it will be handled.
- 11 On 19 May 2014, we launched our consultation on the revised Code. The consultation, which is the second part of the revalidation consultation, will run for twelve weeks.

## **Engagement activities**

- 12 A joint reception with other healthcare regulators will be held at the Northern Ireland assembly on 11 June 2014. The event, which follows similar events at the Scottish Parliament and Welsh Assembly, is aimed at Assembly Members, researchers, and policy staff.
- 13 We recently attended a meeting of the Senior Scottish Stakeholders Group convened by the Chief Nursing Officer for Scotland. A number

of topics were discussed, including: initial findings of the revalidation consultation; the launch of the consultation on the section 60 order; and development of the regional representatives model.

- 14 Our first Patient and Public Engagement Forum meeting in Scotland was held on 25 April 2014 in Glasgow. The Forum has expressed interest in the review of the Code; the complaints process; involving carers; and publishing materials in different formats. The next meeting in Scotland will take place on 5 June 2014 in Edinburgh.
- 15 Our Patient and Public Engagement Forum met in London on 7 May 2014. We provided updates on: patient and public engagement work, four country engagement; website re-development; Chair recruitment; the change programme; revalidation; the Law Commission draft Bill; and the fees consultation. The Forum provided feedback on two leaflets we have produced for patients and the public, one on what to do if you are unhappy with your care, and the other on our role in education. The next meeting in England will take place in London on 9 July 2014.
- 16 The NMC is now attending all regional Quality Surveillance Groups in England, significantly adding to our insight into quality and risk intelligence.

#### **Chief Executive's activity**

- 17 As part of the engagement on the fee consultation, on 9 April 2014 the Chief Executive held a high-level meeting with representatives of the Royal College of Nursing, the Royal College of Midwives and UNISON to reflect on the fees discussion at the March 2014 Council meeting. The issue of the NMC fee was raised during the Chief Executive's speaking engagements including the 'raising concerns and developing openness' event on 25 March 2014, the UNISON conference 'fringe' event on 15 April 2014 and the 'implementing the Francis recommendations' event on 29 April 2014.
- 18 Discussion of the Law Commission's draft Bill was the main item at the most recent meeting of the regulatory body chief executives on 2 April, which was also attended by the PSA and the Department of Health. The Chief Executive also discussed the Law Commission proposals with Niall Dickson, the Chief Executive of the General Medical Council (24 March 2014), Samantha Peters, the Chief Executive of the General Optical Council (17 April 2014) and David Howell, the Chief Executive of the General Chiropractic Council (10 April 2014). The Chief Executive was one of the signatories of a joint letter from the regulatory body chief executives in support of the draft Bill which appeared in the 'Sunday Times' at the beginning of April 2014.
- 19 On 14 May 2014, the Chief Executive and the NMC's Corporate Legislation Adviser met Nick Seddon, Special Adviser on Health to

the Prime Minister, at 10 Downing Street, to press for inclusion of a Bill based on the Law Commission's Bill in the Queen's Speech and the need for progress on reforming the NMC's legislative framework.

- 20 The draft Bill has been raised in the Chief Executive's discussions with Rosie Cooper, MP, a member of the Health Committee (8 April 2014) and Andy Burnham, MP, the Shadow Health Secretary (29 April 2014). Ms Cooper and Mr Burnham also raised the NMC's fitness to practise work and the fee consultation.
- 21 The NMC's fitness to practise work was referenced in a visit by the Chief Executive and the Director of Registration to the Blackpool Teaching Hospitals NHS Trust, organised by Paul Jebb, the Assistant Director of Nursing (patient experience). The Chief Executive spent time with a group of nursing and midwifery staff talking about the fee consultation and the Code, among a range of issues. As part of the visit, the Chief Executive visited the neo-natal, adolescent, coronary care and midwifery units.
- 22 With the conclusion of the first phase of consultation activity at the end of March 2014, revalidation was among the issues discussed with Dean Royles, the Chief Executive and Caroline Waterfield, the Deputy Head of Employment Services, NHS Employers and DH colleagues on 24 March 2014. Revalidation and the review of the code were also raised at the Chief Executive's meeting with the UK Chief Nursing Officers on 8 April 2014.
- 23 On 25 March 2014, the Chair and Chief Executive hosted the seminar on professionalism held at the NMC and chaired by the Rt. Hon. Stephen Dorrell, Chair of the Health Committee. The seminar was attended by a group of professional and lay stakeholders and arrangements are in hand for another seminar in June 2014.
- 24 On 6 May 2014, the NMC and Health Education England (HEE) announced the 'Shape of Caring' review into nurse and health assistant education and training in England to be led by Lord Willis of Knaresborough. The Chief Executive will act as a co-chair of the review which will make recommendations for improvement to current pre and post registration nursing and healthcare assistant education and training. As part of the announcement of the review, the Chief Executive held discussions with Lord Willis and Lisa Bayliss-Pratt, the HEE's Director of Nursing in April and May 2014. The Shape of Caring review was referenced in the Chief Executive's discussions with the Shelford Group of Chief Nurses on 13 May 2014.

**Public protection implications:**

- 25 No direct public protection implications.

<b>Resource implications:</b>	26	No direct resource implications.
<b>Equality and diversity implications:</b>	27	No direct equality and diversity implications.
<b>Stakeholder engagement:</b>	28	Stakeholder engagement is detailed in the body of this report.
<b>Risk implications:</b>	29	No direct risk implications.
<b>Legal implications:</b>	30	No direct legal implications.

## Council

### Performance and risk report

**Action:** For decision.

**Issue:** Embedding performance and risk management across the NMC.

**Core regulatory function:** All of our core regulatory functions.

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

**Decision required:** The Council is invited to:

- Note the summary of performance for Quarter 4 2013 – 14 (paragraph 38);
- Approve the proposal that, from July 2014, we will report publicly on the percentage of cases resolved from start to finish within 15 months, alongside our existing Fitness to Practise Key Performance Indicators (KPIs) (paragraph 48);
- Approve the proposal that options for a new 15 month end to end KPI be presented to the Council in December 2014 (paragraph 49);
- Discuss the KPI information provided (paragraph 56).
- Note and discuss the assessment and management of risks on our Corporate risk register (paragraph 65).

**Annexes:** The following annexes are attached to this paper:

- Annexe 1: Q4 progress report against Corporate Plan 2013-2016
- Annexe 2: Progress against our key performance indicators (KPIs)
- Annexe 3: FtP performance dashboard: November 2013 - April 2014
- Annexe 4: Corporate risk register
- Annexe 5: 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 The information in this paper collectively provides an overview of our current position in achieving outcomes and the actions we are taking to mitigate key risks.
- 2 Progress against our key performance indicators (KPIs) and the assessment and management of risks on our corporate risk register, are both reported here.

**Performance**

- 3 This paper now also includes updates on operating performance, including the change programme and key developments against our corporate plan 2014-2017. These updates were previously located in the Chief Executive's report.

**Performance for 2013–2014**

- 4 On this occasion this paper also reports on the progress we have made, in the fourth quarter of the financial year 2013–2014, towards the delivery of our planned activities for 2013–2014 as stated in our Corporate Plan 2013–2016. Assessment is based on a red/amber/green rating system.

**Key performance indicators (KPIs)**

- 5 As part of the business planning process, we reviewed corporate performance measures against the updated corporate objectives for 2014-2017.
- 6 At the Council meeting on 26 March 2014, we proposed to the Council to use the same set of KPIs (with new targets) for the new financial year. In response, members of the Council suggested that there could be room to set more challenging targets for KPI 2 (IOs) and KPI 6 (staff turnover).
- 7 The Council recommended that the Fitness to Practise (FtP) performance dashboard be reviewed to see if further data points could be added to the graphs, to better illustrate trends.
- 8 As part of the Francis update discussions, the Council had recommended that consideration was given to developing a measure to assess the effectiveness of witness experience improvement work.

**Risk**

- 9 Since the March 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 April and May.

- 10 We are continuing to undertake a monthly scrutiny of the corporate, Change Management and Portfolio Board (CMPB) and directorate risk registers. The outcomes of these meetings are shared with directorates and the CMPB, in order to strengthen our risk management and ensure compliance with our agreed approach. Formal terms of reference for the risk scrutiny group have been drafted and will be considered by the Executive Board at its June meeting.
- 11 Risks are scored on a 5 x 5 matrix on the basis of impact and likelihood, and a traffic light system is used for reporting. Risks scored at eight or below are green rated. Risks scored between nine and 15 are amber rated. Risks scored at 16 and above are red rated.

**Discussion: Change programme**

- 12 As reported in March 2014, the Change Management Portfolio Board (CMPB) is looking ahead to the programme of change required to meet our longer term needs; in particular, how we move from our short term approach to one of transformation with a five year outlook. There are number of drivers identified for change in the future which include: the emerging Council strategy; legislative reforms; efficiencies; customer service improvements; and risk and intelligence.
- 13 The work has started to review the extent to which we have implemented the Professional Standards Authority Strategic Review recommendations. We have issued an Invitation to Tender (ITT) to a number of organisations to carry out an independent review and provide a report in September 2014. We aim to publish the outcomes of this review and share it with key stakeholders such as the UK parliament (particularly the Health Committee), Privy Council, Department of Health and administrations in Scotland, Wales and Northern Ireland and the Professional Standards Authority.

**Revalidation (*Francis commitment*)**

- 14 There is a paper elsewhere on the Council's agenda on revalidation.

**Registration improvement programme**

- 15 We have made significant progress in developing our capability to offer registration services online to the registrants. We launched the first phase of "NMC Online" in December 2013 with limited functionality. As reported in the Chief Executive's report, we are now ready to launch the second phase which will enable registrants to renew their registration online. This will be rolled out from June 2014 onwards. This is an important step towards improving customer service, data quality and overall performance within the Registration function.

- 16 The overseas registration project will deliver a model for test of competency and enhanced processes. We have appointed a supplier for the globally based part one of the competency test and commenced the work on developing test questions. The test questions are on track to be delivered for the Quality Assurance event in July 2014. The ICT development work has begun with the appointment of an IT platform supplier to deliver a system to manage new processes. Given the importance of this project we have recruited a lead to manage stakeholder engagement. Detailed planning is underway and a review of stakeholder responses from the initial consultation is taking place. We will incorporate feedback in the final design.

### **Fitness to practise change programme**

- 17 The programme is well underway with key focus on the introduction of the Case Examiner role and regional liaison service (*Francis commitment*). We are currently consulting on Section 60 changes required to introduce the role of case examiners in making case to answer decisions which is currently the remit of Investigating Committee panels. Depending on legislative approval we expect to introduce this in February 2015. This will significantly improve the speed and consistency of decision making and reduce cost in the longer term.
- 18 The initial discussions on design principles for a regional liaison model suggests that regional liaison will provide signposting and escalation for issues, including FtP referrals, live FtP cases, corporate communication, and revalidation as well as gathering data on risks, issues and trends.
- 19 It is anticipated that implementation of any model will commence in early 2015 as previously reported.
- 20 In addition to the above, there are number of ongoing business and system improvement initiatives to review and improve business processes and our Case Management System (CMS).

### **Customer service**

- 21 At its meeting in May the CMPB considered a proposal for development of a Customer Relationship Management (CRM) framework. It aims to bring together number of initiatives into a coordinated programme of work to deliver improvements to our engagement with our key stakeholders. The initial work will provide a roadmap setting out the key changes and cross programme dependencies required to deliver the improvements. This is a critical piece of work in transforming how we deliver services and has the potential to deliver a step change in stakeholder perception of the NMC and ultimately bring about processes efficiencies.

- 22 Given the importance of this piece of work a steering group is being set up. The group will oversee the implementation of the CRM programme across the organisation.

### **Accommodation**

- 23 The lease for the Old Bailey premises comes to an end in November 2014. We have commenced the work on replacing the Old Bailey offices with a suitable building which doubles up as a Hearings Centre and office space. We aim to complete the signing of the lease for the new building in June and commence 'fit out' work in July 2014. The new building will be operational in November 2014.
- 24 A complete review of accommodation is part of our business plan to be commenced later in the year.

### **Quality assurance of education and midwifery supervision**

- 25 The quality assurance (QA) monitoring visits to 16 Approved Education Institutions (AEIs) and six Local Supervising Authorities (LSAs) across the UK have now been completed. The standards compliance team is reviewing all the reports to ensure there is consistency across the reports prior to publication on the NMC website. Programme approval activity is in line with forecasted activity.
- 26 Two Approved Education Institutions exceptionally reported on adverse issues in their areas. We followed up on these actions through receipt of additional information order to assess risk.

### **Standards development**

#### **Education standards evaluation (*Francis commitment*)**

- 27 We have commenced procurement on an evaluation exercise for our education standards. The evaluation is intended to commence following the appointment of a supplier in early July. The evaluation aims to provide answers to three high level questions aimed at establishing the effectiveness of our standards for pre-registration education. The exercise is running on time and is expected to produce a final report in June 2015 - with an interim report in January 2015 - which will tie into the jointly sponsored HEE and NMC Shape of Caring Review.

#### **Amendments to Circular 08/11**

- 28 A review of Circular 08/11 *Practice teachers supporting more than one SCPHN or SPQ student in practice* has been undertaken. The review sought to increase flexibility in the range of mentor and practice teacher models available for SCPHN and SPQ education programmes. A revised version of the circular was approved by the

Executive Board on 8 April 2014. Affected stakeholders have received communications on this matter and the website has been updated.

### **Competency standards**

- 29 The competency standards for nursing, which were previously only published as an embedded set of standards in the 'Standards for pre-registration education for nursing' have been published as a stand-alone online resource. The standards of competency have a key role in education of setting the expectation for competence by completion of training. However, these standards are also relevant for nurses and midwives on the Register so that they are able to consider the standards they must continue to meet as part of maintaining their registration. We will be performing a similar exercise for competency standards for midwives in the coming months.

### **The Code (*Francis commitment*)**

- 30 As reported in the Chief Executive's report, we launched our consultation on 19 May 2014. The consultation runs until 11 August 2014 in line with planned timescales for this work.

### **Other standards**

- 31 The revised standards for the preparation of supervisors of midwives and the new standards and guidance for the five year rule have now been published and are available on the NMC website.
- 32 Our programme of work for the review of standards for the next three years was considered and agreed by the Council at its March 2014 meeting.

## **Registration**

- 33 In March and April 2014 the Registration Centre received 78,890 calls. The top five call types for both months, which were in line with expectations, were:
- 33.1 Notification of Practice enquiries
  - 33.2 EU nurse enquiries
  - 33.3 Annual retention payments
  - 33.4 Annual retention enquiries
  - 33.5 Address changes
- 34 In March and April 2014 3,832 UK, 1,126 EU and 259 overseas applicants were registered. All overseas applicants were subject to

an individual ID verification interview at Portland Place.

- 35 In March 2014 five appeals were heard. Three were heard within eight months and the other two within 10 months. In April five appeals were heard, all within eight months.

## Fitness to Practise

### High Court Appeal activity March and April 2014

Appeals received and determined:

Appeals since last report	Number
Judicial review by the originator of the case	1
Professional Standards Authority appeal	1
Appeal by registered nurse or midwife	4
<b>Total appeals since last report</b>	<b>6</b>

Outcomes of appeals March and April 2014	Number
Remitted back to practice committee to reconsider	1
Judgment pending	
New sanction imposed/agreed	1
Upheld NMC decision (IO and statutory)	7
Other agreement	
<b>Total</b>	<b>9</b>

Current caseload May 2014	Number
Judicial review by the originator of the case	1
Professional Standards Authority appeal	1
Appeal by registered nurse or midwife	19
<b>Total</b>	<b>21</b>

## Quarter 4 report

- 36 A summary of performance for Quarter 4, broken down by corporate goal, is provided on the first page of the report at **Annexe 1**.
- 37 There were 33 commitments in our Corporate Plan for the 2013-2014 financial year. Of these, 23 have been rated green and, as at

31 March 2014, were on course for delivery as originally specified. 10 commitments have been rated amber, where an issue or potential problem has been identified but action has been taken to resolve it and to bring the activity back on track. No commitments have been rated red.

- 38 **Recommendation: The Council is invited to note the summary of performance for Quarter 4.**

### **KPI reporting**

- 39 **Annexe 2** provides information on April progress against our key performance indicators (KPIs). It is the first report of this new financial year and it contains new profile (forecast) information and targets, in addition to the April information.
- 40 Supplementary information about FtP performance is provided on the 'dashboard' at **Annexe 3**. Data points for the graphs have been reviewed and where appropriate, graphs now span the previous six months rather than only three months.
- 41 Work has been ongoing in FtP to improve witness experience (*Francis commitment*) and we have made improvements to witness waiting areas, piloted a new style witness waiting area in Scotland and had a business case approved to create a new witness support team. Now that phase one of the work is complete, we are looking to review the impact of it. As part of this review, we are to develop a witness satisfaction indicator to monitor performance.

### **FTP 15 month KPI**

- 42 The Health Committee has taken the view that our current FtP targets contain a number of shortcomings and recommended that we should:
- 42.1 set a "start to end" target for the total length of time to resolve a case, and
- 42.2 set a target which should apply in every case.
- 43 The Committee's expectation is that this target should be set at 15 months from 2015 onwards provided we meet the adjudication target in December 2014.
- 44 In our responses to the Health Committee, we said that the Council would consider the Committee's recommendations and "would need to weigh all the issues carefully, including the financial costs involved in delivering tougher targets. It will also wish to ensure that any revised targets, while challenging, are also honest with the public and others about what we can realistically deliver."
- 45 We have reviewed our performance for the last financial year and

this shows that currently an average of 63% of cases are resolved within a 15 month period. We would need to reduce investigation timescales to 9 months to achieve an overall end to end process of 15 months consistently. This is not feasible based on the majority of cases currently in the caseload. However, the speed with which cases complete investigations should accelerate with the introduction of case examiners in March 2015.

- 46 Accordingly we would suggest that it is premature to set a new KPI and target at this stage and that we should wait until we have met the adjudication target in December 2014 before committing ourselves to a new target. We will bring considered and costed options for a new 15 month end to end KPI and a challenging but realistic target to the December 2014 Council meeting.
- 47 However, to honour the commitment made to the Health Committee, from July 2014, we will, alongside the existing KPIs, also measure and report publicly on the percentage of cases resolved from start to finish within 15 months. The level of performance we would expect is that by March 2015, we should be resolving 65% of cases within 15 months. However we will review and reforecast this when we bring options to the Council in December. At that stage we will have a clearer picture of the benefits of our new ways of working in investigating cases and the start date for case examiners.
- 48 Recommendation: The Council is invited to approve the proposal that from July 2014, we will report publicly on the percentage of cases resolved from start to finish within 15 months, alongside our existing FtP KPIs.**
- 49 Recommendation: The Council is invited to approve the proposal that options for a new 15 month end to end KPI be presented to the Council in December 2014.**

#### **Performance summary**

- 50 The following paragraphs provide a summary of previous and current performance and a brief outlook to the year ahead.
- 51 **KPI 1 (registrations):**
- 51.1 **Year end target average: 90%. Actual average for the year: 85%. RAG rating for year: amber.**
- 51.2 We ended the year with a good performance of 94% for the month of March. Over the year, there has been a significant improvement in performance for EU and overseas registrations in particular, though overall performance has fluctuated in response to changes in application volumes.
- 51.3 Performance for April dipped very slightly from March. The outlook for 2014-2015 is that we are continuing to aim for a

consistently high performance throughout the year.

51.4 At its last meeting, the Council was informed about a notable dip in performance in the Registration Centre in particular, during January. Since then, performance has improved for all business as usual Registration activities, demonstrated by the achievement of all of our subsidiary performance indicator targets for April as well as KPI 1. To illustrate the improved performance, 72% of incoming phone calls to the Registration Centre were answered in less than 40 seconds during April, compared to 14% in January and our target of 65%.

52 **KPI 2 (interim orders):**

52.1 **Year end target average: 80%. Actual average for the year: 84%. RAG rating: green.**

52.2 The March figure was 91%. Our performance although improved towards the end of 2013-2014, has not been consistently above the target level of 80% across the whole year. It is a challenging target to achieve from receipt to imposition of an order in 28 days. Most regulators measure from risk assessment. We have a relatively new process around the notice period and further work is being done to assess thresholds for IOs.

52.3 In light of the previous paragraph, we do not recommend that the target is changed at this point in time. A target of 80% has been set for 2014-2015.

53 **KPI 3 (investigations):**

53.1 **March 2014 spot target: 90%. Actual March figure: 87%. RAG rating: amber.**

53.2 Performance was lower in March from February and we did not meet the year end spot target. Performance has fluctuated over the year.

53.3 Performance for April had improved upon March, although it was just short of the 90% target for the month.

54 **KPI 4 (adjudications):**

54.1 We are aiming to reach the 90% target for December 2014. Performance for March was 23% which was lower than for February, but we did not fall below our forecast. Over the year performance has mostly exceeded the profile, indicating we are on track. Performance improved for April and exceeded the profile. We expect to meet the December 2014 target.

55 **KPI 5 (available free reserves):**

55.1 **March 2014 spot target: £7.4m. Actual March figure: £7.6m. RAG rating: green.**

55.2 The end of year spot target was exceeded, indicating we are on track with our progress. A new spot target of £7.5m has been set for March 2015. But based on the three year budget approved by the Council in March 2014, more progress towards meeting the minimum reserves level of £10 million will be made in 2015-2016.

#### **KPI 6 (staff turnover):**

55.3 **March 2014 spot target: 23.2%. Actual March figure: 26.3%. RAG rating: red.**

55.4 The end of year target was not met and quarter 4 of 2013-2014 saw a slight increase in the turnover rate. But this is not representative of overall performance for which we saw a clear, significant downward trend in the turnover rate through quarters 1 to 3.

55.5 April performance shows an improvement upon the previous months. For 2014-2015 the permanent staff turnover rate is forecast to continue to fall and we have set a challenging new spot target of 20% for March 2015.

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

### **Corporate risk register**

#### **New risks**

57 At its March 2014 meeting the Council noted the development of a corporate ICT risk in response to the recurring issues noted in directorate ICT risks around the stability of our ICT systems and the impact on business. This risk has now been added to the corporate risk register (CR12 ICT business systems) with a red rating of 16.

#### **Increased risks**

58 No risk ratings have increased.

#### **Reducing risks**

59 Since the March 2014 Council meeting, the post-mitigation risk ratings for the following risks have reduced:

59.1 CR1B, Integrity of the register – Historic, has decreased from 20 (red) to 16 (red). This is due to the completion of the FtP/WISER work and the completion of the outcomes of audit work by external reviewers.

- 59.2 CR4, Professional indemnity insurance has decreased from nine (amber) to six (green) to reflect the completion of all development work.
- 59.3 CR5, Financial resources has decreased from 20 (red) to 15 (amber), following approval of the budget for 2014–2015 by the Council.
- 59.4 CR7, Quality of information has decreased from 15 (amber) to 12 (amber), following approval of the corporate data strategy and increased focus on this workstream.

### **Closed risks**

- 60 No risks have been closed.

### **No change**

- 61 There is no change to the rating of other corporate risks, although mitigating and planned actions have been updated where relevant.
- 62 At its March meeting the Council noted the then new corporate risk CR11, The Law Commission Bill. There was a suggestion at the meeting that the scoring of this risk should be reviewed with a view to increasing the impact score from four to five. The Executive Board reviewed this risk at its meeting on 8 April and agreed that the impact scoring of four is appropriate and that the overall score should therefore remain at 16 (red). If the Bill was not to succeed, it would represent a loss of opportunity for the NMC rather than a threat to the continued existence of the organisation. The risk scores will continue to be monitored and reviewed in due course once the possible impact on efficiencies has been further quantified.
- 63 A map of all corporate, CMPB and directorate risks is presented at **Annexe 5** 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 In March 2014, Council members expressed a view that a risk around the appointment of a new Chair should be included on the corporate risk register. This risk had already been identified by the Executive and currently sits on the Strategy directorate risk register, with a post-mitigation scoring of six (green). The Executive Board reviewed this risk at its April meeting and agreed that, whilst the appointment of the Chair was very important and carried some risk, it did not pose a significant threat to organisational objectives at present. The risk will be kept under regular review throughout the recruitment process.

- 65 **Recommendation: The Council is invited to note and discuss**

**the assessment and management of risks on our corporate risk register.**

<b>Public protection implications:</b>	66	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.
<b>Resource implications:</b>	67	Internal staff time has been accommodated as business as usual.
<b>Equality and diversity implications:</b>	68	Equality and diversity implications are considered when rating the impact of risks and determining action required to mitigate risks.
<b>Stakeholder engagement:</b>	69	The corporate risk register, KPI information and FtP dashboard are in the public domain.
<b>Risk implications:</b>	70	The impact of risks is assessed and rated on the risk register. Future action to mitigate risks is also described.
<b>Legal implications:</b>	71	Failure to identify and effectively manage risks potentially exposes the NMC to legal action.

Annexe 1

## Assessment of quarter 4 progress against the Corporate Plan 2013-2016 1 January to 31 March 2014

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

### Overview of performance for quarter 4 by corporate goal

NMC Corporate goals 2013-2016		Red	Amber	Green
<b>Goal 1: Protecting the public</b>	Public protection will be at the centre of all of our activities. Our work will be designed around and measured against the benefits we can bring to the public.	0	4	13
<b>Goal 2: Open and effective relationships</b>	We will have open and effective relationships that will enable us to work in the public interest.	0	2	6
<b>Goal 3: Staff, systems and services</b>	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	4	4
<b>Activity RAG totals</b>		0	10	23

### Key to the report table headings

<b>Activity</b>	As outlined in the Corporate Plan 2013-2016, this is key work that we planned to do in the financial year 2013-2014.	
<b>Status</b>	As at 31 March 2014.	
<b>Red/amber/ green (RAG) rating</b>	<b>R</b>	Some aspects of the activity, as originally specified, were not completed within the year and remedial action is required for delivery.
	<b>A</b>	An issue or potential problem has been identified but action has been taken to resolve it and to bring the activity back on track.
	<b>G</b>	All dimensions of schedule, cost, resource and decisions required have either been delivered or are on course for delivery as originally specified.
<b>Evidence from Q4</b>	Brief explanation of what has happened in quarter 4 plus significant issues which have or could still pose a challenge to completing the activity.	

## CORPORATE GOAL 1: Protecting the public

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

Activity	Status	Evidence from Q4
Continue to review our registration policies and processes, to ensure the integrity of the data held on our register and to improve our efficiency.	<b>G</b>	<p>WISER fixes are prioritised for implementation going forward. Implementation will depend on opportunity; IT capacity and urgency of regulatory and/or customer service drivers. Further fixes will include 5 Year Rule alert; HEI Uploads; renewal of a SCPHN qualification and changes to DOB on WISER.</p> <p>The review of the RAST and RAG policy and processes is now complete. The challenge now will be to implement the recommendations as appropriate and to build this work into the wider review of the UK Registration policy to ensure a defensible and transparent policy and process in this area.</p>
Implement the requirement for all nurses and midwives to have professional indemnity insurance at the point of registration.	<b>G</b>	The NMC has completed all necessary work to enable it to deploy and operationalize the requirement that all registrants satisfy their regulator that they hold appropriate indemnity insurance. We await the confirmation of an operational go live date from the Department of Health, which depends on the progress of legislative changes.
Develop online services for nurses and midwives.	<b>G</b>	Issues with the capacity of the Identity management platform for the project have resulted in a delay in the planned implementation of Phase 2 from March 2014 to June 2014. Work to resolve this difficulty has now been completed and testing has provided assurance that the platform can service the entire register.
Complete the review of our overseas registration policy and process.	<b>A</b>	The Overseas registration policy and processes have been reviewed in conjunction with development and implementation of the Overseas Competency test, which will sit at the heart of this process. The revised process will be implemented with the Competency Test, scheduled for September 2014. This has/will include policy review; implementation of ID verification procedures; enhanced documentation checks, and a revised approach to testing an applicant's competency.

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

Activity	Status	Evidence from Q4
<p>Develop a proportionate, risk based, cost effective approach to ensuring that nurses and midwives continue to be fit to practise.</p> <p><i>(Francis commitment)</i></p>	<b>G</b>	<p>Part 1 of the consultation closed 31 March 2014 with a total of 6,742 responses. A final report was due to be received 23 April 2014.</p> <p>Programme and budget complete for next three years.</p> <p>Three programme boards have been established and are meeting bi-monthly with dates scheduled for 2014.</p>
<p>Redefine a risk based approach to our education regulatory function through partnership working.</p> <p><i>(Francis commitment)</i></p>	<b>G</b>	<p>The Education Advisory Group was established January 2014 and has met twice this year. The group are setting the agenda for the development of an education strategy by November 2014.</p> <p>Systems are under development to ensure risk is still managed and reported effectively, despite the lack of appropriate IT systems at this time.</p> <p>Risk is discussed through monthly meetings which will soon include FtP and Registration colleagues, and will be reported to Executive Board. The group will also be liaising with the corporate business planning team to further develop the risk intelligence function of the NMC.</p>
<p>Develop and implement an appropriate framework for the quality assurance for education providers and local supervising authorities (LSAs).</p>	<b>G</b>	<p>The QA monitoring programme for 16 approved education institutions (AEIs) and six local supervising authorities (LSAs) was completed between January and March 2014. An annual monitoring report will be submitted in May.</p>
<p>Develop and prioritise our programme for standards development and review.</p>	<b>G</b>	<p>The standards development cycle was agreed by the Council on 26 March 2014 as per the recommendation.</p> <p>Operating procedures are being implemented in the current cycle of standards development and evaluation. The operating procedures will include intelligence logging and risk assessment criteria for determining standards review and evaluation on an annual and continual basis in response to intelligence.</p>

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

Activity	Status	Evidence from Q4
<p>Take effective action to ensure that cases are investigated within published targets and key performance indicators and that those cases already under investigation or awaiting a hearing are concluded as soon as possible.</p>	<p><b>A</b></p>	<p>For two of the months of Q4, we exceeded our target for imposing interim orders (IOs). The average for the quarter was 72% in 28 days (corporate KPI 2). The dip to 40% in January has brought the quarterly average down.</p> <p>We progressed 87% of cases (average for the quarter) through the investigation stage within 12 months, against our target of 90% (corporate KPI 3).</p> <p>We progressed 31% of cases (average for the quarter) through the adjudication stage to the first day of a hearing or meeting within 6 months. We do not expect to meet our target of 90% until late 2014 (corporate KPI 4).</p> <p>We have improved timeliness of case progression in all areas since the beginning of the reporting period and we are performing to forecast and are on track to meet the adjudication KPI by December 2014. We have met the interim order KPI consistently throughout 2013/14 with the exception of January 2014.</p> <p>There is a risk that the section 60 changes may be delayed further.</p> <p>Adjudication progress was rated green, but investigations amber for Q4.</p>
<p>Review the decision making thresholds for fitness to practise action.</p> <p><i>(Francis commitment – risk based and proportionate FtP processes)</i></p>	<p><b>A</b></p>	<p>A review of investigation proportionality has been completed and is now being embedded within the investigation process.</p> <p>The review of interim order thresholds is ongoing and expected to complete in the first quarter of 2014-2015.</p>
<p>Improve the quality of our investigation and decision making in fitness to practise cases.</p>	<p><b>G</b></p>	<p>This is on track and supported by the recent PSA audit of our initial stages. Work is being carried out in investigations, supported by our QA strategy, to ensure appropriate updates of the risk assessment form, throughout the life of the case.</p> <p>Improvements in the quality of our investigations since moving to the ‘in house’ model have been demonstrated and evidenced in the PSA initial stages audit.</p>

		There is evidence that our early stages decision making has improved particularly in Screening, as demonstrated in the 2013 PSA initial stages audit.
Develop evidence based comprehensive policy and guidance to underpin our fitness to practise function.	<b>G</b>	We have developed policy and guidance to underpin most parts of the FtP function. Further work will be undertaken in 2014-2015.
Review the cost effectiveness of our fitness to practise processes.	<b>G</b>	A full review of the cost effectiveness of FtP has been undertaken as part of the budgeting process.
Develop a model to work proactively with employers across the UK.  <i>(Francis commitment)</i>	<b>A</b>	<p>This work has been delayed slightly and therefore this is rated amber.</p> <p>Following approval of a business case by the Executive Board in November 2013, a project has been set up to consider how we can best provide cost effective liaison, guidance and support across the four countries of the UK, including what benefits and value we can add and what regional liaison for the NMC might involve. We are currently undertaking stakeholder engagement work to obtain views from stakeholders about the value and potential benefits of NMC regional liaison which is anticipated to conclude in March 2014.</p> <p>Analysis of these views and recommendations for how to take the work forward is being prepared in April and subsequent actions, including modelling any new capabilities, will follow. It is anticipated that implementation of any model would commence in early 2015.</p>

**Corporate objective 4: We will improve our understanding and use of diversity data, embedding equalities good practice, so that we are inclusive and treat people fairly.**

Activity	Status	Evidence from Q4
Strengthen our framework for collecting equality and diversity data to inform our decision making.	<b>G</b>	<p><b>Improvements to the diversity questionnaire and data collection</b></p> <p>We improved our diversity questionnaire to increase the completion and return of diversity questionnaires. The improvements included:</p> <ul style="list-style-type: none"> <li>ensuring the formation of each question in the questionnaire met best practice standards</li> <li>providing additional questions on gender reassignment and marriage/civil partnership</li> <li>engaging with best practice organisations for advice, and</li> </ul>

		<ul style="list-style-type: none"> <li>• using sets of best practice guidance from the Equality Human Rights Commission and the National Office of Statistics.</li> </ul> <p><b>Online Registrations project</b> There has been cross directorate collaboration to ensure the diversity questionnaire is incorporated into the NMC Online project. NMC Online will enable registered nurses and midwives to update their registration details and equality data online. Through the annual renewal cycle, it may be three years before we see a significant improvement with our data collection.</p> <p><b>Equality and diversity annual report</b> We will publish our Equality and Diversity Annual Report following the July Council meeting. As well as a summary of our key achievements against the action plan 2013-2014, the annual report includes diversity data on:</p> <ul style="list-style-type: none"> <li>• our staff profile;</li> <li>• Fitness to Practise panel members;</li> <li>• nurses and midwives on our register, and</li> <li>• nurses and midwives who were subject to our Fitness to Practise procedures.</li> </ul>
<p>Conduct a rolling review of our policies and procedures for compliance with equalities and diversity legislation and best practice.</p>	<p><b>G</b></p>	<p>We have improved our equality analysis toolkit which has improved our compliance with the Equality Act 2010 and the Public Sector Equality Duty. It has also enabled us to improve the collection of evidence and to evaluate whether our policies, procedures or practices are likely to have discriminatory impacts on people from protected groups when implemented.</p> <p>We have conducted a rolling review of our policies and procedures including:</p> <ul style="list-style-type: none"> <li>• CCTV policy;</li> <li>• Information Technology Services user policy;</li> <li>• Cryptography policy;</li> <li>• Sharing information with the police;</li> <li>• Data Protection Policy;</li> <li>• HR policies and procedures;</li> <li>• Pay and grading review;</li> <li>• Changes to the Fitness to Practise Rules and Regulations, and</li> <li>• Recruitment of the Chair of the Council.</li> </ul>
<p>Work in partnership with diverse groups and external diversity experts to inform the</p>	<p><b>G</b></p>	<p>We are working in partnership with:</p> <ul style="list-style-type: none"> <li>• the Business Disability Forum, a disability best practice organisation, to inform the development of our policies with respect to people with disabilities;</li> <li>• the Gender Identity Research and Education Society, a transgender best practice organisation, to</li> </ul>

development of our strategy.		<p>inform the development of our policies with respect to transgender people;</p> <ul style="list-style-type: none"> <li>• the Employers Network for Equality and Inclusion to understand the introduction of new employment laws;</li> <li>• Stonewall, a gay rights charity, to review our HR policies and procedures with respect to lesbian, gay and bisexual staff;</li> <li>• the Equality Human Rights Commission to provide us with guidance on best practice examples on equality and human rights; and</li> <li>• the United Kingdom Investors of Equality and Diversity to support us in of the promotion of equality and diversity best practice.</li> </ul>
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## CORPORATE GOAL 2: Open and effective relationships

**Corporate objective 5: We will maintain open and effective regulatory relationships with patients and the public, other regulators, employers and the professions that help us positively influence the behaviour of nurses and midwives to make the care of people their first concern, treat them as individuals, and respect their dignity.**

Activity	Status	Evidence from Q4
Implement an engagement strategy which builds and facilitates relationships to support the delivery of our regulatory activities.  <i>(Francis commitment)</i>	<b>A</b>	<p>The engagement strategy has been developed and presented at a Council seminar, setting out priorities for the next year including the promotion of the new strategy, influencing legislative change and preparing for the introduction of revalidation.</p> <p>Work is underway to map the regulatory and political environments in Wales, Scotland and Northern Ireland.</p>
Continue to remind registrants of their responsibilities under the code so that they understand that care of patients is their first concern.	<b>G</b>	This message continues to underlie all of our external communication.
Develop a new and strengthened approach to patient and public engagement.	<b>G</b>	<p>The Patient and public engagement forum met on 5 February. The e-newsletter for this audience was sent each month and has now reached 17,000 subscribers.</p> <p>As part of the revalidation consultation, we contacted over 3,000 members of the public via participation in</p>

(Francis commitment)		<p>a general population survey. In March we co-hosted a Twitter chat on revalidation with Healthwatch.</p> <p>We drafted public 'raising concerns' and education leaflets and are working on a plan for their distribution.</p>
<p>Work collaboratively with other regulators and employers to focus on public protection.</p> <p>(Francis commitment)</p>	<b>G</b>	<p>A high level roundtable on professionalism was held with positive feedback from attendees. Memoranda of understanding (MoU) development and review work is continuing, and proposals for the capture of activity that takes place under MoU are being developed. Issues with the introduction of a CRM system as a tool for capturing external engagement have been identified and are being managed.</p>

**Corporate objective 6: We will develop and maintain constructive and responsive communications so that people are well informed about the standards of care they should expect from nurses and midwives, and the role of the NMC when standards are not met.**

Activity	Status	Evidence from Q4
<p>Proactively communicate the specific role we play as the regulator of nurses and midwives.</p> <p>(Francis commitment)</p>	<b>G</b>	<p>Ongoing enhancements to our e-newsletters have increased subscriber numbers in each case, including almost doubling subscribers to the nurses and midwives version.</p> <p>Twitter followers continue to increase rapidly following a period of targeted following of key accounts across our audience groups.</p>
<p>Share our activities and improvement journey with stakeholders.</p>	<b>G</b>	<p>The England Patient and Public engagement forum met on 5 February. We have also started discussions for a meeting in Scotland in April.</p> <p>We continued to publish our Shaping the Future newsletter each month to internal stakeholders. This newsletter reports on organisational change.</p> <p>As of January, we have started to send out an updated edition of the 'NMC Update' publication to nurses and midwives. This is received upon renewal of their registration.</p>
<p>Refresh our website to meet the needs of the public, and nurses and midwives.</p> <p>(Francis commitment)</p>	<b>A</b>	<p>Following delay to the project earlier in the year, the website project came back on track during quarter four. A project manager was appointed and project stage mapping was completed, working towards a completion date in December 2014.</p>
<p>Use plain English in our communications.</p>	<b>G</b>	<p>Key contacts in FtP have been trained so they are able to ensure templates are in plain English. Following training we are now applying the plain English approach to all the communications we edit, to enhance readers' understanding. An education leaflet has been sent to the Plain English Campaign for crystal mark.</p>

**CORPORATE GOAL 3: Our staff will have the skills, knowledge and supporting systems needed to help us provide excellent services to the public and the people that we regulate.**

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

Activity	Status	Evidence from Q4
Set a budget and long term financial plan that achieves our reserves targets and informs proposals for setting future fees for registrants.	<b>G</b>	Achieved. We have delivered according to financial strategy and the Council has approved the Financial Plan for 2014-2017 and agreed to consult on a fee rise.
Make significant improvements in our information technology, security and governance.	<b>A</b>	<p>The stabilisation phase of the Council approved ICT strategy has been completed and the next stages agreed. There has been good progress against the Information Security Improvement Plan.</p> <p>We have reduced risks in IT identified in 2012 by system upgrades and infrastructure improvement. However new risks were identified. We continue to make progress against the approved strategy and also in tightening our Information Security processes.</p> <p>There has been good progress against the Information management improvement plan with 31 out of 51 high priority actions completed. Progress is reviewed by the Information Governance and Security Board on a quarterly basis.</p>
Ensure new Council members are fully equipped and supported to carry out their role effectively within a sound governance framework.	<b>G</b>	<p>The Council has in 2013-2014 agreed revised Standing Orders, a revised Scheme of Delegation and terms of reference for the committees of the Council and a revised Members' Code of Conduct. These documents serve to ensure that the governance framework is sound.</p> <p>Council members will participate in both an individual effectiveness review (appraisal) and participate in a review of the Council and committees in April / May 2014.</p>
Develop an assurance framework, which allows us to better monitor and understand our business delivery, risk and compliance.	<b>G</b>	The internal auditors developed a corporate assurance map covering all areas of our business in June 2014. We will be providing an update on this at the June 2014 Audit Committee meeting. This will be informed by a recent review of directorates' progress in implementing outcome 1 of the QA strategy (a performance and quality management framework). There has been progress in implementing a learning framework and the SER database is now working reasonably effectively.

Begin to develop a corporate data strategy that enables analysis of information to support business needs, decision making and performance improvement.	<b>A</b>	<p>The corporate data strategy has been developed and envisages a series of activities to document data to a common standard, allowing both greater exploitation of and the identification of emerging data requirements to support the full range of strategic objectives.</p> <p>Corporate data continued to be a challenging area during 2013-14 as the particular skillset required to take this work forward proved hard to obtain. However the corporate data strategy was completed and approved in quarter 4. This provides a platform for the further work to be undertaken in the coming year.</p>
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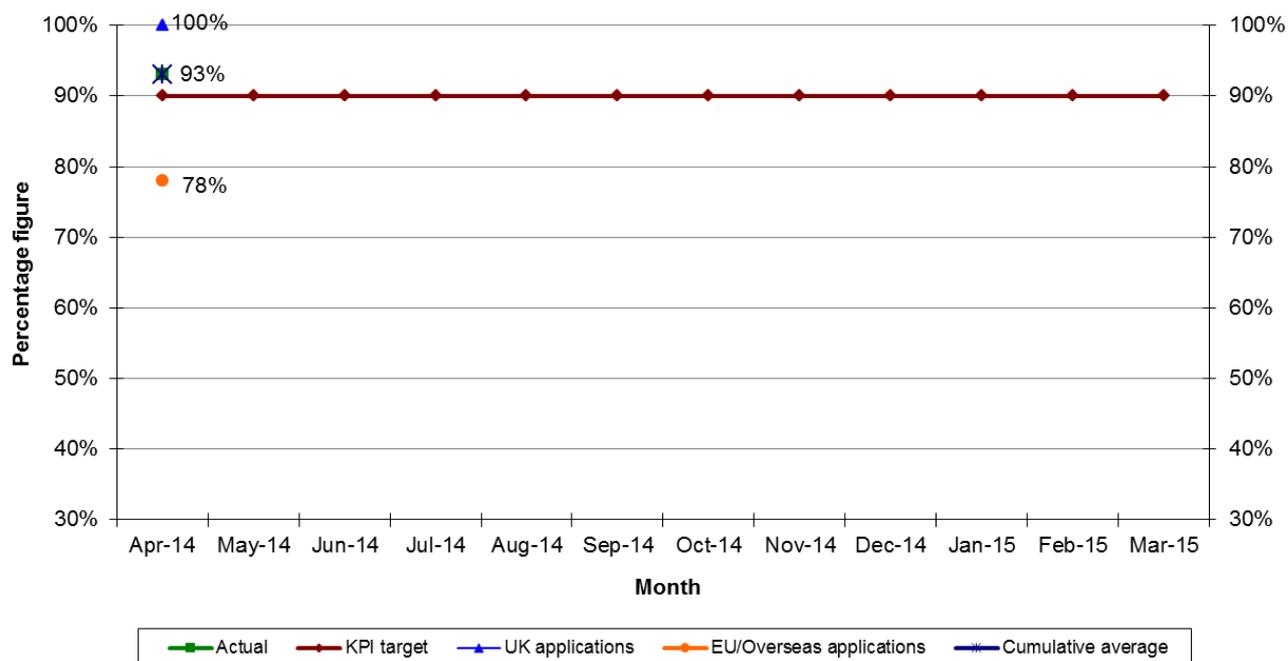
<b>Corporate objective 8: We will build a culture of excellence by attracting, retaining and developing high quality staff to deliver our services.</b>		
<b>Activity</b>	<b>Status</b>	<b>Evidence from Q4</b>
Modernise our approach to rewarding and incentivising staff.	<b>A</b>	<p>We have completed phase 1 to achieve a new framework and consistency. There is more work to be done on reward mechanisms in line with developing organisational maturity.</p> <p>We have closed the DB scheme to new entrants and introduced a new DC scheme /auto-enrolment.</p>
Develop effective workforce planning tools that anticipate the short and long term staffing and skill needs of the organisation.	<b>A</b>	Tools were developed and short-term requirements were incorporated in the 2014-2015 budget. We now have real time employee data for managers. Further work is required in 2014-2015 on the development of longer-term workforce planning.
Implement an enhanced learning and development programme that aligns clearly with our corporate change programme and cultural development.	<b>G</b>	<p>A significant learning programme has been delivered in year. A full evaluation report is well in progress.</p> <p>We have sampled performance development reviews (PDRs) for consistency and developed a new PDR system (online) for 2014-2015.</p> <p>A staff survey has been undertaken and a commitment has been made for an annual survey.</p>

## Progress against our key performance indicators (KPIs)

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

KPI 1						
Percentage of registration applications completed within 90 days						
<b>Rationale:</b>	<p>In the short term we are able to measure receipt of completed initial paperwork through to entry to the register. Over time we will refine this to enable us to isolate NMC processing time and a separate record of time with the applicant.</p> <p>Relates to increased efficiency in Registration and improved customer service / communication.</p>					
<b>Definition:</b>	<p>The KPI will measure the time elapsed between receipt by the NMC of a new application and where appropriate the applicant joins the register. Ultimately we hope to develop reporting to include processing time (based on "stopping the clock" when information or decisions are required from the applicant for any reason).</p>					
<p><b>Corporate goal 1, objective 1</b> We will protect the public's health and wellbeing by keeping an accessible accurate register of all nurses and midwives who meet the requirements for registration and who are required to demonstrate that they continue to be fit to practise.</p>						
		Current performance			Year end (March 2015)	
Historical figure (Average for the year 2013-14)	March 2014	April 2014	April 2014 profile	Year to date cumulative average	Year end average forecast	Year end average target
85%	94%	93%	90%	93%	90% (Green)	90%
<p>RAG rating: Year end average forecast vs. Year end average target. Year end average forecast is based on the average of monthly forecast figures.</p>						
<b>Graphical information:</b>						

### Actual UK and EU/Overseas registrations performance



#### Commentary:

In April 1,635 UK registrations were processed within 5 days from a total of 1,663. This equates to 93% within 5 days. 99% were processed within 7 days. This is the highest score achieved for this KPI to date.

In the traditionally busy registration period of March and April, the deployment of temporary staff and improved resource planning generally within the UK team have enabled us to achieve the overall figures of 94% and 93% respectively in those months.

In April 2014 we processed 623 EU registrations. This is an increase of approximately 100 on the number of EU registrations processed in March 2014. 78% were processed within 90 days against a target of 65%. 91% were processed within 182 days.

136 overseas registrations were processed in April 2014. 79% were within 90 days and 90% within 182 days against targets respectively of 50% and 90%.

Overall we were able to process 78% of combined EU/Overseas applications within 90 days in April 2014.

#### 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.

## KPI 2

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

**Rationale:** We aim to protect the public in the most serious cases by applying restrictions to a nurse or midwife's practice as quickly as possible after the need is identified.

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

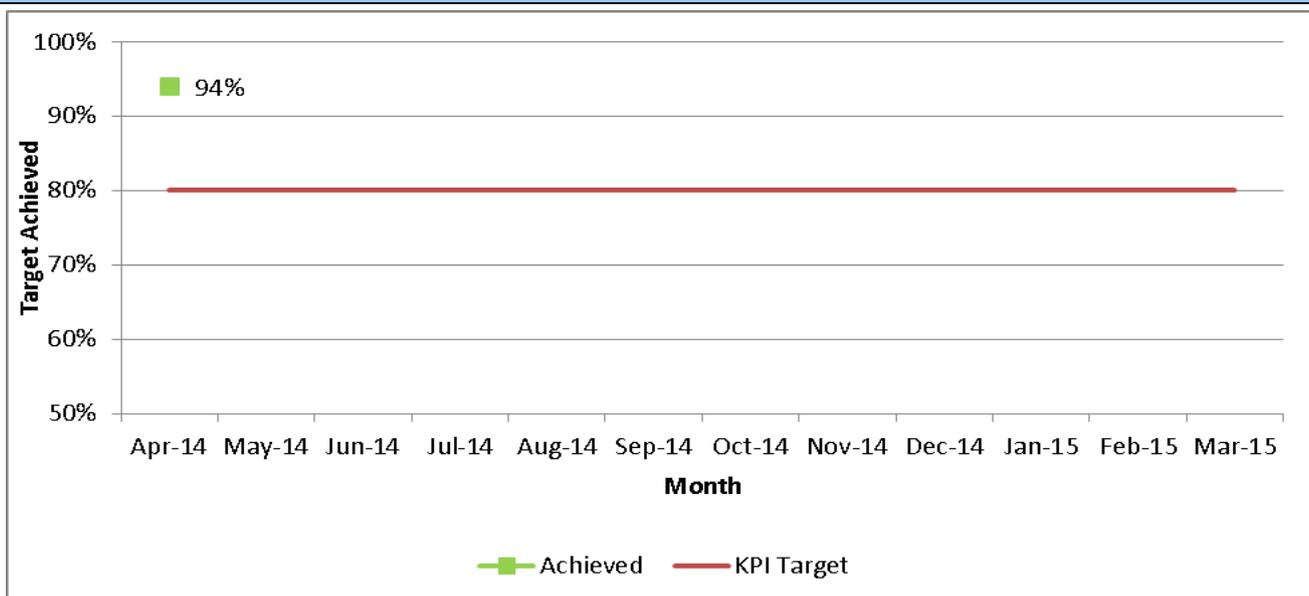
**Corporate goal 1, objective 3**

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

		Current performance			Year end (March 2015)	
Historical figure (Average for the year 2013-14)	March 2014	April 2014	April 2014 profile	Year to date cumulative average	Year end average forecast	Year end average target
84%	91%	94%	80%	94%	80% (Green)	80%

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

**Graphical information:**



**Commentary:**

Achievement of 94% in April exceeded the target of 80% and was consistent with performance over recent months. The average number of days taken to impose an IO was 29 days, if an outlier which took 216 days is included. The shortest amount of time taken was 14 days.

Our performance although improved towards the end of 2013-2014, has not been consistently above the target level across the whole year. It is a challenging target to achieve from receipt to imposition of an order in 28 days. Most regulators measure from risk assessment. We have a relatively new process around the notice period and further work is being done to assess thresholds for IOs. Thus it is not the right time to change the target and this is set as 80% for 2014-2015.

**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.

## KPI 3

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

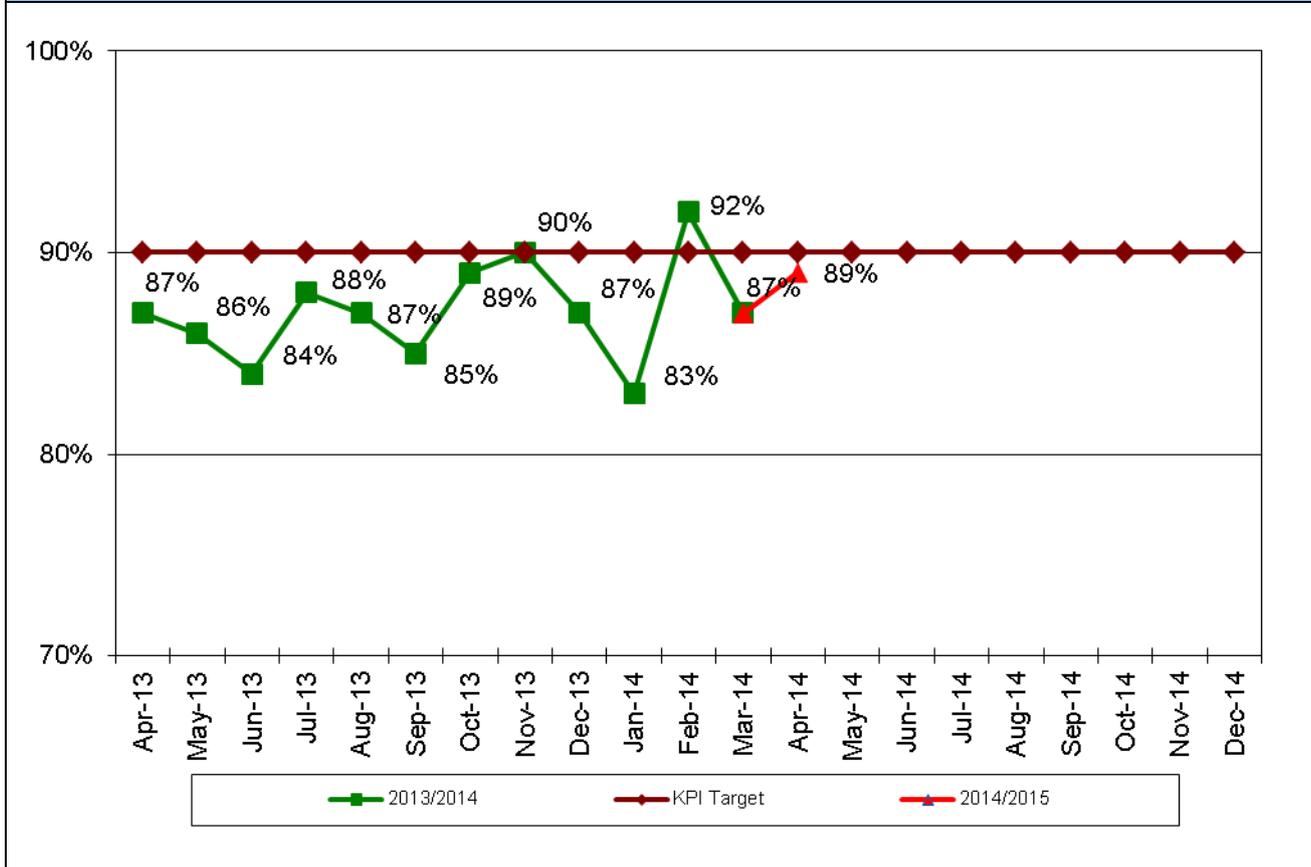
<b>Rationale:</b>	We aim to screen and investigate referrals within 12 months. We have a responsibility to balance the need for a swift decision on whether to refer the case for a substantive decision with the need for a proportionately thorough investigation.
<b>Definition:</b>	The percentage of investigations which have been completed within 12 months of the referral received date.

**Corporate goal 1, objective 3**  
 We will take swift and fair action to deal with individuals whose integrity or ability to provide safe care is questioned, so that the public can have confidence in the quality and standards of care provided by nurses and midwives.

	Current performance		Year end (March 2015)	
Historical spot figure (March 2014)	April 2014	April 2014 profile	March 2015 current forecast	March 2015 target*
87%	89%	90%	90% (Green)	90%

RAG rating: current forecast vs. March 2014 target  
 \* Target is a spot target

### Graphical information:



**Commentary:**

Performance against this KPI was 89% in April. This is above the longer term average but slightly under the 90% target. This is a spot measure of decisions over two teams so it is prone to some variation and is dependent on the mix of cases considered.

**Red/Amber/Green rating:**

Based on 10% variance threshold.

For example:

Green = figure matches or is higher than the March 2015 target figure.

Amber = figure is between 80-89%.

Red = figure is 79% or lower.

## KPI 4

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

**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.

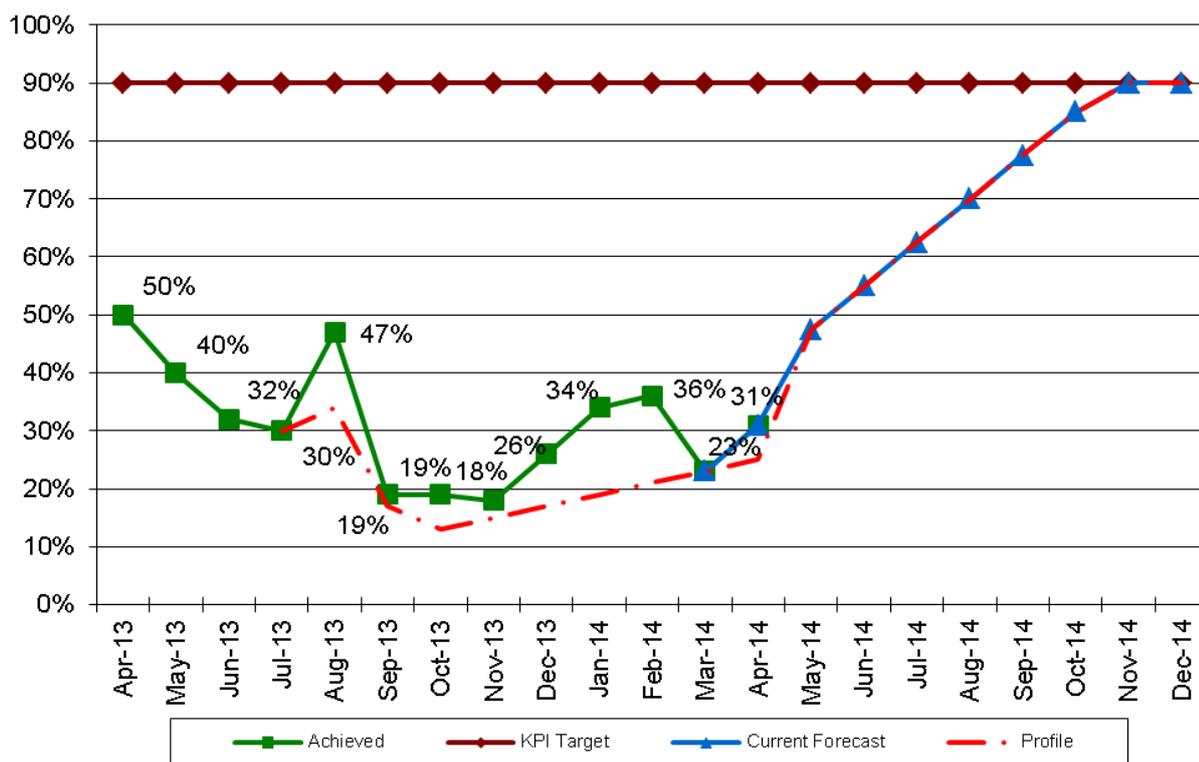
		Current performance		December 2014	
Historical figure (Average for the year 2013-14)	March 2014	April 2014	April 2014 profile*	December 2014 current forecast	December 2014 target**
31%	23%	31%	25%	90% (Green)	90%

RAG rating: current forecast vs. Dec 2014 target

\* Profile is the forecast frozen at July 2013

\*\* Target is a spot target

**Graphical information:**



**Commentary:**

Performance has hovered around the profile for the last two months. The caseload which needs to be cleared by December has a wide age range and the mix going to hearings each month will vary. The profile shows an incline towards the target of 90% which reflects the caseload becoming younger over time, but it is a smooth line which we rarely see in actual results.

**Red/Amber/Green rating:**

Based on 10% variance threshold.

For example:

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.

## KPI 5

### Available free reserves

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

#### Corporate goal 3, objective 8

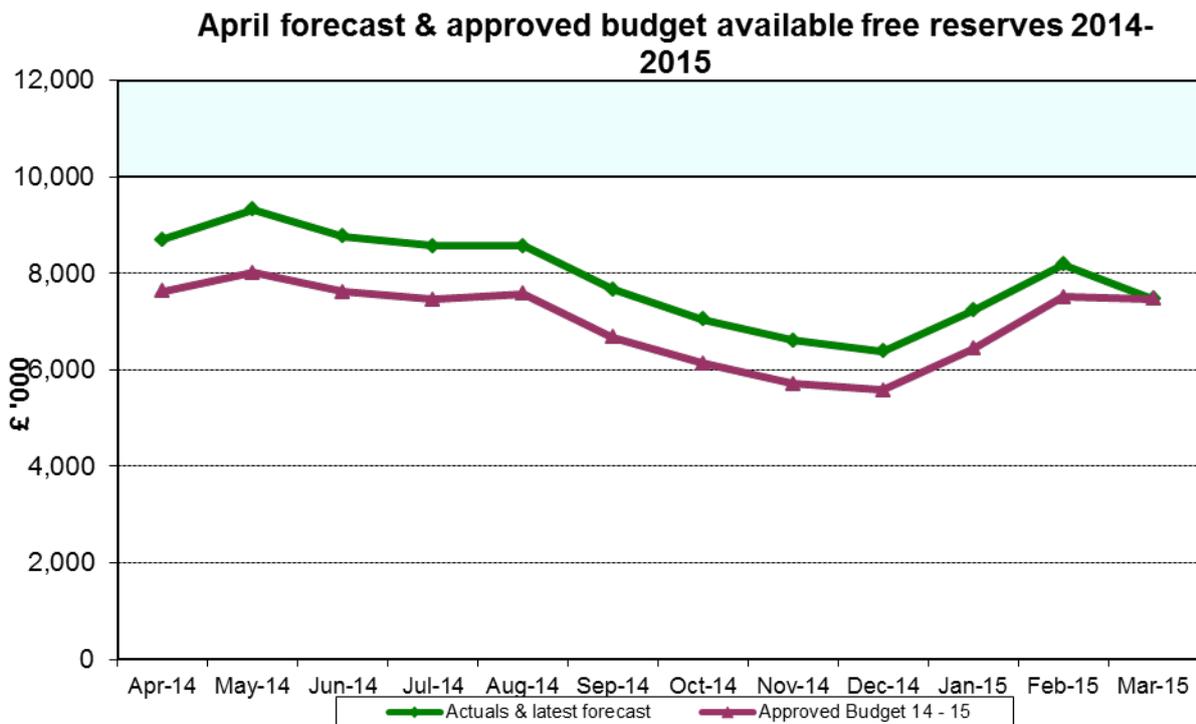
We will develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions.

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

RAG rating: current forecast vs. March 2015 budget

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

#### Graphical information:



**Commentary:**

The target figure for March 2015 is similar to that of March 2014 and will fluctuate each month based on the pattern of budgetary expenditure. Based on the three year budget approved by the Council in March 2014, more progress towards meeting the minimum reserves level of £10 million will be made in 2015-2016.

The budget available free reserves have been restated by £0.8 million to reflect the favourable March 2014 reserves position. This has resulted in the March 2015 available free reserves being restated from the approved £6.7 million to £7.5 million.

At April 2014, available free reserves were £8.7 million compared to a planned level of £7.6 million. This was due to lower than budgeted revenue and capital expenditure. It is too early in the year to determine whether this is indicative of a trend, and the full year forecast projects that available free reserves at March 2015 will be on target at £7.5 million. The financial results and forecast are reviewed monthly by the Executive Board.

**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.

## KPI 6

### Staff turnover rate

<b>Rationale:</b>	<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>
<b>Definition:</b>	<p><u>Sum of permanent leavers in last 12 months</u> Average number of permanent staff in post in last 12 months</p>

**Corporate goal 3, objective 9**

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

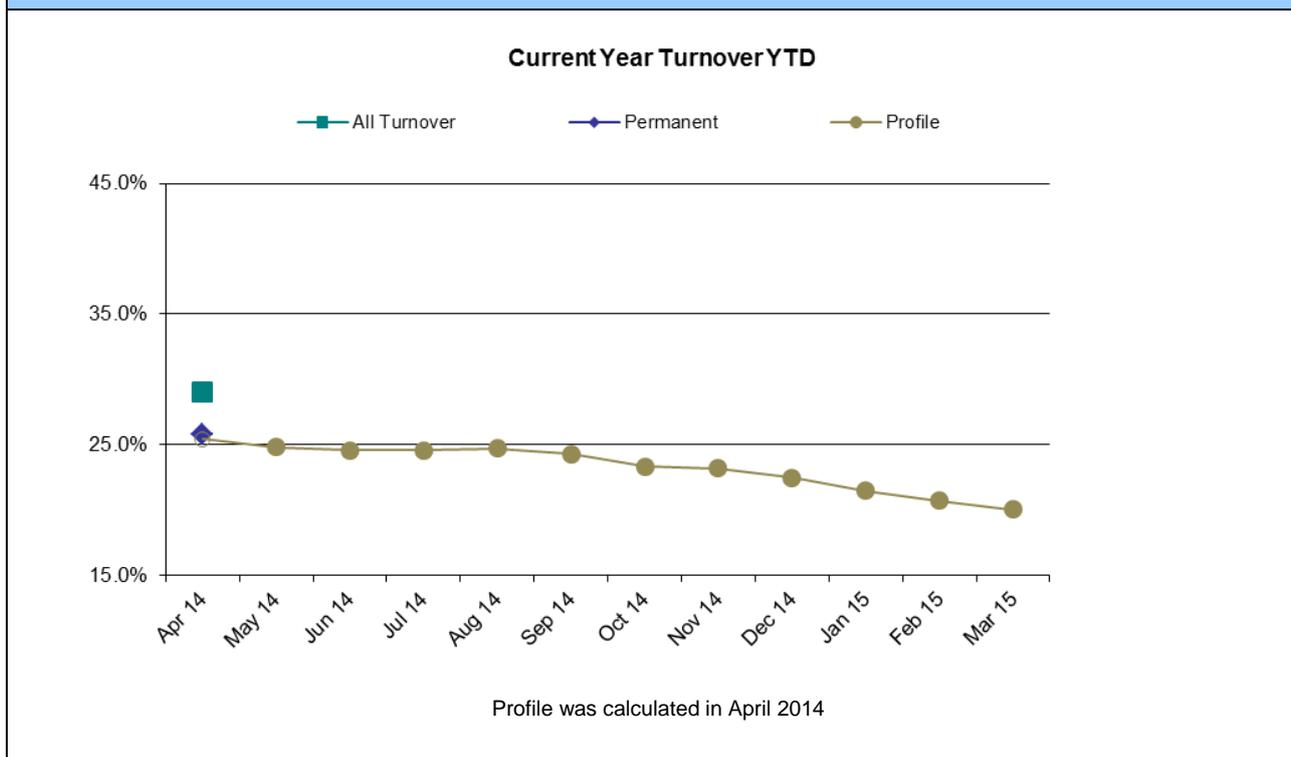
			Current performance		Year end (March 2015)	
Historical figure (as at March 2014)	February 2014	March 2014	April 2014	April 2014 profile*	March 2015 current forecast	March 2015 target**
26.3%	N/A (calculated in old method)	26.3%	25.6%	25.4%	20.2% (Amber)	20%

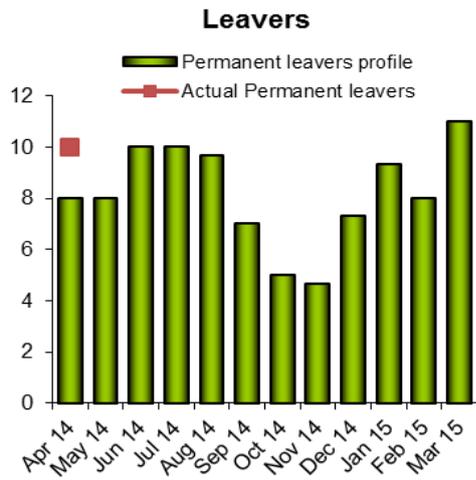
RAG rating: current forecast vs. March 2015 target

\* Profile is the forecast frozen at April 2014

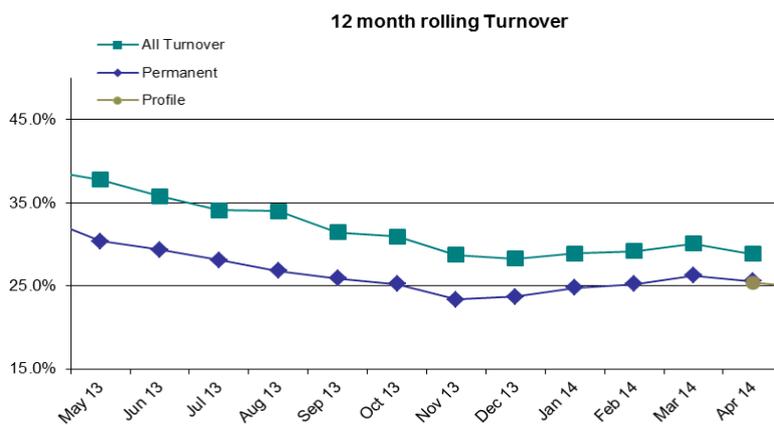
\*\* Target is a spot target

**Graphical information:**





Permanent leavers were profiled for the year ahead in April 2014.



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

**Commentary:**

For the first time in five months there has been a decrease in the annual turnover figure for April. The number of staff in post has increased slightly and it is looking like it will continue to increase, with more established posts being created and filled. The number of leavers has also dropped quite significantly after a period of relative high turnover since the start of 2014. It should be noted that the method of calculating permanent turnover has been altered for the current year to be in line with the Chartered Institute of Personnel and Development (CIPD) guidelines. We now use a 12 month rolling period. This will give more context to the figures and will enable us to benchmark across the year.

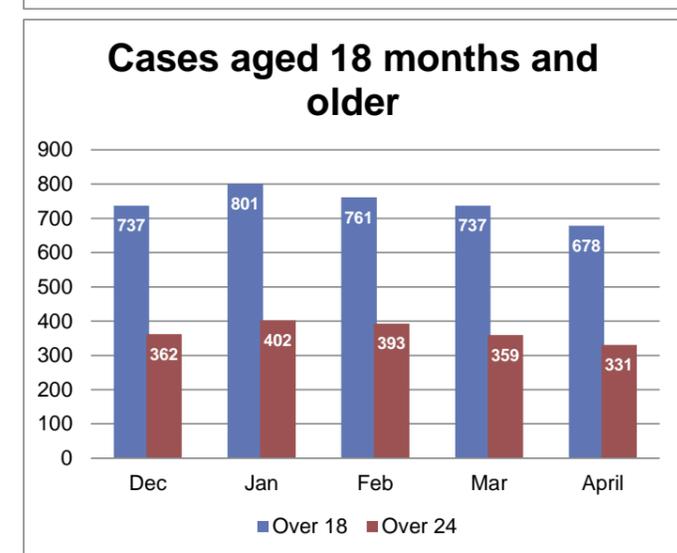
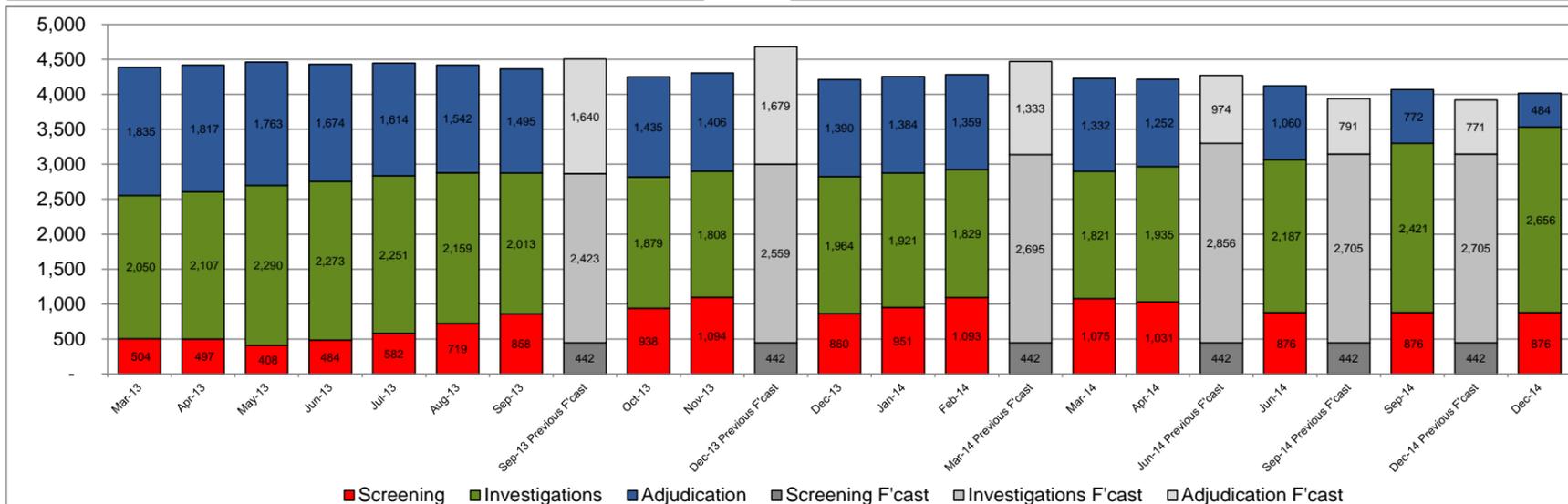
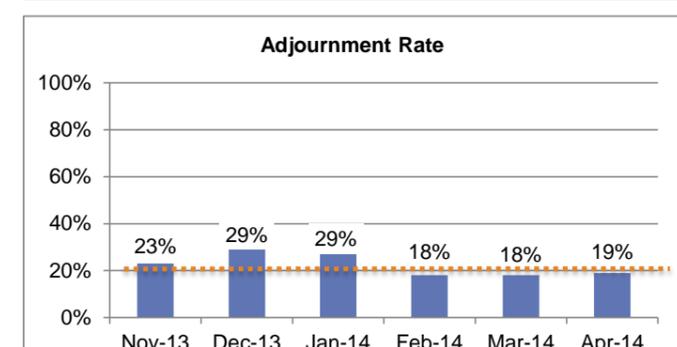
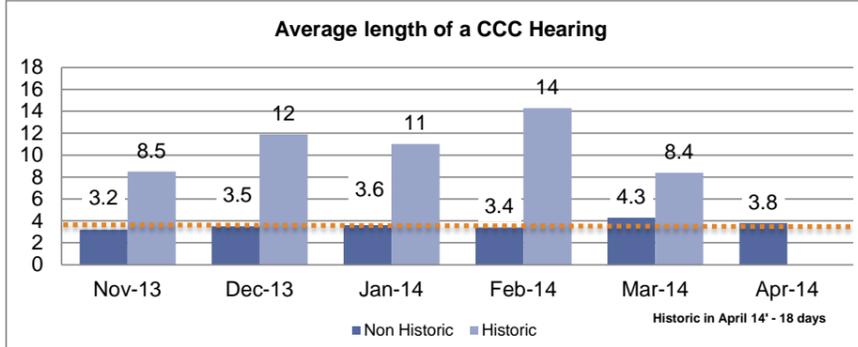
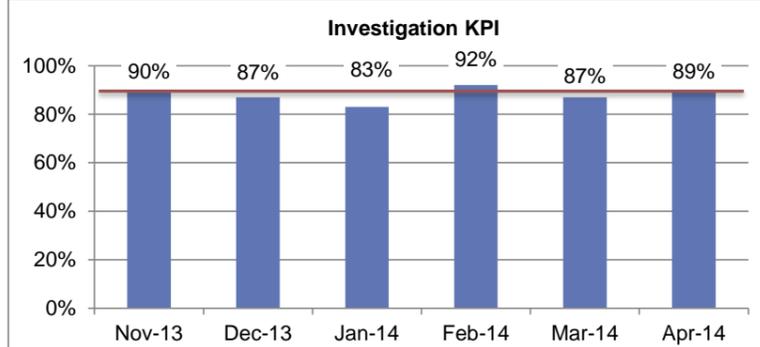
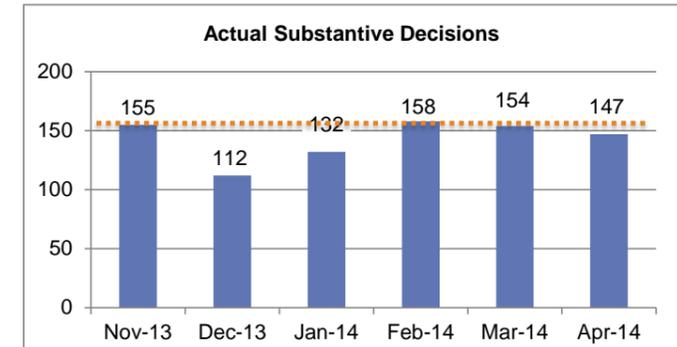
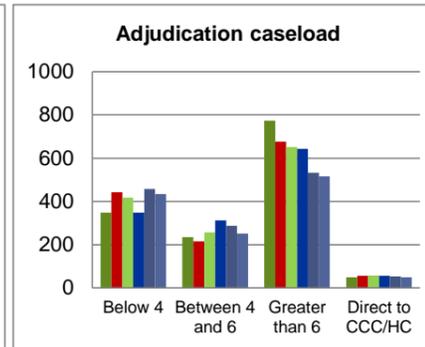
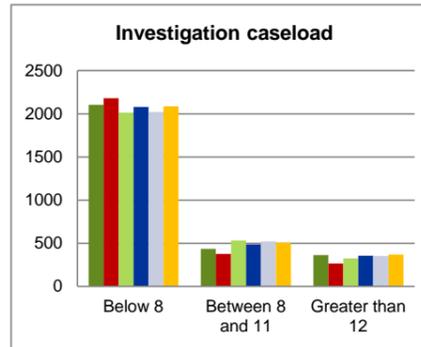
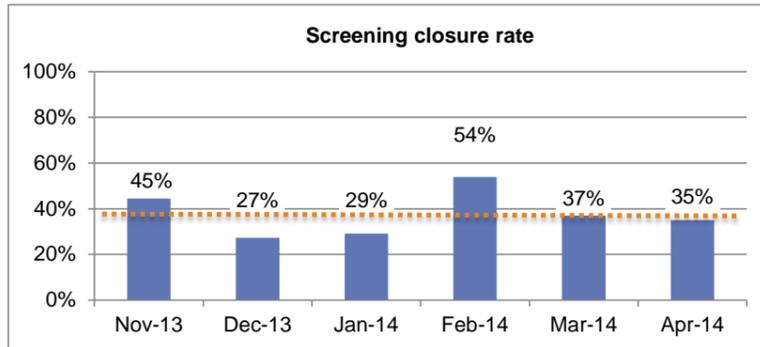
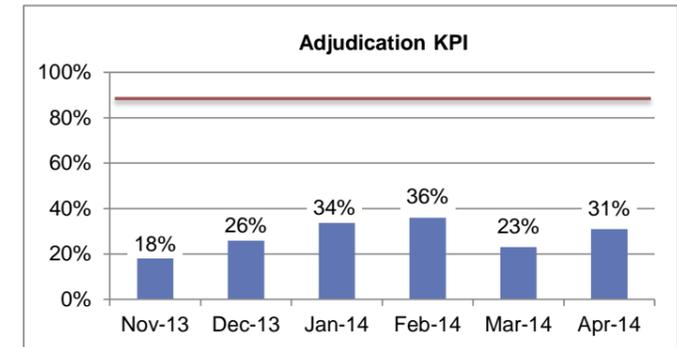
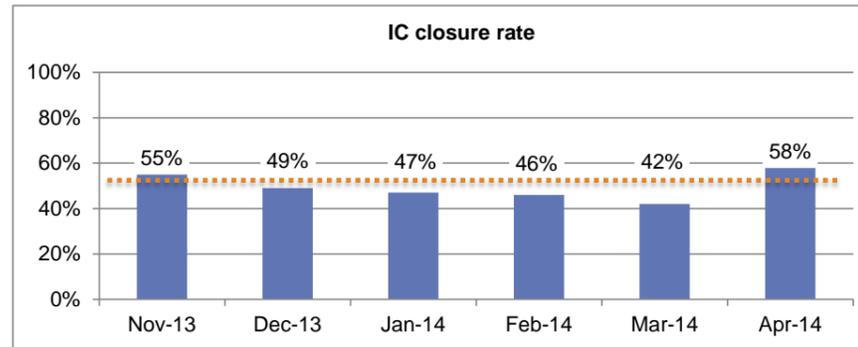
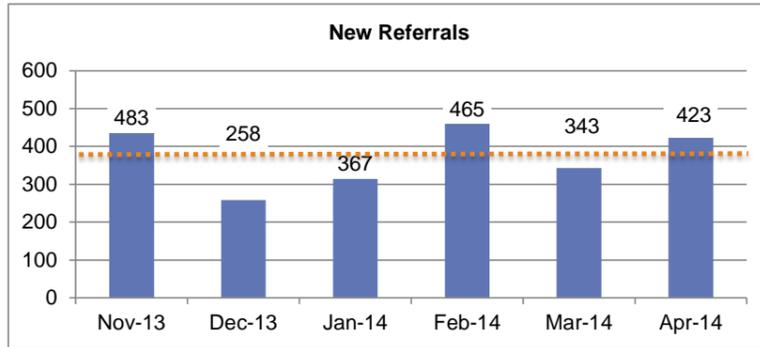
The actual turnover for April is just 0.2 percentage points above the profile and the year end projection is similarly close to the very challenging year end target of 20%.

**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.

# FtP performance for November 2013 to April 2014

12 month average





Corporate risk register

		Date: 20 May 2014			Issue No: 13 (following 1 May Executive Board)			Note: The 'inherent risk scoring' column does not take into account any mitigation. The 'post-mitigation scoring' involves taking into account the mitigation in place but not the planned action.							
No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
CR1 A	May-13  (previously risk Reg 2011/02. Date of origin: Apr 2011)	<b>Integrity of the register - Current</b>						<b>Mitigation in place:</b> (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 in post in April 2014.  <b>Planned action:</b> (1) Implement Registration Improvement Programme (September 2013-September 2014). (2) Address prioritised system defects - 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 B12 - see for further information. (4) Internal audit activity planned for Q2-4 2014 - 15 on registration control framework; and for Q4 2014-15 on registrant data integrity. (5) Establish longer term strengthened overseas process, incorporating competency test pending planned consultation (October 2014). (6)The Code and standards will be reviewed and revised to ensure they are compatible with revalidation. Guidance for revalidation will also be developed (December 2015). (7) Further investigation to take place into Approved Programmes Database and its veracity and possible impact on integrity of the register - joint CP/Registration review of this area to take place in May 2014.				Director, Registrations	11.04.2014 - New planned action added.  13.05.2014 - Updates to planned actions 2 & 7 and mitigation 7.	Open - on track.  Risk reviewed monthly. Focused on current registration activity and therefore is more controllable through mitigation actions than the historic risk below. Risk reduction expected June 2014	No change
		(1) Wisser and Case Management System (CMS) not fully integrated. (2) Current policies, processes and procedures may be ineffective or inconsistently applied.	The online register may be inaccurate.	(1) Public protection compromised. (2) Negative impact on registrants. (3) Reputation damaged.	5	5	25		3	4	12				



No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk 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	May-13  (previously risk Reg 2011/01. Date of origin: Apr 2011)	<b>Integrity of the register - Historic</b>			5	5	25	<b>Mitigation in place:</b> (1) Standard operating procedures and improved training. (2) Initial Overseas Audit (April 2002 - 2013) results indicate a strengthening of process over time (since 2007). (3) Council has committed to introduce a proportionate and effective model of revalidation by the end of 2015. (4) FtP/Registration working group who have identified all known issues relating to historical inaccuracies. (5) Daily reports available to FtP/Registration to identify anomalies for these to be rectified.  <b>Planned action:</b> (1) Analysis of specific cohorts where potential issues/risks are identified - to provide assurance or scope any issues (on-going). (2) Introduction of data integrity manager who will interrogate register to establish areas of risk (June 2014). (3) Investigate gathering employer data to allow analysis of appropriate registration (ESR) (July 2014). (4) Further risk based audits as required (ongoing).	4	4	16	Director, Registrations	13.5.2014 - No change	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	Reducing
(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.													
CR2  (FtP1)	26/06/2013	<b>Fitness to practise performance</b>			5	5	25	<b>Mitigation in place:</b> (1) Detailed profiling and forecasting of caseload and activity and oversight by FtP Board. (2) Improved case management processes including voluntary removal and consensual panel determinations. (3) Standard operating procedures and improved training for staff. (4) Increased staffing base. (5) Targeted review of adjudication caseload. (6) Increase in number of panel members and introduction of rolling recruitment for panel members and chairs. (7) Training for panel members and introduction of rolling programme. (8) Increased number of hearing venues. (9) External review of management information and forecasting assumptions ( September 2013). (10) Contingency planning for increase in hearing activity at the end of Q3. (11) Further workforce planning (March 2014). (12) Targeted review of investigation cases.  <b>Planned action:</b> (1) Quality assurance framework to be fully implemented (July 2014). (2) Interim order proportionality review (July 2014). (3) Closer working with employers (July 2014). (4) Legislative change (December 2014).	3	5	15	Director, Fitness to Practise	12.05.2014 - Updates to mitigations and planned actions	Open - on track  Weekly performance/delivery against target reviewed at weekly management meeting and risk reviewed monthly. Risk reduction expected in by the end of Q1 2014/15 once adjudication caseload has decreased and new case management measures have embedded. A full review of progress will take place in June 2014.	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'													



No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
CP1 (CR3)	May-13  (previously risk T30. Date of origin: May-13)	<b>Revalidation</b>						<b>Mitigation in place:</b> (1) On going engagement via Revalidation Strategic Advisory Group, Task and Finish Group, Patient and Public Forum, Revalidation Communications Group, Employers Reference Group and events in four countries. (2) Costed options developed in collaboration with stakeholders, preferred option agreed by Council 12/09/13. (3) Oversight and scrutiny by Revalidation Programme Board, Change Management Portfolio Board and Executive Board. (4) Consultation launched 6 January 2014, Part One completed 31/03/2014, webpage updated and events calendar created. (5) Appropriate alignment of revalidation programme with registration improvement plan around online renewal achieved by November 2013.  <b>Planned action:</b> (1) Consultation stage 2 starts May 2014 on code and revalidation guidance drafts. (2) Evidence of code review published by May 2014. (3) Evidence on risk model and update to Health Select Committee by July 2014. (4) Continuous four country level engagement with five summits from March - July 2014. Collaboration with Strategy and Communications teams to ensure that PSA and HSC expectations are appropriately managed. (5) Cost benefit analysis and impact to begin May 2015 following pilots.				Director, Continued Practice  AD Revalidation (lead)	01.05.2014 - Updates to mitigations and planned actions	Open - on track to reduce scoring. This will be achieved in Dec 2015	No change
		(1) Possible lack of stakeholder buy-in. (2) Complexity of the revalidation model. (3) Cost of revalidation process to the NMC and/or to the wider system. (4) Lack of understanding from stakeholders regarding the revalidation model and how it aligns to strategy.	(1) Revalidation model which has been signed off is not delivered: (a) by December 2015 and/or (b) in an effective manner.  (2) Stakeholders expect fully developed model during the consultation stage.	(1) Public protection compromised. (2) Negative impact on registrants. (3) Reputation damaged. (4) Criticism from stakeholders / PSA standards of good regulation not met.	4	4	16		3	4	12				
CR4	01/06/2012  (previously risk T26. Date of origin: Jan-13)	<b>Professional indemnity insurance (PII)</b>						<b>Mitigation in place:</b> (1) Council decided NMC policy principles in April 2013. (2) NMC response to Department of Health consultation submitted May 2013. (3) Project plan currently overseen by RAG Programme Manager and existing staff. (4) Project Manager in place (01.07.2013). (5) NMC self declaration approach is approved. (6) New Notification of Practice form (method of capture) re-designed. (7) FAQs detailing NMC position for staff circulated in July to assist in responding to registrant queries. (8) Initial engagement with stakeholders completed. (9) All IT development and testing completed - awaiting DH confirmation for deployment.  <b>Planned action:</b> (1) Implement in line with the direction from the Department of Health. Go live date of 17.07.2014 communicated by DH. Comms planning now taking place to facilitate go-live.				Director, Registrations	10.04.2014 - Completion of IT development - moved from planned actions. Score reduced to green to reflect all development work complete.  13.5.2014 - Update to planned action - go live date.	Open - on track	Reducing
		(1) Short timescale for implementation following outcome of DH consultation. (2) Changes to Wisser carry inherent risk.	We may be unable to implement a proportionate solution to the PII requirement by the required deadline - initially 25 October 2013, but date yet to be confirmed by DH.	(1) Public protection compromised. (2) Negative impact on registrants. (3) Reputation damaged.	4	3	12		2	3	6				



No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
CR5	May-13  (previously risk G39. Date of origin: Mar-13)	<b>Financial resources</b>						<b>Mitigation in place:</b> (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.  <b>Planned action:</b> (1) Consultation on fees for longer term financial position.				Director, Corporate Services	12.05.2014	Open - on track.  Risk reviewed monthly ----- Linked to Department of Health KPI of January 2016 -----	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. Inquiries external reviews, government policy etc. (3) Possible increase in fitness to practise referrals above forecast rate. (4) Resource requirements arising from several, simultaneous improvement projects. (5) Possibility that we do not achieve targeted efficiency savings.	We may have insufficient financial resources to meet all our planned operational requirements.	(1) Inability to deliver corporate objectives and/or improvement programme. (2) Negative impact on registrants. (3) Reputation damaged.	4	5	20		3	5	15				
CR6  (CS4)	May-13  (previously risk T24. Date of origin: Oct-12)	<b>Information Security</b>						<b>Mitigation in place:</b> (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 on data security completed, with amber rating. (7) New email encryption solution rolled out. (8) More than 90% compliance with mandatory training. (9) May 2014 - 35 of 51 high priority actions complete.  <b>Planned action:</b> (1) Continue to implement information security improvement plan, addressing remaining highest risk areas as priority by June 2014.				Director, Corporate Services  AD ICT	12.05.2014	Open - on track.  Risk last reviewed by IGSBM in April 2014.	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	5	4	20		4	4	16				



No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
CR7	May-13  (previously risk G20 & G35. Date of origin: 26.3.2012)	<b>Quality of information</b>			5	3	15	<b>Mitigation in place:</b> (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.  <b>Planned action:</b> (1) QA Strategy to include providing assurance on data quality and management (first report due June). (2) Project Manager assigned to develop detailed delivery plan (May 2014). (3) Data and Intelligence function established in accordance with business plan provision (June 2014). (4) Production of Data Dictionary (June 2014 - March 2015). (5) Development of Data Cleansing activities (May 2014- Dec 2015).	4	3	12	Director, Strategy  Assistant Director, Strategy and Comms	04.04.2014  Updated to reflect production of Corporate Data Strategy and increased traction on this work strand, consequent reduction of likelihood of risk.	Open.	Reducing
(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.													
CR9  (CS3)	May-13  (previously risk T25. Date of origin: Oct-12)	<b>Staffing</b>			5	4	20	<b>Mitigation in place:</b> (1) Improved employee communication and engagement in place. (2) Human Resources and Organisational Development Strategy in place and being implemented. (3) Staff survey completed and action plans established (4) Learning and development programme implemented (5) Focus groups and CEO lunches ensure feedback is received. (6) Pay and grading review implemented. (7) Opportunity for developing Career Pathways embedded in pay and grading proposals.  <b>Planned action:</b> (1) Long term workforce planning aligned to strategic direction (in 2014-15 Business Plan). (2) Career pathways and succession planning to be developed as part of 2014-15 business plan. (3) Discussion on pay award/pay progression with Remuneration Committee (ongoing). (4) 2014 Staff Survey to be undertaken (June 2014).	3	3	9	Director, Corporate Services  AD HR & OD	12.05.2014	Open - on track.  Linked to KPI on staff turnover.	No change
(1) Perception that our rewards package is poor. (2) Organisational and people development historically a low priority. (3) Lack of clear career progression pathways.	We may experience continued high staff turnover.	(1) Inability to deliver corporate objectives and/or improvement programme. (2) Negative impact on staff morale, motivation, and performance. (3) Reputation damaged. (4) Ineffective use of resources. (5) Loss of corporate memory.													



No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
CR10	May-13  (previously risk T29. Date of origin: Feb-13)	<b>Profile and proactivity</b>			4	4	16	<b>Mitigation in place:</b> 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.  <b>Planned action:</b> 1. Patient and Public Engagement Forums to be held in Wales and Northern Ireland (Q3 2014-2015). 2. Employer engagement on revalidation. 3. Website relaunch to make it more public focused and interactive (by end 2014). 4. Memorandums of understanding to be underpinned with information and data sharing protocols (March 2014 and ongoing). 5. FtP developing regional liaison model (for implementation in early 2015). 6. Next CMS release to enable capture of referrals to and from other regulators (Q2 2014-2015). 7. Planned internal audit activity to look at communication and engagement in Q4 2014 - 15. 8. Council meeting to be held in Scotland in June 2014 - Council members to meet with public and professionals and members of the Scottish Govt. Health and Sport Committee to boost profile. 9. Decision taken to produce an annual review to supplement more formal reporting (June 2014). 10. Health Committee appearance 17 June to give evidence to the Complaints and Raising Concerns Inquiry. 11. Joint input to party conferences planned with GMC (Autumn). 12. Next seminars following on from professionalism being planned. 13. Proactive media strategy being developed (June 2014). 14. Four nations stakeholder mapping project underway.	3	3	9	Director, Strategy  Assistant Director, Strategy and Comms	28.11.2013 - Risk likelihood decreased following Executive Board (26 October) support for the website refresh proposals to be progressed.  13.02.2014: risk reviewed and scoring increased following Council discussion, to reflect the extent of the challenge faced.  16.05.2014 - updated.	Open  16.05.2014: Website redevelopment on track, user testing to inform content structure underway.  16.05.2014: Progress on MoU development continuing - TDA and CCW near to finalisation.	No change
(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.													



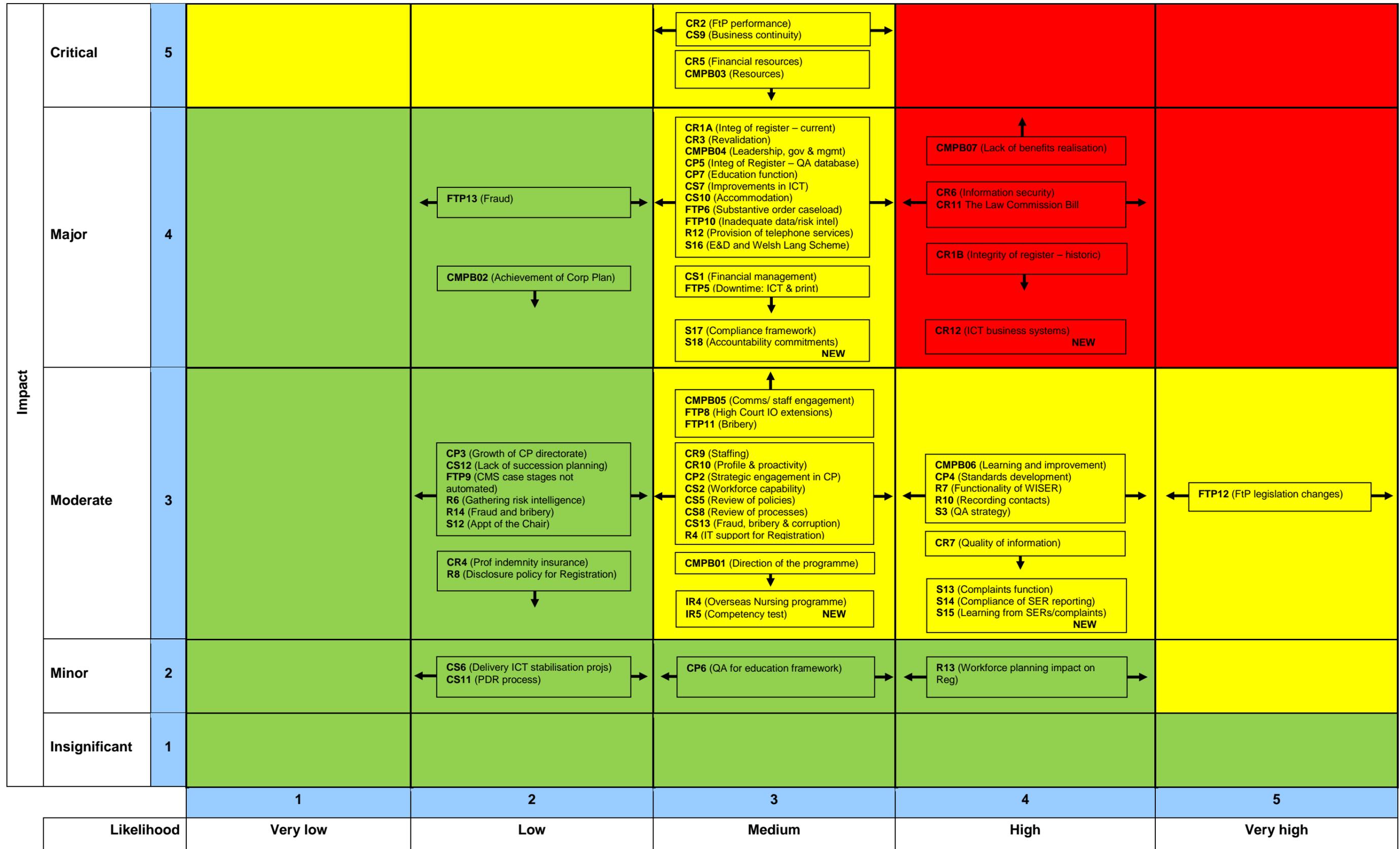
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		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
CR11 (CG11)	14-Feb-14	<b>The Law Commission Bill</b>						<b>Mitigation in place:</b> 1. We have an engagement plan in place to work with, and alongside, other key stakeholders to exert pressure and influence on the government to include this Bill in its fourth session agenda. 2. Re content: we are engaging with the Law Commission and DH with a view to influencing the drafting of the Bill before publication.  <b>Planned action:</b> 1. Programme Board and project team being set up to support this work. 2. Joint regulators working group and CEOs forum set up to share information and agree joint regulatory approaches where possible 3. New corporate legislation adviser role created to lead this work towards developing a new legislative framework.				Chief Executive  Corporate Legislation Adviser	15.05.2014	Open	No change
		1. The government may decide not to include the Bill in the fourth session of this Parliament. 2. We lack knowledge of the specific content of the draft Bill as the Department of Health is not allowing the draft Bill to be shared with the regulators.	1. The Bill may not be introduced by the government at all. 2. There may be insufficient opportunity for influencing the Department of Health to make changes once they take charge of the Bill, so we may be unable to suggest amendments or correct any serious oversights at an early stage. 3. The Bill may reserve too many powers to the government.	1. We will be left operating within our current unsatisfactory legislative framework, which will not be financially viable and which will render us unable to carry out our regulatory functions without continuing to raise the registration fee. 2. The Bill does not deliver the promised streamlined and flexible legislative framework, but actually either maintains too many of our existing legislative problems or creates more mandatory requirements so that the additional burdens outweigh the benefits. 3. A requirement for further legislation leading to long delays before some of the benefits can be felt.	4	4	16		4	4	16			Post-mitigation scoring reflects concern that Bill may not be introduced at all rather than expected contents of Bill.	



No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk 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	<b>ICT business systems</b>						<b>Mitigation in place:</b> 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.					01.05.2014	NEW RISK	
		1. Lack of robust procedures and controls over the management, testing and roll-out of changes to hardware and software, and development of new products and systems. 2. Ongoing use of critical business systems that are now unsupported by suppliers. 3. Insufficient capacity in our telephony system to handle peak periods in the Registration call centre. 4. Inadequate management of key third party ICT supply contracts. 5. Lack of quality-assured ICT service support. 6. Lack of planning for business continuity and disaster recovery. 7. IT infrastructure insufficient to cope with our operational requirements.	Current systems are either already at risk of failure or become at risk of failure.	1. Critical business operations either stop or performance is negatively impacted. 2. Key performance targets or corporate commitments are not met or are put at risk. 3. Staff frustration contributes to poor motivation and increases staff turnover. 4. Wasted resources used in reacting to events. 5. Loss of confidence by staff, the Council and external stakeholders.	4	4	16	<b>Planned action:</b> 1. Upgrade to storage to provide additional capacity and performance (June 2014) - CRITICAL ACTION 2. Upgrades to servers to provide additional processing power (June 2014 - linked to action 1). 3. Upgrade to Disaster Recovery environment to enable all systems to run effectively in Disaster Recovery situations. 4. WISER replacement project to protect against risk of unsupported components (2014 -2015) 5. Performance testing to take place as normal practice on all major upgrades (from June 2014). 6. Enhanced telephony capacity to support peak periods (in progress, complete by June 2014). 7. Renewal of key ICT infrastructure contract (2015). 8. Planning in progress to replace unsupported components in CMS and system for processing payments of registration fee by telephone (pre-Sept 2014). 9. Clear plans in place to ensure all services are fully supported (by Sep 2014). 10. Workforce planning for ICT department ensuring capacity and capability to provide effective support (June 2014). 11. Embedding sound project governance in all ICT projects (SER learning point) (by June 2014).	4	4	16	AD ICT (Director, Corporate Services)		Open (Next review - June 2014 after SAN upgrade)	



### Risk map of all corporate, CMPB and directorate risks as at 20 May 2014



Arrows indicate the direction of travel:

- ↑ Risk score has increased since 15 January scrutiny meeting
- ↓ Risk score has decreased since January meeting
- ↔ Risk score has stayed the same since January meeting

**Risk references:**

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

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

Risk scores:	1-8	9-15 *	16-25
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\* 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 – April 2014 results

**Action:** For information.

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

**Core regulatory function:** Supporting functions.

**Corporate objectives:** 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:

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

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

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**Context: Financial information**

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

**Discussion: Executive summary**

- 8 The latest forecast is for available free reserves at March 2015 to be on target at £7.5 million. The reserves level will fluctuate during the year based on the pattern of expenditure.
- 9 The budget and forecast reserves have been restated upwards by £0.8 million to reflect the favorable actual position at March 2014. The March 2015 budget available free reserves have therefore been restated from the approved £6.7 million to £7.5 million.
- 10 Available free reserves at April 2014 were £8.7 million, which is £1.1 million higher than the restated budget position. This was due to lower than budgeted expenditure, across all directorates, as set out below.
- 11 The expenditure variances are considered at this stage to relate to the timing of expenditure, and therefore this expenditure has been reforecast in the year.
- 12 The cash position is on target; lower expenditure is offset by lower creditor balances than budget.

## Monthly management results

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

## April results versus budget

- 14 The principal variances arising in April against budget are as follows:
- 14.1 Costs in Continued Practice were lower than budget by £0.1 million due to lower than expected QA costs and professional and engagement costs relating to revalidation.
  - 14.2 ICT costs were lower than budget by £0.2 million due to lower software licence and system maintenance costs.
  - 14.3 FtP costs were £0.1 million lower than budget due principally to reduced ICIO hearing days in the month.

## Full year forecast versus budget

- 15 The principal variances forecast against budget are as follows:
- 15.1 Costs are forecast to be £0.1 million higher than budget in OCCE due to additional project management resource approved in 2014-2015, which was transferred from the contingency fund.
  - 15.2 Costs are forecast to be £0.3 million higher than budget in Policy due to the review of midwifery regulation commissioned from the King's Fund; this work was budgeted as part of the contingency as it was not fully defined at the time of the budget.
  - 15.3 Project costs are forecast to be £0.1 million higher than budget due to increased spend on the overseas registration project, which is offset by increased grant income.
  - 15.4 Increases in 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.

### Public protection implications:

- 16 The monitoring of financial results and forecasts enables the NMC to ensure it has sufficient resources to deliver continued public protection.

### Resource implications:

- 17 The key financial indicators for current and projected levels are discussed in this paper.

### Equality and diversity

- 18 None.

**implications:**

**Stakeholder engagement:** 19 None

**Risk implications:** 20 There are a number of risks which should be considered on an ongoing basis when reviewing the financial position.

20.1 Council's risk based reserve policy is that available free reserves should be held in a target range of £10 million to £25 million. Our available free reserves are £8.7 million at April 2014, which is in breach of our reserves policy. A reduction in reserves from the policy level should only be authorised by trustees where there is a clear and robust plan to rebuild reserves. In our case, our financial and fee strategy is designed to build reserves back up to the required level.

**Legal implications:** 21 None.

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

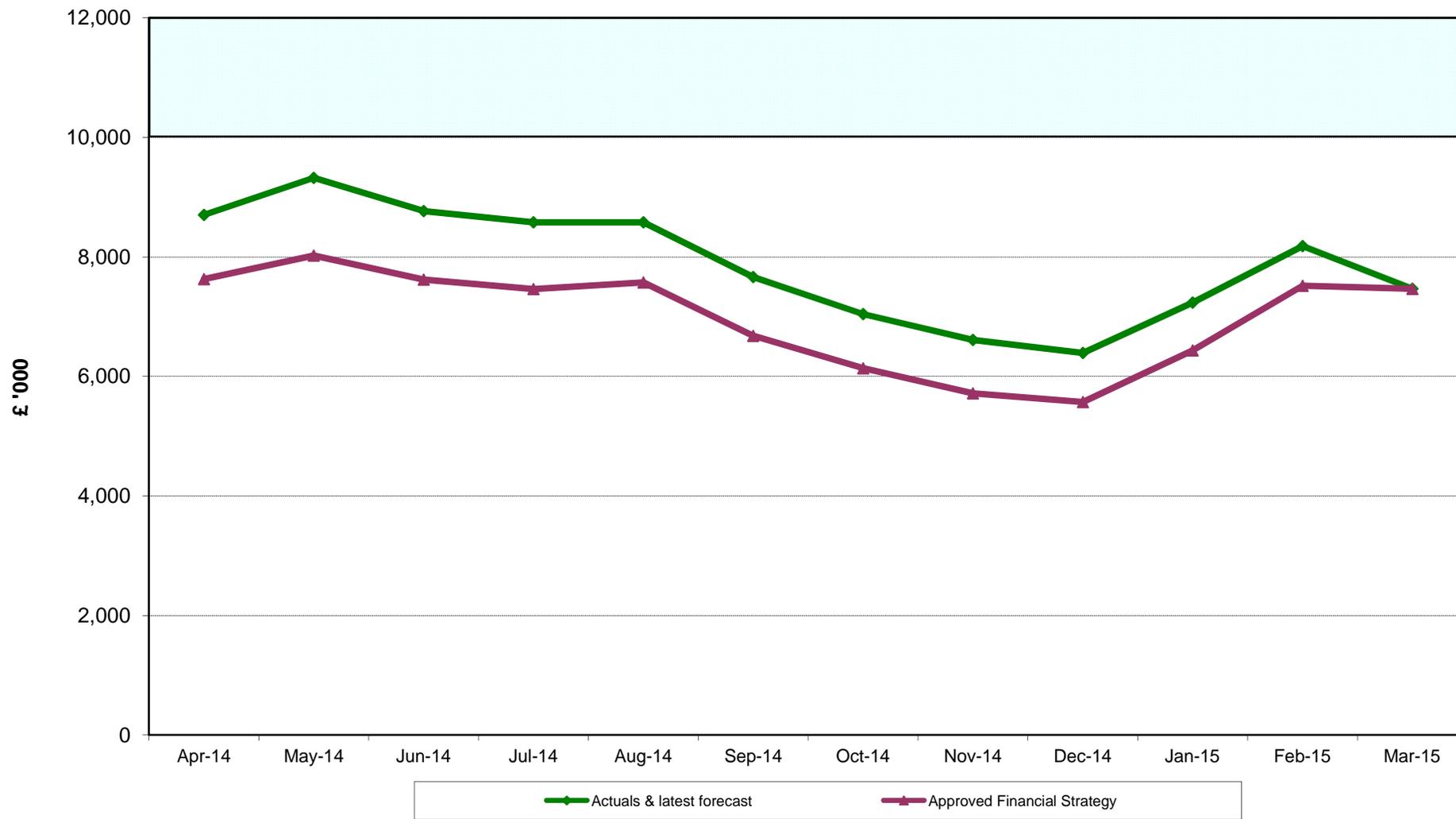
2014/2015	Month of April				April to April					May to March					Full Year				
	Actual	Budget	Prior Forecast	vs budget	Actual	Budget	Prior Forecast	vs budget	vs prior forecast	Forecast	Budget	Prior Forecast	vs budget	vs prior forecast	Actual/Forecast	Budget	Prior Forecast	vs budget	vs prior forecast
Grant Income	73	155	155	(83)	73	155	155	(83)	(83)	1,698	1,499	1,499	199	199	1,771	1,654	1,654	117	117
Periodic Fee Income	5,670	5,629	5,629	41	5,670	5,629	5,629	41	41	61,992	61,992	61,992	0	0	67,661	67,620	67,620	41	41
Overseas Applications	22	18	18	4	22	18	18	4	4	196	196	196	0	0	218	214	214	4	4
Eu Assessment Fee	53	40	40	13	53	40	40	13	13	438	438	438	0	0	491	478	478	13	13
Interest Income	52	81	81	(29)	52	81	81	(29)	(29)	821	821	821	0	0	873	902	902	(29)	(29)
Other Income	23	32	32	(9)	23	32	32	(9)	(9)	354	354	354	0	0	377	386	386	(9)	(9)
<b>Total Income:</b>	<b>5,893</b>	<b>5,956</b>	<b>5,956</b>	<b>(63)</b>	<b>5,893</b>	<b>5,956</b>	<b>5,956</b>	<b>(63)</b>	<b>(63)</b>	<b>65,499</b>	<b>65,299</b>	<b>65,299</b>	<b>199</b>	<b>199</b>	<b>71,391</b>	<b>71,255</b>	<b>71,255</b>	<b>136</b>	<b>136</b>
<b>Office of the Chair &amp; Chief Executive</b>	<b>67</b>	<b>63</b>	<b>63</b>	<b>(4)</b>	<b>67</b>	<b>63</b>	<b>63</b>	<b>(4)</b>	<b>(4)</b>	<b>993</b>	<b>894</b>	<b>894</b>	<b>(99)</b>	<b>(99)</b>	<b>1,060</b>	<b>956</b>	<b>956</b>	<b>(103)</b>	<b>(103)</b>
Communication	47	76	76	29	47	76	76	29	29	869	841	841	(29)	(29)	916	916	916	0	0
Council Services	33	45	45	12	33	45	45	12	12	457	415	415	(42)	(42)	490	461	461	(30)	(30)
Governance	94	111	111	17	94	111	111	17	17	1,247	1,231	1,231	(17)	(17)	1,341	1,341	1,341	0	0
Policy	65	101	101	36	65	101	101	36	36	1,336	955	955	(381)	(381)	1,401	1,056	1,056	(345)	(345)
<b>Strategy</b>	<b>239</b>	<b>333</b>	<b>333</b>	<b>94</b>	<b>239</b>	<b>333</b>	<b>333</b>	<b>94</b>	<b>94</b>	<b>3,909</b>	<b>3,441</b>	<b>3,441</b>	<b>(468)</b>	<b>(468)</b>	<b>4,148</b>	<b>3,774</b>	<b>3,774</b>	<b>(374)</b>	<b>(374)</b>
<b>Registration</b>	<b>273</b>	<b>320</b>	<b>320</b>	<b>47</b>	<b>273</b>	<b>320</b>	<b>320</b>	<b>47</b>	<b>47</b>	<b>3,490</b>	<b>3,442</b>	<b>3,442</b>	<b>(48)</b>	<b>(48)</b>	<b>3,763</b>	<b>3,763</b>	<b>3,763</b>	<b>(0)</b>	<b>(0)</b>
<b>Continued Practice</b>	<b>209</b>	<b>331</b>	<b>331</b>	<b>122</b>	<b>209</b>	<b>331</b>	<b>331</b>	<b>122</b>	<b>122</b>	<b>3,654</b>	<b>3,532</b>	<b>3,532</b>	<b>(122)</b>	<b>(122)</b>	<b>3,863</b>	<b>3,863</b>	<b>3,863</b>	<b>0</b>	<b>0</b>
ICT	286	482	482	196	286	482	482	196	196	4,459	4,263	4,263	(196)	(196)	4,745	4,745	4,745	(0)	(0)
Finance	160	187	187	27	160	187	187	27	27	2,077	2,049	2,049	(27)	(27)	2,236	2,236	2,236	(0)	(0)
Facilities Management	448	457	457	9	448	457	457	9	9	5,083	5,074	5,074	(10)	(10)	5,531	5,531	5,531	(0)	(0)
HR&OD	183	216	216	33	183	216	216	33	33	2,464	2,432	2,432	(33)	(33)	2,647	2,647	2,647	(0)	(0)
<b>Corporate Services</b>	<b>1,077</b>	<b>1,342</b>	<b>1,342</b>	<b>265</b>	<b>1,077</b>	<b>1,342</b>	<b>1,342</b>	<b>265</b>	<b>265</b>	<b>14,083</b>	<b>13,818</b>	<b>13,818</b>	<b>(265)</b>	<b>(265)</b>	<b>15,161</b>	<b>15,160</b>	<b>15,160</b>	<b>(1)</b>	<b>(1)</b>
Directors office	60	53	53	(6)	60	53	53	(6)	(6)	622	583	583	(39)	(39)	682	636	636	(45)	(45)
Screening	118	123	123	5	118	123	123	5	5	1,354	1,354	1,354	0	0	1,472	1,477	1,477	5	5
Case Investigations - Total	422	361	361	(62)	422	361	361	(62)	(62)	4,658	4,658	4,658	0	0	5,080	5,019	5,019	(62)	(62)
Investigations - IC	88	116	116	29	88	116	116	29	29	1,469	1,469	1,469	0	0	1,556	1,585	1,585	29	29
Case Management	24	24	24	(0)	24	24	24	(0)	(0)	268	268	268	0	0	292	292	292	(0)	(0)
Scheduling	59	75	75	16	59	75	75	16	16	874	874	874	0	0	933	949	949	16	16
Case Preparation	101	121	121	20	101	121	121	20	20	1,313	1,313	1,313	0	0	1,414	1,434	1,434	20	20
Admin / General	112	109	109	(3)	112	109	109	(3)	(3)	1,294	1,283	1,283	(10)	(10)	1,406	1,393	1,393	(13)	(13)
Adjudication	273	237	237	(35)	273	237	237	(35)	(35)	2,739	2,730	2,730	(9)	(9)	3,012	2,967	2,967	(44)	(44)
CCC	1,403	1,401	1,401	(2)	1,403	1,401	1,401	(2)	(2)	14,322	14,277	14,277	(45)	(45)	15,725	15,678	15,678	(47)	(47)
HC	136	96	96	(41)	136	96	96	(41)	(41)	959	959	959	0	0	1,096	1,055	1,055	(41)	(41)
Investigations - ICIO	198	355	355	157	198	355	355	157	157	3,706	3,684	3,684	(22)	(22)	3,905	4,040	4,040	135	135
Regulatory Legal Team	383	392	392	10	383	392	392	10	10	4,089	4,089	4,089	0	0	4,472	4,482	4,482	10	10
Panel support	52	57	57	5	52	57	57	5	5	845	845	845	0	0	897	902	902	5	5
Case Investigations Team 5	0	33	33	33	0	33	33	33	33	363	363	363	0	0	363	396	396	33	33
FtP Programme Initiatives	0	6	6	6	0	6	6	6	6	312	306	306	(6)	(6)	312	312	312	0	0
<b>FTP</b>	<b>3,430</b>	<b>3,561</b>	<b>3,561</b>	<b>131</b>	<b>3,430</b>	<b>3,561</b>	<b>3,561</b>	<b>131</b>	<b>131</b>	<b>39,186</b>	<b>39,055</b>	<b>39,055</b>	<b>(131)</b>	<b>(131)</b>	<b>42,616</b>	<b>42,616</b>	<b>42,616</b>	<b>(0)</b>	<b>(0)</b>
<b>Projects</b>	<b>73</b>	<b>157</b>	<b>157</b>	<b>84</b>	<b>73</b>	<b>157</b>	<b>157</b>	<b>84</b>	<b>84</b>	<b>2,180</b>	<b>1,974</b>	<b>1,974</b>	<b>(206)</b>	<b>(206)</b>	<b>2,254</b>	<b>2,131</b>	<b>2,131</b>	<b>(122)</b>	<b>(122)</b>
Depreciation	291	285	285	(6)	291	285	285	(6)	(6)	3,143	3,143	3,143	0	0	3,434	3,429	3,429	(6)	(6)
NMC Corporate/General	5	5	5	0	5	5	5	0	0	52	52	52	0	0	57	57	57	0	0
<b>Contingency</b>	<b>0</b>	<b>250</b>	<b>250</b>	<b>250</b>	<b>0</b>	<b>250</b>	<b>250</b>	<b>250</b>	<b>250</b>	<b>2,519</b>	<b>2,750</b>	<b>2,750</b>	<b>231</b>	<b>231</b>	<b>2,519</b>	<b>3,000</b>	<b>3,000</b>	<b>481</b>	<b>481</b>
<b>Revenue Spend</b>	<b>5,663</b>	<b>6,647</b>	<b>6,647</b>	<b>984</b>	<b>5,663</b>	<b>6,647</b>	<b>6,647</b>	<b>984</b>	<b>984</b>	<b>73,211</b>	<b>72,101</b>	<b>72,101</b>	<b>(1,109)</b>	<b>(1,109)</b>	<b>78,873</b>	<b>78,748</b>	<b>78,748</b>	<b>(125)</b>	<b>(125)</b>
<b>Surplus / (Deficit)</b>	<b>230</b>	<b>(691)</b>	<b>(691)</b>	<b>921</b>	<b>230</b>	<b>(691)</b>	<b>(691)</b>	<b>921</b>	<b>921</b>	<b>(7,712)</b>	<b>(6,802)</b>	<b>(6,802)</b>	<b>(910)</b>	<b>(910)</b>	<b>(7,482)</b>	<b>(7,493)</b>	<b>(7,493)</b>	<b>11</b>	<b>11</b>
<b>Capital</b>	<b>90</b>	<b>236</b>	<b>236</b>	<b>146</b>	<b>90</b>	<b>236</b>	<b>236</b>	<b>146</b>	<b>146</b>	<b>4,132</b>	<b>3,969</b>	<b>3,969</b>	<b>(163)</b>	<b>(163)</b>	<b>4,222</b>	<b>4,205</b>	<b>4,205</b>	<b>(16)</b>	<b>(16)</b>
<b>Total free reserves</b>					<b>18,100</b>	<b>17,027</b>	<b>17,027</b>	<b>1,073</b>	<b>1,073</b>						<b>15,680</b>	<b>15,680</b>	<b>15,680</b>	<b>0</b>	<b>0</b>
<b>Pension deficit</b>					<b>9,397</b>	<b>9,397</b>	<b>9,397</b>	<b>0</b>	<b>0</b>						<b>8,213</b>	<b>8,213</b>	<b>8,213</b>	<b>0</b>	<b>0</b>
<b>Available free reserves (excluding pension deficit &amp; restricted funds)</b>					<b>8,703</b>	<b>7,630</b>	<b>7,630</b>	<b>1,073</b>	<b>1,073</b>						<b>7,467</b>	<b>7,467</b>	<b>7,467</b>	<b>0</b>	<b>0</b>
<b>Restricted funds</b>					<b>11,429</b>	<b>11,429</b>	<b>11,429</b>	<b>0</b>	<b>0</b>						<b>5,148</b>	<b>5,148</b>	<b>5,148</b>	<b>0</b>	<b>0</b>
<b>Cash at bank</b>					<b>76,546</b>	<b>76,551</b>	<b>76,551</b>	<b>(5)</b>	<b>(5)</b>						<b>72,360</b>	<b>72,359</b>	<b>72,359</b>	<b>0</b>	<b>0</b>
<b>Net inflow/(outflow) of funds</b>					<b>(1,704)</b>	<b>(1,699)</b>	<b>(1,699)</b>	<b>(5)</b>	<b>(5)</b>						<b>(5,890)</b>	<b>(5,891)</b>	<b>(5,891)</b>	<b>0</b>	<b>0</b>



	Apr-14 Actual	May-14 Forecast	Jun-14 Forecast	Jul-14 Forecast	Aug-14 Forecast	Sep-14 Forecast	Oct-14 Forecast	Nov-14 Forecast	Dec-14 Forecast	Jan-15 Forecast	Feb-15 Forecast	Mar-15 Forecast	Full Year 2014- 2015
Grant Income	73	136	120	408	399	407	100	36	36	18	18	18	1,771
Periodic Fee Income	5,670	5,629	5,629	5,629	5,629	5,629	5,629	5,629	5,629	5,629	5,629	5,704	67,661
Overseas Applications	22	18	18	18	18	18	18	18	18	18	18	18	218
Eu Assessment Fee	53	40	40	40	40	40	40	40	40	40	40	40	491
Interest Income	52	80	77	75	73	73	78	77	75	73	70	70	873
Other Income	23	32	32	32	32	32	32	32	32	32	32	32	377
<b>Total Income:</b>	<b>5,893</b>	<b>5,935</b>	<b>5,916</b>	<b>6,201</b>	<b>6,191</b>	<b>6,199</b>	<b>5,896</b>	<b>5,831</b>	<b>5,830</b>	<b>5,810</b>	<b>5,807</b>	<b>5,882</b>	<b>71,391</b>
<b>Office of the Chair &amp; Chief Executive</b>	<b>67</b>	<b>63</b>	<b>100</b>	<b>89</b>	<b>87</b>	<b>100</b>	<b>98</b>	<b>89</b>	<b>95</b>	<b>88</b>	<b>87</b>	<b>98</b>	<b>1,060</b>
Communication	47	76	76	74	74	84	70	73	72	140	59	70	916
Council Services	33	70	71	62	20	32	41	27	28	33	35	37	490
Governance	94	110	113	113	110	109	110	122	111	110	108	133	1,341
Policy	65	101	181	127	181	83	152	83	152	80	80	115	1,401
<b>Strategy</b>	<b>239</b>	<b>356</b>	<b>441</b>	<b>377</b>	<b>386</b>	<b>308</b>	<b>373</b>	<b>305</b>	<b>364</b>	<b>363</b>	<b>282</b>	<b>355</b>	<b>4,148</b>
<b>Registration</b>	<b>273</b>	<b>284</b>	<b>286</b>	<b>293</b>	<b>333</b>	<b>370</b>	<b>337</b>	<b>294</b>	<b>289</b>	<b>297</b>	<b>310</b>	<b>396</b>	<b>3,763</b>
<b>Continued Practice</b>	<b>209</b>	<b>299</b>	<b>325</b>	<b>348</b>	<b>331</b>	<b>330</b>	<b>324</b>	<b>354</b>	<b>280</b>	<b>282</b>	<b>292</b>	<b>489</b>	<b>3,863</b>
ICT	286	347	535	398	345	415	322	372	406	317	332	669	4,745
Finance	160	181	201	172	166	189	183	181	209	168	165	262	2,236
Facilities Management	448	458	502	452	460	509	453	451	450	466	432	451	5,531
HR&OD	183	218	216	216	218	216	266	218	216	216	218	245	2,647
<b>Corporate Services</b>	<b>1,077</b>	<b>1,205</b>	<b>1,454</b>	<b>1,237</b>	<b>1,189</b>	<b>1,329</b>	<b>1,224</b>	<b>1,223</b>	<b>1,282</b>	<b>1,167</b>	<b>1,147</b>	<b>1,627</b>	<b>15,161</b>
Directors office	60	53	53	53	53	53	53	53	53	53	53	92	682
Screening	118	123	123	123	123	123	123	123	123	123	123	123	1,472
Case Investigations - Total	422	400	424	424	424	424	424	424	424	424	424	439	5,080
Investigations - IC	88	116	116	116	116	116	191	191	160	160	160	26	1,556
Case Management	24	24	24	24	24	24	24	24	24	24	24	24	292
Scheduling	59	75	80	80	80	80	80	80	80	80	80	80	933
Case Preparation	101	121	121	121	121	121	118	118	118	118	118	118	1,414
Admin / General	112	109	129	109	109	129	109	109	129	109	109	140	1,406
Adjudication	273	237	247	247	247	248	247	247	247	247	247	274	3,012
CCC	1,403	1,347	1,423	1,530	1,353	1,490	1,541	1,400	1,380	744	742	1,370	15,725
HC	136	95	95	94	95	95	94	96	95	51	51	98	1,096
Investigations - ICIO	198	305	328	332	323	339	340	339	342	344	344	371	3,905
Regulatory Legal Team	383	382	390	398	384	396	400	391	414	272	278	386	4,472
Panel support	52	57	82	60	60	105	60	60	72	60	60	170	897
Case Investigations Team 5	0	33	33	33	33	33	33	33	33	33	33	33	363
FiP Programme Initiatives	0	6	6	6	6	6	6	27	88	52	52	58	312
<b>FTP</b>	<b>3,430</b>	<b>3,484</b>	<b>3,675</b>	<b>3,751</b>	<b>3,552</b>	<b>3,783</b>	<b>3,845</b>	<b>3,717</b>	<b>3,784</b>	<b>2,896</b>	<b>2,898</b>	<b>3,803</b>	<b>42,616</b>
<b>Projects</b>	<b>73</b>	<b>143</b>	<b>203</b>	<b>489</b>	<b>480</b>	<b>498</b>	<b>116</b>	<b>52</b>	<b>47</b>	<b>101</b>	<b>29</b>	<b>20</b>	<b>2,254</b>
<b>Depreciation</b>	<b>291</b>	<b>293</b>	<b>298</b>	<b>298</b>	<b>294</b>	<b>297</b>	<b>297</b>	<b>297</b>	<b>281</b>	<b>264</b>	<b>264</b>	<b>260</b>	<b>3,434</b>
<b>NMC Corporate/General</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>57</b>
<b>Contingency</b>	<b>0</b>	<b>0</b>	<b>269</b>	<b>250</b>	<b>2,519</b>								
<b>Revenue Spend</b>	<b>5,663</b>	<b>6,132</b>	<b>7,055</b>	<b>7,136</b>	<b>6,906</b>	<b>7,269</b>	<b>6,869</b>	<b>6,586</b>	<b>6,677</b>	<b>5,713</b>	<b>5,565</b>	<b>7,302</b>	<b>78,873</b>
<b>Surplus / (Deficit)</b>	<b>230</b>	<b>(197)</b>	<b>(1,140)</b>	<b>(934)</b>	<b>(715)</b>	<b>(1,071)</b>	<b>(972)</b>	<b>(754)</b>	<b>(847)</b>	<b>96</b>	<b>242</b>	<b>(1,420)</b>	<b>(7,482)</b>
<b>Capital</b>	<b>90</b>	<b>141</b>	<b>380</b>	<b>217</b>	<b>243</b>	<b>803</b>	<b>611</b>	<b>639</b>	<b>318</b>	<b>185</b>	<b>222</b>	<b>373</b>	<b>4,222</b>
<b>Total free reserves</b>	<b>18,100</b>	<b>18,625</b>	<b>17,974</b>	<b>17,692</b>	<b>17,599</b>	<b>16,593</b>	<b>15,879</b>	<b>15,353</b>	<b>15,041</b>	<b>15,787</b>	<b>16,643</b>	<b>15,680</b>	
<b>Pension deficit</b>	<b>9,397</b>	<b>9,303</b>	<b>9,210</b>	<b>9,116</b>	<b>9,023</b>	<b>8,929</b>	<b>8,835</b>	<b>8,742</b>	<b>8,648</b>	<b>8,555</b>	<b>8,461</b>	<b>8,213</b>	
<b>Available free reserves (excluding pension deficit &amp; restricted funds)</b>	<b>8,703</b>	<b>9,322</b>	<b>8,765</b>	<b>8,576</b>	<b>8,576</b>	<b>7,664</b>	<b>7,043</b>	<b>6,612</b>	<b>6,393</b>	<b>7,233</b>	<b>8,182</b>	<b>7,467</b>	
<b>Restricted funds</b>	<b>11,429</b>	<b>10,858</b>	<b>10,287</b>	<b>9,716</b>	<b>9,145</b>	<b>8,574</b>	<b>8,003</b>	<b>7,432</b>	<b>6,861</b>	<b>6,290</b>	<b>5,719</b>	<b>5,148</b>	
<b>Cash at bank</b>	<b>76,546</b>	<b>75,401</b>	<b>73,413</b>	<b>71,636</b>	<b>71,013</b>	<b>75,705</b>	<b>74,635</b>	<b>73,246</b>	<b>70,766</b>	<b>68,058</b>	<b>68,454</b>	<b>72,360</b>	
<b>Net inflow/(outflow) of funds - monthly</b>	<b>(1,704)</b>	<b>(1,145)</b>	<b>(1,988)</b>	<b>(1,777)</b>	<b>(623)</b>	<b>4,692</b>	<b>(1,070)</b>	<b>(1,389)</b>	<b>(2,480)</b>	<b>(2,709)</b>	<b>396</b>	<b>3,906</b>	<b>(5,890)</b>

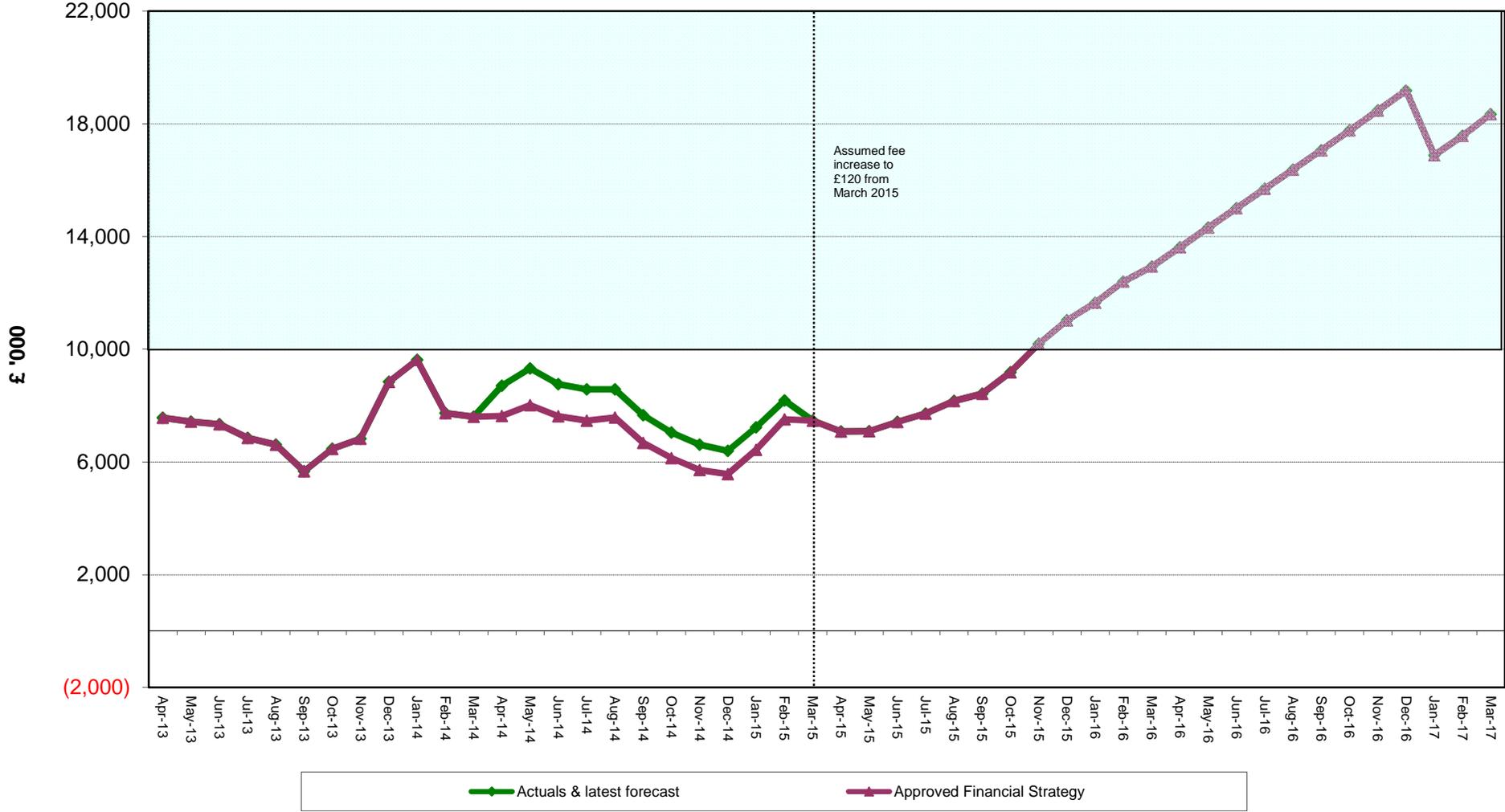


**April forecast & approved financial strategy available free reserves 2014-2015**  
**Annexe 3**



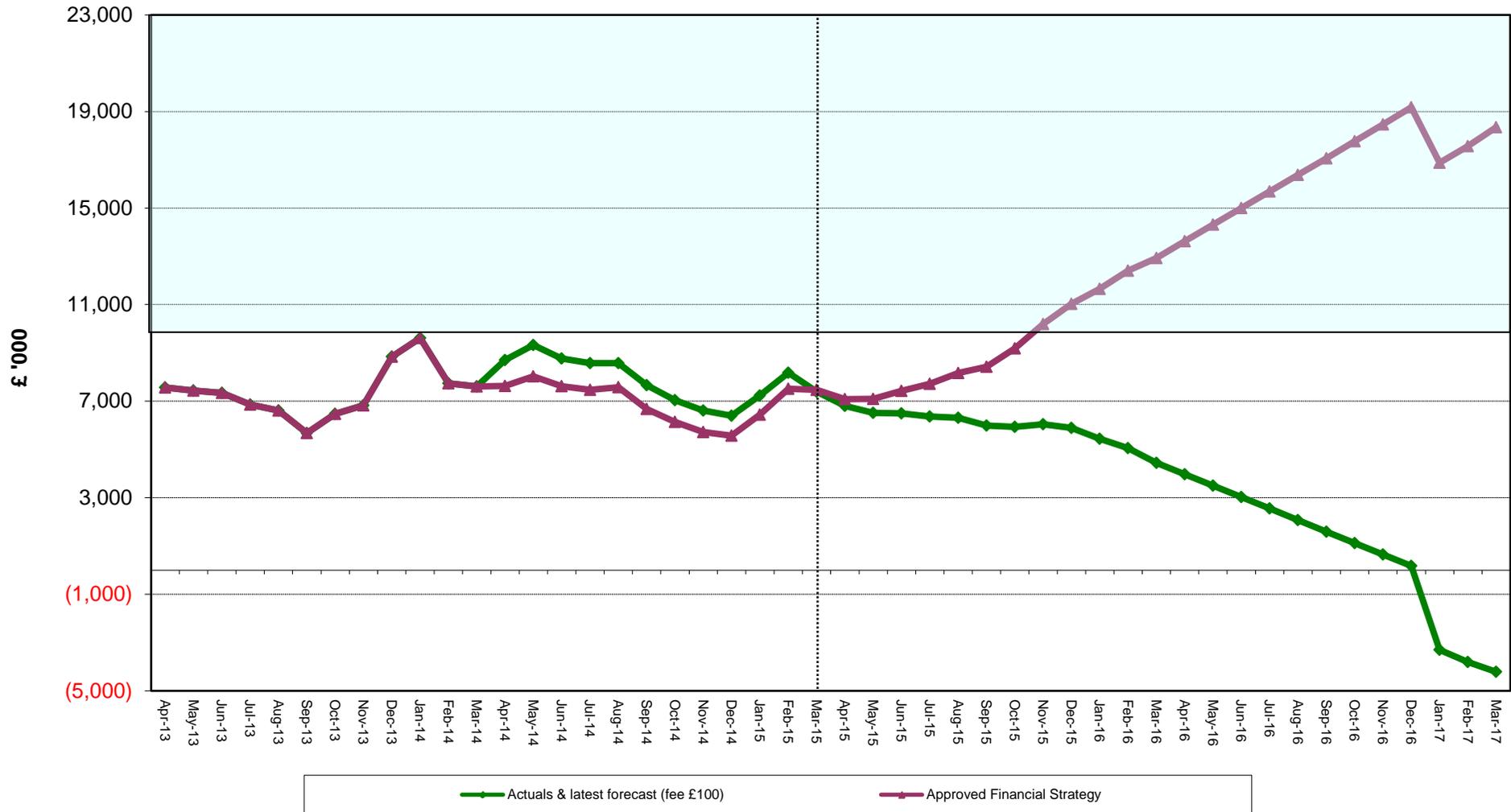


**April forecast & approved financial strategy available free reserves for 2013-2017**  
**Annexe 4**



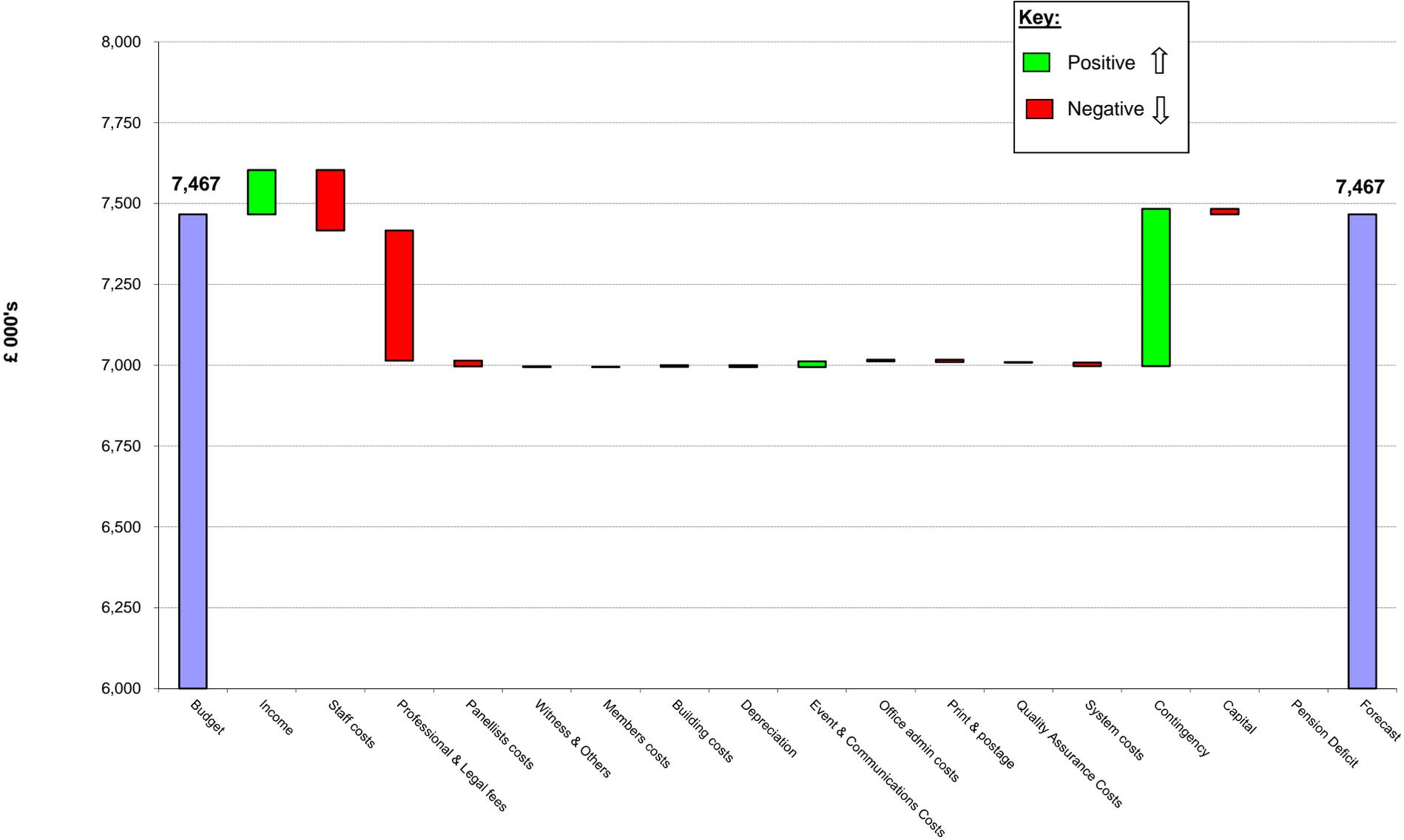


**April forecast with fee at £100 & approved financial strategy available free reserves for 2013-2017**  
**Annexe 5**





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





## Council

### NMC Strategy 2015-20

**Action:** For decision.

**Issue:** This paper sets out the main components of NMC's proposed strategy for 2015-2020.

**Core regulatory function:** All.

**Corporate objectives:** All.

**Decision required:** The Council is recommended to:

- Consider the paper and approve the components of the strategy as working principles the Executive can take forward in developing and finalising the draft 2015-2020 strategy.

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

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**Context:**

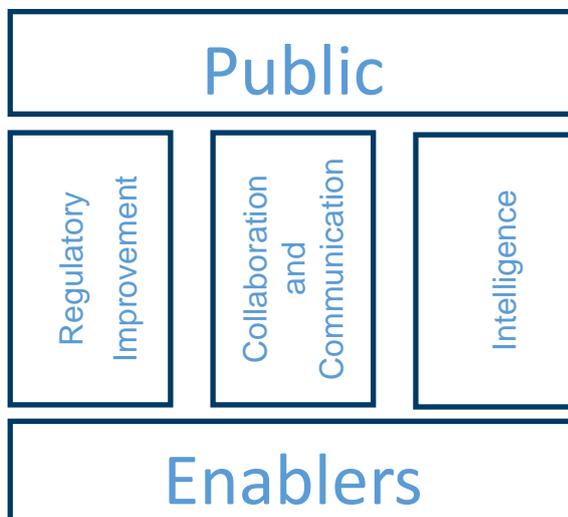
1. In July 2013, the Council decided to develop a five year strategy starting in April 2015, so that it provided direction for the organisation as it emerged from the period during which its objectives were substantially defined by the PSA's strategic review of 2012.
2. In October 2013, the Council and the Executive team held a strategy away day with inputs from Dr Anna Dixon, DH, and Professor Anne Marie Rafferty, KCL. The policy and research teams provided strategic context reports to support Council's deliberations.
3. A planning sub group comprising the Chair, Chief Executive and Council members met twice to shape the work further.
4. In January 2014 all NMC staff participated in one of series of workshops on future strategy and there was a high degree of consensus between Council, Executive and staff at all levels about the next steps for the NMC.
5. Council seminar in February 2014 provided a further opportunity for members to discuss the essential components of the strategy. Some focused engagement to gauge responses from key stakeholders was undertaken and reported on.

**Discussion and options appraisal:**

**Strategic themes**

6. In its discussions earlier in 2014, the Council endorsed an approach to the strategy that comprises an overarching restatement of the public protection purpose of the NMC, supported by three principle strategic themes or 'pillars' for the next period. These are summarised below.

*6.1 Shape of strategy, Council seminar February 2014*



7. These pillars reflect the need to continue to drive sustained improvement and modernisation in our regulatory approaches in a fast changing landscape where collaboration and communication with other agencies will be increasingly important, as will better use of data and intelligence. Developing in these areas will depend on a series of enablers for example finances, staff, IT, governance. Annex 1 sets out in more detail our priorities for strategic development that will support our progress over the next five years.
8. A central thrust of our strategy will be that having acknowledged the criticisms of the past and made significant strides to address them over the last few years, the time is now right for us to be looking to the future by setting out confidently how we think we should develop over the next five years as a trusted and respected regulator. Our strategy will be progressive; characterised by innovation, continuous improvement and real change, but built on a solid foundation of effective delivery of our core functions and a constant awareness that we need to spend registrant fees efficiently.
9. Regulators have an important role to play in public protection, but we must be clear about the focus and limitations of our role. We are not present where care is given. The best safeguards of public protection are registered nurses and midwives with the expertise and values to provide care, treatment or knowledge to high standards. Informed and empowered service users able to demand those high standards are a vital part of the environment that influences practice and we will play our part in this by ensuring that what is expected of nurses and midwives is clear, as well as how to raise concerns where necessary.
10. In driving toward better regulation, we will be clear about how all our regulatory functions support the central aim of making the register and registration truly meaningful; a reliable source of assurance for the public, of confidence for employers and of standing for registrants. The way we regulate will help create the conditions in which those directly involved in giving and receiving care are able to do so more reliably. We recognise that to achieve this we must understand, and where needed respond to developments in practice and the challenges faced by practitioners in the diversity of practice settings. Underpinning all this, we will promote a clearer vision of professionalism and individual accountability as a tool for public protection, particularly through a model of revalidation that will place the Code at the heart of the daily practice of all nurses and midwives.
11. To support public protection, where concerns arise, all regulators need to get better at sharing information and action with other agencies and regulators. To do that we must develop our use of

information and data and build effective, sustainable strategic and operational partnerships. Our aim should be that over time, through pooling knowledge and understanding our sector, regulators may be able not only to respond to risks, but also to help anticipate and prevent them.

### **Next steps**

12. Subject to Council's approval, we will develop the themes and priorities set out above into a draft strategy document for discussion in seminar in July 2014 that will then form the basis of further discussion and engagement with key stakeholders between now and the end of the calendar year. This will include further discussion with the DH and PSA, as well as engagement with stakeholders in Northern Ireland, Scotland, and Wales. We intend to hold a small number of developmental round tables to gauge responses to some key themes as well as building awareness of the NMC's strategic direction. The timetable for the appointment of a new chair for the NMC should allow for them to take a view prior to the finalisation of the strategy.
13. We have shared our early thinking in a series of meetings including our Patient and Public Forum and regular meetings with the unions; between July and October we will go back to these groups with a draft for their consideration. We will also go back to a selection of the employers and registrants we have engaged with over recent months and take their views.
14. We propose to use a sub group of Council members for a further sense check in autumn with the final version coming to Council in early December 2014.
15. The strategy will be launched shortly thereafter and will come into force from April 2015.
- Public protection:** 16. The strategy will affirm that public protection remains the primary focus of the NMC and emphasise that contribution of regulation to public protection arises from all our functions and not solely from responding to concerns about fitness to practise.
- Resource implications:** 17. The main cost will be the staff time associated with producing the strategy; it will inform the business planning and budget setting that will start at the end of 2014 for the next financial year.
- Equality and diversity implications:** 18. Diversity inclusion will remain an important strategic priority for the NMC. The equality impact of work arising from the strategy will be conducted in line with statutory requirements and our aspirations

as an organisation.

**Stakeholder  
engagement:**

19. The development of the strategy to date has benefitted from engagement with Council, NMC staff, some external stakeholders, and discussion with staff responsible for strategy development from other regulators. The period between now and December will be used to extend this process still further.

**Risk  
implications:**

20. Developing a clear longer-term strategy will provide us with a framework to respond and adapt to changing external drivers and manage risk accordingly.

**Legal  
implications:**

21. There is some uncertainty about the pace and extent of legislative change but there is likely to be greater clarity by the time the strategy takes effect. The strategy will acknowledge that the NMC will be expected to respond to the imperatives for change whatever the developments in our legislative framework.

## Annex 1

### Strategic priorities 2015-2020

1. To pursue the overarching strategic themes Council has defined, we will set a series of strategic priorities with associated milestones covering the strategic period from 2015-2020. These are summarised below:
2. **Effective regulation:** Our core functions require us to make sound regulatory judgements within a statutory framework: setting the right standards to join and remain on the register, maintaining a register that assures patients and the public about the people providing their care, and limiting or removing the right to practise when nurses or midwives fail to meet standards of safe and effective practice. We need to maintain a focus on ensuring our regulatory decisions are of high quality. Areas of development in this area will include:
  - 2.1 Pursuing improvements in our legislation to maximise our potential to protect the public through proportionate regulation
  - 2.2 Setting standards for nursing and midwifery that stand the test of time – taking account of changes in practice, technology and public expectations
  - 2.3 Making the register a better tool for public protection – looking at the shape of the register to ensure it acts in the public interest while not constraining beneficial developments in the professions
  - 2.4 Introducing revalidation and over time, refining the model
  - 2.5 Implementing any changes arising from the review of midwifery regulation
  - 2.6 Setting clear strategic direction for all our regulatory functions and evaluating for their impact on public protection.
3. **Reliable operations and customer service:** At the heart of what we do are a series of operations that must be timely and accurate in order to protect the public and secure public confidence. Regulators are also businesses that provide services, to employers or members of the public seeking information about registrants or our processes, and nurses and midwives involved in registration, or fitness to practise processes. Areas of development will include:
  - 3.1 Continually improving performance against key indicators, for example adjudication timescales and registration applications
  - 3.2 Exploiting digital and maximising self-service processes – for example NMC Online
  - 3.3 Introducing a phased payment option to help nurses and midwives spread the cost of registration
  - 3.4 Enhancing our direct contact services for example contact centre; ID checks
  - 3.5 Developing user-centred investigation, hearing and witness services

4. **Use of intelligence:** Historically, our systems have been designed to manage our regulatory processes and focussed on individual registrants. Knowing what our own data tell us, and making effective use of what others know and share, are now core competencies for regulators. We are all overhauling the ways in which we maintain and use data. Developments in this area will include:
  - 4.1 Developing an open data architecture that allows us to correlate different factors and monitor trends
  - 4.2 Investing in internal capacity to develop intelligence and insight
  - 4.3 Building over time a more sophisticated understanding of risk to help us shape and target our regulatory functions
  - 4.4 Building better information about registrant demography and scope of practice, for example by relating registrant data to employer data
  - 4.5 Assuring the fairness of our processes via analysis of diversity data and providing insights to the sector on equality and diversity matters.
5. **Collaboration and communication:** Our regulatory regime cannot operate or exist in isolation. We need to operate effectively with other regulators and relevant agencies. For example, it is essential in the post-Francis era that individual and organisational accountability mechanisms maximise their impact on safety and quality by linking with each other. Furthermore, particularly with the advent of revalidation, our relationship with employers will need to become closer and more direct. Developments in this area will include:
  - 5.1 Forging better on-going relationships with regulators and employers, for example through enhanced regional relationships
  - 5.2 Collaborating regularly with regulatory and other partners to address and anticipate patient safety concerns
  - 5.3 Building understanding on the part of registrants about the responsibilities and the benefits of professional regulation
  - 5.4 Through engagement with registrants, improving our understanding into contemporary nursing and midwifery practice and using our insights to inform our regulatory model
  - 5.5 Developing the public's understanding of what to expect from nurses and midwives, their potential role in revalidation and how to raise concerns where necessary
6. **Becoming a modern, effective organisation:** Underpinning all our ambitions as a regulator must be a programme of investment and development to ensure our capacity and capability are aligned to the type of organisation we need and aspire to be. Development in this area will include:
  - 6.1 Ensuring we recruit and retain the right staff to deliver our ambitions and benchmarking this against industry norms

6.2 Achieving financial sustainability

6.3 Identifying and achieving efficiencies by driving down unit costs for our core operations, and pursuing value for money in all our activity

6.4 Investing in the right information and communications technology and estate

6.5 Aiming towards industry-leading communications and engagement systems and processes

6.6 Ensuring our governance processes including risk management keep pace with our development as an organisation and external drivers

6.7 Pursuing best practice as an employer and service provider in terms of equality and diversity.

## Council

### Revalidation update

**Action:** For discussion.

**Issue:** A report on key themes of the NMC's consultation on revalidation and next steps in the Council's approval of the model.

**Core regulatory function:** Standards and Registration (Revalidation)

**Corporate objectives:** 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:** 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.

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**Context:**

- 1 Following collaborative work with key stakeholders and an options appraisal, the Council approved the NMC revalidation model for nurses and midwives in September 2013.
- 2 The model agreed by the Council is based on a phased approach within existing legislation. It is building on the existing renewal of registration process with a clear link to the NMC Code and elements of third party feedback and confirmation. We have committed to delivering the model in December 2015 and have also committed to its evaluation to inform further development.
- 3 The NMC's revalidation model, which we are currently still consulting on, is based on every nurse and midwife on the NMC register at the point of renewal of their registration:
  - 3.1 declaring that they continue to remain fit to practise against the NMC Code and that they meet the NMC standards for practice and Continuing Professional Development (CPD);
  - 3.2 demonstrating that they have sought and reflected on feedback on their practice received from patients, service users, peers, students (or other parties as relevant);
  - 3.3 declaring they have received confirmation from a third party as part of an existing process (such as appraisal)
- 4 The NMC has committed to auditing a sample of nurses and midwives based on a random and risk based approach.
- 5 Based on the above model, the NMC launched its consultation in January 2014. The NMC's consultation on revalidation and the revised Code has been running in two parts from January until August 2014. Part one ended on 31 March 2014 and attracted almost 10,000 responses including over 200 organisational responses and over 3,000 responses from members of the public. In part one, we focused the consultation on our proposed model of revalidation and its application to a variety of employment settings and scopes of practice.
- 6 Part two consultation, run by Ipsos MORI and launched on 19 May, will focus on the revised Code and further refining the revalidation model for nurses and midwives, prior to testing with early implementers/pilot sites in 2015. The part two consultation will be informed by an online questionnaire and qualitative work including in depth interviews and targeted focus groups.

**Discussion and options appraisal:**

Key themes from part one informed our thinking and focus for part two as below.

### **Theme: Third party confirmation**

- 7 In part one of our consultation, the person most frequently selected as being appropriate to provide third party confirmation was an NMC-registered nurse or midwife who oversees the work of the nurse or midwife (75% of individuals and 82% of organisations were of this view). Midwives supported a Supervisor of Midwives being the confirmer (84%). Groups that were less likely to have access to a confirmer were: those working outside the UK; agency staff; self-employed; and those working in regulation/inspection.
- 8 Based on this, we are now consulting on a proposal that the confirmer(s) should have: 1) NMC registration; and 2) responsibility for the nurse or midwife's practice in a line-management or supervisory capacity.
- 9 These two elements of confirmation (management and registration with the NMC) could come from either one individual, who is both an NMC registrant and the manager/supervisor of the nurse or midwife; or two individuals to include both a non NMC-registered supervisor/line-manager with responsibility for the nurse or midwife's practice (e.g. a lay/non-registrant/HR person, GP etc.) and an NMC-registered peer who has knowledge of the registrant's practice.

### **Theme: Appraisal**

- 10 About three in five of both individuals (61%) and organisations (62%) felt that appraisals were an appropriate vehicle for confirming fitness to practise. The self-employed and agency staff were less likely to agree.
- 11 There were a number of comments about appraisals as a means of confirmation. Appraisals should be of high quality, robustly and fairly carried out and could be strengthened by incorporating feedback from peers. Some respondents felt that appraisals may not be a suitable vehicle for confirmation, because the focus is more on the employer/employee contract. Finally, it was felt that a person confirming fitness to practise should be suitably qualified in terms of their knowledge of the Code.
- 12 We are proposing in part two to explore further the role of appraisal in third party confirmation.

### **Theme: Third party feedback**

- 13 In part one consultation, respondents were asked who should provide practice-related feedback for nurses and midwives; the most popular choices were peers/NMC-registrants (88% of individuals and 89% of organisations) and patients and service users (73% of individuals and 86% of organisations). A majority of both individuals (87%) and organisations (92%) agreed that learning and improving

from feedback was important. Feedback was noted as a good way to facilitate learning and reflection, and should be presented in a way that was transparent, constructive and sensitive. Staff needed support, as the process could be subject to manipulation.

- 14 We have established that *reflection* on feedback is a key part of the revalidation process. In part two we are exploring this further.

### **Theme: Continuing Professional Development**

- 15 Participants were asked the number of hours of CPD that respondents thought were appropriate. About half of respondents (49% of individuals and 63% of organisations) suggested a number between 35 and 100 hours. Previous research in healthcare professions had suggested that the elements of CPD which were found to be effective included sustained, repeated or longer term CPD activities involving an interactive method of delivery.
- 16 Following on from part one and consideration of research and models from other regulators, we are proposing in part two that nurses should undertake a minimum of 40 hours of CPD and at least 20 of those hours must be participatory learning. We are recommending that CPD should be linked to the Code and registration and contribute to keeping nurses/midwives up to date within their scope of practice.

### **Theme: The Code**

- 17 In part one, respondents were asked how frequently they use the Code for a number of listed purposes; 'to promote professionalism' was the most frequently chosen, with 55% for this purpose. The Code was used by at least half of respondents for daily practice, training and mentoring and disciplinary procedures/NMC referral for fitness to practise concerns.
- 18 The NMC has revised the Code in line with feedback from part one and recommendations in the Francis and other relevant reports. The revised draft version of the Code has been included in consultation part two and focus groups will explore with participants whether the Code as a whole is fit for purpose, and whether the recent additions and modifications are appropriate.

### **Theme: Overall perceptions of revalidation and outcomes**

- 19 There were a number of views expressed on whether revalidation would improve patient safety. Some felt that revalidation may help improve patient safety through more regular assessment, reflection and learning. There was perception that it could turn out to be a tick-box exercise. Members of the public expressed the view that revalidation would improve the chances of nurses and midwives keeping up to date.

- 20 In part two, we are planning to explore in more depth perceptions of revalidation and how it might impact on the everyday practice of nurses/midwives.

**Theme: Impact on the system**

- 21 The impact of revalidation was discussed in terms of financial cost, time and adapting existing systems to fit with the proposed revalidation model. Organisations recommended that the NMC considered building revalidation around existing employer processes and the need to learn from the medical model. Concerns about cost were raised by employers.
- 22 As a response to this feedback, in collaboration with the Department of Health and NHS Employers and feedback received from the Chief Nursing Officers in the four countries, we have commissioned an independent expert team to consider the impact of revalidation on a small number of providers. Although relatively small in scale, this work is going to cover a variety of settings in the four countries of the UK and will be completed in July 2014.
- 23 We will continue to seek feedback from employers about the impact of revalidation on the system through consultation part two, our extensive engagement and our Employer Reference Group. This will further be tested out in 2015 by early implementers/pilots of the revalidation model.

**Theme: Risk base**

- 24 Both the Professional Standards Authority (PSA) and the Health Select Committee (HSC) as well as members of our strategic group have raised queries around our perception and approach to the risk base of revalidation.
- 25 We have committed to HSC to report by July 2014 on our approach to risk at which point we will be publicly communicating the principles around which we are building risk into the revalidation process. We are on track to meeting this commitment.

**Theme: Guidance for employers**

- 26 Several organisations called for clear guidance on revalidation for employers to make the process as straightforward as possible. We remain committed to working with key stakeholders as part of our Revalidation Strategic Advisory Group in the development of guidance for nurses and midwives and employers or other groups as required.

**Theme: Appeals Process**

- 27 A number of organisations stressed the need for the revalidation model to include a robust and fair appeals process. We will be

recommending that the current appeals process will be available where a valid revalidation request has been submitted to us, *and* under further investigation the registrant cannot prove that they have met the requirements for revalidation, *and* the Registrar decides that the revalidation request is denied and the registrant is lapsed from the register.

**Theme: Specialist Community Public Health Nurses (SCPHNs) and practice hours**

- 28 A number of points were raised in relation to the revalidation of SCPHNs specifically in relation to meeting practice hours. As part of consultation part two we are proposing that a nurse or midwife who is also a SCPHN, will be able to count their practice hours as a SCPHN towards those required to also maintain that person's registration as a nurse or midwife.

**Next steps and policy development**

- 29 The two parts of the consultation and our extensive engagement are informing our model of revalidation and content of the revised Code. The next steps in terms of the Council's strategic oversight and decision on the policy are as follows:
- 29.1 A report on both parts of the consultation with recommendations for policy decision on the revalidation model to be received by the Council on 3 December 2014;
  - 29.2 The revised Code following consultation to be discussed and agreed by the Council on 3 December 2014;
  - 29.3 Based on the policy decisions by the Council in December 2014, the DRAFT revalidation guidance that will be used for testing during the pilots/early implementers to be discussed and agreed by the Council on 28 January 2015.

**Public protection implications:** 30 The consultation findings will be used to inform the development of the Code and revalidation process, both of which support our purpose of public protection.

**Resource implications:** 31 Consultation costs and staff time has been accounted for within the 2013/2014 business planning cycle.

**Equality and diversity implications:** 32 Due consideration has been given to equality and diversity implications in terms of access to the consultation and we are analysing responses against equality data.

**Stakeholder** 33 The online survey was subjected to cognitive testing, using a mix of

- engagement:** lay people with little or no understanding of revalidation, and attendants at a Cardiff revalidation roadshow event with wide representation of nursing and midwifery in Wales.
- 34 Since Council's decision of September 2013 on our revalidation model, we have reached nearly 2,500 individuals face to face across the four countries of the UK as part of nearly 80 events. We continue our collaborative work with the Revalidation Strategic Advisory Group, Task and Finish Group and the Employers Reference Group.
- Risk implications:** 35 The outcomes of the consultation will assist us in developing our risk base and understanding on how revalidation will work in different settings and scopes of practice.
- Legal implications:** 36 The NMC has a legal obligation to consult before establishing standards and issuing guidance.



## Council

### Professional Standards Authority Initial Stages Audit 2013

**Action:** For decision.

**Issue:** The purpose of this paper is to inform Council members of the outcome of the Professional Standards Authority's ('PSA') 2013 audit of the NMC's initial stages fitness to practise ('FtP') process and the learning points and actions arising.

**Core regulatory function:** Fitness to Practise.

**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:

- approve revisions to the guidance on voluntary removal decision making (paragraph 23)
- approve the appointment of two additional Assistant Registrars (paragraph 25)

**Annexes:** The following annexes attached to this paper:

- Annexe 1: Learning points and recommendations
- Annexe 2: Guidance on voluntary removal decision making
- Annexe 3: Summary of changes to the guidance on voluntary removal decision making

**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 PSA carries out a programme of audits each year across the nine health and care professional regulators that it oversees to review the initial stages of their FtP processes.
  - 2 The PSA describes the purpose of these audits as to assess whether the regulator in question is protecting the public and maintaining confidence in the reputation of the relevant profession(s) and its efficiency as a regulator.
  - 3 The full version of the PSA audit has been circulated to members prior to the meeting:  
<http://professionalstandards.org.uk/docs/default-source/audit-reports/nmc-ftp-audit-report-2013.pdf?sfvrsn=0>). Copies are available upon request.

**Discussion and options appraisal:**

**Audit process**

- 4 Between August and September 2013, the PSA audited 100 cases closed at the initial stages of the FtP processes.
- 5 81 of the cases audited were those closed at the initial stages between 1 January 2013 and 31 July 2013. This sample was taken from the 1340 cases that were closed at these stages during this timeframe.
- 6 Of the 81 cases, 27 were closed by the Screening team, 30 were closed by the Investigating Committee ('IC'), 21 cases were closed under the voluntary removal ('VR') process, and three were closed under NMC legislation following a referral for a final FtP panel hearing. The latter are termed administrative closures.
- 7 The PSA also audited a sample of 19 cases that were closed at the initial stages between 2010 and 2013 concerning registrants who had been employed at the Mid Staffordshire NHS Foundation Trust.
- 8 Within the sample of 100 cases were 50 identified by the PSA as likely to be 'higher risk'. These 50 cases comprised the 21 VR cases, the 19 Mid Staffordshire NHS Foundation Trust cases and a further 10 cases closed at the screening, or at the IC stage where the registrant was subject to an interim order.
- 9 The 21 VR cases audited by the PSA concerned only 20 registrants. This is because two of the cases were linked, relating to the same individual. It is worth adding that the NMC's VR processes were still being embedded at the time of the audit, having come into effect on 14 January 2013.
- 10 In auditing each case, the PSA evaluates performance against four stage-specific principles, as set out in its FtP casework framework, which is appended to the audit report. These are: receipt of

information; risk assessment; gathering information/evidence; and evaluation/decision.

- 11 The PSA's FtP framework also sets out six overarching principles which define the regulatory standards required. These are: protecting the public; customer care; risk assessment; guidance; record keeping; and timeliness and monitoring of progress.

### **Findings**

- 12 The PSA recognised areas in which we have made significant improvements. Specific findings in this regard can be found at paragraphs 1.10-11, 1.13, 2.14-15, 2.32, 2.72, 2.95, 2.100, 2.109 and 4.10 of the report. We have acknowledged the importance of sustaining and developing our good performance in these areas.
- 13 An analysis of the PSA' areas for improvement highlighted by the PSA determined that the majority of these fell broadly into the following five categories:
  - 13.1. customer service;
  - 13.2. decision making with respect to voluntary removal cases;
  - 13.3. delays in case progression;
  - 13.4. record keeping; and
  - 13.5. adherence to internal procedures.

### **Learning points and recommendations**

- 14 The PSA identified six areas in which it believes that consistent improvements have not been evidenced. These are summarised at annexe 1, along with a summary of how we have responded to or intend to respond to these findings.
- 15 The audit report further sets out six recommendations with respect to the 81 cases audited that were closed between 1 January 2013 and 31 July 2013. It also provides six specific recommendations relating to our VR process. These recommendations, along with our responses to them, are set out within annexe 1.
- 16 Whilst the PSA has passed comment on the Mid Staffordshire NHS Foundation Trust cases that it audited, it has not set out specific recommendations relating to its findings in this regard. However, we have reviewed their comments and have developed an action plan from issues arising from these cases. This is discussed in further detail below.

## **Cases closed by VR**

- 17 As mentioned above, and detailed within annexe 2, in the report the PSA has set out seven recommendations relating to our VR process.
- 18 In March 2014, we created a VR action plan based on learning from our casework experience and audit and a review by our internal QA team, along with the draft PSA audit report.
- 19 As part of that action plan, and in our response to the PSA audit report, we have reviewed our guidance on VR decision making to clarify our approach to:
  - 20.1. the seriousness of the allegations; and
  - 20.2. the approach to cases where there is an allegation on more than one ground of impairment (e.g. health and misconduct).
- 20 The revised guidance is attached as annexe 2. This is a guidance document that was first approved by Council.
- 21 A summary of the proposed changes to the guidance is attached as annexe 3.
- 22 **Recommendation: The Council is recommended to approve the revised guidance (attached as Annexe 2).**
- 23 Furthermore, relevant VR standard operating procedures ('SOPs') are being updated. We are also undertaking work to implement a VR readmission process. Our templates and forms relevant to VR are undergoing review to ensure clarity of our correspondence and reasons for VR decisions. The forms will require the Assistant Registrars ('ARs') to provide their own stand-alone reasons. This will increase the workload for the ARs, and we had already identified that there has been an occasion when the current number of ARs (just two have been appointed) was not sufficient to meet the business need.
- 24 Under the Nursing and Midwifery Order 2001, Part III, Article 4(5), the Council is able to appoint an assistant registrar to support the work of the registrar and to 'act for him in any matter.
- 25 With the above in mind, it is proposed that the Council appoint two further ARs. They are:
  - 25.1 Matthew McClelland, Assistant Director, Governance
  - 25.2 Anne Trotter, Acting Assistant Director, Education and Quality Assurance.
- 26 **Recommendation : The Council is recommended to appoint the**

### **two further Assistant Registrars.**

- 27 Relevant staff members, including Assistant Registrars, are being trained on the revised guidance, SOPs, templates and forms.

### **Mid Staffordshire NHS Foundation Trust cases**

- 28 It is worth noting that of the 19 Mid Staffordshire NHS Foundation Trust cases audited, 13 were opened in 2009 or 2010, before our Screening team was created and the improved risk assessment procedure was implemented. Furthermore, between 2009 and 2010, we saw an unprecedented 41 per cent increase in fitness to practise referrals which understandably stretched our resources.
- 29 15 of the Mid Staffordshire NHS Foundation Trust cases audited were closed in 2010 or 2011. At this time, the regulatory landscape was different and the case law on the current impairment of fitness to practise had not reached the developed position it is in now. In particular, until the case of Grant was determined at the end of 2011, the importance of public interest considerations was not expressly recognised (Council for Healthcare Regulatory Excellence v (1) Nursing and Midwifery Council (2) Grant [2011] EWHC 927 (Admin)).
- 30 The PSA identified a number of concerns in relation to the Mid Staffordshire NHS Foundation Trust cases audited. Our action plan/set of recommendations in relation to these cases acknowledges issues with our performance prior to our improved risk assessment procedures being introduced in 2012 and the introduction of the Screening team in January 2011.
- 31 As a result of the above mentioned initiatives, our performance has improved as is reflected by the fact that the PSA found “*no significant concerns in the two cases that [the PSA] audited that were opened and closed in 2013*”. We are not complacent about the minor issues that were found within these cases, however, and are addressing them as part of our action plans.
- 32 Furthermore, we now have improved procedures in place for managing high profile cases. We also conduct proactive risk-based assessments of issues relating to high profile organisations to identify whether further referrals need to be made.
- 33 In the report, the PSA expresses concerns that the internal review we conducted in respect of the Mid Staffordshire NHS Foundation Trust cases that was undertaken in 2013 did not address the issues that it found during its audit. The PSA therefore criticises our ability to identify for ourselves the need for improvement. However, the purpose of the review was to identify any cases where we could and should take further action to protect the public. It was not intended to be an in-depth look into each case with an assessment against the

standards we would currently apply. It is therefore not surprising that we did not identify the full range of issues found by the PSA. For this reason we do not accept PSA's finding on this point.

### **General comments**

- 34 The expectation from the audit timeline set out by the PSA in February 2013 was that the final report would be completed in early November 2013. However this was not published until the end of March 2014.
- 35 Although a first draft of the report was available on 4 February 2014, it was not until a few days before publication that the final changes to the findings and recommendations were made.
- 36 We have been given notice that the 2014 initial stages audit of NMC cases will begin in July 2014 and it is therefore very likely that cases within the audit period will already have been concluded before there has been an opportunity to action any of the PSA's recommendations.
- 37 We are keen to work constructively with the PSA through their next audit and have arranged to meet with them in June.

### **Public protection implications:**

- 38 The initial stages report did not highlight any areas where the public had been put at risk by the decisions to close the 81 cases within the audit period.
- 39 Whilst serious concerns were raised over the NMC's handling of the Mid Staffordshire NHS Foundation Trust cases, these were largely historical and that significant improvements have been made as a result of a revised risk assessment procedure and the introduction of the Screening team. Further work is underway to make additional improvements.

### **Resource implications:**

- 40 We estimate that the resource impact for the NMC in responding to the PSA's 2013 audit questions and early drafts was more than 200 hours of staff time, including that of managers and members of the senior FtP team.
- 41 The continued implementation and monitoring of action plans going forwards will be managed within existing resources.

### **Equality and diversity implications:**

- 42 We have referred to the adverse equality and diversity implications that would result from one of the PSA's recommendations at annexe 4 and explained that this is why we do not propose to implement this recommendation.

- Stakeholder engagement:** 43 Staff across FtP have been involved in developing action plans and QA initiatives. These have been developed and will be monitored by assistant directors, heads of departments and managers. All staff will take ownership of and be accountable for their own performances and contributions to the ongoing improvements.
- Risk implications:** 44 The risk of not responding to the findings of the audit is that we would miss the opportunity to look at ways of continuing to improve the initial stages of the NMC's FtP processes.
- 45 Not demonstrating that we are responding to the findings of the audit would also likely have implications with respect to the public confidence in the NMC as a regulator.
- Legal implications:** 46 Detail here any legal implications that arise from the activities or  
There are no legal implications.



**Actions arising from recommendations and learning points set out by the PSA**

**Table 1**

**Specific recommendations arising from the cases audited**

PSA recommendation	Response/comments
<p>That we ensure that all staff are aware of our remit and do not act as barriers to complainants wishing to raise concerns about the fitness to practise of registrants by providing appropriate training across our entire customer facing staff</p>	<p>This area is addressed with the Screening and Investigations teams' action plan.</p>
<p>That we take steps to improve the customer care we provide during the FTP process and in particular that when the we review its customer service standards for the FTP department we set standards that are realistic as well as reasonable</p>	<p>This area is addressed with the Screening and Investigations teams' action plan. As part of this, the customer service standards are undergoing review and the revised standards are due to be approved by the Senior Management Team shortly. The revised standards will be both reasonable and realistic, in line with the PSA's recommendation. Furthermore, our new QA framework will address this area.</p>
<p>To ensure that we take action to improve the accuracy of our correspondence</p>	<p>This area is addressed with the Screening and Investigations teams' action plan. As part of this we have developed a QA framework for these teams which will address this area.</p>
<p>That we expand our quality assurance of records management to secure improvements with record keeping</p>	<p>This area is addressed with the Screening and Investigations teams' action plan. As part of this we have developed a QA framework for these teams which will address this area.</p>
<p>That we take steps to monitor the handling of investigations by external lawyers to ensure that the investigations are thorough and to prevent avoidable delays</p>	<p>This area is covered by Screening and Investigations teams' action plan. As part of this, we are developing a QA framework for the External Investigations team, which manage the cases that have been outsourced to external legal firms. Furthermore, we will be providing feedback to the external firms to</p>

Annexe 1

	enable them to take learning from the PSA's findings.
To review our handling of the cases the PSA identified that were considered to pose risks to the maintenance of public confidence and take steps to prevent a recurrence of these issues.	This issue is covered by the Screening and Investigations teams' action plan.

**Table 2**

**Recommendations specific to the VR process**

<b>PSA recommendation</b>	<b>Response/comments</b>
That we review the PSA's concerns relating to our categorisation of 'serious' misconduct matters in cases where voluntary removal has been granted and the application of the relevant guidance in this area and ensures that action is taken to address the concerns	This is covered by the VR action plan. To summarise, we are of the opinion that neither serious misconduct nor exceptional circumstances can be accurately categorised, as these must be assessed on a case-by-case basis. As such, our approach will be to train staff and Assistant Registrars on our approach to seriousness.
That we make the necessary amendments to our process to enable the Registrar to make an informed decision about why registrants are applying for voluntary removal and their views about the allegations against them, rather than just requiring registrants to tick various boxes	We were concerned that this requirement may unfairly discriminate against registrants who are suffering from health problems amounting to a disability that would prevent them from providing a full written summary of their reasons for their VR application. We therefore carried out an Equality Impact Assessment ('EqIA'), which confirmed that this recommendation, if implemented, would be unlawfully discriminatory. As such, we do not propose to implement this recommendation. However, we will invite and encourage applicants for VR to provide reflective pieces about why they are applying for VR. This is covered by the VR action plan.

Annexe 1

<p>To put a written procedure in place to ensure that decisions about applications for readmission to the register from individuals who have been removed from the register while an FTP investigation is underway are taken on the basis of their full FTP history</p>	<p>This is addressed with the VR action plan.</p>
<p>That we provide guidance and training to panels about handling applications for the revocation of interim orders and that we should routinely provide standardised documentation about the voluntary removal decision to a panel that is being asked to revoke an interim order in order to facilitate voluntary removal</p>	<p>This is covered within the revised VR guidance, which the Council is recommended to approve.</p>
<p>That we review the PSA's concerns and considers what further processes, guidance and training is required for staff and panel members to prevent procedural errors from occurring and to ensure that we operate a voluntary removal process that not only protects the public but also maintains public confidence in the system of regulation.</p>	<p>We have reviewed the PSA's findings and developed the VR action plan accordingly.</p>
<p>To implement enhanced recording of reasons for decision making in cases that are closed following the grant of applications for voluntary removal to enable better understanding of the reasons for the decisions made.</p>	<p>This is covered by the VR action plan.</p>



## **Guidance on voluntary removal decision making**

Guidance for making decisions on applications for voluntary removal from the register during the fitness to practise process and applications for readmission.

### **Introduction**

1. This guidance sets out the relevant criteria and factors to consider in making decisions on applications for voluntary removal from nurses or midwives who are the subject of a fitness to practise allegation. It should also be used by any person or committee providing advice in relation to any such decision.

### **Background**

2. This guidance only applies to an application for voluntary removal made by a nurse or midwife who is subject to a current fitness to practise investigation or who discloses information on an application for voluntary removal which leads to a fitness to practise case being opened. Any other applications for removal or lapsing from the register or notifications of ceasing to practise will continue to be dealt with by the Registrations directorate without regard to this guidance.
3. A nurse or midwife may submit an application for voluntary removal from the register at any point in the fitness to practise process. The procedures for dealing with such applications are set out in The Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004 as amended.
4. At present, voluntary removal cannot be permitted when the nurse or midwife is the subject of a final suspension or conditions of practice order. Any such applications fall outside the scope of this guidance. Voluntary removal is also not permitted whilst the nurse or midwife is the subject of an interim suspension or conditions of practice order so any such order will need to be revoked before an application for voluntary removal can be granted. For more detail about this, please see paragraphs 51 and 52 below.

### **Main principles**

5. The primary purpose of this process for voluntary removal is to allow those nurses and midwives who admit that their fitness to practise is impaired and do not intend to continue practising to be permanently removed from the register without the need for a full public hearing when the public interest does not warrant such a hearing and the public will be best protected by their immediate removal from the register.
6. In providing advice in relation to such any application for voluntary removal, and in reaching a decision on such an application, it is necessary to have regard to the fact that there is a public interest in the ventilation at a public hearing before a panel of serious allegations which are likely to result in a finding of impaired fitness to practise.
7. It will not be appropriate for an application for voluntary removal to be allowed until an investigation into the allegation has been completed and the full extent of the alleged impairment has been ascertained. If a potential voluntary removal application is made at an early stage in the investigation the nurse or midwife may be invited to resubmit an application at a later stage when the investigation has been completed and the case has been considered by the Investigating Committee.
8. In any event, at whatever stage an application is received, it should not be granted unless the Registrar is satisfied that it is appropriate to do so in all the circumstances.

Annexe 2

9. In reaching that decision, the Registrar must have regard to:

- 9.1. The public interest.
- 9.2. The interests of the nurse or midwife.
- 9.3. Any comments received from the maker of the allegation.

**The public interest**

10. The public interest incorporates a number of elements:

- 10.1. The protection of patients and the public from nurses and midwives whose fitness to practise is impaired.
- 10.2. The maintenance and promotion of public confidence in the nursing and midwifery professions, including the declaring and upholding of professional standards.
- 10.3. The maintenance and promotion of public confidence in the NMC's performance of its statutory functions.

**Public protection**

- 11. The NMC's primary (although not sole) task is to protect the public from future harm at the hands of a nurse or midwife whose fitness to practise may be impaired. Voluntary removal may appear to give the public the most immediate and the most effective form of protection at the NMC's disposal as the nurse or midwife will not be entitled to practise at all.
- 12. However, it must be borne in mind that voluntary removal is not necessarily permanent. The (potential) risk posed by a nurse or midwife might be revived by his or her future readmission to the register. The Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004, as amended, provide safeguards in that any application for readmission following voluntary removal would not be granted automatically. Such an application would be referred to the Registrar to consider and any unresolved fitness to practise allegation would be taken into consideration.
- 13. Nevertheless, the revival of an unresolved allegation may not be straightforward. During the interval between the granting of voluntary removal and the application for readmission, evidence of any alleged misconduct might have disappeared or deteriorated, for example, because a witness's memory has faded or the witness has become uncontactable or even died. In order to address these concerns, it is only likely to be appropriate to grant an application for voluntary removal when the nurse or midwife is willing to formally admit the allegation of impairment that have been made and that admission can be recorded in writing or a finding of impairment has been made by a panel (for details of how this applies in cases involving allegations of impairment on health and other grounds, see paragraph 46 below).
- 14. In these circumstances, in the event of voluntary removal being granted, details of the allegations admitted or found proved would be made available on request to relevant enquirers (including potential employers and overseas medical authorities). The allegations admitted or found proved would also be considered if the nurse or midwife subsequently applied for readmission to the register.

**Public confidence**

Annexe 2

15. In addition, it is important to remember that there are two other elements to the public interest. Given that there is a statutory scheme for dealing with allegations of impaired fitness to practise made against nurses and midwives there is a corresponding public interest in such allegations being properly scrutinised in public. When this happens, and is seen to happen, professional standards are seen to be upheld and public confidence in the nursing and midwifery professions and in the NMC is better maintained and promoted. Voluntary removal may prevent this from happening and this factor should always be taken into account in reaching a decision.
16. There are also circumstances in which the nature of the allegations against the nurse or midwife may raise public confidence issues even where patients and the public are protected by removing the name of the nurse or midwife from the register. The Registrar must consider the extent of harm caused to patients and the potential impact on public confidence if the application for voluntary removal is allowed. Where there is reason to believe that the actions of the nurse or midwife may have caused the death of a patient or other significant harm such as cases involving sexual misconduct, there is a strong indicator that voluntary removal may not be appropriate. In such cases there is likely to be a significant impact on public confidence as we are unable to place detailed information about those concerns in the public domain.

**The interests and future plans of the nurse or midwife**

17. The relevant factors to be considered under this heading and the weight to be given to them will depend on the basis for voluntary removal application and the nature of the outstanding fitness to practise allegations, but they may include:
- 17.1. The state of health of the nurse or midwife (please see paragraphs 32 - 35 below).
  - 17.2. The likelihood of the nurse or midwife seeking readmission to the register.
  - 17.3. The length of time since the nurse or midwife last practised.
  - 17.4. The genuineness of the nurse or midwife's desire to permanently remove themselves from the register.
  - 17.5. Any evidence that the nurse or midwife has no intention to practise in the UK or elsewhere in the future, for instance, evidence of retirement or the pursuit of another career.

**The likelihood of the nurse or midwife seeking readmission to the register**

18. In general, if the Registrar considers that a nurse or midwife is likely to seek readmission to the register in the future, it will not be appropriate to grant voluntary removal. This is because where there are outstanding fitness to practise concerns voluntary removal is allowed on the basis that removal of the nurse or midwife's name will ensure that patients are permanently protected in the future. However, for the particular considerations on this issue that arise in health cases, please see paragraph 35 below.
19. In assessing the genuineness of the nurse or midwife's desire to permanently remove themselves from the register, one of the most significant factors will be whether they are at an early or late stage in their career.
20. Where a nurse or midwife applies for voluntary removal during the later stages of their career and can provide evidence to support their intention to permanently retire from the profession this is generally a strong indicator that they are unlikely to seek readmission in the future. However, caution should be applied where the nurse or midwife is at an early or mid-career point, where the prospect of return to practice is significantly higher.

Annexe 2

21. In exceptional cases, nurses or midwives at a very early stage in their working life may demonstrate genuine insight and express their intention to pursue an alternative career path and may be able to provide robust evidence of that intention. The Registrar should consider carefully the availability of any supporting evidence, for example steps taken to retrain in another profession, in determining the application.
22. Where a nurse or midwife applies for voluntary removal because they intend to cease practising to undertake personal caring responsibilities, the primary indicator of the likelihood of their seeking to be readmitted to the register in the future is their career stage as discussed above. Again, caution should be applied to nurses or midwives at an early or midpoint in their career where the prospect of a return to practice is significantly higher. However, each case should be viewed on its individual merits, taking all relevant information into account.

**The length of time since the nurse or midwife last practised**

23. In general, the longer the time since a nurse or midwife last practised, the less likely they are to seek readmission to the register. Equally, the longer the time since a nurse or midwife last practised the less likely it is that any future application for readmission will be successful due to the increased risk of deterioration of clinical knowledge and practice as time elapses.
24. When considering a nurse or midwife's work history, equal weight should be given to any evidence that the nurse or midwife has practised overseas or within the UK.

**The genuineness of a nurse or midwife's desire to permanently remove themselves from the register**

25. The genuineness or sincerity of a nurse or midwife's desire to remove themselves from the register is a significant factor for consideration in deciding whether or not it may be appropriate to allow an application for voluntary removal.
26. Where there is evidence to support the fact that a nurse or midwife has already instigated steps to retire from their professional practice, or reduce the scope of their practice before any concerns were raised with them by the NMC, this may be a strong indicator that the nurse or midwife's desire to remove themselves from the register is sincere. Caution should be applied where an application for voluntary removal is triggered solely by fitness to practise proceedings.
27. In assessing the genuineness of a nurse or midwife's desire to permanently remove themselves from the register the Registrar should consider any insight they have shown in relation to any concerns raised about their fitness to practise. In assessing their credibility and sincerity, the Registrar may also wish to consider whether the nurse or midwife has previously been truthful in any communication with the NMC and other bodies.

**Nurse or midwife's intention to practise in the UK or elsewhere in the future**

28. In general, if the Registrar believes that a nurse or midwife intends to practise in the UK or elsewhere in the future it will not be appropriate to allow voluntary removal. In cases where the nurse or midwife is mentally unwell, the Registrar should consider the nurse or midwife's state of mind when expressing their plans for the future. See also paragraphs 32 to 34 below.
29. Where a nurse or midwife expresses an intention to practise either overseas, on a part-time basis, or in private practice in the future this is as equally relevant as where the nurse or midwife expresses an intention to practise on a full-time basis in the UK. Whilst the remit of the NMC is confined to regulating nurses and midwives in the UK we have a wider public interest in ensuring the protection of patients everywhere.

Annexe 2

30. It is also in the public interest to consider any plans the nurse or midwife may have to pursue work in another health profession (regulated or otherwise) or in health education, management or policy. In such circumstances, the Registrar should consider the impact on public confidence and protection where there is reason to believe that the nurse or midwife may remove themselves from the register then seek work in another health profession in the future.

**Applying the criteria to particular cases**

31. In providing advice in relation to any application for voluntary removal and in reaching a decision on such an application, all aspects of the case, and all of the factors outlined above that are relevant, should be considered when there are outstanding fitness to practise issues in relation to the nurse or midwife.

**Health cases**

32. In situations where the allegations and evidence relate exclusively to a nurse or midwife's long-term mental or physical health and there are no outstanding conduct issues to consider, it will generally be appropriate for an application for voluntary removal to be granted as long as the decision is in the public interest (on this, see paragraph 16 above) and the available evidence suggests that there is little likelihood that the nurse or midwife will make an application for readmission to the register in the future.
33. For details of the approach to be taken in health cases where there may also be outstanding conduct issues, please see paragraph 46 below.
34. A striking-off order cannot be imposed by a panel in a health case unless new fitness to practise findings are made or the nurse or midwife is already on a conditions of practice order in respect of a previous finding of impairment. If the nurse or midwife shows insight into their health condition and accepts that their fitness to practise is impaired as result, either before or after findings of fact have been made at a hearing, the public interest might better be served by allowing the nurse or midwife to remove themselves from the register. The genuineness of their insight and of their desire to permanently remove themselves from the register will have to be considered carefully taking into account all the factors outlined above.
35. In such circumstances, their voluntary removal on health grounds (although not the details of any medical condition) would be recorded (and may be disclosed to relevant enquirers including potential employers and overseas medical authorities) and readmission would not be allowed unless the nurse or midwife was able to satisfy the Registrar, by means of up to date independent medical evidence, that they were now of good health and capable of safe and effective practice. It may be appropriate for a nurse or a midwife to be voluntarily removed even if they express a desire to seek re-admission in the future should their health improve to an appropriate level if they show insight into their condition and accept that their fitness to practise is currently impaired.

**Lack of competence cases**

36. Voluntary removal may also be appropriate where the allegation relates to lack of competence and the nurse or midwife accepts that their fitness to practise is impaired, has already ceased practising and has no intention of returning to any practice. One example here would be someone who is nearing the end of their career at the time of the allegation and has already retired or is planning to retire by the time the referral is made. Another may be someone who has completed training but found on entering autonomous practice that they are not able to cope and so wish to pursue an alternative career. The genuineness of their insight and of their desire to permanently remove themselves from the register will have to be considered carefully taking into account all the factors outlined above.

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37. As with health cases, a striking-off order cannot be imposed by a panel in a lack of competence case unless new fitness to practise findings are made or the nurse or midwife is already on a conditions of practice order in respect of a previous finding of impairment. If the nurse or midwife shows insight into their deficiencies and accepts that their fitness to practise is impaired as result, either before or after findings of fact have been made at a hearing, the public interest might better be served by allowing the nurse or midwife to remove themselves from the register. However, the need to maintain public confidence must still be considered (see paragraph 16 above).
38. In such circumstances, their voluntary removal would be flagged on the register (and disclosed to relevant enquirers including potential employers and overseas medical authorities) and readmission would not be allowed unless the nurse or midwife was able to satisfy the Registrar that they were now capable of safe and effective practice.
39. The consequences of the Registrant's actions and the harm caused by those actions should be taken into account when considering the public confidence issues discussed in paragraphs 15 and 16 above in lack of competence cases. However, VR may still be suitable in cases where there is evidence of harm if the registrant has shown insight into their actions, and an awareness of the consequences of their actions. The comments of the maker of the allegation will also need to be carefully considered in these cases.

**Misconduct cases**

40. If the allegations are primarily about misconduct, or relate to a conviction or determination concerning the nurse or midwife's conduct, there are more likely to be arguments in favour of refusing the application for voluntary removal and allowing the case to proceed to a full panel adjudication, if the case to answer test is met. This is particularly likely to be the case where the allegations are of serious nature and where a suspension or striking off order may be an appropriate sanction.
41. In this context, it should be noted that the presence an interim order is not necessarily an indication that the public interest demands a public hearing. Interim orders are imposed following risk assessment, and are primarily aimed at protecting the public while an allegation is investigated and determined. In cases where the allegations of misconduct or conviction in all the circumstances of the case are such that a striking off order or suspension order may be an appropriate outcome, voluntary removal is only likely to be appropriate in exceptional circumstances. These might include situations in which medical evidence from an independent source gives a clear indication that the nurse or midwife is seriously ill and would be unfit to defend him or herself before a public hearing.
42. In relation to less serious misconduct and conviction cases, as stated above, it is only ever likely to be appropriate to grant an application for voluntary removal when:
- 42.1. The allegations, if proved, would not be of sufficient seriousness to warrant a suspension or striking-off order, and
  - 42.2. The allegations of impairment have been admitted or proved. This may arise when the nurse or midwife is willing to formally admit the allegations that have been made and that admission can be recorded in writing or when findings of fact and impairment have been made at a hearing.
43. In misconduct or conviction cases, voluntary removal should not be considered as an appropriate alternative to suspension or striking off but may be appropriate where a lesser

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sanction would have been imposed but the nurse or midwife wishes to permanently cease practicing.

44. All the factors set out above will have to be considered by the Registrar in reaching a decision including consideration of issues of public protection and public confidence and the genuineness of the nurse or midwife's future intentions.

**Allegations of impairment on more than one ground**

45. Where it is alleged that the nurse or midwife's fitness to practise is impaired on more than one ground, the Registrar will need to look at all the allegations and consider whether, in all the circumstances, voluntary removal may be appropriate.
46. The NMC's legislation is such that allegations of impairment by reason of health can only be considered by the Health Committee, and cannot be expressly considered by the Conduct and Competence Committee alongside allegations of impairment on other grounds. In cases where the Investigating Committee has found a case to answer on allegations of impairment on other grounds, but the case has been referred to the Health Committee on an allegation of impairment by reason of health, all outstanding allegations will be taken into account in considering an application for voluntary removal. If the case includes misconduct allegations of a serious nature where a suspension or striking off order may be an appropriate sanction, voluntary removal will not generally be appropriate and the case should normally proceed to a full panel adjudication, save in exceptional circumstances. If the case involves an allegation of impairment on grounds other than health that would not in itself result in a suspension or striking off order, voluntary removal may be appropriate notwithstanding that the nurse or midwife admits only the allegation of impairment by reason of health.

**Comments from the maker of the allegation**

47. Where an application for voluntary removal is received, the rules require the maker of the allegation (if any) to be provided with a reasonable opportunity to comment on the application. This invitation to comment may be made in writing by a member of staff or orally at a hearing where the maker of the allegation is present.
48. Some of those who have made allegations may be satisfied that the nurse or midwife will no longer be able to practise and that the public will be protected and some may be relieved that they will not be required to give evidence at a public hearing. On the other hand, some of those who have made allegations may be extremely unhappy with any suggestion that nurses or midwives are to be allowed to remove their names from the register without having to face a public hearing.
49. There is no presumption in the rules that voluntary removal should only be allowed if the referrer or the maker of the allegation has given their consent. Such a requirement is neither appropriate nor practicable. For example, in health cases, it will not be possible to disclose the details of the nurse or midwife's health condition as such details are always regarded as confidential and are not made public by the NMC. It will therefore not always be possible for the maker of an allegation to be fully informed of the reasons that voluntary removal may be appropriate. Equally, there is no presumption that voluntary removal will be allowed if the maker of the allegation consents to it. This is one factor to take into account, but is not determinative.
50. Instead, in reaching a decision on any application for voluntary removal, the Registrar and those providing advice in relation to any such application, must have regard to any comments received from the maker of the allegation and consider what weight should be attached to them taking into account the interests of the nurse or midwife and the public interest.

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**Revoking interim orders to give effect to voluntary removal decisions**

51. As noted above, voluntary removal is not permitted whilst the nurse or midwife is the subject of an interim suspension or conditions of practice order so any such order will need to be revoked before an application for voluntary removal can be granted.
52. To ensure that the process is as smooth as possible, where an applicant is subject to an interim order, the Registrar will make a decision about whether the application should be granted or not. The Registrar will be fully aware of the existence of the interim order, and will take it into account in deciding whether or not the case is suitable for voluntary removal. Should the Registrar decide that it is, a panel of the relevant practice committee will then be invited to revoke the interim order. This is an administrative process.

**Readmission to the register**

53. A nurse or midwife can apply for readmission to the register following voluntary removal at any time. When applying for readmission the burden lies with the nurse or midwife to demonstrate that they are capable of safe and effective practice and are of good health and good character.
54. All applications for readmission to the register are considered by the Registrar in accordance with the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004, as amended.
55. Where the Registrar receives an application for readmission following voluntary removal and is or becomes aware of information (whether received before or after the voluntary removal was allowed or before or after the readmission application was made) which raises concerns that the applicant's fitness to practise may be impaired, the Registrar shall have regard to that information for the purposes of determining whether the applicant has satisfied the Registrar:
- 55.1. That the applicant is capable of safe and effective practice as a nurse or midwife in accordance with article 9(2)(b) of the order.
  - 55.2. Of the applicant's good health in accordance with rule 6(5).
  - 55.3. Of the applicant's good character in accordance with rule 6(6).
56. In reaching a decision the Registrar will have regard to the information about the applicant's future intentions provided by the nurse or midwife at the time of their application for voluntary removal and any admissions made by the nurse or midwife in relation to their fitness to practice. The Registrar will need to be satisfied that it is appropriate in all the circumstances for the nurse or midwife to be admitted to the register. The Registrar will exercise caution in allowing a nurse or midwife to be admitted following their voluntary removal from the register in circumstances where they have previously expressed an intention to permanently cease to practise.

**Health cases**

57. Depending on the nature of the concerns, the nurse or midwife may be required to provide up to date medical evidence from a specialist in the relevant field approved by the NMC in order to satisfy the Registrar that she is now of good health and capable of safe and effective practice.

**Lack of competence and poor clinical performance cases**

58. Upon considering any application for readmission in circumstances where the allegations that were extant at the time that an application for voluntary removal was allowed concerned lack of competence or poor clinical performance, the applicant will need to satisfy the Registrar that she

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is now capable of safe and effective practice. The nurse or midwife may be required to complete an appropriate return to practice course before seeking readmission and the burden will be on the nurse or midwife that she is now fit to practise without restriction.

**Allegation of impairment on more than one ground**

59. Where it is alleged that the nurse or midwife's fitness to practise is impaired on more than one ground, the Registrar will need to look at all the allegations and consider whether, in all the circumstances, voluntary removal may be appropriate.
60. The nurse or midwife will need to satisfy the Registrar that she is capable of safe and effective practice, and of good health and good character, in light of all of the outstanding allegations. Where any outstanding allegations were not admitted or proved, the Registrar will consider the evidence available to prove those allegations at the time of the application for readmission.



Annexe 3

**Summary of proposed changes to the guidance on voluntary removal decision making**

<b>Paragraph(s)</b>	<b>Changes</b>
35	Amended to include a section on readmission in health cases.
32, 39	Now emphasise the need to pay particular attention to maintaining public confidence in cases where there has been significant harm, even whether those cases concern health or lack of competence and might therefore otherwise be generally suitable for voluntary removal.
41	Clarifies our approach to the assessment of the seriousness of the allegation.
45, 45	Set out in detail the approach we will take when there are allegations of impairment on more than one ground, one of which is health. It ensures that everything relevant is taken into account when considering voluntary removal in such cases.
51, 52	Confirm that the revocation of an interim order to give effect to a voluntary removal is an administrative process.
59, 60	Address the approach in respect to readmission to the register in cases where there are allegations of more than one ground.



## Council

### Policy on fitness to practise guidance, including guidance for panel members

**Action:** For decision

**Issue:** Under existing governance arrangements, Council is required to approve a policy setting out the fitness to practice matters on which it is appropriate to provide guidance, and the approach to the creation and revision of that guidance.

**Core regulatory function:** Fitness to Practise

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

**Decision required:** The Council is recommended to approve the draft policy on fitness to practice guidance, including guidance for panel members.

**Annexes:** The following annexe is attached to this paper:

- Annexe 1: Draft policy on fitness to practice guidance, including guidance for panel members

**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 Under governance arrangements adopted by the Audit Committee in April 2013, the Council is responsible for the approval of strategy documents and high level regulatory or corporate policy documents. Strategy documents are known as “tier 1” documents, and high level regulatory or corporate policy documents are known as “tier 2” documents.
  - 2 Sitting below these are “tier 3” documents, which are internal and external procedures and guidance. In the fitness to practise (FtP) directorate, these will include:
    - 2.1 Internal operational and procedural guidance (such as standard operating procedures and operational guidance for FtP staff) and
    - 2.2 External operational guidance documents, including guidance for decision makers and information leaflets for registrants, witnesses, etc.
  - 3 Tier 3 documents do not require Council approval. They are approved by the Director of FtP.
  - 4 The governance arrangements require that all tier 3 documents should sit underneath a tier 2 policy, which will set out the matters on which it is appropriate to provide guidance, and the standard approach to the creation and revision of policy. At present, there is no tier 2 policy for fitness to practise guidance, including guidance for panel members. To enable us to develop a more sophisticated approach to policy development in FtP, we need to fill this lacuna.

- Discussion and options appraisal:**
- 5 A draft tier 2 policy is attached. It clearly sets out the matters on which it is appropriate to provide guidance, and a standard approach to the creation and revision of policy which is in accordance with NMC values. It makes appropriate arrangements to ensure that stakeholder views are taken into account, and all equality and diversity implications are identified.
  - 6 This draft policy will ensure compliance with the existing governance arrangements and provide clarity about how they apply in FtP.
  - 7 The alternative to approving the draft tier 2 policy is to reject it. This is not recommended, as it would leave a gap within the governance arrangements, and result in a lack of clarity.
  - 8 It should be noted that the existing governance arrangements require that should there be any need for a revision to the tier 2 policy, for instance, should a need to issue a guidance on matters not envisaged by the existing policy arise, such a revision would have to be considered and approved by Council.

9 **Recommendation:** Council is recommended to approve the draft policy on fitness to practise guidance, including guidance for panel members.

**Public protection implications:**

10 The completion of clear governance arrangements around the creation of FtP guidance, including panel member guidance, will enable the NMC to respond promptly where policy development is required, thus improving our ability to protect the public.

**Resource implications:**

11 The cost of preparing the draft tier 2 policy has been met within existing budgets. The completion of clear governance arrangements will facilitate the efficient development of future guidance in FtP.

**Equality and diversity implications:**

12 The draft tier 2 policy has been the subject of an initial equality impact assessment (EqIA) and no adverse equality and diversity implications have been identified. The tier 2 policy makes provision for appropriate consideration of equality and diversity implications in the creation of tier 3 guidance, including a requirement for an EqIA to be carried out during the development of all tier 3 guidance in FtP.

**Stakeholder engagement:**

13 The draft tier 2 policy makes provision for appropriate consultation and stakeholder engagement during the development of tier 3 guidance in FtP.

**Risk implications:**

14 Clear governance arrangements promote operational effectiveness and reduce risk.

**Legal implications:**

15 The policy provides that all guidance issued under the policy will be in accordance with legislation and case law.



## **Policy on fitness to practise guidance, including guidance for panel members**

### **Purpose**

1. This policy sets out:
  - 1.1. The matters on which it will be appropriate for the Director of Fitness to Practise to issue guidance.
  - 1.2. The standard approach to the creation and revision of guidance relating to the NMC's fitness to practise function.

### **Matters on which it is appropriate to issue guidance**

2. There are two types of guidance that may be issued relating to the NMC's fitness to practice function:

#### **Internal guidance**

3. Internal guidance will be of an operational/procedural nature. It will be aimed at assisting NMC staff to carry out their functions. It will include standard operating procedures and operational guidance for NMC staff.

#### **External guidance**

4. External guidance will be public facing.
5. It may be aimed at the public generally, or at particular groups, for instance (this list is not exclusive):
  - 5.1. NMC fitness to practise decision makers.
  - 5.2. Nurses and midwives who are the subject of fitness to practice procedures.
  - 5.3. People who are considering making a fitness to practice referral.
  - 5.4. Witnesses.
6. External guidance will include (but is not necessarily limited to) the following:
  - 6.1. Guidance for NMC decision makers (such as panel members). This will set out the approach that will be taken by decision makers when determining a particular type of issue. For instance (this list is not exclusive):
    - 6.1.1. Whether an interim order should be imposed.

- 6.1.2. Whether there is a case to answer in respect of an allegation.
- 6.1.3. What sanction, if any, to impose following a finding of impairment.
- 6.2. Information about the NMC's legislative framework relating to fitness to practise, including the NMC's interpretation of the legislation.
- 6.3. Information about the NMC's fitness to practice processes, including the NMC's approach to particular issues. For instance (this list is not exclusive):
  - 6.3.1. Information for members of the public and employers about making a referral to the NMC.
  - 6.3.2. Information about the consensual panel determination process.
  - 6.3.3. Information about the voluntary removal process.
  - 6.3.4. Information for witnesses about attending a hearing.

## **The approach to the creation and revision of fitness to practise guidance**

### **Approval**

#### 7. Where:

7.1. a new piece of fitness to practise guidance; or

7.2. a revision to an existing piece of fitness to practise guidance

is proposed which falls outside the scope of the matters on which it is appropriate to issue guidance (as defined above) this will require a revision to this policy. This can only be done by Council.

- 8. In all other cases, where the new piece of guidance or revision to existing guidance falls within the scope of this policy, the new guidance or revision may be approved by the Director of Fitness to Practise.
- 9. The Director of Fitness to Practise may delegate the approval of new or revised internal standard operating procedures to the senior management team and/or relevant head of department.

### **Approach to the development of fitness to practice guidance**

10. The need for a new piece of guidance or revision to existing guidance may be identified or result from a number of sources, including (but not limited to):

10.1. Changes to legislation or case law.

10.2. Stakeholder engagement.

10.3. Risk management.

10.4. Organisational learning points.

11. All guidance issued under this policy will be in accordance with relevant legislation and case law, and consistent with any formally-adopted Council policy. It will be made having regard to the Council's main objective to protect the public.

### **Equality and diversity implications**

12. When developing or considering revising fitness to practise guidance, regard must be had to the potential equality and diversity implications of the new or revised guidance. An equality impact assessment (EqIA) will be carried out on all internal operational guidance and all external guidance to identify and remove any unlawful discriminatory practice as well as promote positive practice.

### **Consultation and stakeholder engagement**

13. With the exception of minor amendments or corrections to existing guidance that do not alter its substance, there will be appropriate consultation with stakeholders on amendments to panel member guidance or on the introduction of new panel member guidance before implementation.

14. With regard to the creation or amendment of other forms of external guidance, the NMC will engage with stakeholders as appropriate before or after implementation.

15. With regard to internal operational guidance, the NMC will engage with internal and external stakeholders as appropriate before or after implementation.

### **Publication**

16. All external fitness to practise guidance will be published on the NMC's website. It will also be made available in hard copy on request in a number of different formats.

17. All internal and external fitness to practise guidance will be published on the NMC's internal intranet.

### **Format**

18. The format of fitness to practise guidance shall be as determined by the Director of Fitness to Practise from time to time.

19. All external fitness to practice guidance must include:

19.1. The title of the guidance.

19.2. The date of initial approval.

19.3. The date of any revisions.

20. All external fitness to practise guidance will be in plain English and NMC house style.

### **Review**

21. Fitness to practise guidance will be reviewed as required, and otherwise, at least once every two years.

## Council

### Appointments and reappointments policy

<b>Action:</b>	For decision.
<b>Issue:</b>	The paper proposes policy principles on the appointment and reappointment of Council members.
<b>Core regulatory function:</b>	Supporting functions.
<b>Corporate objectives:</b>	Corporate Objective 8: "We will develop effective policies, efficient services, and governance processes that support our staff to fulfil all our functions.
<b>Decision required:</b>	The Council is recommended to approve the policy principles set out in <b><u>paragraph 5</u></b> .
<b>Annexes:</b>	None.
<b>Further information:</b>	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 Council is invited to decide general policy relating to the appointment and reappointment of Council members.
  - 2 The Privy Council is responsible for appointing Council members, and for determining their terms of office on appointment. In accordance with the Nursing and Midwifery Council (Constitution) Order 2008, the maximum term of office that a Council member may serve is 8 years during any continuous period of 20 years.
  - 3 The NMC is responsible for making recommendations to the Privy Council regarding the appointment and terms of office of Council members. In so doing, the NMC must comply with guidance issued by the Professional Standards Authority for Health and Social Care (PSA). The PSA provides advice to the Privy Council regarding the processes employed by the NMC in reaching its recommendations.
- Discussion and options appraisal:**
- 4 When the Council was reconstituted in May 2013, Council members were appointed for initial terms of 2, 3 or 4 years in order to avoid a situation in which all members would demit office simultaneously. It is proposed that the length of future terms of office should be standardized at three years. It is also proposed that Council members should be eligible to be reappointed for a second term of office without the need for open competition. The Remuneration Committee has been consulted and is content with the approach.
  - 5 The following policy principles are proposed with regard to the of Council members:
    - 5.1 Council members will be appointed following an open competition for an initial term of office of three years.
    - 5.2 Appointments are made by the Privy Council. Authority to recommend appointment rests with the Selection Panel constituted for that purpose.
    - 5.3 Council members may be reappointed, without the need for an open competition, for a second term of office of three years.
    - 5.4 Reappointment is subject to (a) eligibility under the constitution; (b) satisfactory performance; (c) an assessment of the ongoing skills / competency needs of the Council.
    - 5.5 Reappointments are made by the Privy Council. Authority to recommend reappointment rests: (a) in the case of a Council member, with the Chair of the Council; (b) in the case of the Chair of the Council, the whole Council.
  - 6 **Recommendation: The Council is invited to approve the policy principles set out in paragraph 5.**

	7	Subject to the Council's approval, a short document explaining the standard process and timetable will be drawn up, with due regard to the PSA's guidance. It is expected that the first reappointment processes will take place in the autumn.
<b>Public protection implications:</b>	8	No direct public protection implications.
<b>Resource implications:</b>	9	Appointments and reappointments are managed within existing budgets.
<b>Equality and diversity implications:</b>	10	An equality analysis initial screening has been undertaken and no potential differential impacts have been identified in relation the proposed principles. Equal opportunities data relating to reappointments will be analysed over time to see whether any themes emerge.
<b>Stakeholder engagement:</b>	11	None.
<b>Risk implications:</b>	12	The proposals have been developed with regard to possible risks relating to (a) continuity and stability; (b) independence; (c) skills / competency mix; (d) compliance with PSA guidance.
<b>Legal implications:</b>	13	The constitutional provisions, as set out in the Nursing and Midwifery Order 2001 and the Nursing and Midwifery Council (Constitution) Order 2008, have been taken into account.



## Council

### Report of the Audit Committee to the Council

**Action:** For information.

**Issue:** The Audit Committee held a meeting on 30 April 2014 and this report is a summary of its deliberations and recommendations.

**Core regulatory function:** Supporting functions.

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

**Decision required:** No decision is required in relation to this report.

**Annexes:** None.

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

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**Context:**

1. The Audit Committee met on 30 April 2014. Items discussed included:
  - 1.1 An update on the external review on overseas registrations;
  - 1.2 The interim annual internal audit report;
  - 1.3 A progress report on the internal audit work programme for 2013 – 14;
  - 1.4 A report on data breaches and serious events;
  - 1.5 An update on risk management update and the post-implementation review of risk management policy;
  - 1.6 An update on quality assurance (QA).

**Discussion and options appraisal:****Overseas registrations**

2. The Committee considered a report based on the records highlighted during the review of overseas registrations, and agreed to receive a further update on any associated changes to fitness to practise processes arising from the review at its June 2014 meeting.

**Internal annual internal audit report**

3. The Committee considered the report, which set out Moore Stephens' draft audit opinion for 2013 – 14. Moore Stephens are working to new auditing standards in compiling the report, and intend to provide a detailed assessment based on an overall narrative, rather than a series of scores for individual audits. The final report would be presented to the meeting in June 2014.

**Internal audit work programme 2013 – 14**

4. The Committee received a presentation from Moore Stephens on progress on the internal audit work programme for 2013 – 14.
5. Moore Stephens have now been in place as the NMC's appointed internal audit providers for 12 months and the Committee was pleased to note that strong working relationships have been established between the Executive and Moore Stephens' colleagues.
6. The Committee continues to provide extensive scrutiny of the recommendations and management implementation of recommendations arising from the work programme. Of particular note is that Moore Stephens have suggested the NMC consider appointing a Chief Information Officer. This will be further considered following the Council's discussions and agreement on the NMC

corporate strategy and data strategy.

### **Data breaches and serious events**

7. The Committee noted that the Serious Event Review (SER) process continues to be embedded across the organisation, and there is a strong correlation between that embedding process and a higher number of incidents now being reported under the SER process. This is a positive step, which allows the NMC to identify trends and derive learning.
8. The Committee was also pleased to note that the NMC is engaging more proactively with the Information Commissioner's Office (ICO) and with other healthcare regulators in respect of establishing common approaches to information security issues.

### **Risk management update**

9. The report provided an update on embedding the refreshed approach to risk management at the NMC. The Committee noted the Executive's confidence that staff at all levels are aware of the refreshed risk management process. However, further work may be required to ensure that staff are comfortable raising risks on to the corporate risk register and directorate risk registers; the Executive will consider whether this could be ascertained through the staff survey this year.
10. The Committee welcomed the post-implementation review and has agreed that any future changes to either the risk management policy or framework will need to be agreed by the Audit Committee.

### **Quality assurance (QA)**

11. The Committee considered proposals on behalf of the Council for a review of the value added by the QA strategy and the work of the QA team. The Committee agreed that the review of the QA function should specifically refer back to progress against the objectives of the original QA strategy agreed by the Council in July 2013.
12. The Committee will consider a more detailed proposal for the review, including timescales, at its June 2014 meeting. Nonetheless, there was recognition that the QA programme had already achieved a number of positive outcomes and formed a good basis for further development.
13. Over time, improved assurance over NMC's activities should lead to enhanced public protection.

**Public protection implications:**

**Resource implications:**

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

**Equality and diversity implications:**

15. None directly as a result of this report.

**Stakeholder engagement:**

16. The NMC continues to engage on a regular basis with Moore Stephens, haysmacintyre and the National Audit Office in providing support to the Audit Committee.

**Risk implications:**

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

**Legal implications:**

18. None.

## Council

### Report from the Midwifery Committee

**Action:** For information.

**Issue:** Report on Midwifery Committee meeting held on 29 April 2014.

**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 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:** 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.

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- 1 The Midwifery Committee held a meeting on 29 April 2014, and the main areas discussed included:
  - 1.1 The review of midwifery regulation;
  - 1.2 The NMC strategy;
  - 1.3 An overview of Local Supervising Authority (LSA) quality assurance activity; and
  - 1.4 Guidance for midwives on the duty of care.
- 2 Following the business meeting, the Committee members were joined by the LSAMOs in England and a representative of Health Education England for a seminar on supervision of midwives in England and personalised maternity care.
- 3 Midwifery in England and Wales has now been discussed by the Midwifery Committee, with Scotland and Northern Ireland to be covered in the remaining meetings in 2014.

#### **The review of midwifery regulation**

- 4 The Committee received an update on the Review of Midwifery Regulation, together with the draft terms of reference. The King's Fund had been commissioned to undertake the review.
- 5 The Committee raised the importance of considering the risk implications of the review's recommendations. As part of this, a list of specified bodies to be consulted had been compiled.
- 6 The Committee also requested that an indicative timetable should be put together, with information on required Midwifery Committee input included.
- 7 The review also needed to be coordinated with revalidation, with the King's Fund to be made aware of any potential links. It was also important to make sure the review process was well understood by both registrants and the public. The terms of reference and any material on the website needed to use language which was accessible. The potential for conflicts of interest for midwives should also be considered.
- 8 The review would be independent and overseen by the Council, with Midwifery Committee in an advisory capacity.

#### **The NMC strategy**

- 9 The Committee received a presentation on the outline of the proposed strategy. The strategy sought to look beyond 2016, with early discussions suggesting that there would be a greater focus on intelligence, with improved use of data in formulating evidence-

based policy.

- 10 The Midwifery Committee would be involved in shaping and steering work for the Council on areas within the Committee's remit. The NMC's Education Strategy would also be put before the Council on 2 December 2014. The Midwifery Committee would be involved in discussions on the NMC strategy, to ensure alignment with key priorities.

### **LSA quality assurance review visits**

- 11 Quality assurance of LSAs is currently undertaken through annual reporting, review visit reporting, quarterly quality monitoring and exceptional reporting. Annual reporting had now been focused on evaluation outcomes rather than process. The LSA and Education Annual Reports would both be discussed by the Committee prior to recommendation to the Council.
- 12 LSA review visits for 2013 – 14 concluded in March, and had been outsourced for the first time. Early headlines to emerge included service user involvement, annual reviews and Intention to Practise discussions and variable processes used in investigations. There was the possibility that the selection of LSAs for review visits would move to a risk-based approach in 2014 – 15. The current two day schedule may also be extended.
- 13 The actions arising from visits were monitored, with an action plan required where standards were not met.

### **Guidance for midwives on the duty of care**

- 14 The proposed guidance document had been compiled by the LSA Midwifery Officers Forum. The guidance did not seek to provide definitive answers and contained case studies to give real life examples of the application of the guidance.
- 15 The Committee welcomed the work undertaken; however, several members commented on the need for a more robust and concise document. The Committee requested that the guidance should be refined and then taken forward by the LSAMO Forum.

### **Public protection implications:**

- 16 The review of midwifery regulation has been in response to the PHSO report, which is primarily concerned with issues of public protection.

### **Resource implications:**

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

### **Equality and**

- 18 There are no direct equality and diversity implications resulting from

**diversity implications:** this paper.

**Stakeholder engagement:** 19 The review of midwifery regulation and the consultation on revalidation will both involve significant stakeholder engagement.

**Risk implications:** 20 The midwifery risk register was discussed at the meeting of the Midwifery Committee on 29 April 2014.

**Legal implications:** 21 None identified.

## Council

### Update on review of midwifery regulation

**Action:** For information

**Issue:** This paper sets out the points in the review timetable at which Council and Midwifery Committee will be engaged in the process. It also provides the final terms of reference.

**Core regulatory function:** Fitness to Practise, Registrations, Education, 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 all those on our register are fit to practise as nurses and midwives."

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

**Decision required:** None

**Annexes:** The following annexe is attached to this paper :

- Annexe 1: Terms of reference

**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:

## Background

- 1 In December 2013 the Parliamentary and Health Service Ombudsman (PHSO) in England published a report *Midwifery supervision and regulation: recommendations for change*, detailing concerns about aspects of midwifery regulation. These include:
  - 1.1 Potential for conflicts of interest
  - 1.2 Proportionality to the risks posed by contemporary midwifery
  - 1.3 Lack of regulatory oversight
  - 1.4 Regulatory decisions being taken by members of the profession without lay involvement
  - 1.5 Transparency.
- 2 An extraordinary meeting of the Midwifery Committee took place in January 2014 in order that the Committee had the opportunity to advise Council on its response to the PHSO report.
- 3 Council met in January 2014 and accepted that there was a structural flaw in midwifery regulation and approved an independent review, to be carried out by a credible external provider, with the involvement of partners as set out in the PHSO report, and with the addition of UK wide involvement.
- 4 The review is to have regard to the final recommendations of the PHSO and the wider concerns aired in the report by the Ombudsman and, at her invitation, by the Professional Standards Authority.
- 5 The partners set out by the PHSO were the Department of Health, NHS England, and the Professional Standards Authority. We have added the PHSO and representatives of from Northern Ireland, Scotland and Wales.
- 6 Each of the partners has an important stake in the next steps for midwifery regulation:
  - 6.1 The DH in England has oversight of regulatory legislation
  - 6.2 The PSA holds us to account for meeting standards of good regulation
  - 6.3 NHS bodies are key to managing any transitions arising from the review so that there is no negative impact on the safety and quality of midwifery.
  - 6.4 The PHSO will wish to assess whether we have addressed her concerns and is also ensuring the engagement of the

other UK ombudsmen.

- 7 The partner group is not a formal steering group for the review but in order to obtain the right outcomes Council will want to know how partners view emerging findings and final recommendations.
- 8 Council will also continue to benefit from the advice of the Midwifery Committee.
- 9 The King's Fund has been commissioned to undertake the review in accordance with terms of reference set out in annex 1. The Chair and Chief Executive oversaw the development of the terms of reference and partners have also had the opportunity to comment. The King's Fund started work on the review on 1 May and letters have gone out to stakeholders offering the opportunity for engagement.
- 10 Phase one of the work involves literature review, a call for written evidence and face to face engagement with a range of key stakeholders. The King's Fund will not offer an open invitation for engagement because doing so will add to cost, and cut across the NMC's statutory duty to consult on proposals to change standards.
- 11 There will be a presentation to Council in seminar on 30 September 2014, before which the King's Fund will have presented on progress to the partner group and to Midwifery Committee. An additional meeting of Midwifery Committee will be scheduled to make this possible. If diaries permit the partner group will meet in the third week of August when phase one completes. If that is not possible a date will be found in the first week of September.
- 12 The final report will come to the Council meeting on 28 January 2015, following a further session with Midwifery Committee and the partner group, to be scheduled in early January 2015.

**Public protection implications:**

- 13 This work has arisen as a consequence of concerns raised by another regulator about whether an aspect of our regulatory framework is fit for the purpose of protecting the public.

**Resource implications:**

- 14 The cost of the King's Fund commission is £275K (inclusive of VAT). Resources have been identified for the focus group work but the cost is not yet known as the work is to be commissioned.

- Equality and diversity implications:**
- 15 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.
  - 16 The safety of mothers and babies is the starting point of the review and it will have regard to considerations of fairness and equity to midwives whose fitness to practise is called into question.
- Stakeholder engagement:**
- 17 The King's Fund has been provided with a list of stakeholders to be engaged and a longer list of those to be invited to make written submissions, which will be supplemented by some focus group work to which the King's Fund will contribute. Any proposals to change our standards or legislation arising from this review will be the subject of an open public consultation.
- Risk implications:**
- 18 This commission addresses a risk that an aspect of our regulatory framework is not fit for the purpose of public protection. A further risk to be mitigated through partnership is securing any change to our legislation arising from this work.
- Legal implications:**
- 19 The NMC does not currently have the powers to change its regulatory framework and so Council can only identify the change it believes will best protect the public, it cannot bring that change into effect.

## **Independent review of midwifery regulation**

### **Terms of reference**

#### **Context**

In 2013 the Parliamentary and Health Service Ombudsman (PHSO) in England investigated three cases arising from failures in maternity care at Morecambe Bay NHS Foundation Trust. She published her investigation reports in December 2013 along with a thematic report entitled *Midwifery supervision and regulation: recommendations for change*. During the course of her work on Morecambe Bay the Ombudsman explored the operation of the unique additional regulatory framework that pertains to midwifery, and had a number of concerns about that framework. She concluded:

*I am deeply concerned that the regulations allow potential muddling of the supervisory and regulatory roles of midwives or even the possibility of a perceived conflict [of interest].*

The report recommended two principles for the future model of midwifery regulation:

- That midwifery supervision and regulation should be separated.
- That the NMC should be in direct control of regulatory activity.

The PHSO gave the Professional Standards Authority (PSA) the chance to contribute its perspective and in addition to the concerns voiced by the Ombudsman, it added:

- Lack of evidence to suggest that the risks posed by contemporary midwifery require an additional tier of regulation – bringing into question proportionality
- That the imposition of regulatory sanctions or prohibitions by one midwife on another without lay scrutiny is counter to notions about good regulation in the post-Shipman era.

At its meeting on 29 January 2014 Council accepted the Ombudsman's finding that midwifery regulation was structurally flawed as a framework for public protection. It considered the Ombudsman's report and approved an immediate review of midwifery regulation.

The review will be commissioned by the NMC from a credible independent provider, and the NMC will involve partners (hereafter 'the partner group') as specified by the PHSO (DH, NHS England and PSA). The PHSO's views will also be sought at appropriate points. In addition to this group, the NMC will ensure UK wide engagement via the health departments, NHS bodies and Ombudsmen in Northern Ireland, Scotland and Wales.

## Remit

The remit of the review is to consider potential models for the future of midwifery regulation, with particular reference to the PHSO's recommendations.

The review should also take account of the wider concerns of the PHSO and the PSA as set out in the PHSO report.

Its recommendations must have regard to:

- public protection
- proportionality
- public confidence in the regulatory model, which, post-Shipman, includes the expectation that regulatory decisions are not taken by professionals in isolation
- the PSA's standards of good regulation
- public assurance about the responsibility and accountability of service providers for the quality of maternity services
- fairness to midwives whose fitness to practise is called into question.

The review should also have regard to the NMC Council's interest in distinguishing two aspects of the review:

*'The link between supervision and regulation and...the future of supervision and the supporting infrastructure if it were no longer part of the regulatory framework.'*  
(Council minutes, 29.1.14)

There will be staged reporting to NMC Council after the initial round of stakeholder engagement and evidence review is completed, and the NMC's Midwifery Committee will play its statutory role in advising Council at this point and as requested.

The outcomes of the review will be presented in the form of a report to the NMC. The work is expected to conclude by the end of 2014.

## Out of scope

- Drafting of proposed legislative change
- General public consultation on any changes to midwifery regulation – the NMC's legislation requires it to consult on any proposals to change its standards.

## **Responsibilities**

### **The responsibilities of the provider will include:**

- Conducting a literature review to inform its deliberations
- Defining the terms on which evidence will be sought about the role of midwifery supervision as a tool of regulation
- Calling for evidence and deciding the means by which evidence will be taken
- Engaging key stakeholders as specified by the NMC and understanding elements of consensus and divergence
- Informing and considering the outcomes of focus groups that the NMC will commission to contribute to the review
- Sharing an initial preferred recommendation with the NMC and its partners, with an indication of stakeholder views on that recommendation
- Keeping the NMC informed and consulting the NMC as needed over matters arising during the review
- Reporting to the NMC Council and the partner group as specified.

### **Roles of respective partners**

- The Council of the NMC to decide whether to accept the review's recommendations and to request any related legislative changes
- DH to take a view of any implications of the review for the NMC's legislative framework
- PSA to take view on whether the proposed model is proportionate and fit for the purpose of public protection
- Bodies that fulfil the LSA role in each of the UK countries and NHS bodies to consider how the outcomes of the review affect the future role of supervision and any associated transitional arrangements.



## Council

### Chair's report

**Action:** For information.

**Issue:** This paper reports on the chair's activities.

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

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

**Decision required:** No decision is required. 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, this report needs to be considered alongside the chief executive's report, also on this meeting agenda.
- Discussion** 2 On 25 March 2014, the chair hosted an NMC roundtable event. The Rt. Hon. Stephen Dorrell, MP, the chair of the Commons' Health Committee spoke about the link between regulation and professionalism and what it means to be a professional.
- 3 Discussion at the event covered a range of subjects including how the NMC Code articulates the standards expected of nurses and midwives and reflects the patient's expectations of those professionals delivering their care. Work is now underway with colleagues at the General Medical Council on a follow-up event in the summer bringing together clinical leaders in nursing and medicine, senior managers and non-executives in the NHS and healthcare system regulators to discuss the alignment of professional values and standards with organisational culture.
- 4 On 9 April 2014, the chair and the chief executive met Gail Adams, head of nursing at Unison, Janet Davies, executive director at the Royal College of Nursing and Louise Silverton, director of midwifery at the Royal College of Midwives to discuss the March 2014 Council decision to approve a consultation on the NMC fee. The chair also met Cathy Warwick, general secretary of the Royal College of Midwives and Peter Carter, general secretary of the Royal College of Nursing on 14 May 2014.
- 5 On 29 April 2014, the chair and the chief executive met the shadow health secretary, Andy Burnham MP. The publication of the fee consultation document was discussed as was the importance of changes to the NMC's legislative framework. The meeting also covered the NMC's activities since the Francis Report and general progress, particularly in fitness to practise.
- 6 The chair met with Una O'Brien, the permanent secretary at the Department of Health on 24 April 2014 for a regular meeting to discuss the NMC's progress. The topics covered included the NMC's performance and the Law Commission draft bill and its possible impact on the NMC.
- 7 As part of the regular engagement with regulatory partners, the chair met Anna Van Der Gaag, the chair of the Health Care and Professions Council on 8 May 2014.

- 8 The chair has engaged with Sir Keith Pearson, the HEE chair over the arrangements for his attendance at the next meeting of the chairs of the regulatory bodies in June 2014.
- 9 The chair has met individual NMC council members in the context of their annual appraisal.
- 10 On 7 May 2014, the chair represented the NMC at the annual Florence Nightingale Foundation commemoration service at Westminster Abbey. The event celebrates the contribution made by nurses and midwives. The event was taken by the Dean of Westminster and attended by Her Royal Highness Princess Alexandra.

**Public protection implications:**

- 11 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:**

- 12 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:**

- 13 None directly from the paper. Equality and diversity issues are dealt with as part of the conduct of individual workstreams and projects.

**Stakeholder engagement:**

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

**Risk implications:**

- 15 None directly from the paper.

**Legal implications:**

- 13 None directly from the paper.



**COUNCIL and COMMITTEE SCHEDULE OF BUSINESS 2014**

**The items highlighted in red are annual items.**

<b>COUNCIL: STANDING ITEMS</b>
<b>OPEN SESSION</b>
<ul style="list-style-type: none"> <li>• Minutes and matters arising</li> <li>• Chair’s report (including Chair’s actions)</li> <li>• Chief Executive’s report</li> <li>• Performance and risk report</li> <li>• Financial report</li> <li>• Committee reports</li> <li>• Schedule of business</li> <li>• Questions from observers</li> </ul>

<b>COMMITTEES OF COUNCIL: STANDING ITEMS</b>		
<b>MIDWIFERY COMMITTEE</b>	<b>AUDIT COMMITTEE</b>	<b>REMUNERATION COMMITTEE</b>
<ul style="list-style-type: none"> <li>• Minutes and matters arising</li> <li>• Quarterly quality monitoring</li> <li>• Schedule of business</li> </ul>	<ul style="list-style-type: none"> <li>• Minutes and matters arising</li> <li>• Receipt of reports on internal audit programme</li> <li>• Outstanding internal audit recommendations</li> <li>• Risk management: update</li> <li>• Whistleblowing policy: report on use</li> <li>• SER and data breaches: standing report</li> <li>• Schedule of business</li> </ul>	<ul style="list-style-type: none"> <li>• <b>CONFIDENTIAL</b></li> </ul>

**COMMITTEES OF COUNCIL: 24—25 JUNE 2014**

<b>AUDIT COMMITTEE 24/06/14</b>	<b>MIDWIFERY COMMITTEE 25/06/14 (Glasgow)</b>
<ul style="list-style-type: none"> <li>• <b>Draft NMC annual report and accounts * (to include external auditor's report and NAO audit completion report)</b></li> <li>• <b>Draft fitness to practise annual report *</b></li> <li>• <b>Internal audit effectiveness * (<u>suggest postponing to October (i.e. post internal audit annual report)</u>)</b></li> <li>• <b>Internal audit annual opinion *</b></li> <li>• <b>Annual review of Committee effectiveness: summary</b></li> <li>• Review of the NMC assurance map</li> <li>• Quality assurance update</li> </ul> <p><i>*Those that are starred will need Executive Board consideration prior.</i></p>	<ul style="list-style-type: none"> <li>• Revalidation update</li> <li>• Review of midwifery regulation</li> <li>• Monitoring report of the LSAs (including future QA of LSAs)</li> <li>• <b>Annual review of Committee effectiveness: summary</b></li> </ul> <p>Induction event: Registration Directorate Seminar: Midwifery regulation in Scotland</p>

**COUNCIL: 29—30 JULY 2014**  
**Deadline for receipt of papers: 16 July 2014**  
**Despatch date: 22 July 2014**

**OPEN SESSION 30/07/14**

- Q1 report – Corporate plan
- **NMC data strategy \***
- **Draft annual report and accounts \***
- **Draft fitness to practise annual report \***
- Business assurance framework and quality assurance update
- Health and safety annual report
- **Welsh language scheme annual report \***

*\*Those that are starred will need Executive Board consideration prior.*

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

**OPEN SESSION 01/10/14**

- Fees consultation update and decision on annual registration fees
- PSA strategic review stock take

**COMMITTEES OF COUNCIL: 28—29 OCTOBER 2014**

<b>MIDWIFERY COMMITTEE 28/10/14</b>	<b>AUDIT COMMITTEE 29/10/14</b>	<b>REMUNERATION COMMITTEE 29/10/14</b>
<ul style="list-style-type: none"><li>• Revalidation and Code update</li><li>• Review of midwifery regulation</li><li>• Education strategy</li><li>• <b>LSA Annual Report</b></li></ul>	<ul style="list-style-type: none"><li>• <b>External audit programme</b></li><li>• Review of the NMC assurance map</li></ul>	<b>CONFIDENTIAL</b>

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

**OPEN SESSION 04/12/14**

- Annual Report on QA of education and LSAs
- Approval of revised Code and draft guidance for revalidation
- Q2 report – Corporate plan
- Education strategy