Meeting of the NMC Council

to be held at 09:30 on Wednesday 28 January 2015
in the Council Chamber at 23 Portland Place, London W1B 1PZ

Agenda

Dame Janet Finch
Chair of the Council

Matthew McClelland
Secretary to the Council

Preliminary items

1	**Welcome from the Chair** Chair	NMC/15/01	09:30
2	**Apologies for absence** Secretary	NMC/15/02	
3	**Declarations of interest** Secretary	NMC/15/03	
4	**Minutes of the last meeting** Chair	NMC/15/04	
5	**Summary of actions** Secretary	NMC/15/05	

Matters for decision

6	**Review of midwifery regulation** Chief Executive and Registrar	NMC/15/06	09:40
7	**Report from the Midwifery Committee** Chair of the Midwifery Committee	NMC/15/07 (oral)	10:45

BREAK: 11:00 – 11:15

Corporate reporting

8	**Chief Executive's report**	NMC/15/08	11:15
	Chief Executive and Registrar		
9	**Performance and risk report**	NMC/15/09	11:30
	Chief Executive and Registrar		
10	**Financial monitoring report**	NMC/15/10	12:05
	Director of Corporate Services		

Matters for decision

11	**Appointment of Assistant Registrars**	NMC/15/11	12:15
	Director of Fitness to Practise		

Matters for discussion

12	**Revalidation update; Provisional standards and guidance for the pilots**	NMC/15/12	12:25
	Director of Continued Practice		
13	**ICT update**	NMC/15/13	12:40
	Director of Corporate Services		
14	**Questions from observers**	NMC/15/14	13:00
	Chair	(oral)	

Matters for information

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

15	**Guidance underpinning the Code**	NMC/15/15
	Director of Continued Practice	

16	**Annual report of the Appointments Board**	NMC/15/16
	Chair of the Appointments Board	
17	**Chair's actions**	NMC/15/17
	Chair	

The next open meeting of the Nursing and Midwifery Council will be held on Wednesday 25 March 2015 at 09:30 in the Council Chamber at 23 Portland Place, London W1B 1PZ.

Meeting of the Council
Held at 09:30 on 3 December 2014
at 23 Portland Place, London W1B 1PZ

Minutes

Present

Members:

Mark Addison	Chair
Maura Devlin	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
Jon Billings	Director of Strategy
Katerina Kolyva	Director of Continued Practice
Sarah Page	Director of Fitness to Practise
Alison Sansome	Director of Registration
Mark Smith	Director of Corporate Services
Matthew McClelland	Secretary to the Council
Paul Johnston	Council Services Manager (minutes)

Minutes

NMC/14/102 Welcome from the Chair

1. The Chair welcomed all attendees to the meeting.

NMC/14/103 Apologies for absence

1. Apologies for absence were received from Maureen Morgan.

NMC/14/104 Declarations of Interest

1. Maura Devlin, Carol Shillabeer, Elinor Smith and Lorna Tinsley declared an interest in items NMC/14/110, NMC/14/111 and NMC/14/112 by virtue of being registrant members.

2. Maura Devlin, Elinor Smith, Amerdeep Somal, Lorna Tinsley and Dr Anne Wright declared an interest in item NMC/14/111 by virtue of currently being Registrant Appeal Panel Chairs.

NMC/14/105 Minutes of previous meeting

1. The minutes of the previous meeting of the Council held on 1 October 2014 were confirmed as a correct record, subject to the following amendments:

    - NMC/14/89, 3 (a): Addition of the following sentence: “The experience of some professional regulators outside the health sector who had such a power suggested that it encouraged early and constructive engagement with fitness to practise processes.”

    - NMC/14/89, 7 (c): Amendment of the final sentence to read: “The Council would examine the assumptions rigorously through the annual review process and would reduce the fee if possible.”

NMC/14/106 Summary of actions

1. The Council received a report on progress in implementing actions arising from previous meetings of the Council.

2. The NMC continued to liaise with the Department of Health on the shaping of the revalidation model. Costs and benefits would be explored as part of the revalidation pilots, which were to be rolled out from early 2015. The Council would continue to be informed of learning arising from the pilots, and the development of the model for revalidation, over the course of 2015.

NMC/14/107 Chief Executive's report

1. The Council received the Chief Executive's report on key developments in the external environment, key internal developments and strategic engagement activity.

2. In discussion, the following points were noted:

a) The joint work undertaken with the General Medical Council on the duty of candour was welcomed by the Council. The work had been positively recognised by external stakeholders and reflected the NMC's increased emphasis on collaboration and partnership working.

b) 16% of all registrants had, as of 31 October 2014, enrolled with NMC Online, which was broadly in line with expectations.

c) A Chief Information Officer had been appointed on an interim basis until March 2015 to assist the Executive with planning and improvements to ICT and information and data management. The Executive would continue to review longer term resource requirements in this area.

d) The NMC's overseas registration test of competence covering nurses and midwives who had completed their training abroad had been rolled out and had been applied to all overseas applications received from 1 October 2014. The number of applicants since that time was in line with expectations.

e) The NMC would respond to consultation by the Professional Standards Authority (PSA) on the Authority's future approach to 'right-touch' regulation. The deadline for consultation responses was 31 December 2014 and the Council would receive a copy of the NMC's response once issued.

f) The Council agreed that the Executive examine further whether there was a relationship between the introduction into UK law of the need for registrants to hold Professional Indemnity Insurance (PII) and the number of registrants choosing to leave the register.

Action:	**Report to the Council on the NMC's response to the PSA consultation as per paragraph 2 (e) above**
For:	**Chief Executive and Registrar**
By:	**28 January 2015**
Action:	**Report to the Council on a relationship between the**

	introduction of PII and numbers of those leaving the NMC register
For:	**Director of Registration**
By:	**28 January 2015**

NMC/14/108 **Performance and risk report**

1. The Council received a report on operating performance and risk, including a summary of the NMC's performance for the second quarter of 2014 / 15, the Fitness to Practise Dashboard and the corporate risk register.

2. The Council welcomed the progress that had been made in reporting on operating performance and risk and noted that the information enabled the Council to gain assurance in these areas. The Council agreed that, in order to continue on this progress, information on how the NMC was responding to actions arising from the Francis Inquiry report, and the PSA Standards of Good Regulation, should be further rationalised; and that future iterations of the report should clearly articulate reporting and accountability lines.

3. In discussion on performance for the second quarter of 2014/ 15, it was noted that further work was required to improve the quality and completeness of data, and to improve the integrity of ICT systems available to enable evidence-based regulation. While there had been slippage on the original timetable, further information would be provided to the Council in January 2015 on future business requirements on data, and the ICT capabilities needed to meet these requirements.

4. In discussion on the corporate key performance indicators, the following points were noted:

    a) KPI 1 (Registrations): Year end forecast performance (89%) was marginally below the year end target (90%). This was largely due to particular complexities in, and the numbers of, EU and overseas applications that had been received in recent months.

    b) KPI 2 (Interim Orders): Performance had dipped in October 2014 but performance was still above the year end average target. The NMC would continue to engage with employers and registrants to support achievement against this indicator.

    c) KPI 3 (Investigations): Performance had dipped below the target for September 2014 and October 2014. It was possible therefore that the year end average target would not be achieved, due partly to increased referrals and a

number of older caseloads.

d) In respect of the proposed key performance indicator on Fitness to Practise cases completed within 15 months from start to end, it would be important to capture further information on the impact that third party action would have on this indicator. It was proposed that cases that were subject to third party action would be captured and reported separately.

e) The Council agreed that yearly average performance be reflected on KPI 2 and KPI 3 graphs in future report iterations.

f) KPI 4 (Adjudications): The Council noted performance in October 2014; and noted that hearings activity had significantly increased to meet the December 2014 target. The Executive had been careful to identify a number of contingencies in their planning toward this target.

g) The Council expressed their thanks to the Director of Fitness to Practise, staff, panel members and legal assessors for their efforts toward meeting the December 2014 target; and congratulated the Executive team for their successful coordination of the move to the new hearing centre in Stratford.

h) KPI 5 (Available free reserves): Forecasted available free reserves remained in line with the approved financial strategy.

i) KPI 6 (Staff turnover rate): The number of actual permanent leavers had increased in October 2014. Indicative figures suggested that the number of permanent staff leavers in November 2014 was in line with the profile.

j) The Executive was however not complacent and recognised that staff turnover remained an ongoing challenge. Improved management information was now available to understand the motivations of the NMC's workforce; and improved exit interview procedures were to be introduced, which would help management understand the reasons cited by staff for leaving. The NMC was also considering re-examining its recruitment and induction processes for certain front-line staff.

k) The Council would receive a draft of a revised HR and OD strategy in March 2015, which would set out how the Executive aimed to further improve the offer to staff and improve retention rates.

5. On the fitness to practise dashboard, it was noted that investigations caseloads had increased over the preceding six months. The Executive noted that staffing levels in this area had been challenging and were continuing to explore whether resourcing levels in case investigation teams were adequate. As part of the next stage of the NMC's pay and grading review, incentive mechanisms to retain key staff were being considered.

6. The Council noted the developing proposals on a key performance indicator charting progress from start to finish of Fitness to Practise cases. It was important to set performance targets against this indicator that were achievable, and that would remain achievable against a backdrop of internal and external strategic developments. The Council welcomed the proposals as an opportunity for the NMC to set its own expectations and targets in terms of performance.

7. **Decision: The Council agreed to receive a proposed interim performance measure on start-to-end timelines for Fitness to Practise cases in March 2015 and to review the performance measure in September 2015 once the impact of case examiners had been assessed.**

8. On the corporate risk register, the Council agreed to revise the post-mitigation scoring of likelihood of risk CR13 B ("Revalidation – systematic impact and readiness") to 4. It was however noted that progress on ensuring readiness was uneven across the four UK nations.

9. **Decision: Subject to the above change, the Council endorsed the corporate risk register.**

Action:	**Amend reports on KPI2 and KPI3 to reflect annual averages**
For:	**Director of Strategy**
By:	**28 January 2015**
Action:	**Revise risk CR13 B as per paragraph 8 above**
For:	**Director of Strategy**
By:	**28 January 2015**

NMC/14/109 Monthly financial monitoring – October 2014 results

1. The Council considered the report, which set out financial performance information for current and forthcoming reporting periods. It was noted that, while additional expenditure in Fitness to Practise was forecast, overall annual spending was broadly in line with initial budgetary provisions.

2. In discussion, the following points were noted:

a) The Council agreed that, for future reports, actual spend or forecasts against budget be reported in both nominal and percentage terms.

b) Efficiency savings were not currently in line with budgetary forecasts, although the overall efficiency target was expected to be met by the end of the three year period. While the budgetary assumptions underpinning efficiency savings had been externally validated, there may be scope for internal audit to review how corporate efficiencies were recorded and reported. The Council would continue to receive reports at each meeting on progress in achieving efficiency savings.

c) Expenditure on ICT was higher than initial budgetary forecasts. This was largely due to increased spending on contract staff.

d) The Council noted that the NMC may run a budgetary deficit in 2015 / 16, due both to complexities in accounting treatment of the Department of Health Grant and to the increase in income from increased annual registration fees only being likely to be fully captured in 2016 / 17.

Action:	**Report actual spend forecasts in nominal and percentage terms in future report iterations**
For:	**Director of Corporate Services**
By:	**28 January 2015**
Action:	**Consider scope for internal audit to review the recording and reporting of corporate efficiencies**
For:	**Director of Corporate Services**
By:	**28 January 2015**

NMC/14/110 **UK Registrations Policy**

1. The Council considered the report, which set out an overarching policy document for the UK registration process for the Council's approval.

2. In discussion, the following points were noted:

a) Provisions on good character within the policy could be revised to be more clear and robust. It was agreed that the policy be revised to include definitions of good character from other pieces of relevant legislation.

b) The policy was intended for internal use only; the Executive would however give further consideration as to whether, and by what means, the policy could be shared externally.

3.	**Decision: Subject to amending the policy as per 2 a) above, the Council approved the UK Registration policy.**
Action:	**Amend the UK Registrations policy in line with paragraph 2 a) above**
For:	**Director of Registration**
By:	**28 January 2015**
NMC/14/111	**Changes to our regulatory legislation: the Registration Rules and Fitness to Practise Rules**
1.	The Council considered the report, which set out the results of a consultation on proposed changes to the Registration Rules that would introduce the legal power for the NMC to collect the annual registration fee in instalments. The report also sought the Council's approval of a legal change that would give effect to the decision reached by the Council on 1 October 2014 regarding the introduction of case examiners and related changes.
2.	The Council welcomed the proposed changes to the NMC's regulatory legislation to allow for payment of the annual registration fee by instalment, noting that the significant majority of those responding to the consultation had been in favour of proposals to allow the payment of the annual registration fee in instalments.
3.	It was noted, subject to the Council's agreement of the proposals and necessary legal change being secured, that the possibility of payment by instalments should be offered registrants by early – 2016. A number of process details needed to be worked through, but the current intention to offer registrants a period of notice upon non-payment of an instalment was noted.
4.	Comments were sought from observers on the proposals. No comments were received.
5.	**Decision: The Council approved the findings following consultation on proposed changes to the Registration Rules that would introduce the legal power to collect the registration fee in instalments.** **The Council agreed to the legal drafting of the Nursing and Midwifery Council (Fitness to Practise) (Education, Registration and Registration Appeals) (Amendment) Rules 2014; and agreed to make the Rules on or about 11 December 2014.**
NMC/14/112	**Revision of the Code**
1.	The Council considered the report, which set out a revised draft version of the Code for the Council's approval. The purpose of the

revised draft was detailed, along with the structure and tone of the draft document and the engagement undertaken with stakeholders. The engagement had been invaluable in shaping the revised Code.

2. The Council welcomed the draft, noting that the proposed structure, tone and length achieved an appropriate balance. The Council praised the engagement undertaken in developing the revised Code, noting that the four nation emphasis had been particularly positive. The Chair of the Midwifery Committee noted that the Committee had been closely involved in the development of the revised Code, and had endorsed the contents of the draft version presented to the Council.

3. **Decision: The Council approved the contents of the draft revised version of the Code.**

4. In terms of next steps, it was noted that the Code would be subject to further edits to ensure compliance with Plain English standards. The Council agreed that, provided that such edits were minor, that approval of the final iteration of the revised Code be delegated to the Chair of the Council and the Chief Executive and Registrar.

5. The revised Code was scheduled for publication at the end of January 2015, and was due to come into effect at the end of March 2015 to allow time for further communication on the revised Code with stakeholders, including patients, the public and the voluntary sector; and to make the necessary amendments to Fitness to Practise procedures to be in line with the provisions of the revised Code. The Council would receive a further paper in January 2015 on guidance underpinning the revised Code.

6. The NMC was keen to promote the Code in a number of formats, which included in hard copy and in electronic version utilising the NMC's enhanced online presence.

NMC/14/113 Provisional policy for the revalidation of nurses and midwives

1. The Council considered the report, which sought the Council's agreement of a provisional policy to support the revalidation pilots.

2. In discussion, the following points were noted:

    a) Costs and benefits of introducing revalidation for nurses and midwives would be explored as part of the pilots and independent evaluations would be undertaken to support this. Further, external support had been commissioned to review the registrant experience of the pilots.

b) It was noted that the introduction of revalidation may have wider impacts to the system. It was envisaged that, in the majority of care settings, existing appraisal mechanisms could be employed to reduce this impact. The pilots had been selected in such a way as to ensure that pilots were held in each of the four UK nations and across a wide range of healthcare settings.

c) The draft policy set out existing legislative provisions that, at the Registrar's discretion, a three-month extension may be offered to those individuals whose registration was due to elapse. This provision was intended to be used for those selected for audit. The Council requested assurance on existing legislative provisions and whether the introduction of revalidation may have unintended consequences.

d) It was recognised that there was some inequality across the four UK nations in terms of readiness for the introduction of revalidation. The NMC would continue to engage with programme boards set up in each of the four nations in ensuring readiness but it would fall ultimately to the NMC to make a judgement on the ability of the systems in place in each of those four nations to support the introduction of revalidation.

e) The Council requested further information on the implications of the introduction of revalidation on continuing professional development (CPD); and on the role of Supervisors of Midwives in providing confirmation. This issue had been identified as being of concern by the Midwifery Committee. The Council would receive a further update on revalidation, including on these two issues, in January 2015.

Decision: The Council approved the provisional policy for the purposes of the revalidation pilots.

NMC/14/114 Questions from observers

1. The Chair of the Council invited questions from observers. The following points were noted:

a) The joint work between the NMC and the GMC on the duty of candour was designed to remove any current ambiguities on nurses and midwives' professional obligations. It was important for patients and the public to receive an acknowledgment in cases where care could have been improved, and the duty was designed to emphasise this.

b) The majority of responses from midwives to the NMC's consultation on revalidation proposals had indicated a preference for the supervisor of midwives to provide confirmation. The current proposed model of revalidation did not set this role for the supervisor of midwives; however, further consideration would be given to developing guidance that third-party confirmers take cognisance of supervision arrangements.

c) In respect of proposals on introducing payment instalments of the annual registration fee, further work was required on developing policy and processes that would support this decision. It was important that registrants choosing to pay the fee by instalment were given adequate notice of payment timeframes. The decision to introduce payment by instalments had been driven by an overwhelming response from consultation responses in favour of the proposal, and the NMC was committed to ensuring that the introduction of such a scheme worked for registrants.

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

1. The Council received and noted the report.

NMC/14/116 Chair's report

1. The Council received and noted the report.

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

1. The Council noted that no Chair's actions had been taken since the last meeting of the Council on 1 October 2014.

NMC/14/118 Reports from Chairs of the Committees

1. The Council received and noted the reports.

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

1. The Council received and noted the report.

Closing remarks

1. The Chair of the Council noted that this would be his last meeting as Chair. The Chair thanked all Council members and members of the Executive team for the support that they had each individually offered him during his tenure. The Chair wished his successor, Professor Dame Janet Finch, well in the role.

2. The Vice Chairs of the Council thanked the Chair for the leadership, commitment and expertise that he had brought to the role. The NMC had made significant progress over the last two years, and the Chair had played an important part in overseeing that progress.

3. The Council and the Executive team wished the Chair well for the future.

The date of the next meeting is to be 28 January 2015

The meeting ended at 12:45.

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

Signed: **DRAFT**

Date: **DRAFT**

Item 4
NMC/14/04
28 January 2014

Decision of the Council
11 December 2014
at 23 Portland Place, London W1B 1PZ

Decision by correspondence

NMC/14/120 Proposal to amend the Nursing and Midwifery Council (Fees) Order 2004

1. On 11 December 2014, a notice was circulated:

   (a) attaching a report recommending that the Council make the Nursing and Midwifery Council (Fitness to Practise) (Education, Registration and Registration Appeals) (Amendment) Rules 2014 (the "Amendment Rules") to give effect to the Council's decisions on 1 October 2014 and 3 December 2014 to:

   - introduce Case Examiners to the fitness to practise process and change the focus of the Investigating Committee to making and reviewing interim orders;
   - introduce a power to review no-case-to-answer decisions;
   - amend the composition of Registration Appeal Panels, so that they are no longer required to include a Council member as Chair and, where the applicant's health is in question, a registered medical practitioner;
   - introduce provisions for the collection and verification of information relating to a new legal requirement for registrants to hold professional indemnity insurance;
   - implement proposals to introduce a power to permit the payment of registration fees by instalments.

   (b) advising the Council that it had the power to decide matters by correspondence, in accordance with the procedure set out in the Standing Orders;

   (c) inviting Council members to respond by noon on 11 December 2014 indicating whether or not they approved the recommendation.

2. The Council's decision as at noon on 11 December 2014 was to approve the recommendation and to make Nursing and Midwifery

Council (Fitness to Practise) (Education, Registration and Registration Appeals) (Amendment) Rules 2014.

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

Signed: DRAFT Date: DRAFT

Item 5
NMC/15/05
28 January 2015

Council

Summary of actions

Action: For information.

Issue: A summary of the progress on completing actions agreed by the meeting of Council held on 3 December 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 3 December 2014

Minute	Action	For	Report back to: Date:	Progress
NMC/14/107	**Report to the Council on the NMC's response to the PSA consultation as per paragraph 2 (e) above**	Chief Executive and Registrar	Council 28 January 2015	We submitted our response to the PSA's call for views on 'Right-touch regulation' on 16 December 2014. This is available on our website: http://www.nmc-uk.org/Documents/Consultations/NMC-responses/2014/NMC%20response%20to%20the%20PSAs%20Call%20for%20Views%20on%20Right-touch%20regulation.pdf
NMC/14/107	**Report to the Council on a relationship between the introduction of PII and numbers of those leaving the NMC register**	Director of Registration	Council 28 January 2015	There does not appear to be a relationship between the introduction of PII and the numbers leaving the register. However, it is difficult to establish definitively why individuals decide to leave the register unless they submit cease to practice forms. We are aware of seven cases in which PII may have been one among several factors.

NMC/14/108	**Amend reports on KPI2 and KPI3 to reflect annual averages**	Director of Strategy	Council 28 January 2015	Completed
NMC/14/108	**Revise risk CR13 B as per paragraph 8 (minute NMC/14/108)**	Director of Strategy	Council 28 January 2015	Completed
NMC/14/109	**Report actual spend forecasts in nominal and percentage terms in future report iterations**	Director of Corporate Services	Council 28 January 2015	Completed
NMC/14/109	**Consider scope for internal audit to review the recording and reporting of corporate efficiencies**	Director of Corporate Services	Council 28 January 2015	This action is scheduled to be discussed by the Audit Committee as part of the Internal Audit work programme item in February 2015
NMC/14/110	**Amend the UK Registrations policy in line with paragraph 2 a) (minute NMC/14/110)**	Director of Registration	Council 28 January 2015	The health and character definition and guidance is in the process of being updated in line with information for panel chairs and to support revalidation. This will be incorporated into the policy once reviewed and confirmed.

Item 8
NMC/15/08
28 January 2015

Council

Chief Executive's report

Action: For information.

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

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

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

Decision required: None.

Annexes: None.

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

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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:

Health Select Committee

2 The Chair and Chief Executive gave oral evidence as part of our annual accountability hearing with the Health Select Committee on 13 January 2015. The questions were wide-ranging and detailed, opening with the progress made in addressing the 2012 Professional Standards Authority's (PSA) strategic review recommendations and what we are doing to meet the PSA standards of good regulation. The questions lent heavily on the PSA's written submission with a handful of questions arising from the RCN and RCM submissions. We are now following up with the Committee on a number of areas as we promised in the hearing and will respond to any further questions put to us by the clerks. After that, the Committee will publish its report and we will be invited to respond to the report in writing, which will be published by the Committee.

Professional Standards Authority issues

Performance review 2014-2015

3 As previously advised, we submitted our evidence and data return for the performance review process 2014-2015 in accordance with the PSA's November 2014 deadline. By the time of the Council meeting we will have received the PSA's detailed follow up questions on our evidence, together with any feedback on our performance that the PSA has received from third parties. We will submit our response in early February. Our performance review meeting with the PSA (Chief Executive level) is scheduled for 26 February 2015.

Review of the performance review process

4 The PSA Chair and Chief Executive met with the Chairs and Chief Executives of all regulators on 12 January 2015 to discuss the review of the performance review process. The PSA Board is expected to consider consultation proposals on changes to the process on 21 January 2015, with a formal public consultation in early February.

PSA Refresh of 'Right-touch regulation'

5 We submitted our response to the PSA's call for views on 'Right-touch regulation' on 16 December 2014. This is available on our

website.

Future funding of the PSA: Department of Health consultation

6 We await the Department of Health's decision on future funding of the PSA following closure of the formal consultation. A further update from the Department is expected imminently.

NMC overseas registration test of competence

7 Following the introduction of the new overseas registration process, which includes the test of competence, there continues to be much interest in the operation of the new process as it settles in. Any change in the regulatory landscape requires a period of familiarisation before applicants, recruitment agencies and employers become comfortable with it and its operation. The introduction of the new overseas process has coincided with a time of high profile and unrelated staff shortages in the sector. Close engagement with Directors of Nursing, Chief Nursing Officers and other stakeholders is continuing to ensure clarity on the NMC public protection role in setting standards, as distinct from the responsibilities of other organisations for workforce planning.

NMC Online

8 Phase 3 of NMC Online was launched on15 December 2014. This has enhanced the online service to enable nurses and midwives to make applications for initial and subsequent registration and the addition of recordable qualifications through this facility. Registrants continue to sign up to the online system with 96,071 active accounts (approximately 14% of the register) as at 31 December 2014. We will be promoting the online service to registrants over the next few months through planned mailing activities and maximising other promotional activity well as through our regular renewal notifications.

Duty of candour

9 The consultation exercise on the joint draft guidance on the professional duty of candour for doctors, nurses and midwives closed in early January 2015 and the responses are currently being evaluated. Although final response figures are not yet available, interim figures received in mid-December are encouraging. At that point, there had been 424 responses to the consultation exercise. We anticipate that the guidance will be published in March 2015.

Code review

10 The content of the revised Code was approved by the Council at its December 2014 meeting and has been submitted to the Plain English Campaign. The final version of the Code will be published in late January 2015 and will become effective from late March 2015. A strategic programme of communications for the Code is being

developed in partnership with key stakeholders.

Midwifery issues

11 Following the publication of the report of our extraordinary review at the end of October 2014, we are reviewing action plans from: Guernsey's Health and Social Services Department, NHS England South West Local Supervising Authority (LSA) and the University of East Anglia regarding the return of student nurses to practice placements on Guernsey. We continue to work with our stakeholder partners with a view to publishing the action plans in mid-January.

12 We have since received information about concerns with supervision of midwives in Gibraltar. South East Coast LSA will conduct its own review during the week commencing 19 January; we are working closely with the LSA and monitoring their findings.

NMC response to Department of Health consultation on language controls

13 The amended EU Mutual Recognition of Professional Qualifications (MRPQ) Directive is introducing enhanced powers for competent authorities in relation to language competence. This will allow us to introduce proportionate language controls for EU nurses and midwives wishing to practise in the UK. We welcome the introduction of this legislation and the opportunity it provides to further enhance public protection. This is being taken forward separately to the implementation of the rest of the MRPQ Directive. The Department of Health is introducing new legislation to do this and in December we responded to a consultation on the Section 60 Order that will take this forward. The NMC's response is available on our website. We have been holding discussions with the DH regarding the legislation and they have responded positively to issues, making amendments in a number of areas where we had raised concerns.

Mandatory reporting of female genital mutilation: Home Office consultation

14 The Home Office has consulted on the introduction of mandatory reporting by health and other professionals of cases of female genital mutilation. The consultation specifically focused on what and who should be covered by the mandatory reporting requirement; which agencies the requirement should be applied to; how the requirement will work in practice, and also the sanctions that should be employed if professionals fail to report female genital mutilation. Nurses and midwives are specifically highlighted by the consultation as relevant professionals, as well as the NMC as a professional regulator applying such sanctions. The NMC has responded to the consultation and the response can be found on our website.

Statutory compliance

15 The NMC is a charity registered with the Charity Commission for England and Wales (CCEW) and the Office of the Scottish Charity Regulator (OSCR). All required annual returns have been submitted as follows:

CCEW:

15.1 Annual return: 18 December 2014

15.2 Annual report and accounts: 18 December 2014

OSCR:

15.3 Annual report and accounts: 11 December 2014

15.4 Annual return: 11 December 2014.

16 In December 2013, the Charity Commission for Northern Ireland (CCNI) started compulsory registration of charities that operate in Northern Ireland. The NMC will be called to register with CCNI under section 167 of the Charities Act (Northern Ireland).

17 Section 167 institutions will not be called forward until the Department of Social Development in Northern Ireland has made regulations, and all organisations which are charities under the law of Northern Ireland have been called forward. The Council will be updated on the NMC's registration obligations in Northern Ireland as this develops.

Engagement activities

18 Our Professional Strategic Advisory Group, chaired by the Chief Executive, met on 15 January 2015. Discussions covered the Code and revalidation.

19 A meeting with high level stakeholders was held on 12 January 2015. Discussions focused on workforce issues, particularly around increasing demand for staff and the impact of recruiting overseas.

20 NMC staff attended a meeting of the Regulators Patient and Public Involvement Forum. These meetings are attended by the healthcare professionals' regulators and allow us to share best practice and work jointly on projects related to patient and public engagement. Discussions covered updating the joint leaflet 'Who regulates health professionals?' and different approached to public perception surveys. The NMC will host the next meeting of this group in March 2015.

21 The next meeting of our Patient and Public Advisory Group will be

on 4 February 2015.

22 The Director of Strategy spoke at the Nursing Staffing Levels and Skills Mix conference on 27 November 2014 and at the Nursing Staff Levels and Skill Mix conference on 27 January 2015.

23 In partnership with the General Medical Council, General Dental Council and Health and Care Professions Council, the Director of Strategy participated in the Health and Care Forum with parliamentarians across the three main parties, outlining the benefits of legislative reform.

24 The media team met with Nursing Standard on 14 January 2015 to discuss story ideas and forward planning and with media counterparts at the Department of Health on 22 January 2015 to discuss areas of mutual interest.

Education

25 We are currently promoting attendance to five listening events for the strategic education delivery plan that are taking place in February and March 2015 across the UK. Engagement is focusing on all stakeholder groups, with additional targeting of students with student only focused sessions.

26 The Director of Continued Practice spoke at an All Party Parliamentary Group (APPG) on Universities meeting, comprising parliamentarians and vice-chancellors, on 2 December, outlining the role of the NMC and our work on education. The APPG was also updated on revalidation.

Chief Executive's activity

27 The Chief Executive has additionally engaged in the following activity with stakeholders:

27.1 On 17 November 2014, the Chief Executive and the Director of Registration attended the opening of the overseas competence test centre based at the University of Northampton.

27.2 On 24 November 2014, the Chief Executive chaired the meeting of the Education Advisory Group.

27.3 The Chief Executive attended the latest meeting of the Chief Executives' Steering Group (CESG) on 16 December 2014. In other engagement with regulatory body colleagues, the Chief Executive met Niall Dickson, Chief Executive of the General Medical Council, for the latest of their regular catch-up meetings on 4 December 2014.

28 On 25 November 2014, the Chief Executive spoke about revalidation

and the review of the code at the CNO's annual summit in Manchester.

29 Revalidation continues to be a key focus of the Chief Executive's engagement activity. On 24 November 2014, the Chief Executive chaired the Revalidation Strategic Advisory Group and on 16 December 2014 she attended the NHS England Revalidation Programme Board. The Chief Executive spoke about the development of revalidation at the Nurse Appraisal and Revalidation in Mental Health Conference in London on 14 January 2015.

30 In other engagement with key professional stakeholders, the Chief Executive attended the Regional Nurse Leaders Forum in London on 19 November 2014, chaired by Jane Cummings, the Chief Nursing Officer for England. The Chief Executive also had a telephone discussion with the recently-appointed interim Chief Nursing Officer for Scotland, Fiona McQueen.

31 As part of her ongoing role as a joint Chair of the 'Shape of Caring' review, the Chief Executive, accompanied by the then NMC Chair designate, Dame Janet Finch, met Lord Willis of Knaresborough, the Chair of the review and Lisa Bayliss-Pratt, the Director of Nursing at Health Education England on 16 December 2014.

32 On 2 December 2014, the Chief Executive and Mark Addison, the then NMC chair met Sir Keith Pearson, Chair, and Ian Cumming, Chief Executive of Health Education England for the latest of the regular meetings. This meeting was also attended by Lord Willis.

33 The Chief Executive met the King's Fund's Director of Policy, Richard Murray, on 27 November 2014 to discuss progress with their review of midwifery regulation. The review was also discussed at the meeting between the Chief Executive, Dame Janet Finch and Cathy Warwick, the Chief Executive of the Royal College of Midwives which took place on 15 December 2014.

34 The Chief Executive met with Andrew George MP and Lord Hunt of King's Heath to discuss the NMC's legislative framework and recent developments at the NMC on 26 November 2014. The Chief Executive has also had calls with Steve Baker MP and Rosie Cooper MP on 25 November and 16 December 2014 respectively to discuss the NMC's legislative framework and our parliamentary accountability.

Public protection implications: 35 No direct public protection implications.

Resource implications: 36 No direct resource implications.

Equality and diversity implications:	37	No direct equality and diversity implications.
Stakeholder engagement:	38	Stakeholder engagement is detailed in the body of this report.
Risk implications:	39	No direct risk implications.
Legal implications:	40	No direct legal implications.

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Council

Performance and risk report

Action: For discussion.

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

Core regulatory function: All of our core regulatory functions.

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

Decision required: The Council is invited to:

- Note the summary of performance for Quarter 3 (paragraph 10).
- Discuss the KPI information provided (paragraph 15).
- Note and discuss the assessment and management of risks on our corporate risk register (paragraph 21).

Annexes: The following annexes are attached to this paper:

- Annexe 1: Q3 progress report against the Corporate Plan 2014–2017
- Annexe 2: Progress against our key performance indicators (KPIs)
- Annexe 3: FtP performance dashboard: July - December 2014
- Annexe 4: Corporate risk register
- Annexe 5: Risk map
- Annexe 6: PSA Standards of Good Regulation and map
- Annexe 7: Summary of Francis commitments

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

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Context:

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

Performance

Performance 2014–2015

2 This paper reports on the progress we have made, in the third quarter (Q3) of the financial year, towards the delivery of our planned activities for 2014–2015 as stated in our Corporate Plan 2014–2017. Assessment in the Q3 report is based on a red/amber/green rating system.

3 This paper also provides key operational updates, not found elsewhere on the Council agenda, since the December Council meeting.

Key performance indicators (KPIs)

4 The Council had previously discussed the KPIs at its meeting in December. It approved the recommendation for the Executive to propose an interim performance measure on FtP start to end performance, at the Council meeting in March 2015.

Risk

5 Since the December 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 December and January.

6 The Risk Scrutiny Group continues to undertake a monthly scrutiny of risk registers and shares the outcomes with directorates.

7 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.

Discussion:

Quarter 3 (October – December) progress report

8 A summary of performance for quarter 3, broken down by corporate goal, is provided on the first page of the report at **Annexe 1**.

9 There were 63 commitments in our Corporate Plan for the 2014-2015 financial year. Of these, 52 have been rated green and, as at 31 December 2014, were on course for delivery as originally specified. 11 commitments have been rated amber, where a significant issue or potential problem has been identified but action has been taken to resolve it and to bring the activity back on track.

10 **Recommendation: The Council is invited to note the summary of performance for quarter 3.**

KPI reporting

11 **Annexe 2** provides a focus on November and December progress against our corporate key performance indicators (KPIs).

12 Supplementary information about FtP performance is provided on the FtP dashboard at **Annexe 3**.

13 **KPI 4 adjudications:** A significant focus for us in 2014 has been to achieve the December target of 90% of FtP cases progressing to the first stage of a hearing or meeting within six months of a referral from the investigating committee. As well as providing evidence of our effectiveness as a regulator in protecting the public, meeting the target was a key condition of the Department of Health's £20 million grant to us two years ago. Actual performance for December 2014 is reported here as 93%, a result of huge operational effort. Further detail can be found in the KPI report annexe.

14 Performance for December is summarised below:

14.1 **KPI 1 (registrations)**[1]: Performance of 92% for November meant we exceeded our monthly target, but we saw a dip in performance for December to 86%.

14.2 **KPI 2 (interim orders)**[2]: Performance was 94% for November but dipped to 87% for December.

14.3 **KPI 3 (investigations)**[3]: Performance had been steady over October and November but dipped in December. There are a number of cases over twelve months old, progressing through the investigation stage and impacting on the KPI.

14.4 **KPI 4 (adjudications)**[4]: As reported above, the December figure was 93%.

[1] Relates to PSA Standard Registration 2, which we did not meet.
[2] Relates to PSA Standard FtP 4, which we met inconsistently.
[3] Relates to PSA Standard FtP 6, which we did not meet.
[4] Relates to PSA Standard FtP 6, which we did not meet.

14.5 **KPI 5 (available free reserves):** The level of available free reserves increased over November and December.

14.6 **KPI 6 (staff turnover):** The turnover rate increased over quarter 3, affected by a relatively higher number of permanent leavers than there were earlier in the year. This has affected the forecast for the end of the year, which is rated red.

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

FtP cases completed within 15 months from start to end

16 We continue to report actual performance in this report, whilst an interim 15 month KPI is being developed for approval at the March 2015 Council meeting.

17 The most recent figures (November and December) are presented here:

Corporate risk register

18 The Council will undertake a review of corporate risks in March 2015. We are looking at corporate risks as part of our business planning and outcomes will feed into the Council's review.

19 Since the December Council meeting, mitigating and planned actions have been updated where relevant. The following corporate risk scores have changed:

19.1 CR1 B *Integrity of the register – Historic,* has decreased in score from 16 (red) to 12 (amber), because action is being taken to address Wiser anomalies.

19.2 CR13 B *Revalidation - system impact and readiness*, has increased in score from 12 (amber) to 16 (red). At its December meeting, the Council thought the likelihood remained high at this stage and thus recommended the likelihood score be increased from 3 to 4. The Executive subsequently reviewed the risk and actioned the recommendation.

20 A map of all corporate and directorate risks is presented at **Annexe 5** for consideration. This map shows the distribution of risks across our 5 x 5 matrix and also shows recent changes in risk scoring.

21 **Recommendation: The Council is invited to note and discuss the assessment and management of risks on our corporate risk register.**

Key operational updates

Change programme

22 The first meetings of the new strategic development boards will take place in January 2015. As reported to the Council in December 2014, the new approach is aligned to the key priorities in our draft corporate strategy.

Revalidation programme[5] *(Francis commitment)*

23 The revalidation programme has now moved to the crucial phase of implementation following approval of the provisional policy by the Council in December 2014. The policy and supporting draft guidance will be a key input to the pilot process which has commenced from January 2015. We anticipate the pilot phase to conclude in June 2015 and outcomes from the evaluation of the pilot will assist us to refine the revalidation policy, standards and guidance and templates before finalization later in the year ready for launch in accordance with our plans.

24 We have commissioned two independent evaluations of the pilots. The first one, which focuses on individuals (registrants and their confirmers), aims to assess the relevance of the NMC guidance and information, clarity and feasibility of the revalidation requirements and user friendliness of the online process. The second evaluation aims to assess readiness, impact and cost to employers and the system to implement revalidation for December 2015 launch.

25 To support the implementation, programme boards have been established across the four countries of the UK. The NMC is in membership of all the programme boards and we are working closely with them to ensure there is a clear and consistent understanding of the revalidation model. We are working with all four UK countries to support their readiness.

26 The programme remains a high priority for the organisation and we ensure it is appropriately controlled and governed through our own programme board.

[5] Relates to PSA Standard Education and training 2, which we did not meet.

Registration improvement programme[6]

27 As at 9 January 2015, just over 200 people had sat the multiple-choice, scenario-based examination which is the first part of the test of competence for overseas-trained nurses and midwives. An additional 132 people have booked to take this exam during the course of January. The process is now settling in and stabilising as understanding of the requirements of the computer-based test is growing and we respond to feedback we have received to clarify any misunderstandings. After a slow start the current pass rate is in line with expectations.

28 As reported in the Chief Executive's report, phase 3 of NMC Online was launched on15 December 2014. This has enhanced the online service to enable nurses and midwives to make applications for initial and subsequent registration and the addition of recordable qualifications through this facility. It also provides the facility for registrants to download and print a fee and tax receipt which allows them to claim tax benefits. Registrants continue to sign up to the online system with 96,071 active accounts (approximately 14% of the register) as at 31 December 2014. We will be promoting the online service to registrants over the next few months through planned mailing activities and maximising other promotional activity well as through our regular renewal notifications.

Customer service

29 The first meeting of the Customer Service Steering Group took place in November 2014. Membership of the group is cross-organisational and the role of the group is to drive the adoption of the Cabinet Office's customer service excellence standards in the organisation. The group has now agreed an approach and is working on a detailed plan to support the adoption of the standards. As part of the current business planning activity for next year, we have ensured that directorate business plans include customer service improvements as part of their deliverables.

30 A report on our witness experience improvement work is provided later in this paper.

Employer Link Service (ELS) - previously referred to as 'regional liaison'

31 A project to take forward our work in this area has been led from within the Fitness to Practise directorate throughout 2014. We are using the title 'Employer Link Service' (ELS) to better describe the service's function.

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

32 The primary objective of the ELS is to develop more effective regulatory relationships with employers (including, for these purposes, Local Supervising Authority Midwifery Officers). The aim is to ensure that their referrals are consistently appropriate, timely and of high quality and progress through the FtP process efficiently, and within appropriate timescales; with fewer appropriate referrals unreported – reinforcing the Code of Conduct and professionalism and generally driving continuous improvement.

33 A number of measureable benefits of this service have been identified, including a reduction in the resource required to screen and investigate inappropriate referrals, and the time taken in the adjudication process, as a result of improved referrals and employer cooperation.

34 The drivers for ELS are a rise in FtP referrals and the length of time currently taken to resolve them, developing more effective relationships with stakeholders and the need to identify and act on local/regional concerns. This includes concerns such as those addressed in the Mid Staffordshire NHS Foundation Trust Public Inquiry, and the recommendation by Robert Francis QC that the NMC should consider better employer liaison and support for directors of nursing.

35 ELS will be set-up and initially operate as a centrally located service with an outreach capability. There will be initial set-up and ‘stage 1’ start up phases and the process is underway to appoint two ELS Advisers and a Head of Service Delivery on six month secondments, to take us through to stage 1 start up and a ‘soft-launch’ in July 2015. Formal launch of the service including scale up and evaluation is planned for January 2016.

Introduction of case examiners

36 The section 60 Order which allows the NMC to introduce case examiners came into force on 11 December 2014 and the rules are now with the Privy Council to be laid, with a coming into force date of 9 March 2015. Following a recruitment exercise, new case examiners joined us in January 2015. They will be provided with comprehensive general and specialised training and induction activities, ensuring that they are fully equipped to exercise their independent decision-making powers once the process begins. Further recruitment of registrant case examiners is in progress with interviews expected to have been completed by mid-January 2015.

Fee implementation

37 The rules to introduce new fees have now been laid in Parliament and notices of new fees have been sent to registrants who are due

to pay their fee in February 2015.

The European Directive on Mutual recognition of professional qualifications (MRPQ)

38 We have set up a governance structure to manage the delivery of changes required to comply with the EU Directive. The first meeting of the board took place in December 2014 to agree its terms of reference and review the high level plan. We are working on the detailed plan and further updates will be provided in the next report.

E-recruitment

39 We have been working on changing the way we recruit staff by introducing online recruitment to replace the current paper-based process. This will not only present a more modern and professional image of the NMC to potential applicants but will also reduce inefficiency in current processes. We anticipate using e-recruitment from February 2015 onwards.

E-procurement

40 In a similar vein we have started to use an online procurement system for managing the tendering of contracts. The first adoption of the new system has been on the current tendering exercise for legal services provision. Again, this will serve two purposes, firstly to present a more professional image of the organisation to potential bidders, but also to reduce process inefficiency. There will be a further benefit in that this electronic system will provide a more effective audit trail and control of our procurement process, providing better defence to legal challenge and strengthening rigour.

Business continuity

41 Working with specialist advisers we have undertaken a business impact assessment from which business continuity and disaster recovery arrangements, policies and processes will be developed. The impact assessment, which highlights a number of areas for action, will be considered by the Audit Committee in February and will form the basis of an action plan.

Quality assurance of education and midwifery supervision

42 Our monitoring events for 2014-2015 began with a four day visit to Wales LSA in December 2014. Other scheduled education and LSA monitoring events are taking place between January and March 2015.

43 As reported in the Chief Executive's report, following the publication of the report of our extraordinary review of the local supervising authority in Princess Elizabeth Hospital in Guernsey at the end of October 2014, we continue to work with stakeholders to review all necessary action plans.

Education

44 Two surveys to support the evaluation of pre-registration standards led by IFF Research have been launched. The evaluation seeks to develop an evidence base for examining the effectiveness of our pre-registration standards in: protecting the public; preparing nurses and midwives for their professional roles and responsibilities, and their reach, intelligibility and accessibility to our key stakeholders. These two surveys form part of the quantitative data collection that IFF is undertaking and the findings will inform the qualitative data collection when telephone calls, focus groups and group meetings will take place with a wider stakeholder audience. The first survey is for students and explores views on how their course has prepared them for professional practice. The second survey is for members of the public and asks how well our standards are understood and how accessible they are. So far uptake by students has been positive reaching nearly 1,000 responses and for members of the public reaching 2,000 responses. Preparation for the qualitative data collection is progressing well.

Registration[7]

45 In November and December 2014 the Registration centre received 69,697 calls.

46 The top five call types for December were:

46.1 Annual retention enquiry

46.2 Annual retention payment

46.3 EU nurse enquiry

46.4 Address change

46.5 Overseas nurse enquiry

47 In November and December 2014, 2,651 UK, 1,518 EU and 187 overseas applicants were registered. The number of EU applications received from Spain, Italy, Romania and Portugal remains consistently high.

48 In November and December 2014 three registration appeals were

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

heard, all of which were completed within six months of the appeals being lodged.

Fitness to Practise[8]

High Court Appeal Activity November and December 2014

49 Appeals received and determined:

Appeals since last report	Number
Judicial review by the originator of the case	0
Professional Standards Authority appeal	2
Appeal by registered nurse or midwife	3
Total appeals since last report	**5**

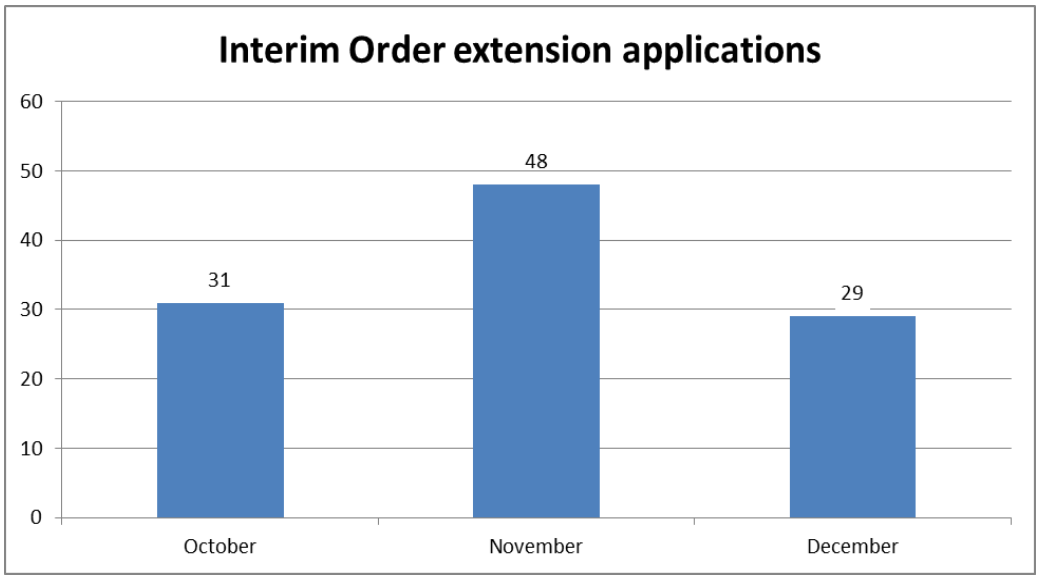
Outcomes of appeals November and December 2014	Number
Remitted back to practice committee to reconsider	4
Judgment pending	0
New sanction imposed/agreed	1
Upheld NMC decision (IO and statutory)	1
Other agreement	0
Total	**6**

Current caseload December 2014	Number
Judicial review by the originator of the case	0
Professional Standards Authority appeal	7
Appeal by registered nurse or midwife	21
Total	**28**

Interim order extension applications[9]

50 The numbers for October, November and December 2014 are provided here:

[8] Relates to PSA Standard FtP 8, which we did not meet.
[9] Relates to PSA Standard FtP 4, which we met inconsistently.



Witness experience improvement work in Fitness to Practise

51 In our response to the Francis report in July 2013, we committed to improve the experience of our witnesses. We examined the quality of the service provided to our witnesses to bring about improvements to the witness experience. We identified some 'quick wins' including installing televisions in our witness waiting rooms, introducing new, more comfortable furniture at our Edinburgh hearings centre, facilitating breaks from the hearings centre for witnesses where practicable, and encouraging staff to keep them better informed with respect to the progress of the case and the hearing.

52 We analysed witness feedback forms and interviewed witnesses in person at each of our hearings centres. A key finding from the feedback was that our feedback form is not user-friendly and does not provide data that is useful and reliable enough to base recommendations for service improvements upon. Therefore, we have been working with our Research and Evidence team to improve the form.

53 Our new Witness Liaison team has been in post since September 2014. Up to now, the team has been based at our hearings centres and providing on-the-day support to distressed and vulnerable witnesses. By the end of the financial year the team plans to have expanded its role to provide support to such witnesses from first contact by our investigations teams to after the hearing has concluded.

54 The next steps in the witness experience project include developing, documenting and helping to embed a process for the Witness Liaison team to expand its function as detailed above. We are also working on a project to deliver a virtual tour of our

Stratford hearing centre which will be added to our website by the end of September 2015. This work will contribute to the fulfilment of our Francis commitment to improve the information available on our website with respect to our hearings. We are also working with Learning and Development to select an appropriate provider and programme for training staff with respect to dealing with vulnerable customers, taking into consideration feedback received from witnesses.

PSA and Francis action referencing

55 The updates provided in this report, and in particular the Q3 progress report, refer to Professional Standards Authority (PSA) Standards of Good Regulation and Francis actions where relevant. A copy of the PSA Standards and a summary of our Francis actions are at **Annexes 6 and 7** for reference.

56 At the December Council meeting, there was discussion about how our progress and performance is reported in various ways. We report progress against our Corporate Plan and also against the PSA Standards, Francis commitments and other external commitments but these assessments are not necessarily comparable. For example, the RAG ratings in the quarterly progress reports are not the same indicators as for our performance against the PSA Standards.

57 The Council recommended we review reporting lines with a view to further rationalising how the information is presented. We are currently looking at how best to do this with a view to changing the format of reports for the next financial year, 2015-2016.

Public protection implications:

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

Resource implications:

59 Internal staff time has been accommodated as business as usual.

Equality and diversity implications:

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

Stakeholder engagement:

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

Risk implications:

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

Legal implications:	63	Failure to identify and effectively manage risks potentially exposes the NMC to legal action.

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Annexe 1

Assessment of progress against the Corporate Plan 2014-2017
Quarter 3: 1 October to 31 December 2014

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

Overview of performance for quarter 3 by corporate goal

NMC Corporate goals 2014-2017		Red	Amber	Green
Goal 1: Protecting the public	Protecting the public will be at the centre of all our activities. Our work will be designed around and measured against the benefits we can bring to the public.	0	2	20
Goal 2: Open and effective relationships	We will have open and effective relationships that will enable us to work in the public interest.	0	4	14
Goal 3: Services, systems and staff	Our staff will have the skills, knowledge and supporting systems needed to help us provide excellent services to the public and the people that we regulate.	0	5	18
	Activity RAG totals	0	11	52

Key to the table headings

Activity		As outlined in the Corporate Plan, this is key work that we planned to do in the financial year 2014-2015. *Italic text indicates the activity is (a) linked to addressing a PSA Standard we did not meet in 2013/2014; and/or (b) linked to meeting a Francis commitment.*
Status (as at 31 Dec 2014) **Red/amber/green (RAG) rating**	**R**	Some significant aspects of the activity, as originally specified, may not be completed within the year and remedial action is required for delivery.
	A	A significant issue or potential problem has been identified but action is being taken to resolve it and overall the activity is expected to be completed by the end of the year.
	G	All significant dimensions of schedule, cost, resource and decisions required are on course for delivery as originally specified.
Evidence from Q3		Brief explanation of what has happened in quarter 3 and also any key issues which could pose a challenge to progression of the activity.

GOAL 1: Protecting the public			
Corporate objective 1: We will protect the public's health and wellbeing by keeping an accessible accurate register of all nurses and midwives who meet the requirements for registration and who are required to demonstrate that they continue to be fit to practise.			
Ref	**Activity**	**Status**	**Evidence from Q3**
1.1	Continue to strengthen and improve our registration policies and processes. *PSA Standard not met – Registration 2*	**G**	UK, EU and Overseas registrations Tier 2 policies are now in place following approval by the Council. The UK registration policy was approved by the Council in December 2014. Work now continues to embed this operationally and to ensure that further regulatory improvements are made to our processes. In addition we also now review any cautions and convictions on initial registration, rather than at point of first renewal and this represents a more robust approach in terms of public protection. The overseas Test of Competence was introduced for applications made from 1 October 2014. Further details are provided in section 1.3 below. The introduction of the test strengthens our regulatory effectiveness in relation to the registration of overseas nurses and enhances customer service having removed reliance on paper based submissions and removed international postal service dependency and delay.
1.2	Provide secure and easy-to-use online services for nurses and midwives. *PSA Standard not met – Registration 2*	**G**	Registrants continue to sign up to the online system with 132,782 having done so as at 31 December 2014. Of those, 96,071 have activated accounts (approximately 14% of the register), with 49,367 Notice of Practice submissions completed and 43,910 renewal or retention payments being made through this online facility. Phase 3 of NMC Online was launched on 15 December 2014 which has expanded the service to enable nurses and midwives to make applications for initial registration and subsequent registrations through the online process, as well as being able to apply for recorded qualifications to be added. Already, over 200 applications have been made using this new online service.
1.3	Introduce a test of competence for overseas applicants who were trained outside the European Economic Area. *PSA Standard not met – Registration 2*	**G**	The overseas Test of Competence was introduced with effect from 1 October 2014. As a result of this there is a common objective test of competence (two stages) for all nurses and midwives who trained overseas (outside of the EU) who wish to join the UK register. The introduction of the test strengthens our regulatory effectiveness in relation to the registration of overseas nurses. The new application process also enhances customer service for the applicant in terms of accessibility and speed of application. The Phase 1 Test of Competence, which is a computer based test (CBT) were booked in October and were sat in November 2014. We have monitored the operation of the Test of Competence very closely over these first few weeks and reviewed results on a daily basis while the process becomes established. We will

			continue to monitor it closely until the test becomes an accepted part of normal business and we will enhance and refine its operation as appropriate. We have acted on feedback from employers/recruitment agencies around the likely visa timescales and are working closely with Home Office Visas and Immigration officials. We also continue to work with trusts and other employers to clarify the process from their perspective. Those successful in the CBT element are currently gathering and submitting their complete applications directly through the online service, which will allow NMC assessment and confirmation. We expect the first completed applications in the next few weeks. Once we confirm, the applicant will be able to book the Stage 2 OSCE at the University of Northampton.
1.4	Improve our customer service for everyone who seeks registration with use or relevant information about our register. *PSA Standard not met – Registration 2*	**G**	A new customer satisfaction survey for the registration centre was introduced on 1 September 2014 and to date over 400 customers have completed the survey, the results of which are reviewed monthly by the Executive Board via the Registrations operational performance dashboard (which also feeds into the KPI reporting). This information is used to identify areas for improvement and currently we are enhancing this to add more forecast information in support of advance planning and risk management. We have reviewed and further developed customer service standards for registration which we are anticipating publishing on the website shortly (in Q4). An NMC wide Customer Service Excellence project was launched at the end of November 2014 with senior Registration directorate input and contribution as part of the corporate Steering Group.
1.5	Scope our business requirements and commence modernisation of the systems supporting registration activities.	**A**	As this work is now part of a wider corporate activity to implement a common integrated data store and the alignment and coherence of supporting applications across the organisation, the activity has been largely re-profiled to ensure alignment with this emerging plan, which will set the scope for the delivery activity. However registration business requirements continue to be gathered to feed into this wider work.
1.6	Enable nurses and midwives to self-declare that they have in place, or will have in place, an appropriate indemnity arrangement when they practise in the UK. *PSA intend to follow up 2014–2015*	**G**	The NMC is now compliant with this legislation. All registrants have been informed that they must hold an appropriate indemnity arrangement. Registrants must declare on entry to the register as well as renewal and readmission that they hold an indemnity arrangement, or will have when they begin practising. The NMC Code has also been amended to make holding an indemnity arrangement a mandatory requirement. Although currently we follow up any cases where individuals do not appear to have complied with the law or the Code in any respect, additional legislative changes will come into force in March 2015 which will provide and clarify additional specific NMC powers to support the audit of an individual's indemnity arrangement.

1.7	Continue to implement and engage on changes to European legislation.	G	An internal project has been formed to deliver the necessary changes from the amended Mutual Recognition of Professional Qualifications (MRPQ) Directive. The policy and business development requirements of this work are in the process of being mapped under the direction of a dedicated project manager. As part of this a language controls component is being introduced and this is expected to be sought ahead of the main activity, however legal and policy details are yet to be confirmed.

Corporate objective 2: We will set evidence-based and accessible standards of education and practice. We will assure the quality of education programmes for nurses and midwives and the quality of supervision of midwives, so that we can be sure that everyone on our register is fit to practise.			
Ref	**Activity**	**Status**	**Evidence from Q3**
2.1	Consult on, refine and publish evidence about our model for revalidation of nurses and midwives. *Francis action 8* *PSA Standard not met – Education and Training 2*	G	The revalidation programme has now moved to the crucial phase of implementation following approval of the provisional policy by the Council in December 2014 as per the plan. The policy and supporting draft guidance will be a key input to the pilot process which commenced in January 2015. We anticipate the pilot phase to conclude in June and outcomes from the evaluation of the pilot will assist us in refining the revalidation policy, standards and guidance and templates before finalisation later in the year ready for launch in accordance with our plans. We have commissioned two independent evaluations of the pilots. The first one, which focuses on individuals (registrants and their confirmers), aims to assess the relevance of the NMC guidance and information, clarity and feasibility of the revalidation requirements and user friendliness of the online process. The second piece of work aims to assess readiness, impact and cost to employers and the system to implement revalidation for a December 2015 launch.
2.2	Develop and publish a revised Code and standards for practice supported by guidance on revalidation. *Francis actions 5 and 8* *PSA intend to follow up 2014–2015*	G	The revised Code has been developed and was agreed by the Council in December 2014. We are completing the final Plain English checks with a view to receiving a crystal mark from the Plain English Campaign in time for planned publication in March 2015. The draft guidance on revalidation will be discussed by the Council in January 2015 with a view to being published in October 2015.
2.3	Develop and publish guidance on the duty of candour.	G	The joint consultation on the guidance on duty of candour closed in early January and the responses are currently being reviewed. It is anticipated that the publication of this guidance will take place in March 2015.

2.4	Review our current model of midwifery regulation to ensure that it is fit for purpose. *PSA intend to follow up 2014–2015*	**G**	The King's Fund completed the second stage of its work to review midwifery regulation and IPSOS MORI delivered its contributory focus group work. The King's Fund delivered a first draft final report as timetabled in December 2014. During Q3, stakeholder engagement about the review has continued, including with government, the PSA and the PHSO. The report on the review of midwifery regulation is on the same agenda as this Q3 report, for discussion at the January 2015 Council meeting.
2.5	Monitor and review our framework for the quality assurance of nursing and midwifery education to ensure that it is fit for purpose.	**G**	The quality assurance framework was refined following a review of the first year of its implementation and evaluations from stakeholders who participated in QA activity. Minor revisions were made to the QA framework and an updated version has been published on the NMC website.
2.6	Develop a new education strategy. *Francis action 6*	**G**	An initial listening event on the areas being considered for the education strategy was held with members of the Education Advisory Group and key stakeholder representatives in October 2014. The draft NMC strategy that underpins the draft education strategic delivery plan is to be discussed further by the Council in February. Following this we will update the draft education strategic delivery plan in preparation for the listening events that are being held across the UK during February and March. Stakeholder feedback will contribute to a final draft of the education strategic delivery plan.
2.7	Evaluate our pre-registration nursing and midwifery standards. *Francis action 6*	**G**	Following an in depth scoping phase IFF research have now progressed to the data collection phase of the evaluation. The quantitative data collection began in December 2014 and it is anticipated that the qualitative data collection phase will begin in February 2015.

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

Ref	Activity	Status	Evidence from Q3
3.1	Continue to review our fitness to practise processes to improve efficiency, speed, quality, proportionality, fairness and learning.	**G**	In December we met our adjudication KPI target by progressing 93 percent of cases to a hearing within six months. Since April 2014 we have reduced our adjudication caseload from 1,250 cases to 743 cases.

	Francis action 2 *PSA Standards not met – FtP 6 and 8* *PSA Standards inconsistent – FtP 4 and 5*		Our average performance against our interim order KPI in quarter 3 was 90 percent of interim orders imposed in 28 days against a target of 80 percent.
3.2	Review and implement changes to our scheduling to ensure we are efficient with our resources.	**G**	We have delivered all changes to our scheduling processes as planned. A review of the changes implemented is underway. Initial indications are that the changes have proven effective and they will be accepted as business as usual.
3.3	Deliver a new investigations model. *PSA Standard not met – FtP 6* *PSA Standard inconsistent – FtP 4*	**G**	A High Profile Inquiry Team is now in place. We continue to embed the new investigations model.
3.4	Subject to legislative change, introduce case examiners to improve the timeliness, consistency and quality of early-stage decision making. *Francis action 7* *PSA Standards not met – FtP 6 and 8* *PSA Standards inconsistent – FtP 4 and 5*	**G**	This deliverable was amber in quarter 2 and is now green as the legislation came into effect in December. Case examiners will start in January 2015. A full induction programme has been developed in consultation with an external provider. We have completed recruitment of a Quality Manager for Case Examiners, who will be responsible for quality assurance of the Case Examiners' work The transfer of a cohort of panel members from the Investigating Committee to the Conduct and Competence Committee has been recommended by the Appointments Board and agreed by the Council. Training and induction planning is complete and scheduled to take place in February, with sittings for transferees to start at the end of March.
3.5	Improve the quality of decision making by capturing learning points to inform guidance and training and to create a culture of continuous improvement. *PSA Standard not met – FtP 8*	**G**	Learning from the Decision Review Group continues to be fed into the panel member training programme, both at face to face events and in the e-learning that has been developed. Learning from this year is being fed into next year's programme which is currently being designed.

3.6	Implement changes to our case management system leading to greater efficiencies.	**A**	A Change Champions network has been established and is prepared to introduce the systems and processes changes into the operational teams' practices. The first release of changes to CMS was due to be implemented in December 2014 but this has been delayed to January 2015. This is rated amber due to the delay to CMS development. It is expected that this deliverable will be green by the end of Q4 when the planned changes to CMS will have been implemented.
3.7	Deliver a programme of customer service improvements based on feedback from our customers. *Francis action 4* *PSA Standard not met – FtP 7*	**G**	The witness liaison team was fully established in quarter 3. The team completed initial training and induction and have commenced offering support to witnesses at hearings. The team also met with other regulators in quarter 3 to share best practice.
3.8	Develop new and improved processes in accordance with changes to the legal framework. *Francis action 7*	**G**	This deliverable has changed from red to green due to the new legislation coming into effect in Q3. New processes have been developed and finalised for case examiners. New processes for the power to review will be finalised in early Q4.

GOAL 2: Open and effective relationships			
Corporate objective 4: We will maintain open and effective regulatory relationships with patients and the public, other regulators, employers, parliamentarians and the professions. This will help us positively influence the behaviour of nurses and midwives to make the care of people their first concern, treat them as individuals, and respect their dignity.			
Ref	**Activity**	**Status**	**Evidence from Q3**
4.1	Improve our UK-wide understanding and engagement. *Francis action 1*	**G**	To support the implementation of revalidation, programme boards have been established across the four countries of the UK, all of which the NMC is a member of. We are working closely with them to ensure there is a clear and consistent understanding of the revalidation model. We are working with all four UK countries to support their readiness. We participated in the review commissioned by the Welsh government of the HIW and met with HIW prior to joining the Concordat, which is an HIW convened regulatory meeting in Wales. We received the final draft of a stakeholder engagement report we commissioned to look at our awareness and networks across the four countries of the UK. The Patient and Public Advisory Group (previously forum) met on 8 October and 24 November, the latter meeting specifically focusing on the Code. We have a prominent role (co-sponsors with HEE) in the Shape of Caring review (England only).
4.2	Strengthen our approach to patient and public engagement across the four countries of the UK. *Francis action 1* *PSA Standard not met – Registration 3*	**G**	We met with the Patient and Client Council to discuss public engagement work in Northern Ireland. The Professional Strategic Advisory Group met on 2 October. The Scottish Senior Stakeholders Group met on 10 November to discuss a wide range of work.
4.3	Learn through engagement about how senior nurses and senior midwives can contribute to our communications.	**G**	The Professional Strategic Advisory Group met on 2 October.

4.4	Develop a model to provide improved regional employer liaison and advice. *Francis action 2*	**G**	The employer service model has been designed and a central service rather than a regional one has been agreed. Set-up and soft launch implementation plans have been completed. An interim business case (set-up costs) was approved in December and a full business case will be considered by the Executive Board in January.
4.5	Engage proactively with developments and inquiries in the healthcare landscape and swiftly respond.	**G**	We have continued to engage with the Kirkup investigation into maternity failings at Morecambe Bay. We continue to participate in Department of Health (DH) work arising from the Francis Report and related reviews, and the government's response. In Q3 we submitted monitoring reports about progress with our own Francis commitments. We have been involved in work to strengthen reporting of female genital mutilation (FGM) led by DH and the Home Office. We have responded to the latest review by Robert Francis, Freedom to Speak Up, and to the consultation on the BIS Bill on whistleblowing.
4.6	Explore ways in which we can assess the impact and effectiveness of our activities to raise awareness and understanding of our role. *PSA Standard not met – Registration 3*	**G**	Three agencies were invited to present following an invitation to tender for delivering some research on stakeholder perceptions.
4.7	Promote understanding of our case for legislative change.	**G**	We have held private meetings with MPs, a roundtable on the case for reform; the dissemination of a paper: Better legislation for better regulation, briefings for MPs relating to the Lefroy Private Members bill and one to one meetings at the party conferences including with Sarah Wollaston, the Chair of the Health select committee.

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

Ref	Activity	Status	Evidence from Q3
5.1	Continue to keep stakeholders up to date on our progress and be honest about the improvements we still have to make.	**G**	The KPMG report in September reported on significant improvement in stakeholder engagement and communication. External communication channels feature regular updates, reports and announcements to stakeholders.

5.2	Launch our refreshed website to meet the needs of the public, and nurses and midwives. *Francis action 1*	**A**	As reported in quarter 2, the website relaunch was rescheduled to the end of quarter 4 (March) due to IT testing delays. The work toward this deadline is on track.
5.3	Improve materials which explain our role to the public. *Francis action 1* *PSA Standard not met – Registration 3*	**G**	A public-facing annual review has been developed for publication early in quarter 4. This document summarises the work we did in 2013-2014.
5.4	Promote the revised Code as a resource for patients and the public in understanding what they can expect from nurses and midwives. *Francis actions 1 and 5*	**G**	Work to prepare for the publication of the new Code is well underway. The Code has been edited and will be designed to be fully accessible. A separate public-facing publication is in development and benefitted from discussion at a specially convened meeting of the Public and Patient Advisory Group. Both will be published in quarter 4. We appointed an external partner to work with us to enhance the impact of our communications activity. A communications plan for the Code has been created and shared with staff involved in the work.
5.5	Enhance our digital presence through increased online services and extend our use of social media.	**G**	Our current website is regularly updated and enhanced. Regular activity has enhanced social media engagement: we have 25,000 Twitter followers and 58,000 Facebook likes.
5.6	Review and develop the content, promotion and distribution of our public e-newsletters.	**G**	There are no substantial updates for quarter 3 but our e-newsletters work has continued.
5.7	Use plain English in all our public-facing materials.	**G**	The Code has been edited by the Plain English campaign in order to acquire a crystal mark.

Corporate objective 6: We will improve the collection and use of our both own data and intelligence from other sources, and share what we know with other regulators and relevant partner organisations to improve public protection.			
Ref	**Activity**	**Status**	**Evidence from Q3**
6.1	Improve the quality and completeness of data available to enable evidence-based regulation. *PSA Standard not met -Education and training 2*	**A**	The planned data improvement work did not start on schedule as we were unable to recruit in Q3.
6.2	Build risk and intelligence capabilities, aligned with a research and evidence function, so that we can identify potential issues and risks to patients. *PSA Standard not met -Education and training 2*	**A**	We did not have a successful recruitment round in Q3 and so work to build our capability in this area resumes in Q4. We have however secured a project manager to coordinate the work.
6.3	Continue to develop a programme of collaborative work with other regulators and organisations so that we can improve our joint working and intelligence-sharing arrangements to help identify and act on risks to patients. *Francis action 3*	**G**	We have continued to refresh and to develop memoranda of understandings (MoUs) with partner organisations. In Q3 we completed MoUs with NHS Education Scotland and the Disclosure and Barring Service (DBS) and began discussions with HIW and HIS. We also attend the regional quality surveillance groups across England and participate in risk summits about specific settings as required.
6.4	Develop and deliver a robust evaluation model to support our understanding of the effects of our interventions and standards.	**A**	Due to the volume of other work (particularly, the team's level of involvement with revalidation and the Code) we have not progressed work on a corporate approach to evaluation in this quarter but we have factored it into future plans.

GOAL 3: Services, systems and staff			
Corporate objective 7: We will promote equality and diversity in carrying out our functions and in delivering our services as a regulator and as an employer.			
Ref	**Activity**	**Status**	**Evidence from Q3**
7.1	Implement a revised equality and diversity strategy across the organisation.	**G**	The draft Corporate Strategy 2015 - 2020 has been developed and drafted to include equality and diversity commitments within each pillar of the Strategy.
7.2	Improve our methods of collecting and analysing data about the diversity of nurses and midwives on our register and fitness to practise outcomes.	**G**	Work is ongoing to integrate the revised diversity questionnaire with our online registrations system (NMC Online). The revised questionnaire aims to improve the method of collection and the quality of our diversity data. The integration element is continuing and it is anticipated that the questionnaire will be implemented by Q4.
7.3	Analyse our activities, services and functions to see how they affect diverse groups.	**G**	We carried out an equality analysis for the time limits for the completion of NMC approved qualifications; the purpose of the equality analysis was to reconsider our approach so that we will consider the needs of individuals undertaking an approved qualification and to ensure compliance with equality legislation and good practice. We also performed an equality analysis on the appointment of a registrant Council member to ensure that the Council member recruitment exercise is being undertaken with full view and compliance with both the letter and spirit of applicable equality and diversity legislation, including the Equality Act 2010 and guidance from the Professional Standards Authority (PSA), *Good practice in making council appointments.*
7.4	Deliver quality services relevant to the needs of diverse groups and communities.	**G**	We are working in partnership with the Business Disability Forum, a best practice organisation for disability related issues, to develop a reasonable adjustment policy. The scope of the policy plans to cover the functionalities of FtP procedures, handling complaints and procurement (facilities management). The reasonable adjustments policy will be presented to the Executive Board, for approval, by Q4.
7.5	Ensure that our staff and partners are aware of their accountabilities and responsibilities in relation to equality and diversity.	**G**	During Q3, a full day equality and diversity workshop took place for 13 employees. Evaluations were provided by 69% of attendees (9), of these 78% considered the 'overall assessment' of the course as 'excellent' with 11% 'good' and 11% 'satisfactory'. A further three workshops are scheduled for Q4. Online access to Welsh language training has been provided to all staff and this has been communicated widely via the 'Insider Weekly' staff newsletter. The two links provide access to introductory, intermediate and advance level; both provide audio facilities making the learning experience more accessible.

			We are working with external providers to develop in-house customer service training sessions for working with vulnerable witnesses and/or customers with mental health issues. Staff from across the organisation are collaborating to ensure appropriate sessions are designed and training needs are met.
7.6	Continue to work in partnership with diverse groups and external diversity experts to inform our work.	**G**	We continue to work with the Gender Identity Research and Education Society (GIRES), on trans-related issues. GIRES have also assisted us to develop trans-policy guidance with the aim to raise awareness and prevent issues which may negatively impact on trans members of staff and services users. We have used their expertise to help us understand key issues which affect trans members of staff and service users and to attract trans people applicants for future Council and Committee members and Fitness to Practise panellists and staff posts. We continue to work in partnership with Race for Opportunity and Stonewall, using their expertise to help us understand key issues which affect, Black, Asian and Minority Ethnic (BAME) and lesbian, gay and bi-sexual members of staff and service users and to attract BAME and LGB applicants for future Council and Committee members, FtP panellists and staff posts. We are working in partnership with the Welsh Language Commissioner, and UK healthcare regulators and Welsh public healthcare bodies. In Q3 we attended a meeting to discuss operational challenges and to share best practice ideas on how to respond to the Welsh Language Standards consultation.
7.7	Improve our governance processes to support the delivery of equality and inclusion.	**G**	The work of the Equality and Diversity Steering Group, comprising 18 staff members, has assisted in the improvement of our governance processes. Members are involved in monitoring the organisation's progress against the equality objectives action plan 2014-2015 and the implementation of the Welsh Language Standards. They are also involved in ensuring that business plans include both equality and diversity and Welsh language considerations, gathering views on equality and diversity opportunities and challenges within their own directorate, as well as wider equality and diversity and Welsh language issues for discussion at Group meetings.
7.8	Demonstrate a good reputation as a fair employer and regulator.	**G**	We monitor our progress against the equality objectives action plan 2014-2015. Quarterly meetings involving each director are held to discuss assessment of our performance against the equality objectives action plan and future actions which may help develop the equality objectives action plan 2015–2016 and directorate business planning activities. Reviews of policies and procedures are conducted on a cyclical basis with Stonewall providing input. Quarterly workforce reports are produced regularly for management and include analysis of equality and diversity data.

Corporate objective 8: We will develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions.			
Ref	**Activity**	**Status**	**Evidence from Q3**
8.1	Set a budget and long-term financial plan that support business needs and achieve our reserves targets.	**G**	The budget for 2014-15 and a three year financial plan were approved in March 2014 and we remain on track to deliver this plan. The decision made by the Council in October 2014 to raise the registration fee provides further assurance that the plan will be achievable. Work on the 2015-16 budget and longer term financial planning aligned to the business plan and corporate strategy is underway.
8.2	Achieve efficiency savings through improved contracts management and procurement practice.	**A**	The monthly finance report highlights progress against the targeted efficiency savings, principally in Fitness to Practise. A programme of improvement in procurement processes is underway for full review by the end of Q4 and contract management training is being developed. Some procurement efficiency savings will have been identified in respect of this financial year but the focus of the work is to make the process of identification, capture and reporting of procurement efficiencies systematic and integrated into the 2015-16 budget.
8.3	Embed a culture of continuous learning and improvement which provides strong assurance and results in process improvements, risk reduction and efficiency savings. *PSA intends to follow up effectiveness of our Quality Assurance*	**A**	The Quality Assurance (QA) team has worked with all directorates to further implement the performance and quality management (Outcome 1) arrangements in their area. Directorate leads have now indicated that management checks based on performance measures and a scheme of delegation are in place. We have also developed a draft set of high level corporate quality standards, which are based on PSA Standards. The emphasis from now on in most areas will be on further defining detailed quality measures and then incorporating these into the managerial checks. We have developed a new methodology/manual for QA reviews. In future the main focus of QA reviews will be to assess whether local quality management measures, including defined quality standards, are in place and working effectively. We are also setting up revised reporting arrangements on quality issues to the Executive Board and Audit Committee. Directorate continuous improvement reports will include updates on progress on the quality plan as well as addressing other sources such as QA and Internal Audit recommendations, complaints and serious event reviews (SERs). A QA review of the SER process and database is nearing completion. However, delivery and implementation of the Complaints database has been deferred and is scheduled for completion in Q4 of 2015-16. We have created a new, more concise complaints spreadsheet to enable the capture of better quality data and data analysis. This went live in January 2015. Delivery and implementation of the Learning Hub has been deferred till Q2 of 2015-16 due to staff vacancies and availability of ICT resource. The amber rating reflects the delay in implementing both the Complaints database and Learning Hub.

8.4	Improve the experience of all our customers when they interact with us. *PSA Standards not met – Registration 2 and FtP 7*	**G**	We have commenced work to adopt the Cabinet's Office's customer service excellence standards. The steering group made up of representatives from all parts of the organisation met in November and agreed a corporate approach, which will enable us to systematically improve provision of customer service to our customers when they interact with us. Looking forward, we have ensured that our business plans incorporate adoption of these standards.
8.5	Ensure we are prepared for forthcoming legislative change.	**G**	We are continuing to work with other regulators and the Department of Health in relation to preparing for the possibility that the postponed Law Commission Bill on statutory healthcare regulation will be introduced into a future parliamentary session. We are currently awaiting the government's official response to the Law Commission's report and draft Bill. The Section 60 Order to introduce Case Examiners in Fitness to Practise and make other changes is now in force and our rules to bring the new process into effect are currently subject to the Parliamentary process and should come into force in March. A programme of work to operationalise these changes is ongoing. Rule changes to bring into effect the new registration fee will be coming into force imminently, to take effect from the beginning of February. Rule changes to provide powers to introduce payment of the registration fee by instalments are due to come into force in March with an expectation that work will then commence to introduce a new system in 2016. We are working closely with the Department of Health and the Department of Business, Innovation and Skills to introduce the necessary legislative changes emanating from the revised EU Recognition of Professional Qualifications Directive. As a part of this a specific Section 60 Order to provide the legal powers to introduce language controls for EU trained nurses and midwives is due to be laid in Parliament before the general election. Project work is underway internally in relation to these EU legislative changes. We are also continuing to monitor the progress of the Jeremy Lefroy Private Members Bill through the parliamentary process. This Bill contains provisions amending the main objectives of the PSA and all the UK healthcare regulators including the NMC. We now have specialist policy lawyers in place in our operational directorates who work closely with the Corporate Legislation Adviser and the corporate Policy and Legislation team to support this work.
8.6	Redefine our Change programme to be one of transformation supporting our emerging corporate strategy.	**G**	We brought forward the timescales so it is aligned with our business planning process. We have redefined our change portfolio and aligned our new approach to the key priorities identified in the draft strategy. The changes will be delivered by three strategic development programmes, Regulation, Organisational Effectiveness and Knowledge. The first meetings of these boards are scheduled for January 2015.

8.7	Continue to improve our information technology, security and governance arrangements. *PSA Standards not met – FtP 10 and Registration 3 (CMS/Wiser)*	**A**	We continue to make good progress against the Information Security Improvement Plan, having now completed 38 of the 51 high priority actions, with the rest scheduled for completion by the end of Q4. There has been closer engagement with the Information Commissioners Office and close working with other regulators in sharing best practice. There have been positive developments in the introduction of online services for registrants and a new online process for new overseas applicants, thereby enhancing our digital presence. Q3 also saw the commencement of more focused work on the development of an IT strategy to address the information, data and intelligence needs of the business and associated technical solutions, to be fully developed in Q4 into a full business case and programme plan. The latter will crucially address in the medium term the PSA's comments on non-achievement with PSA Standard 10. Due to a current significant restructuring of the IT department and concerns over capacity, a rapid improvement plan is being developed and it is these concerns that give rise to the amber rating.
8.8	Develop our capacity regarding business analysis and project management.	**A**	We have developed our internal capacity to manage projects which has reduced reliance on contract resources. Through the job family framework we have looked at mapping project management competencies with the Association of Project Management (APM) competency framework. This will assist in internal career progression and external recruitment once in place. The amber rating is because we are still reliant on contract business analysis resource. We have worked with HR colleagues to re-evaluate the role of business analyst and have now agreed the grading and pay levels. We will be starting recruitment for permanent business analysts. However it is unlikely they will be in place before the end of this financial year.
8.9	Manage the transition of our hearings facility at Old Bailey to new accommodation.	**G**	The move from the Old Bailey to a new hearing centre in Stratford was completed successfully and on time, with no tangible impact on productivity.

Corporate objective 9: We will build an open culture which engages and empowers staff to perform to their best and which encourages learning and improvement.			
Ref	**Activity**	**Status**	**Evidence from Q3**
9.1	Implement effective workforce planning, demonstrating a proactive and longer term approach to decision making and resource planning.	**A**	Quarterly workforce reports are produced regularly and managers have real time information on their own staff available to them. Following system and process changes we now have a single record of all individuals working at the NMC, including permanent, temporary, consultant and contractor workers, enabling a more holistic view of our workforce. This has been a necessary first step before moving forward to considering longer term workforce planning, which is being considered as part of our business planning.
9.2	Improve performance management by implementing a new appraisal system.	**G**	A new online system for appraisal has been established for 2014-15 and includes Behaviours as an integrated part. The online system provides more accurate information on levels of completion and compliance. The process will be further improved by the inclusion of quality into the objective-setting for next year. There are signs of a stronger approach being taken by managers to performance management.
9.3	Further develop career progression pathways, a rewards system & our market position as an employer.	**G**	Further to the 2014 pay and grading review, more work has been undertaken into the next stage of development of career progression and reward mechanisms through a separate project, including specialist external advice. Proposals will be considered by the Executive in Q4 with communication and engagement with staff to follow.
9.4	Develop clear alignment between our workforce skills and behaviours and our emerging corporate strategy and transformation work.	**G**	We now have more comprehensive data about our workforce composition and motivations, which is regularly reported and analysed. Learning and development programmes are starting to demonstrate an improvement in skills, such as performance management, and we are holding more bite-size and e-learning options for staff to accommodate learning into their working practices. We are developing an updated HR and Organisational Development Plan to meet the skill needs of the draft corporate strategy.
9.5	Foster a culture of openness in which staff feel able to raise concerns so we can learn from our mistakes.	**G**	HR data is starting to show an increasing confidence and preparedness for staff to raise concerns informally and formally through our HR processes. The serious event review (SER) process also highlights a culture developing where staff and management are raising and learning from incidents and events. There have also been examples where the NMC's whistleblowing policy has been used, again indicative of the open culture being fostered. In July 2014 the NMC signed up to Public Concern at Work as one of the First 100 organisations to do so.
9.6	Conduct an annual staff survey, learn from what staff say and implement improvements in response.	**G**	The second annual staff survey in June 2014 showed an improvement in satisfaction ratings in most respects and an increase in the engagement score to 64%, which benchmarks as average compared to other organisations. Each directorate has discussed the findings and developed action plans to address areas for improvement.

Item 9
NMC/15/09
28 January 2015

Annexe 2

Progress against our key performance indicators (KPIs)

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

KPI 1

Percentage of registration applications completed within 90 days

Rationale:	In the short term we are able to measure receipt of completed initial paperwork through to entry to the register. Over time we will refine this to enable us to isolate NMC processing time and a separate record of time with the applicant. Relates to increased efficiency in Registration and improved customer service / communication. *(PSA standard not met – Registration 2)*
Definition:	The KPI will measure the time elapsed between receipt by the NMC of a new application and where appropriate the applicant joins the register. Ultimately we hope to develop reporting to include processing time (based on "stopping the clock" when information or decisions are required from the applicant for any reason).

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

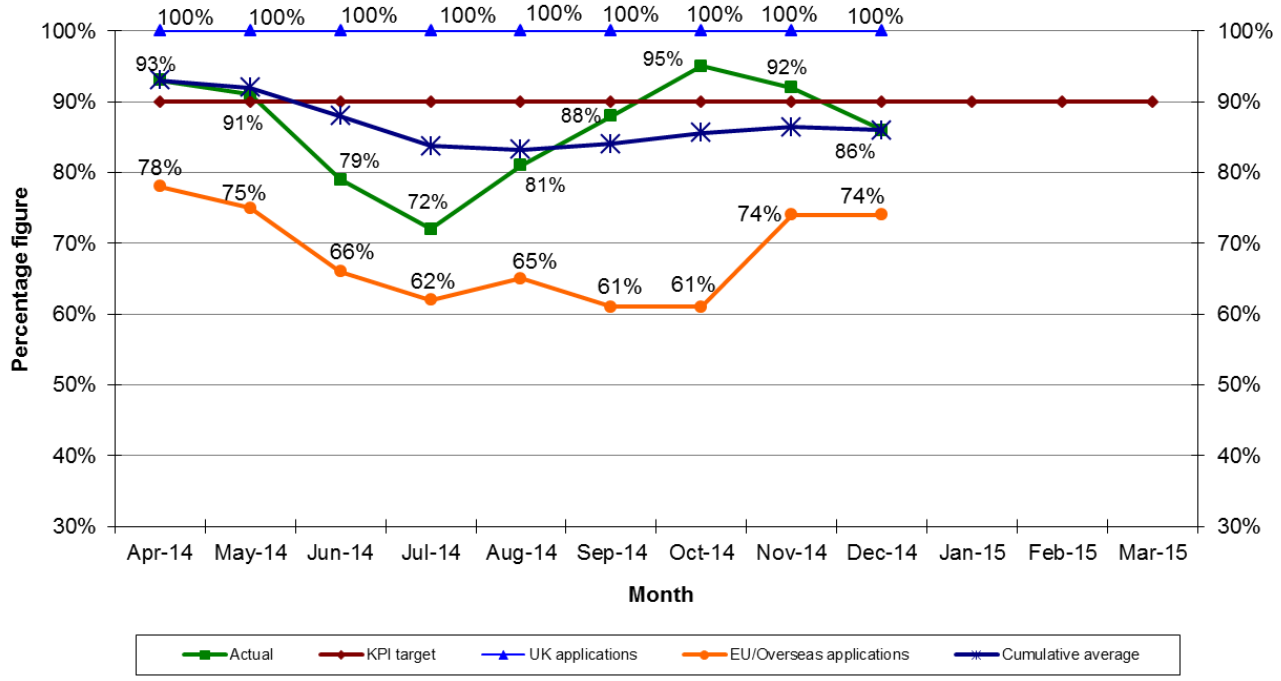
			Current performance		Year end (March 2015)	
Historical figure (Average for the year 2013-14)	**October 2014**	**November 2014**	**December 2014**	**Year to date average**	**Year end average forecast**	**Year end average target**
85%	95%	92%	86%	86%	87% (Amber)	90%

YtD average: Average of monthly percentages from April to December 2014.
Year end average forecast is based on the average of monthly actual and forecast figures.

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

Red/Amber/Green rating:
Based on 10% variance threshold.
Green = figure matches or is higher than the target figure of 90%.
Amber = figure is between 80-89%.
Red = figure is 79% or lower.

Graphical information and commentary:



Overall performance for December continued to be solid with a combined total of 86% being achieved. This fell slightly from last month as there were fewer UK applications and therefore more complex international applications had a greater impact

We saw further increases in completed EU applications with 843 in November and 677 in December. Applications submitted by those trained in Spain, Italy, Romania and Portugal remain consistently high.

We are now processing new overseas applications through the test of competence based process. Therefore no further applications have been accepted under the previous ONP based process since 14 November 2014. However due to the timescales involved all the current assessments relate to the applications under the previous process and the vast majority will continue to do so for some time. Although the new overseas process is in operation, those who have passed the Stage 1 computer based test (CBT) are currently obtaining and uploading their documentary evidence for assessment. As a result in terms of reporting and forecasting performance in this area, we will continue to report on the existing KPI basis and establish revised KPIs for the next reporting year. However as volumes increase we will report on the new process separately.

We are forecasting a year end average of 87% based on assumptions around the profile of applications across EU, Overseas and UK over the next three months, but continue in our efforts to achieve the 90% target.

KPI 2

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

Rationale:	We aim to protect the public in the most serious cases by applying restrictions to a nurse or midwife's practice as quickly as possible after the need is identified. *(PSA standard inconsistently met – FtP 4)*
Definition:	Percentage of interim orders imposed within 28 days of opening the case.

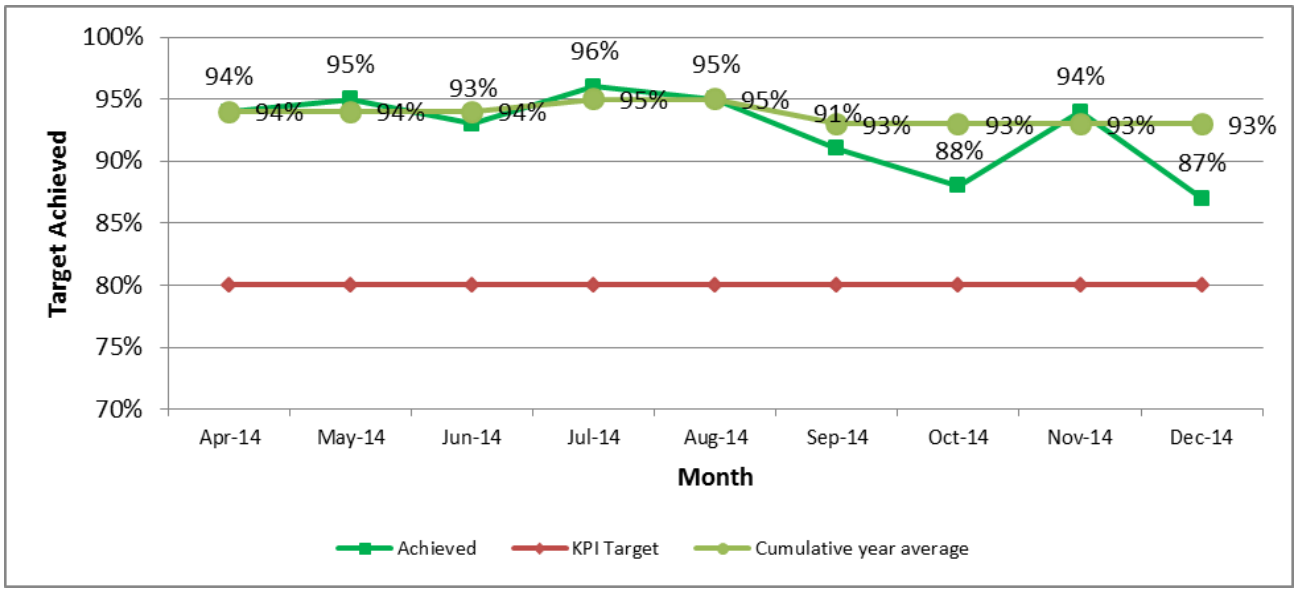
Corporate goal 1, objective 3
We will take swift and fair action to deal with individuals whose integrity or ability to provide safe care is questioned, so that the public can have confidence in the quality and standards of care provided by nurses and midwives.

			Current performance		Year end (March 2015)	
Historical figure (Average for the year 2013-14)	**October 2014**	**November 2014**	**December 2014**	**Year to date cumulative average**	**Year end average forecast**	**Year end average target**
84%	88%	94%	87%	93%	93% (Green)	80%

YtD cumulative average: Average of numbers from April to December 2014
RAG rating: Year end average forecast vs. Year end average target

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

Graphical information and commentary:



Performance in November was in line with the longer term average and December was slightly below that.

KPI 3

Percentage of cases progressed through the investigation stage within 12 months

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

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

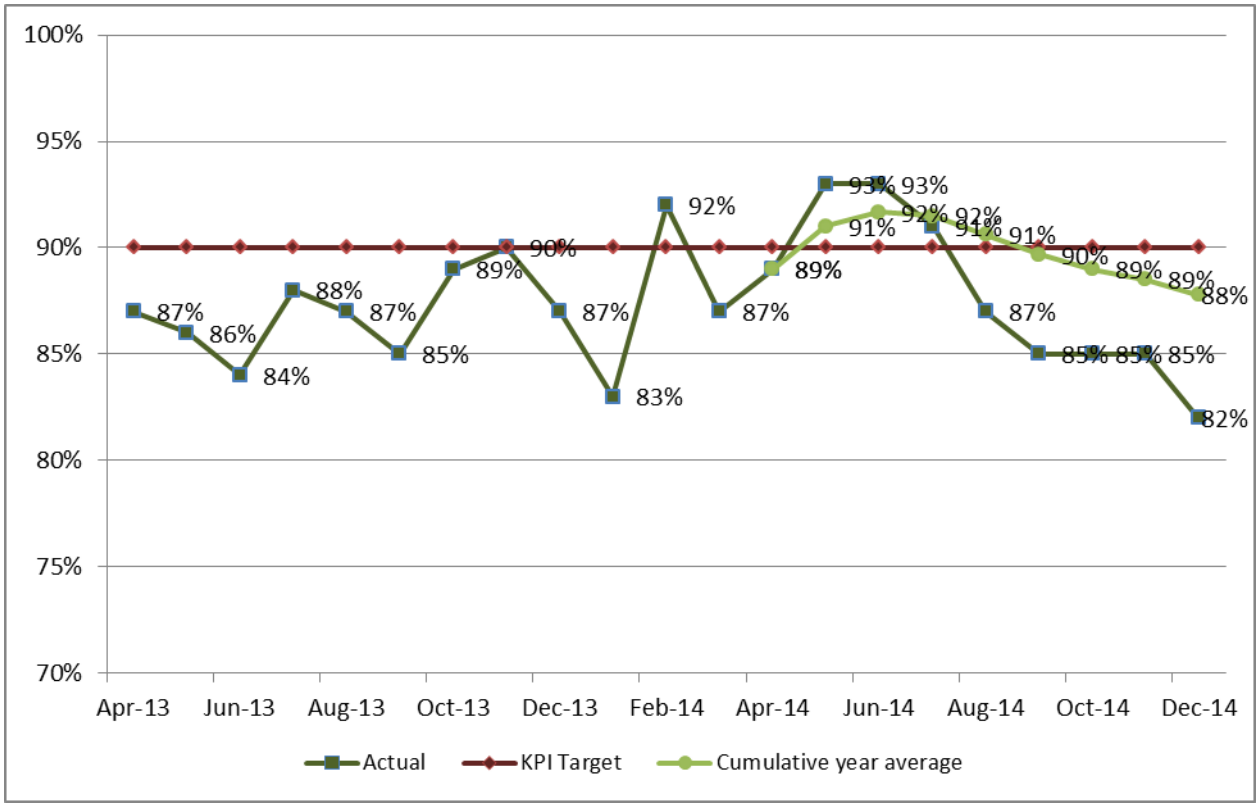
			Current performance		Year end (March 2015)	
Historical spot figure (March 2014)	**October 2014**	**November 2014**	**December 2014**	**Year to date average**	**Year end average forecast**	**Year end average target**
87%	85%	85%	82%	88%	85% (Amber)	90%

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

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

Red/Amber/Green rating:
Based on 10% variance threshold.
Green = figure matches or is higher than the target figure.
Amber = figure is between 80-89%.
Red = figure is 79% or lower.

Graphical information and commentary:



Performance in November of 85% was the same as for September and October, but dropped marginally to 82% in December. This was not unexpected and was forecast. There is a cohort of cases over twelve months old in the caseload, many of which are or have been held up by third party action. Cases are progressed as soon as they are ready so there is likely to be variable performance through to the end of the financial year as the older cases pass the IC decision point. As we are likely to see the older cases passing through the IC over the next three months the year end average forecast remains at 85%.

KPI 4

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

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

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

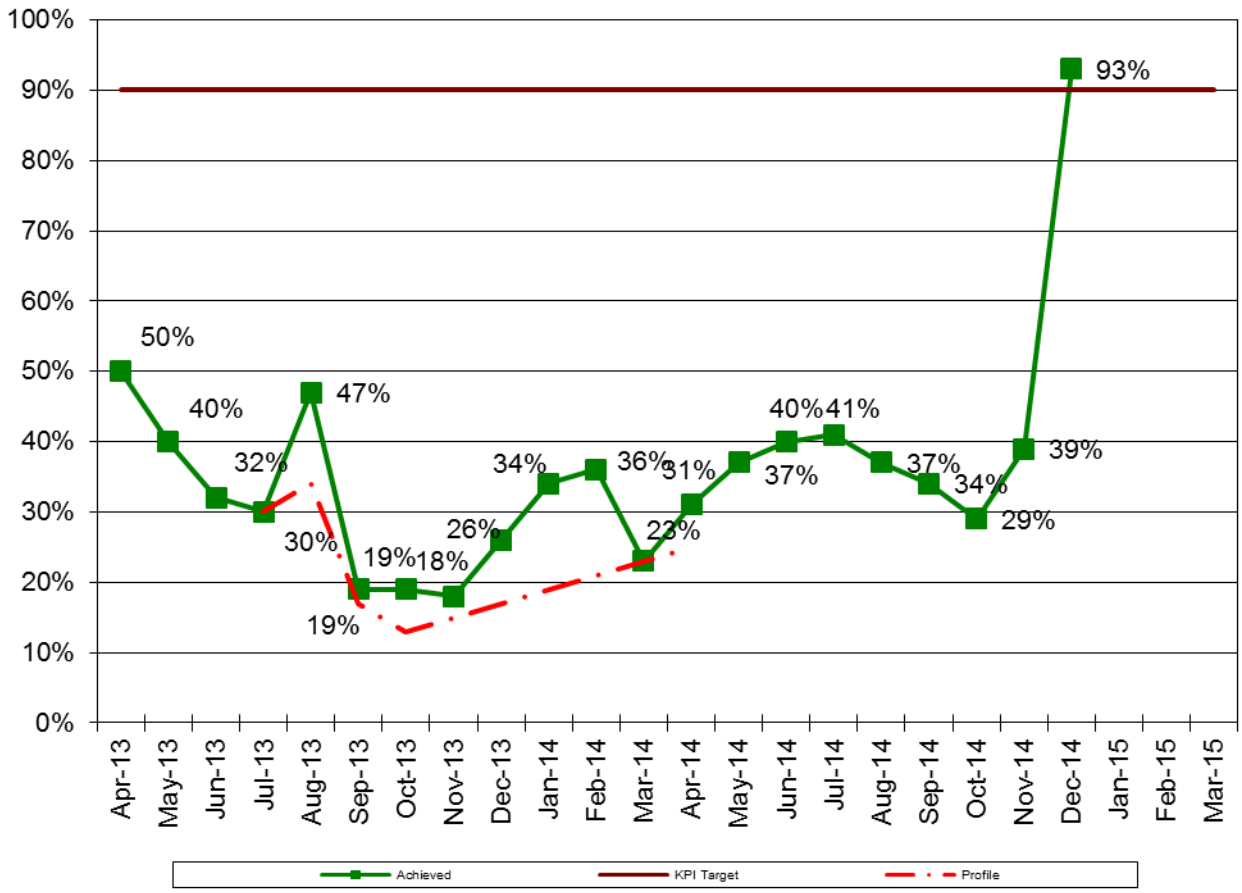
			Current performance		Year end
Historical figure (Average for the year 2013-14)	**October 2014**	**November 2014**	**December 2014**	**December 2014 target***	**March 2015 target****
31%	29%	39%	93% (Green)	90%	90%

* Target is a spot target
**Target we are aiming for at the end of this financial year

RAG rating: Dec 2014 figure vs. Dec 2014 target

Red/Amber/Green rating:
Based on 10% variance threshold.
Green = figure matches or is higher than the December 2014 target figure of 90%.
Amber = figure is between 80-89%.
Red = figure is 79% or lower.

Graphical information and commentary:



Performance of 93% exceeded the KPI target in December. As we had reported to the Council in December, a small proportion of cases will carry over into 2015. A summary of those cases is set out in the table below:

	Total	Scheduled	Unscheduled
Open cases	257	165	92
Part heard	148	115	33
Have not had a first day	109	50	59

The caseload at 1 July 2014 stood at 1,106 meaning that 849 cases were closed in six months. Of the 257 that will carry over, 148 are part heard and 109 are yet to have their first day of hearing. Recognised exceptional circumstances have prevented 57 of those cases from being scheduled.

There will be an impact on the KPI in upcoming months as these remaining cases are cleared, but this will only apply to cases having their first day of hearing as we have moved towards the new KPI measure agreed at the end of last year. We expect performance to be around the 90% level through to the end of the financial year. Importantly new cases coming through to adjudication since the beginning of July 2014 are being scheduled and heard within six months.

KPI 5

Available free reserves

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

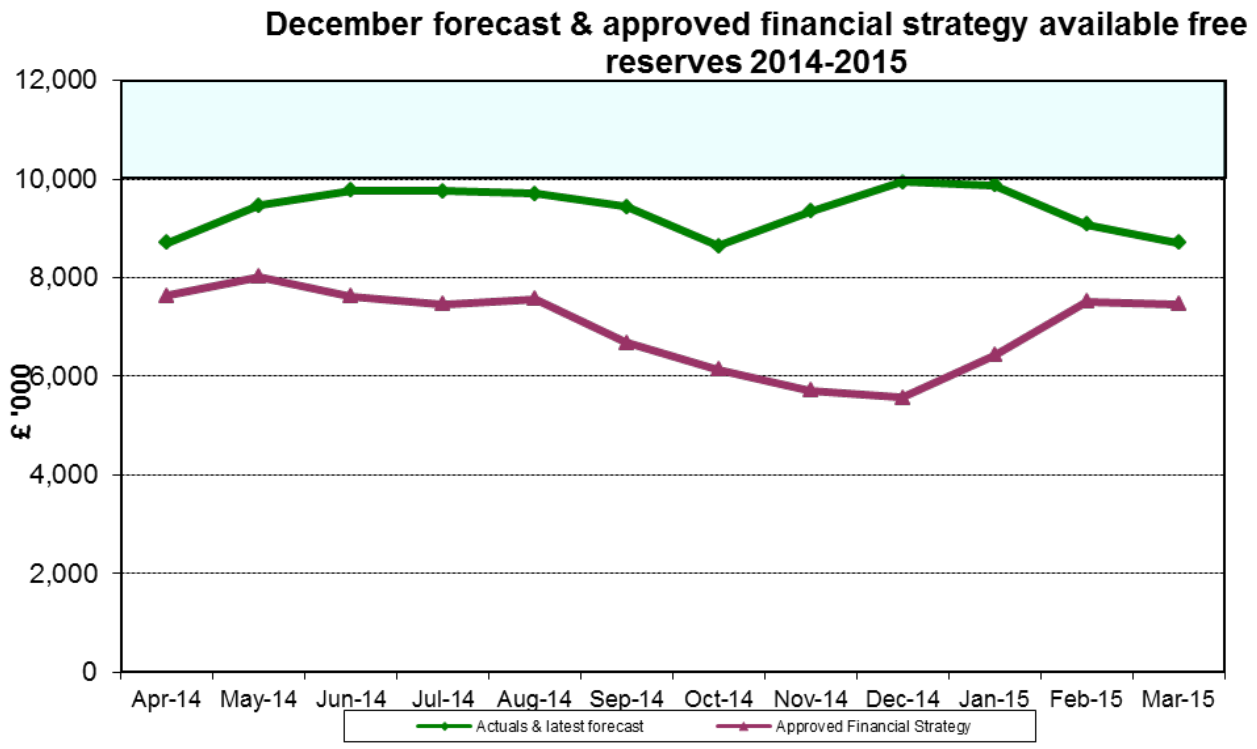
Corporate goal 3, objective 8
We will develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions.

			Current performance		Year end (March 2015)	
Historical figure (March 2014)	**October 2014**	**November 2014**	**December 2014**	**December 2014 budget**	**March 2015 current forecast**	**March 2015 budget**
£7.6m	£8.7m	£9.3m	£9.9m	£5.6m	£8.7m (Green)	£7.5m

RAG rating: current forecast vs. March 2015 budget

Red/Amber/Green rating:
Green = the figure matches or is above the target figure.
Amber = within 5% of the target figure.
Red = greater than 5% of the target figure.

Graphical information and commentary:



At December 2014, available free reserves were £9.9 million compared to the planned level of £5.6 million. This was due principally to higher than budgeted periodic income, the release of the contingency, lower than budgeted ICT capital expenditure, and lower spend to date in Continued Practice/revalidation and FtP. The FtP variance is driven by lower than budgeted ICIO and IC activity which has more than offset the higher cost of hearing activity and staff costs to date. The Continued Practice revalidation variance is driven by lower activity to date but it should be noted that this is now being ramped up. The ICT capital variance is driven principally by the deferral of the Wiser replacement project. The underspend to December 2014 on ICT capital expenditure is partly offset by higher than budgeted capital expenditure on the refit of the Stratford office.

The full year forecast predicts that available free reserves at March 2015 will be £8.7 million, which is £1.2 million (17%) higher than the target of £7.5 million. The principal full year variances are expected to be in periodic income, and the full release of the contingency more than offsetting higher than budgeted spend in a number of areas including Strategy, ICT, FtP and capital expenditure. The FtP and Continued Practice timing variances to December total some £1.9 million, and these funds are reforecast to be spent in the final quarter: additional external support for Revalidation has been secured, and FtP hearing activity is forecast to run at higher than budgeted levels for the final quarter (based on 18 hearings per day versus budgeted 14 hearings per day).

As we move through the second half of the year we are working with directorates to gain assurance that the forecast only reflects activity that can be delivered in-year; and activity which cannot be delivered in 2014-15 will be re-profiled to 2015-16. This would have the effect of raising the year end available free reserves figure. We are actively monitoring Continued Practice, FtP and capital expenditure in particular.

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

KPI 6

Staff turnover rate

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

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.

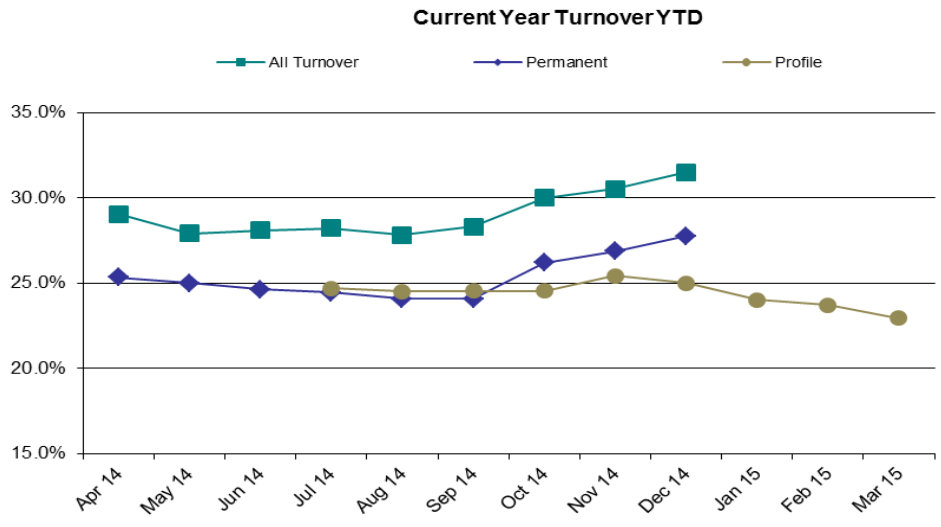
			Current performance		Year end (March 2015)	
Historical figure (as at March 2014)	**October 2014**	**November 2014**	**December 2014**	**December 2014 profile***	**March 2015 current forecast*****	**March 2015 target****
26.3%	26.5%	26.9%	27.7%	25%	26.6% (Red)	23%

* Profile here is based on a forecast from July 2014
** Target is a spot target
***Current forecast for March 2015 is based on July 2014 profile

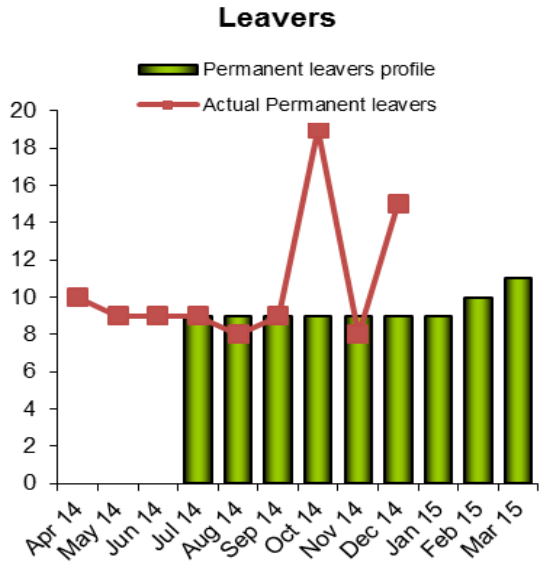
RAG rating: March 2015 current forecast vs. March 2015 target.

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

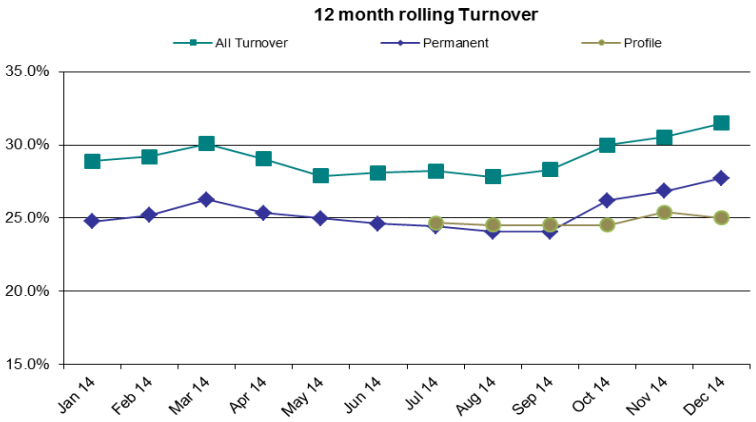
Graphical information and commentary:



Profile was re-evaluated in July 2014



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



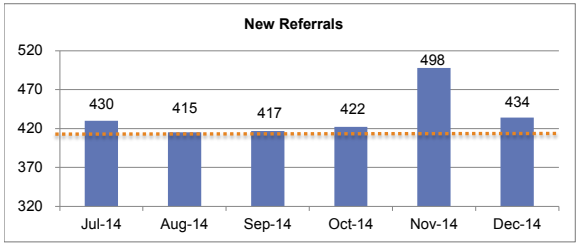
For reference, this graph shows all and permanent turnover for the last 12 months, including the profile for the year to date (re-calculated in July 2014).

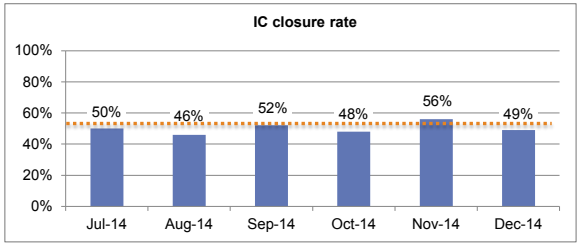
The permanent turnover figure has increased for the fourth month in a row, with increases for both November and December. It was predicted in July that there would be nine permanent leavers during December, however, there were fifteen leavers. Out of these, ten were resignations for reasons such as career progression, pay and benefits, leaving the country and health issues. 70% of those who decided to resign had under two years' service. As a result of strengthening and improving performance management a further five leavers were a result of terminations and included one redundancy, one dismissal, one failed probation and two mutual agreements which accounts for this month's upturn in turnover.

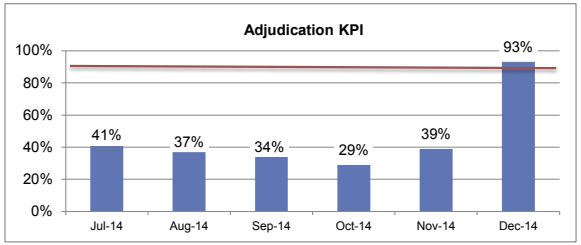
The high number of leavers seen in Quarter 3 has brought the year-end forecast above the target of 23% by 3.6%, meaning we would need to have continued growth in staff numbers and have approximately twelve fewer leavers than we have predicted between now and March in order to reach our target of 23%.

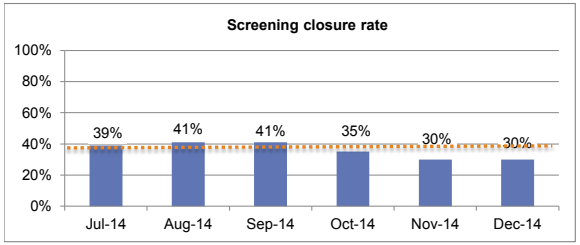
FtP Performance for July to December 2014

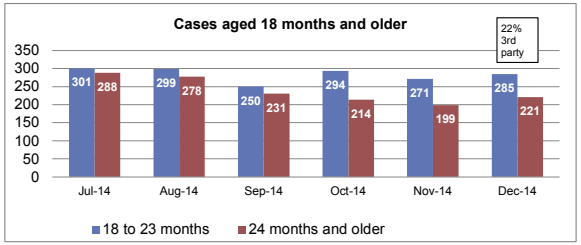
12 month average

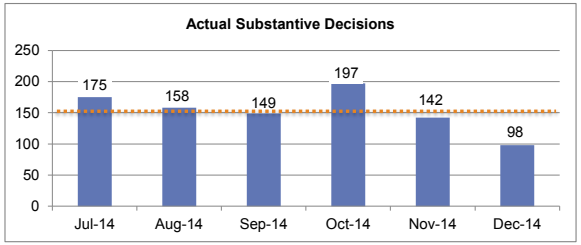


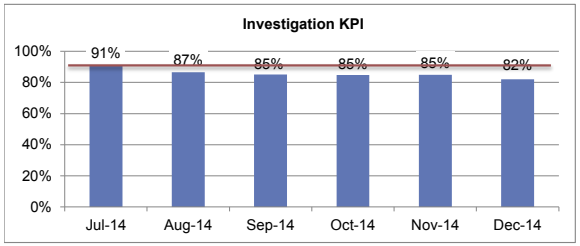


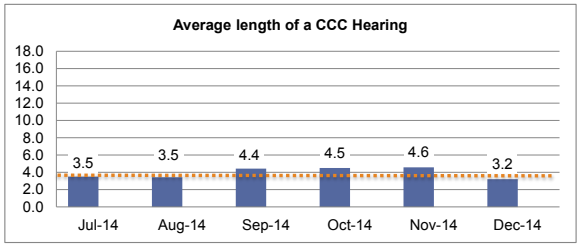


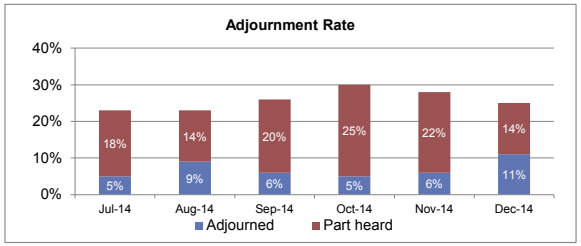


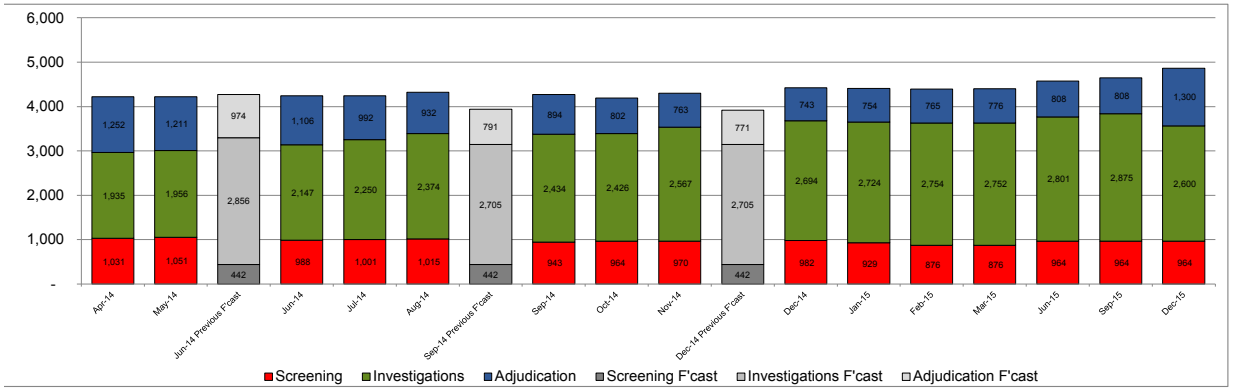


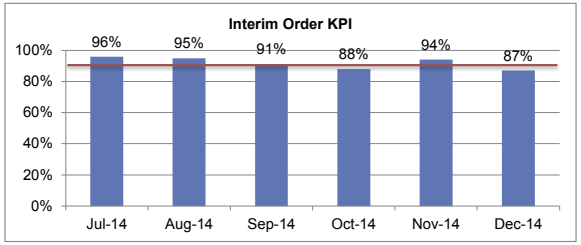












Corporate risk register

Date: 18 December 2014 | **Issue No: 21 (following 10 Dec Exec Board meeting)**

Note: The 'inherent risk scoring' column does not take into account any mitigation. The 'post-mitigation scoring' involves taking into account the mitigation in place but not the planned action.

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Mitigation Owner)	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
CR1 A Cross ref: R7	May-13 (previously risk Reg 2011/02. Date of origin: Apr 2011)	**Integrity of the register - Current** (1) Wiser and Case Management System (CMS) not fully integrated. (2) Current policies, processes and procedures may be ineffective or inconsistently applied. (3) Relying on registrants to make full and accurate declarations in respect of their Professional Indemnity Arrangements	1)The online register may be inaccurate. 2) Registrants may be practising without appropriate indemnity arrangement in place.	(1) Public protection compromise (2) Negative impact on registrants. (3) Reputation damaged. (4) PSA Standards of Good Regulation not being met.	5	5	25	**Mitigation in place:** (1) Standard operating procedures and improved training. (2) Daily reconciliation reports and manual processes to address system anomalies. (3) Overseas registration procedures strengthened following pause and review. (4) Council has committed to introduce a proportionate and effective model of revalidation by the end of 2015. (5) All Overseas applicants are now required to attend the NMC in person to present original I.D Documents. (6) We have adjusted the weekly checks carried out so that these now include checks back to the determination on the website to ensure that the information recorded is an accurate reflection of the made by the panel. **Planned action:** (1) Address prioritised system defects (Feb-April 2014) - this is an ongoing piece of work and WISER improvements are to be implemented as part of other IT releases throughout 2014-15. (2) Further process refinements and alignment of FtP and Registration data (ongoing). This planned action is aligned to Risk BI2 - see for further information. (3) Implementation of Internal audit recommendations on registration control framework and registrant data integrity. We committed to implementing the second recommendation by December 2014 to undertake periodic checks of data on the registration system that has been subject to changes outside the normal changes arising from a fitness to practise hearing. The new Registration continuous improvement team will undertake additional, independent, periodic checks of data on the registration system which has been subject to changes to provide additional assurance to the checks on fitness to practise outcomes already in place (4)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). (5) Further investigation to take place of APD Database and its veracity and possible impact on integrity of the register - joint Continued Practice/Registration review of this area is ongoing and will be reported in December 2014. Review not completed - to be determined whether it should continue. (6) Implement audit of Professional Indemnity Arrangement declarations (early 2015).	3	4	12	Director, Registrations	13/12/13 - likelihood reduced to 3 due to recruitment and appointment of IC verification officer. 17/11/14 - Planned action about the new overseas process was moved to Mitigation in place. 12/1/15 Historic mitigations removed and planned action (5) updated	Open - on track. Risk reviewed monthly. Focused on current registration activity and therefore is more controllable through mitigation actions than the historic risk below. Risk reduction expected Jan 2015	No change

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Mitigation Owner)	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
CR1 B Cross ref: R7	May-13 (previously risk Reg 2011/01. Date of origin: Apr 2011)	**Integrity of the register - Historic** (1) Policies and procedures may have been absent, ineffective or inconsistently applied in the past. (2) Historic decisions may have been made on a different basis, but cannot be reversed. (3) Circumstances may have changed after initial admission to the register, however these are not routinely checked. (4) Historic inaccuracies in recording FtP case statuses.	We may identify individuals currently on the register who would not meet current requirements for admission, and we may not have appropriate plans in place to respond to this.	(1) Public protection compromised. (2) Reputation damaged. (3) PSA Standards of Good Regulation not being met.	5	5	25	**Mitigation in place:** (1) Initial OS Audit (April 2002 - 2013) results indicate a strengthening of process over time (since 2007). Standard operating procedures and improved training. (2) Council has committed to introduce a proportionate and effective model of revalidation by the end of 2015. (3) FtP/Registration working group who have identified issues relating to historical inaccuracies. Daily reports available to FtP/Registration to identify anomalies to be rectified (4) Obtained duplicate records data identifying a number of registrants who have separate entries on the register. These duplicate records are being amalgamated. Report from Fortesium on WISER anomalies being actioned in stages. Aim to complete by February 2015. **Planned action:** (1) Analysis of specific cohorts where potential issues/risks are identified - to provide assurance or scope any issues (on-going). (2) Interviews will be held on 26 November 2014 to appoint a continuous improvement manager who will interrogate register to establish areas of risk. (3) Investigate gathering employer data to allow analysis of appropriate registration (ESR). This will form phase 2 of the NMC Online project and is dependent on obtaining a change to legislation (early 2015) - ONGOING. (4) Further risk based audits as required (ongoing).	3	4	12	Director, Registrations	16.12.2014	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 3.	Reducing
CR2 (FtP1) Cross ref: See FtP Programme Risk Register	26/06/2013	**Fitness to practise performance** (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 15 month end to end target	(1) Public protection compromised. (2) Negative impact on registrants. (3) Negative impact on referrers. (4) Reputation damaged. (5) PSA Standards of Good Regulation not met (6) Adverse PSA initial stages audit'	5	5	25	**Mitigation in place:** (1) Detailed profiling and forecasting of caseload and activity and oversight by FtP Steering group. (2) Improved case management processes including voluntary removal and consensual panel determinations (3) Standard operating procedures and improved training for staff. (4) Increased staffing base. (5) Targeted review of adjudication caseload. (6) Increase in number of panel members and introduction of rolling recruitment for panel members and chairs. (7) Training for panel members and introduction of rolling programme. (8) Increased number of hearing venues. (9) External review of management information and forecasting assumptions (September 2013). (10) Further workforce planning (March 2014). (11) Targeted review of investigation cases (12) Quality assurance management fully implemented (July 2014). (13) Interim order proportionality review (July 2014). (14) Refocused FtP scheduling July 2014 **Planned action:** (1) Closer working with employers (June 2015). (2) Legislative change fully implemented (March 2015). (3) Successful delivery of FtP Programme (April 2015)	3	5	15	Director, Fitness to Practise	12/01/2015	Open - on track Weekly performance/delivery against target reviewed at weekly management meeting and risk reviewed monthly. The adjudication KPI was met in December however this risk remains amber due to pressures across FtP to further reduce the time to deal with fitness to practise cases. **Linked to FtP Programme Risk Register**	No change

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Mitigation Owner)	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
CR13 A **Cross ref:**	May-13 (previously risk CR3/CP1. Date of origin: May-13)	**Revalidation - programme delivery** (1) Change in government priorities. (2) NMC revalidation model is developed within current legislative framework. (3) Time and resource constraints (including IT) around delivery for December 2015 launch. (4) Stakeholders expect to have a detailed and fully developed model during the consultation/pilots stages. (5) Complexity of revalidation model delivery at four country level.	(1) Decreasing support from government for revalidation. (2) Revalidation seen as not improving on existing PREP process. (3) Revalidation is not delivered to set time/quality/ budget. (4) Stakeholders not fully supporting the model going forward due to lack of detail. (5) Delivered model may be ineffective and/or fail to be applicable to all scopes of practice and registrants across four countries.	(1) Impact on public protection due to lack of support for implementing revalidation. Impact on the views of employers, other regulators, media etc. (2) Model is not widely understood and is criticised by stakeholders. (3,4) Impact on public protection and credibility of NMC around delivery. (5) Public protection compromised.Negative impact on registrants and employers.	3	4	12	**Mitigation in place:** (1,2) Close working with DH around revalidation priorities and future legislation (if/as required following phase one). Close working relations with all four UK governments around readiness and delivery. (2,4) Evidence report on revalidation published in November 2014. (2, 4) Recruitment of Pilot Coordinators. (1,2,4) Provisional revalidation policy developed based on existing legislation. Agreed by Council in December 2014. (2,4) Standards and guidance developed to support the pilots. To be seen as PROVISIONAL by Council in January 2015. (3) Refreshed programme board structure around governance and delivery with senior input and report to Executive Board. (3) Clear IT requirements for effective IT delivery. (4) Extensive ongoing stakeholder engagement activities across settings and four countries. (4) Stakeholder groups (RSAG and Revalidation Pilot Group (RPG) meeting regularly. (5) Ongoing engagement via Revalidation Strategic Advisory Group, Patient and Public Advisory Group, Stakeholder Summits between March - July 2014 and consultation - helped to shape the revalidation model and manage stakeholder expectations. (5)Pilot organisations selected to reflect the diversity of the register, organisations announced in November 2014. (5) Four country Revalidation Programme Boards already set up. **Planned action:** (4,5) A number of detailed materials to be developed in collaboration with the pilot organisations between December 2014 and March 2015. (5)Pilot phase to test revalidation model, process and compliance (Jan to June 2015). (3) Full system requirement to be developed in parallel with pilot to allow sufficient time for development work (April to July 2015). (3) Resource requirements to be agreed for 2015/16 as identified in the business plan and draft budget for next year (March 2015).	2	4	8	Director, Continued Practice	14.01.2015 Mitigations and planned actions updated	Open - Programme to be achieved in Dec 2015 Recruitment of Strategic Engagement Lead underway & Coordinators have been appointed. Engagement activity has moved to focus on strategic partnership building. Stakeholder groups have been re-shaped to support programme's needs.	No change

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CR13 B	May-13 (previously risk CR3/CP1. Date of origin: May-13)	**Revalidation - system impact and readiness** (1) Lack of buy-in from stakeholders and accountability authorities (PSA, HSC) regarding revalidation model and how it aligns to corporate objectives. (2) Costs for organisations to prepare for, and to put resources/ processes/ infrastructure in place, to support revalidation. (3) Inconsistent levels of buy-in across the system and register.	(1) Lack of positive promotion from key stakeholders. (2) Organisations may lack the resources/ infrastructure required to enable them to introduce revalidation by the set timeframe. (3) Inadequate preparations made to support/allow compliance with revalidation process due to lack of knowledge/ understanding or unaddressed resistance.	(1) Criticism drawn as PSA standards of good regulation, and expectations of HSC are not met. (2) Individuals are not able to adopt revised procedures and requirements leading to inability to introduce revalidation. (3) Criticism/confusion from registrants/ stakeholders. Unable to implement full revalidation process.	4	4	16	**Mitigation in place:** (1) PSA update provided through annual performance review and face to face meetings. (2) Implications on system project report delivered in August 2014. (2) Oversight and scrutiny by Revalidation Programme Board and Executive Board, to address issues of complexity and cost of model. (3) Extensive stakeholder engagement activities. **Planned action:** (1,2,3) Robust evaluation of the pilots both from the registrants' perspective (registration experience evaluation) and the impact on the system perspective (evaluation of the impact on the system, employers and governments at four country level) (Feb to July 2015). (1,2,3) Updated approach to comms and engagement focussing on high-level strategic resource to manage the stakeholder engagement and system readiness strand of project (February 2015 onwards) (1,2,3) Appointment of strategic engagement lead and development of communications strategy (February 2015 onwards). (3) Organisational readiness toolkit and other material to assess impact on the system in development for the pilots December 2014-March 2015 (Jan 2015 to July 2015).	4	4	16	Director, Continued Practice (sponsor)	05.01.2014: Post-mitigation likelihood score increased from 3 to 4, as agreed by EB. 14.01.2015 risk updated	Open - Programme to be achieved in Dec 2015 Recruitment of Strategic Engagement Lead underway & Coordinators have been appointed. Engagement activity has moved to focus on strategic partnership building. Stakeholder groups have been re-shaped to support programme's needs.	Increasing

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Mitigation Owner)	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
CR5 Cross ref: CS1	May-13 (previously risk G39. Date of origin: Mar-13)	**Financial resources** (1) Limited sources of income and projected fee income dependent on outcome of consultation. (2) Possible increase in resource requirements as a result of external factors e.g. external reviews, Inquiries, government policy etc. (3) Possible increase in fitness to practise referrals above forecast rate. (4) Resource requirements arising from several, simultaneous improvement projects. (5) Possibility that we do not achieve targeted efficiency savings. (6) Lack of control over potential charges under PSA levy.	We may have insufficient financial resources to meet all our planned operational requirements.	(1) Inability to deliver corporate objectives and/or improvement programme. (2) Negative impact on registrants. (3) Reputation damaged.	4	5	20	**Mitigation in place:** (1) Prudent budgeting aligned to corporate planning and change management programmes. (2) Financial strategy. (3) Risk based reserves policy. (4) Monthly finance and planning meetings with each directorate. (5) Monthly monitoring by Executive Board. (6) Standing financial report to the Council. (7) Grant secured to meet unexpected costs re overseas registrations. (8) Balanced budget for 2014-15 after careful prioritisation of activity, approved by Council. (9) Targeted efficiency savings monitored through Corporate Efficiency Board. (10) Contingency built into the budget. (11) Fee rise approved by Council. **Planned action:** (1) Development of revised financial plan (March 2015).	2	5	10	Director, Corporate Services	15.12.14	Open - on track. Risk reviewed monthly ---------- Linked to Department of Health KPI of January 2016 ---------- Reviewed after outcome of fee consultation on 01.10.2014	No change
CR6 (CS4) Cross ref:	May-13 (previously risk T24. Date of origin: Oct-12)	**Information Security** (1) Large volume, complex information processing. (2) Possibility that policies and procedures may be ineffective or inconsistently applied. (3) Security enhancements to some systems needed.	Sensitive information may be accessed by, or disclosed to, unauthorized individuals.	(1) Negative impact on data subject. (2) Regulatory intervention and/or fine by the Information Commissioner's Office. (3) Reputation damaged. (4) Failing to meet PSA standard of good regulation	5	4	20	**Mitigation in place:** (1) Information security and data protection policies. (2) Mandatory training for staff and panellists. (3) Oversight by Information Governance Steering Group. (4) Laptop encryption programme. (5) Information security gap analysis completed and independently validated, identifying risk areas. Improvement Plan in place. (6) Internal audit activity on data security completed, with amber rating. (7) New email encryption solution rolled out. (8) More than 90% compliance with mandatory training. (9) December 2014 - 37 of 51 high priority actions complete. (10) Review meeting held with Information Commissioner's Office. **Planned action:** (1) Continue to implement information security improvement plan, addressing remaining highest risk areas as priority (2014-15 as per planned schedule). (2) Further work with ICO on benchmarking good practice and specific risk reviews (March 2015). (3) Implement agreed findings from QA review (March 2015)	4	4	16	Director, Corporate Services AD ICT	15.12.2014	Open - on track. Risk last reviewed by IGSBM in December 2014	No change

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CR7 **Cross ref:** S15, S16, FtP9, FtP10, R6, R10, CP3, CP4	May-13 (previously risk G20 & G35. Date of origin: 26.3.2012)	**Quality of information** (1) Inconsistency in collection and use of data. (2) Ownership and governance arrangements for data and information management fragmented. (3) Enhanced system and analysis tools needed.	We may not consistently provide a coordinated response to management information and data requests.	(1) Inability to deliver corporate objectives and/or improvement programme. (2) Barrier to making sound business decisions and prioritisation of work. (3) Ineffective use of resources. (4) Reputation damaged.	5	3	15	**Mitigation in place:** (1) Short term improvements to strengthen understanding of management information across registration and fitness to practise systems. (Cross reference CR1) (2) Short term improvements to support stakeholder engagement intelligence needs underway, including liaison with other regulators. (3) Improved FtP MI to support corporate KPIs. (4) Initial intelligence shared with CQC. (5) High level data strategy completed and approved. (6) Some reviews of the quality of data and management of corporate KPIs were undertaken by the QA team and learning shared with directorates - Q2. **Planned action:** (1) Further reviews of the quality of data and management of corporate KPIs are included in the QA team's programme of work for Q4. (2) Knowledge manager recruited in Q4. (3) Data Strategy Steering Group established Q4. (4) Data definition and cleansing activities underway (Q4).	4	3	12	Director, Strategy Assistant Director, Strategy and Comms	08.01.2014 - Planned actions 2, 3 and 4 shifted to Q4. Recruitment of manager may be further delayed.	Open. High level strategy will provide framework for a range of activities to deliver the strategic benefits outlined. A follow on project to address the identified priority activities and an ongoing data and intelligence capability provided for in ongoing business plan.	No change
CR9 **(CS3)** Cross ref:	May-13 (previously risk T25. Date of origin: Oct-12)	**Staffing** (1) 2014 Staff survey indicates that only 48% of staff see themselves staying with the NMC for 2 years. (2) Staff perception of pay progression remains an issue. (3) Management of staff expectations regarding career management.	In a recovering economy we may continue to lose staff due to competing offers externally.	(1) Impact on delivery of corporate objectives and directorate business plans. (2) Negative impact on staff morale, motivation, and performance. (3) Organisational reputation damaged. (4) For specific roles e.g. IT, a continued reliance on consultants and contractors for key roles. (5) Loss of knowledge holders.	4	3	12	**Mitigation in place:** (1) Improved employee communication and engagement in place. (2) Human Resources and Organisational Development Strategy in place and being implemented. (3) Staff survey completed (2014), Directorate Action Plans shared from staff survey 2014. (November 2014). (4) Learning and development programme for 2014 implemented. (5) Improved management information reports produced and used in directorate discussions to aid decision making. (6) Pay and grading review implemented. (7) Opportunity for developing Career Pathways being developed within job family model embedded in pay and grading proposals. (8) Workforce Planning discussions underway in phased approach across directorates. **Planned action:** (1) Long term workforce planning aligned to strategic direction (in 2014-15 Business Plan). (2) Pay and Grading Phase 2 project (September 2014 - March 2015). (3) Discussion on pay award/pay progression with Rem Com (ongoing).	3	3	9	Director, Corporate Services AD HR & OD	15.12.2014	Open - on track. Linked to KPI on employer turnover.	No change

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		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
CR10 Cross ref: CR7, CP2, S18	May-13 (previously risk T29. Date of origin: Feb-13)	**Profile and proactivity** (1) Engagement with patients, public and stakeholders not yet fully embedded. (2) Complex healthcare landscape and regulatory environment. (3) Joint working with other regulators inconsistent.	The NMC's lack of public profile means we may not communicate our role effectively and therefore our role is not properly understood. Ineffective joint working inhibits sharing of information about potential identification of unsafe practice or health provision settings where nurses and midwives provide care.	(1) Inability to deliver public protection effectively. (2) Reputation damaged. (3) Inappropriate or lack of referrals to fitness to practise. (4) Inappropriate recommendations from external reviews.	4	4	16	**Mitigation in place:** (1) 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. (2) Patient and public engagement through Patient and Public Advisory Group. (3) Met with Patient and Client Council in Northern Ireland. (4) Changes made to NMC website in response to Patient and Public Engagement Forum feedback. (5) System in place for tracking and recording FtP referrals. (6) Programme of MoU development and review in progress. (7) Public facing leaflets approved and published. (8) Programme of parliamentary receptions and Council meetings and engagement in each of the four countries of the UK. (9) Professional Strategic Advisory Group established and meeting quarterly. (10) Expert agency employed to drive strategic communications for the Code and revalidation. **Planned action:** (1) Developing plans for engagement work in Wales and Northern Ireland, alongside a review and evaluation of our existing patient and public engagement work. (2) Employer engagement on revalidation. (3) Website relaunch to make it more public focused and interactive (in early 2015). (4) Memorandums of understanding to be underpinned with information and data sharing protocols (March 2014 and ongoing). (5) FtP developing employer link service model (for implementation in early 2015). (6) Next CMS release to enable capture of referrals to and from other regulators (Q2 2014-2015). (7) Planned internal audit activity to look at communication and engagement in Q4 2014 - 15. (8) Next seminars following on from professionalism being planned (Whistleblowers, February 2015). (9) Proactive media strategy being developed in line with emerging corporate strategy (Spring 2015). (10) Four nations stakeholder mapping completed and final report received. Next steps to be determined (Q4). (11) QA function reviewing our arrangements for sharing information with others (Q4). (12) Promotional campaign for the Code, including public-facing material in place (2015).	3	3	9	Director, Strategy Assistant Director, Strategy and Comms	13.01.15 Historic mitigations removed and planned actions updated.	Open 10/01/2014: Note that the KPMG report noted good progress with stakeholders.	No change

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CR11 (S11) Cross ref: CR2, FtP6, FtP12	14-Feb-14	**Legislative change** (1) Our current legislative framework is outdated and limits our ability to improve the effectiveness of our processes. (2) The government has decided not to introduce a Bill to change our legislation. --- (3) The Department of Health may not make all the amendments we are seeking to the Law Commission draft Bill in its own draft Bill, whenever this is taken forward.	(1) The Bill may not be introduced by the government at all. (2) In the absence of a Bill, the government may not prioritise our request for further legislative change. --- (3) We may be unable to secure all our desired amendments or correct all the oversights. (4) The Bill may reserve too many powers to the government.	(1) We will be left operating within our current unsatisfactory legislative framework, which limits our ability to improve the effectiveness of our processes. --- (2) The DH Bill does not deliver the promised streamlined and flexible legislative framework, but actually either maintains too many of our existing legislative problems or creates more mandatory requirements so that the additional burdens outweigh the benefits. (3) A requirement for further legislation leading to long delays before some of the benefits can be felt.	4	4	16	**Mitigation in place:** (1) We have an engagement plan in place to work with, and alongside, other key stakeholders to continue to exert pressure and influence on all parties to include this Bill in the next parliament. (2) We are now engaging directly with DH with a view to influencing their response to the draft Bill and engaging with other regulators, PSA and patient groups to secure consensus on many key issues. (3) Legislation Programme Board has been set up to support this work. (4) Joint regulators working group and CEOs forum set up to share information and agree joint regulatory approaches where possible. (5) Corporate legislation adviser is leading this work towards developing a new legislative framework. (6) On 21 October 2014 we published a position statement *Better legislation for better regulation* which outlines the case for urgent legislative reform. **Planned action:** (1) We are now looking at the alternative options for legislative change, including future section 60 orders and the Private Members Bill being introduced by Jeremy Lefroy MP, whilst still pressing for the Law Commission Bill.	4	4	16	Chief Executive Corporate Legislation Adviser	09.01.2015: Risk scenario updated.	Open Post-mitigation scoring reflects concern that the Bill or alternative legislative change may not be introduced within a reasonable timescale, rather than expected contents of Bill.	No change

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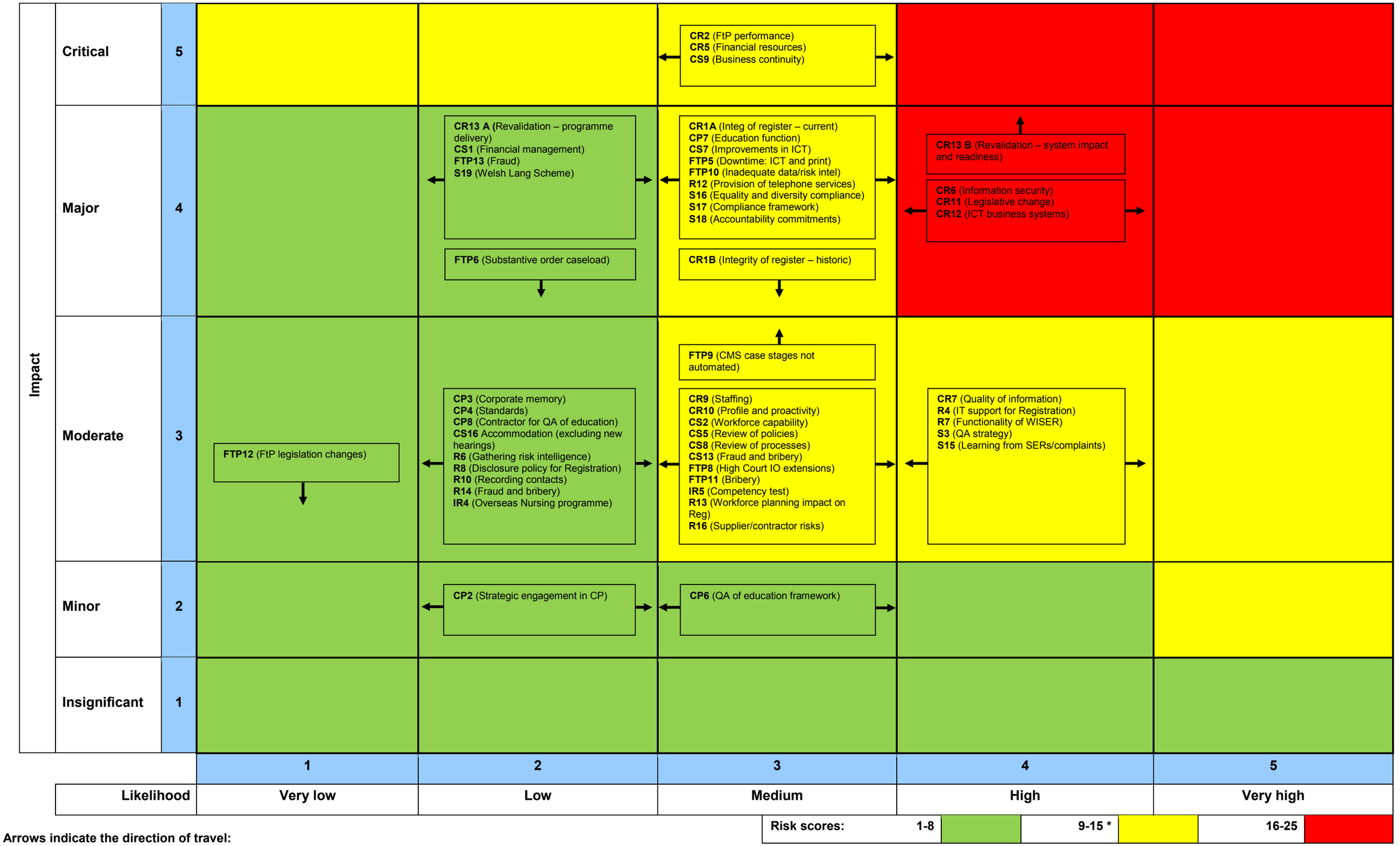
CR12 Cross ref: CS7	May-14	**ICT business systems** 1. Lack of robust procedures and controls over the management, testing and roll-out of changes to hardware and software, and development of new products and systems. 2. Ongoing use of critical business systems that are now unsupported by suppliers. 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	**Mitigation in place:** (1) Review of servers completed with operational loads more even spread to reduce risk of server failure. (2) Change Management process updated to improve quality of ICT changes. (3) Testing policy updated to improve quality of testing and roll-out. (4) Upgrades to our operating platforms and telephony system to supported and more up to date versions, thereby reducing risk. (5) Series of enhancements to Windows 7 environment to improve concerns over performance (in progress, complete Jun 2014). (6) Replacement of old hardware for newer machines (98% complete). (7) Enhanced contract management with key ICT supplier to improve contractor performance. (8) Performance testing taking place as normal practice on all major upgrades. (9) Upgraded storage to provide additional capacity and performance (Completed September 2014). (10) Upgraded servers to provide additional processing power (September 2014). (11) Hardware upgrades completed. Like for like capabilities in place between production and disaster recovery for most applications. (12) Healthcheck of processes and controls completed (December 2014) **Planned action:** (1) Further work to Disaster Recovery environment following Business Impact Assessment (March 2015) (2) WISER replacement project to protect against risk of unsupported components (2016-17). (3) Renewal of key ICT infrastructure contract (2015). (4) Planning in progress to replace unsupported components in CMS and system for processing payments of registration fee by telephone. Discussion in place with vendors.(Final solution by end of financial year.) (5) Clear plans underway to ensure all services are fully supported and interim measures taken (by January 2015). (6) Implementation of ICT restructure ensuring capacity and capability to provide effective support (October 2014 - March 2015).	4	4	16	AD ICT (Director, Corporate Services)	15.12.2014	Open	No change

Risk map of all corporate and directorate risks as at 18 December 2014



Arrows indicate the direction of travel:

↑ Risk score has increased since 20 November 2014

↓ Risk score has decreased since 20 November 2014

↔ Risk score has stayed the same since 20 November 2014

Risk references:

CR: Corporate risk
FTP: Fitness to Practise risk
IR: Registration risk (International Reg)
R: Registration risk
S: Strategy risk
CS: Corporate Services risk
CP: Continued Practice risk

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

Professional Standards Authority Standards of Good Regulation (2010)

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

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

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

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

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

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

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

Guidance and Standards	**1** **Nursing and Midwifery Standards** CO2: 2.2, 2.4, 2.7	**2** **Nursing and Midwifery Guidance** CO2: 2.2, 2.3	**3** **External input to Standards** CO2: 2.2, 2.3, 2.4 CO4: 4.1, 4.2 CO5: 5.4	**4** **Public Information on Standards** CO2: 2.1, 2.2., 2.3 CO5: 5.2, 5.3, 5.4, 5.7	
Education and training	**1** **Education Standards** CO2: 2.6, 2.7	**2** **Revalidation** CO2: 2.1, 2.2 **CR13 A and B**	**3** **Education QA process** CO2: 2.5, 2.6	**4** **Education QA monitoring** CO2: 2.5	**5** **Public information about Education QA** CO2: 2.5 CO5: 5.2, 5.3
Registration	**1** **Registration requirements** CO1: 1.1, 1.3, 1.6 **KPI 1**	**2** **Applications and appeals including customer service** CO1: 1.1, 1.2, 1.3, 1.4, 1.5 **KPI 1**	**3** **Register accuracy and integrity** CO1: 1.4, 1.5 **CR1 A and B** **KPI 1**	**4** **Public register and employer checks** CO1: 1.4 CO5: 5.2	**5** **Protected titles** CO1: 1.1
Fitness to practise	**1** **Referrals** CO3: 3.1 CO4: 4.4 CO5: 5.2	**2** **Information sharing** CO3: 3.1 CO4: 4.4 CO6: 6.3	**3** **Screening** CO3: 3.1, 3.4	**4** **IOs/Prioritising serious cases** CO3: 3.1 **CR2** **KPI 2**	**5** **Fair and transparent processes** CO3: 3.1, 3.8 CO5: 5.2 **CR2** **KPIs 3, 4**

6 **Timeliness** CO3: 3.1, 3.2, 3.4, 3.8 **CR2** **KPIs 3, 4**	**7** **Customer service** CO3: 3.7 CO8: 8.4	**8** **Decision-making** CO3: 3.4, 3.5 **CR2**	**9** **Publication of outcomes** CO3: 3.1	**10** **Information security** CO3: 3.1, 3.6 CO8: 8.7 **CR6**	

Key

CO Corporate objective activity (see Quarter 3 progress report at Annexe 3)
CR Corporate risk (see risk register)
KPI Corporate key performance indicator (see KPI reports)

Key to 2013-2014 performance:

Standard met

Inconsistently met

Standard not met

Item 9
Annexe 7

28 January 2015

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

For reference.

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

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

Our latest progress against these eight actions is outlined within the Quarter 3 report against the Corporate Plan 2014-2017, found at Annexe 1 of the Performance and Risk report.

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

Item 10
NMC/15/10
28 January 2015

Council

Monthly financial monitoring – November 2014 results

Action: For information.

Issue: The report provides 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:

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

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

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Context: **Financial information**

1 The budget information used throughout these reports is based on the budget approved by the Council on 26 March 2014.

2 The budget was set in the context of the three year plan to achieve our Fitness to Practise KPIs by December 2014 and the minimum available free reserves target by January 2016. Progress towards meeting the available free reserves target is also regularly presented to the Council in the KPI report (set out in Item 7 of this agenda).

3 On a monthly basis, meetings are held with each directorate to review progress against both the Corporate Plan and budget, and to update the activity and financial forecasts.

4 Detailed month end reporting packs are produced for the Executive Team, showing results by directorate, cost centres and projects, together with summary reports, commentary and an update of the contingency position.

5 The Executive Board reviews and approves the financial results and forecast each month.

6 Where significant variances are identified during the year which would impact our achievement of our reserves target, directors will determine the necessary corrective actions.

Discussion: **Executive summary**

7 The latest forecast is for available free reserves at March 2015 to be £7.8 million, which is 5% above the target of £7.5 million. The reserves level will fluctuate during the year based on the pattern of expenditure.

8 Available free reserves at November 2014 were £9.3 million, which is higher by £3.6 million higher than the planned level of £5.7 million. This increase of 64% and was principally due to lower than budgeted expenditure, as set out below.

9 On the basis of the latest monthly directorate meetings, the directorate revenue expenditure variances are considered at this stage to relate to the timing of activity and associated expenditure, and therefore this expenditure has been reforecast to later in the year. Further consideration will be given to the timing of expenditure in the context of the forecast and budget formulations which are now under way, in conjunction with the business planning for 2015-18.

10 As we progress through the second half of the year, we have more

assurance that our operational activity and requirements for the rest of the year can be delivered within the directorate funds forecast and therefore have started to reduce the contingency level held for the remainder of the year.

11 There has been some movement in the overall funding allocation within the full year, but activity is expected to be delivered within the overall budget funds approved by the Council. The principal items identified as requiring funding since the beginning of the financial year are additional funding for FtP to ensure delivery of its adjudication KPI by December 2014 and the costs associated with the fit-out of leased premises at Stratford Place.

Monthly management results

12 The detailed management results and forecast for November are set out at Annexe 1.

Actual results versus budget

13 The principal variances for the eight months to November against budget are as follows:

13.1 Income is £0.8 million (2%) lower than budget, with lower grant and interest income offset by higher periodic fee and overseas income. However, following the approval of the grant funding, the income and project costs associated with the test of competence have now been reflected in the profit and loss account later in the year.

13.2 Costs in the Office of the Chair & Chief Executive were lower than budget by 71%, equivalent to £0.3 million. This is due to the re-allocation of the Programme & Change Management team to the Strategy directorate. This re-allocation, partially offset by delayed expenditure relating to research & website development, has resulted in the Strategy directorate expenditure being higher than budget by £0.2 million to date.

13.3 Costs in Registration were higher than budget by £0.1 million (5%) due to increased temporary staff required during the peak period and to service increased overseas volumes. This is matched by an increase in related fee income.

13.4 Costs in Continued Practice were 41% lower than budget, £0.8 million, due to lower than budgeted QA of education costs, professional costs and engagement costs relating to revalidation to date. At this point in the year, this is considered to be an issue of timing of expenditure.

13.5 Costs in ICT were higher than budget by £0.5 million (14%).

This is due to increased contractor spend which has been transferred from capital expenditure, combined with the requirement for additional specialist resource.

13.6 Costs in Facilities were lower than budget by £0.3 million. This is principally due to a VAT rebate received relating to the rent on 61 Aldwych.

13.7 FtP costs were 1% favourable to budget with costs £0.2 million lower than budget. This is principally due to lower than budgeted hearing activity (mainly ICIOs and CCC substantive hearings) resulting in lower hearing-associated costs. This is partly offset by increased temporary resource and external venue costs, both of which have been utilised to help ensure that the December 2014 KPI is met.

13.8 The substantive hearing activity has been forecasted to be 20 hearing days in December. This level of hearing activity is expected to be sufficient to ensure that the December 2014 KPI is met.

13.9 Capital expenditure was £0.5 million lower than budget, which represents a favourable variance of 16%. This is due to lower ICT capital expenditure arising from the timing of spend on the replacement registration system and the transfer of contractor spend to ICT directorate expenditure, partly offset by the approved capital spend on the fit-out of leased premises at Stratford Place.

Full year forecast versus budget

14 The principal variances for the full year forecast compared to budget are as follows:

14.1 Total income is forecast to be higher than budget by £1.4 million, 2% favourable to budget, reflecting higher volumes on the register than budgeted, higher overseas and EU applications volumes and higher grant income. The increased grant income is offset by the associated increase in project costs.

14.2 FtP expenditure is forecast to be £0.6 million (1%) higher than budget. The forecast reflects the updated hearing activity and additional headcount required to ensure the December 2014 KPI is met, and the re-phasing of expenditure from the first half of the year to later in the year.

14.3 Costs are forecast to be £0.9 million (19%) higher than budget in Strategy representing an increase of 19%. £0.7 million has been added to the Governance forecast; £0.5 million in relation to the Programme & Change Management

team (including £0.3 million budget transferred from OCCE) and £0.15 million for the independent review of progress against the PSA 2012 Strategic Review recommendations (including £0.1 million budget transferred from OCCE). £0.2 million additional costs are forecast in Policy due to the external review of midwifery regulation (£0.3 million); this work was budgeted as part of the contingency as it was not fully defined at the time of the budget. This has been partly mitigated by £0.1 million in deferred research expenditure, which will now fall into the next financial year.

14.4 Costs are forecast to be £0.4 million lower than budget in OCCE owing to the re-allocation of budgeted funds for both the Programme & Change Management team and the independent review of progress against the PSA 2012 Strategic Review recommendations to the Strategy directorate. These are now reported and controlled in the Strategy directorate.

14.5 ICT expenditure is forecast to be £1.0 million (17%) higher than budget. This is primarily due to the requirement for specialist resource. £0.5 million has been funded by the contingency, and £0.4 million reflects a transfer from the capital budget. The latter has no impact on projected reserves.

14.6 Finance is forecast to be £0.2 million (9%) higher than budget as costs associated with the appointment of a Strategic Information Advisor have now been incorporated into the forecast.

14.7 Facilities is forecast to be £0.1 million lower than budget resulting from vacating the Old Bailey earlier than expected and a VAT rebate received on the 61 Aldwych rent.

14.8 NMC General is forecast to be £0.5 million (90%) higher than budget, which includes a provision for the next stage of our reward strategy, an updated employer contribution for the defined benefits pension scheme, following the latest valuation of the scheme and a provision for unused employee annual leave days carried over to 2015-16, which is a new requirement under Financial Reporting Standard 102. These have been funded by the contingency.

14.9 The forecast now reflects the capital expenditure required to fit out the new leased hearing accommodation at Stratford Place. This is higher than the budgeted amount, but this overspend will be offset by lower than budgeted rental payments in future years. The total agreed for Stratford Place (rental costs and fit-out) is within the envelope agreed by the Council. The budget was based on the costs incurred

with the Old Bailey fit-out. Since then the market has changed and the new accommodation will provide extra capacity, hence the increased costs this year.

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

Efficiencies

15 As part of the financial strategy, efficiency savings of £55 million were identified in Fitness to Practise for 2014-2015 to 2016-2017 and are being actively targeted. £11 million of savings are currently forecasted to be achieved for 2014-2015, and although this currently shows a shortfall to the budget, the overall target is expected to be met by the end of the three year period.

16 Further efficiency savings are being monitored, identified and targeted via the Corporate Efficiency Steering Group, which reports to the Executive Board.

Public protection implications:

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

Resource implications:

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

Equality and diversity implications:

19 None.

Stakeholder engagement:

20 None.

Risk implications:

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

21.1 The Council's risk based reserve policy is that available free reserves should be held in a target range of £10 million to £25 million. At the November 2014 meeting, the Council considered the latest position on risks to be covered by reserves, and agreed that the target risk based reserves level should remain in this range. Our available free reserves are £9.3 million at November 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.

21.2 There is a risk around the FtP forecast assumptions for case closures via alternative case disposal methods. If the most recent trend continues, rather than forecast, FtP will potentially require an additional £0.5 million if these cases require a full substantive hearing at the average 3.5 hearing days to maintain their latest forecast.

Legal implications: 22 None.

Annexe 1

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

	Month of November				April to November						December to March					Full Year					
2014/2015	Actual	Budget	Prior Forecast	vs budget	Actual	Budget	Prior Forecast	vs budget	% vs budget	vs prior forecast	Forecast	Budget	Prior Forecast	vs budget	vs prior forecast	Actual\Forecast	Budget	Prior Forecast	vs budget	% vs budget	vs prior forecast
Grant Income	0	36	0	(36)	194	1,563	194	(1,369)	(88%)	0	2,221	91	1,409	2,129	811	2,415	1,654	1,604	761	46%	811
Periodic Fee Income	5,741	5,629	5,672	112	45,474	45,030	45,404	444	1%	69	22,762	22,590	22,762	172	0	68,236	67,620	68,166	616	1%	69
Overseas Applications	56	18	18	38	234	143	196	91	64%	38	71	71	71	0	0	305	214	267	91	43%	38
Eu Assessment Fee	92	40	45	52	551	319	504	232	73%	47	180	159	180	21	0	731	478	684	252	53%	47
Interest Income	51	77	56	(25)	429	614	434	(185)	(30%)	(5)	224	288	224	(64)	0	653	902	658	(249)	(28%)	(5)
Other Income	32	32	32	(1)	222	257	222	(36)	(14%)	(1)	129	129	129	0	0	350	386	351	(36)	(9%)	(1)
Total Income:	**5,972**	**5,831**	**5,823**	**140**	**47,103**	**47,926**	**46,955**	**(822)**	**(2%)**	**149**	**25,587**	**23,329**	**24,776**	**2,258**	**811**	**72,690**	**71,255**	**71,730**	**1,435**	**2%**	**960**
Office of the Chair & Chief Executive	**52**	**79**	**50**	**27**	**367**	**627**	**365**	**260**	**71%**	**(2)**	**189**	**329**	**191**	**140**	**2**	**556**	**956**	**556**	**400**	**72%**	**(0)**
Communication	81	73	79	(9)	548	596	546	48	9%	(2)	370	320	373	(50)	3	919	916	919	(2)	(0%)	0
Council Services	25	27	28	3	315	330	318	14	4%	3	191	131	191	(60)	0	506	461	509	(46)	(9%)	3
Governance	152	120	172	(32)	1,215	898	1,236	(317)	(26%)	21	779	444	762	(335)	(17)	1,994	1,341	1,998	(653)	(33%)	4
Policy	37	83	54	47	709	733	725	25	3%	17	512	322	581	(189)	70	1,220	1,056	1,307	(165)	(14%)	86
Strategy	**295**	**304**	**333**	**9**	**2,788**	**2,557**	**2,826**	**(231)**	**(8%)**	**38**	**1,852**	**1,217**	**1,907**	**(635)**	**56**	**4,639**	**3,774**	**4,733**	**(866)**	**(19%)**	**94**
Registration	**301**	**294**	**272**	**(6)**	**2,636**	**2,517**	**2,607**	**(119)**	**(5%)**	**(29)**	**1,206**	**1,246**	**1,194**	**40**	**(11)**	**3,841**	**3,763**	**3,801**	**(79)**	**(2%)**	**(40)**
Continued Practice	**180**	**354**	**313**	**174**	**1,878**	**2,642**	**2,011**	**763**	**41%**	**132**	**1,984**	**1,221**	**1,852**	**(763)**	**(132)**	**3,863**	**3,863**	**3,863**	**(0)**	**(0%)**	**0**
ICT	401	372	480	(28)	3,757	3,217	3,836	(540)	(14%)	79	1,947	1,528	1,827	(419)	(120)	5,704	4,745	5,663	(959)	(17%)	(41)
Finance	201	181	203	(20)	1,471	1,460	1,473	(12)	(1%)	1	977	777	938	(201)	(39)	2,449	2,236	2,411	(212)	(9%)	(38)
Facilities Management	259	451	287	192	3,483	3,741	3,511	258	7%	28	1,942	1,790	1,804	(152)	(138)	5,425	5,531	5,315	106	2%	(110)
HR&OD	218	218	232	0	1,731	1,784	1,745	53	3%	14	959	863	947	(96)	(12)	2,691	2,647	2,693	(43)	(2%)	2
Corporate Services	**1,079**	**1,223**	**1,201**	**143**	**10,443**	**10,202**	**10,565**	**(241)**	**(2%)**	**122**	**5,825**	**4,958**	**5,516**	**(868)**	**(309)**	**16,268**	**15,160**	**16,081**	**(1,109)**	**(7%)**	**(187)**
Directors office	59	53	53	(6)	488	425	483	(64)	(13%)	(6)	227	212	227	(15)	0	715	636	709	(78)	(11%)	(6)
Screening	73	123	123	51	754	985	804	231	31%	51	492	492	492	0	0	1,246	1,477	1,297	231	19%	51
Case Investigations - Total	602	424	542	(178)	3,734	3,307	3,673	(427)	(11%)	(60)	1,966	1,712	1,910	(253)	(56)	5,699	5,019	5,583	(681)	(12%)	(116)
Investigations - IC	45	191	181	146	533	1,080	669	547	103%	136	485	505	464	20	(21)	1,018	1,585	1,133	567	56%	114
Case Management	0	24	24	24	44	195	69	150	341%	24	97	97	97	0	0	142	292	166	150	106%	24
Scheduling	75	80	90	5	648	629	663	(19)	(3%)	15	320	320	320	0	0	968	949	983	(19)	(2%)	15
Case Preparation	111	118	118	7	863	962	870	99	11%	7	472	472	472	0	0	1,335	1,434	1,342	99	7%	7
Admin / General	56	109	109	53	745	915	798	170	23%	53	528	478	486	(50)	(41)	1,273	1,393	1,284	120	9%	11
Adjudication	307	247	341	(60)	2,475	1,960	2,509	(515)	(21%)	34	1,007	1,007	1,006	1	(1)	3,482	2,967	3,515	(514)	(15%)	33
CCC	1,580	1,400	1,496	(180)	12,456	11,486	12,372	(970)	(8%)	(84)	5,078	4,192	5,099	(886)	21	17,534	15,678	17,470	(1,856)	(11%)	(63)
HC	130	96	92	(34)	926	759	888	(167)	(18%)	(38)	289	296	295	7	6	1,215	1,055	1,183	(160)	(13%)	(32)
Investigations - ICIO	178	339	197	161	1,307	2,660	1,326	1,353	104%	19	767	1,380	770	613	3	2,074	4,040	2,095	1,966	95%	21
Regulatory Legal Team	407	391	395	(16)	3,442	3,133	3,429	(309)	(9%)	(12)	1,577	1,349	1,511	(228)	(66)	5,019	4,482	4,940	(537)	(11%)	(79)
Panel support	73	60	60	(14)	645	541	632	(105)	(16%)	(14)	361	361	361	0	0	1,007	902	993	(105)	(10%)	(14)
Case Investigations Team 5	0	33	33	33	1	264	33	263	39,946%	33	132	132	132	0	0	133	396	165	263	199%	33
FtP Programme Initiatives	37	27	13	(10)	124	69	101	(55)	(44%)	(24)	203	242	227	39	24	327	312	327	(16)	(5%)	0
FTP	**3,735**	**3,717**	**3,867**	**(18)**	**29,185**	**29,367**	**29,318**	**182**	**1%**	**133**	**14,001**	**13,249**	**13,868**	**(752)**	**(133)**	**43,186**	**42,616**	**43,186**	**(570)**	**(1%)**	**0**
Projects	0	52	11	52	458	1,933	469	1,475	322%	11	2,656	198	1,614	(2,458)	(1,042)	3,114	2,131	2,083	(983)	(32%)	(1,031)
Depreciation	290	297	300	7	2,368	2,359	2,378	(9)	(0%)	10	1,241	1,070	1,241	(172)	0	3,609	3,429	3,619	(181)	(5%)	10
NMC Corporate/General	47	5	58	(42)	211	38	222	(174)	(82%)	11	330	19	230	(311)	(100)	541	57	452	(485)	(90%)	(89)
Contingency	0	250	0	250	0	2,000	0	2,000	0%	0	316	1,000	950	684	634	316	3,000	950	2,684	849%	634
Revenue Spend	**5,979**	**6,575**	**6,405**	**596**	**50,334**	**54,241**	**50,760**	**3,907**	**8%**	**426**	**29,601**	**24,507**	**28,564**	**(5,093)**	**(1,037)**	**79,935**	**78,748**	**79,325**	**(1,187)**	**(1%)**	**(610)**
Surplus / (Deficit)	**(7)**	**(743)**	**(582)**	**736**	**(3,231)**	**(6,315)**	**(3,806)**	**3,084**	**95%**	**575**	**(4,014)**	**(1,178)**	**(3,789)**	**(2,836)**	**(226)**	**(7,245)**	**(7,493)**	**(7,594)**	**248**	**3%**	**350**
Capital	**250**	**639**	**235**	**389**	**2,795**	**3,251**	**2,775**	**456**	**16%**	**(20)**	**1,443**	**954**	**1,461**	**(489)**	**18**	**4,238**	**4,205**	**4,236**	**(33)**	**(1%)**	**(2)**
Total free reserves					**18,061**	**14,459**	**17,515**	**3,602**	**25%**	**546**						**16,129**	**15,680**	**15,791**	**449**	**3%**	**338**
Pension deficit					**8,713**	**8,742**	**8,713**	**29**	**0%**	**0**						**8,324**	**8,213**	**8,324**	**(111)**	**(1%)**	**0**
Available free reserves (excluding pension deficit & restricted funds)					**9,348**	**5,717**	**8,802**	**3,631**	**64%**	**546**						**7,805**	**7,467**	**7,467**	**338**	**5%**	**338**
Restricted funds					**7,432**	**7,432**	**7,432**	**0**	**0%**	**0**						**5,148**	**5,148**	**5,148**	**0**	**0%**	**0**
Cash at bank					**77,467**	**72,351**	**75,408**	**5,116**	**7%**	**2,059**						**72,809**	**72,359**	**72,471**	**449**	**1%**	**338**
Net inflow/(outflow) of funds					**(783)**	**(5,899)**	**(2,842)**	**5,116**	**653%**	**2,059**						**(5,441)**	**(5,891)**	**(5,779)**	**449**	**8%**	**338**

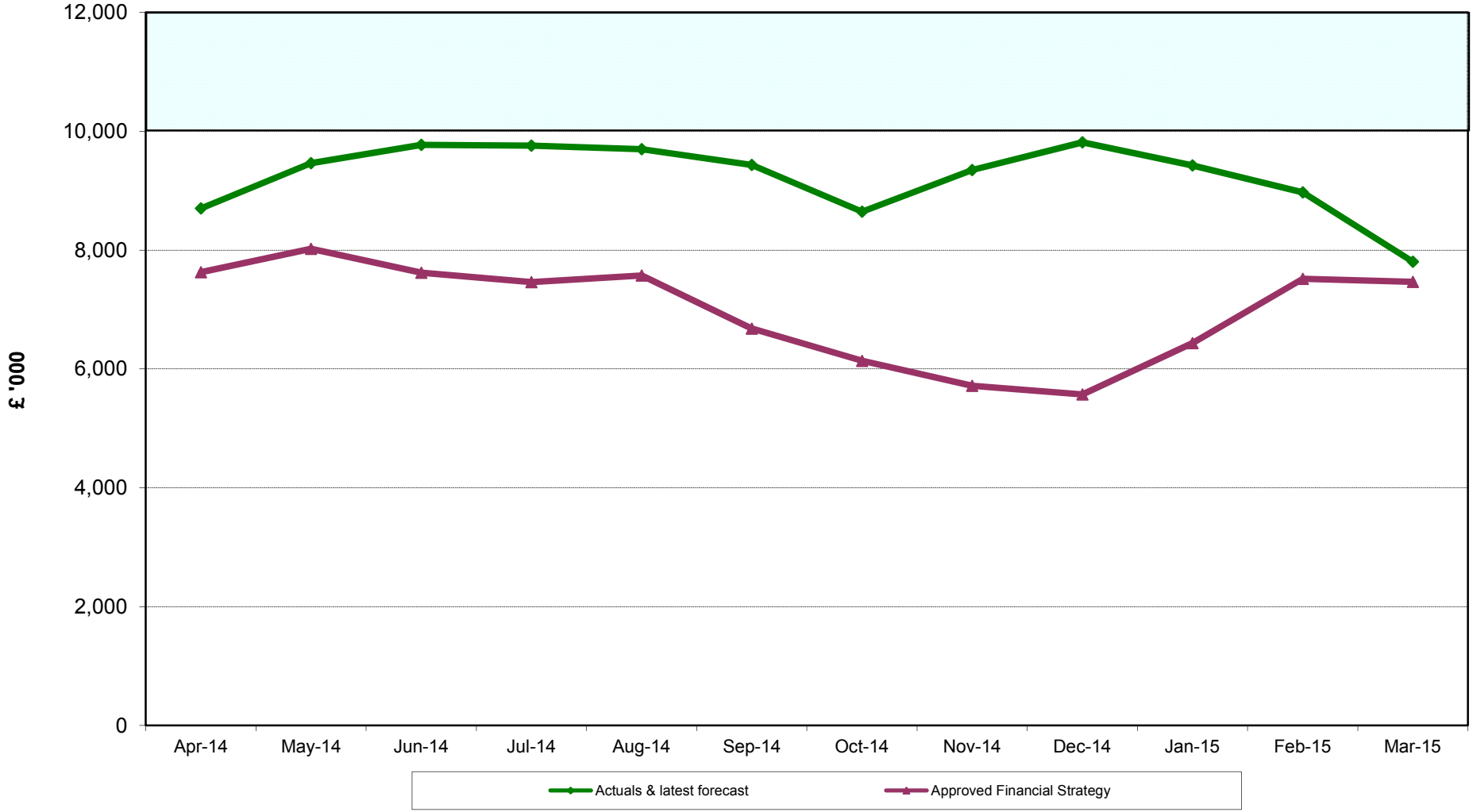
Actual and Forecast per month 2014-2015

Annexe 2

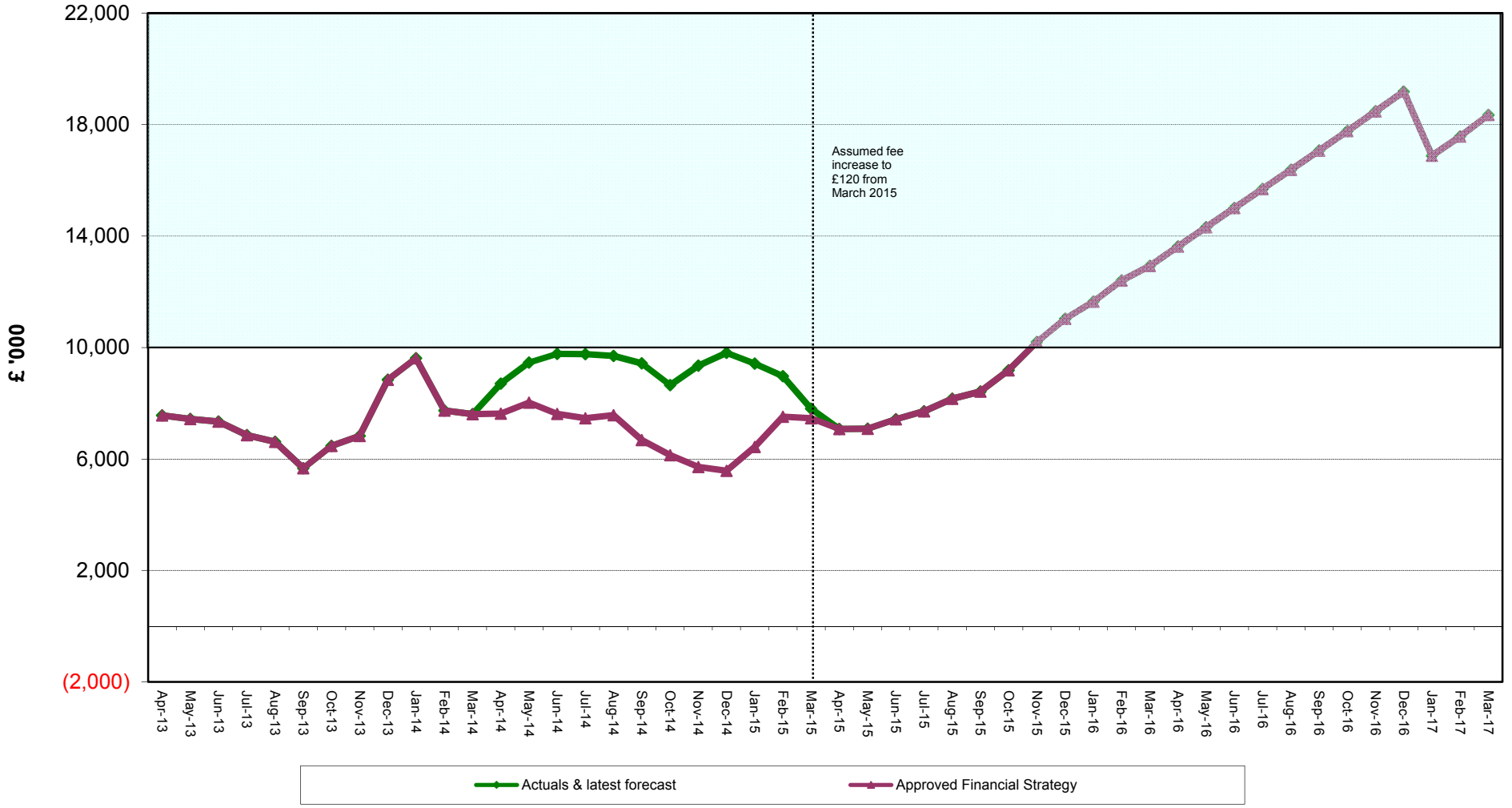
£000's

	Apr-14 Actual	May-14 Actual	Jun-14 Actual	Jul-14 Actual	Aug-14 Actual	Sep-14 Actual	Oct-14 Actual	Nov-14 Actual	Dec-14 Forecast	Jan-15 Forecast	Feb-15 Forecast	Mar-15 Forecast	Full Year 2014-2015
Grant Income	73	41	44	21	10	16	(11)	0	1,756	177	141	147	2,415
Periodic Fee Income	5,670	5,674	5,675	5,671	5,664	5,662	5,717	5,741	5,672	5,672	5,672	5,747	68,236
Overseas Applications	22	25	37	28	9	23	35	56	18	18	18	18	305
Eu Assessment Fee	53	55	50	69	71	72	89	92	45	45	45	45	731
Interest Income	52	56	57	56	53	50	52	51	56	56	56	56	653
Other Income	23	18	21	27	23	29	50	32	32	32	32	32	350
Total Income:	**5,893**	**5,870**	**5,882**	**5,873**	**5,831**	**5,852**	**5,932**	**5,972**	**7,579**	**6,000**	**5,964**	**6,044**	**72,690**
Office of the Chair & Chief Executive	**67**	**61**	**67**	**70**	**(44)**	**49**	**45**	**52**	**47**	**48**	**46**	**49**	**556**
Communication	47	68	70	66	54	84	78	81	70	75	75	149	919
Council Services	33	65	74	61	(14)	36	35	25	27	59	49	57	506
Governance	94	100	153	215	236	140	126	152	166	200	202	210	1,994
Policy	65	32	146	141	134	73	80	37	41	153	159	160	1,220
Strategy	**239**	**264**	**442**	**484**	**411**	**334**	**319**	**295**	**304**	**486**	**486**	**576**	**4,639**
Registration	**273**	**325**	**292**	**268**	**342**	**411**	**425**	**301**	**299**	**297**	**308**	**301**	**3,841**
Continued Practice	**209**	**192**	**285**	**307**	**270**	**206**	**230**	**180**	**559**	**543**	**465**	**418**	**3,863**
ICT	286	475	508	464	472	538	613	401	476	476	493	502	5,704
Finance	160	156	189	230	177	166	192	201	222	241	231	284	2,449
Facilities Management	448	435	443	431	485	467	516	259	471	507	488	475	5,425
HR&OD	183	226	228	195	229	204	248	218	234	265	229	232	2,691
Corporate Services	**1,077**	**1,292**	**1,367**	**1,320**	**1,362**	**1,375**	**1,569**	**1,079**	**1,403**	**1,489**	**1,441**	**1,493**	**16,268**
Directors office	60	68	60	60	60	63	59	59	53	53	53	66	715
Screening	118	112	101	97	75	86	91	73	123	123	123	123	1,246
Case Investigations - Total	422	365	458	480	421	433	552	602	462	488	495	521	5,699
Investigations - IC	88	56	89	48	69	99	40	45	155	155	155	21	1,018
Case Management	24	20	0	0	0	0	0	0	24	24	24	24	142
Scheduling	59	57	66	72	114	107	98	75	80	80	80	80	968
Case Preparation	101	106	108	111	126	94	106	111	118	118	118	118	1,335
Admin / General	112	140	95	104	95	85	58	56	105	142	130	152	1,273
Adjudication	273	259	281	284	302	381	387	307	247	247	247	265	3,482
CCC	1,403	1,437	1,363	1,518	1,464	1,660	2,030	1,580	1,170	1,367	1,371	1,169	17,534
HC	136	123	91	124	128	71	123	130	91	51	51	96	1,215
Investigations - ICIO	198	172	180	194	76	168	140	178	197	190	190	191	2,074
Regulatory Legal Team	383	469	486	426	385	409	477	407	400	401	397	380	5,019
Panel support	52	61	77	117	48	99	117	73	42	66	78	175	1,007
Case Investigations Team 5	0	0	0	(0)	0	0	0	0	33	33	33	33	133
FtP Programme Initiatives	0	0	0	8	0	12	67	37	8	89	53	53	327
FTP	**3,430**	**3,446**	**3,455**	**3,642**	**3,363**	**3,769**	**4,344**	**3,735**	**3,307**	**3,628**	**3,599**	**3,468**	**43,186**
Projects	73	156	101	22	14	103	(11)	0	1,759	206	512	179	3,114
Depreciation	291	303	282	297	306	296	302	290	281	320	320	320	3,609
NMC Corporate/General	5	5	56	184	58	98	(241)	47	58	58	58	158	541
Contingency	0	0	0	0	0	0	0	0	0	0	0	316	316
Revenue Spend	**5,663**	**6,044**	**6,347**	**6,595**	**6,082**	**6,642**	**6,983**	**5,979**	**8,016**	**7,074**	**7,234**	**7,276**	**79,935**
Surplus / (Deficit)	**230**	**(174)**	**(465)**	**(721)**	**(252)**	**(790)**	**(1,051)**	**(7)**	**(438)**	**(1,074)**	**(1,270)**	**(1,232)**	**(7,245)**
Capital	**90**	**34**	**183**	**257**	**782**	**492**	**706**	**250**	**48**	**302**	**169**	**924**	**4,238**
Total free reserves	**18,100**	**18,766**	**18,971**	**18,861**	**18,704**	**18,342**	**17,457**	**18,061**	**18,428**	**17,942**	**17,394**	**16,129**	
Pension deficit	**9,397**	**9,303**	**9,199**	**9,102**	**9,005**	**8,907**	**8,810**	**8,713**	**8,616**	**8,519**	**8,421**	**8,324**	
Available free reserves (excluding pension deficit & restricted funds)	**8,703**	**9,463**	**9,772**	**9,760**	**9,700**	**9,434**	**8,647**	**9,348**	**9,812**	**9,424**	**8,973**	**7,805**	
Restricted funds	**11,429**	**10,858**	**10,287**	**9,716**	**9,145**	**8,574**	**8,003**	**7,432**	**6,861**	**6,290**	**5,719**	**5,148**	
Cash at bank	**76,546**	**75,227**	**73,439**	**71,548**	**72,048**	**79,808**	**79,184**	**77,467**	**74,153**	**70,213**	**69,206**	**72,809**	
Net inflow/(outflow) of funds - monthly	**(1,704)**	**(1,319)**	**(1,788)**	**(1,891)**	**500**	**7,760**	**(624)**	**(1,717)**	**(3,314)**	**(3,941)**	**(1,007)**	**3,603**	**(5,441)**

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

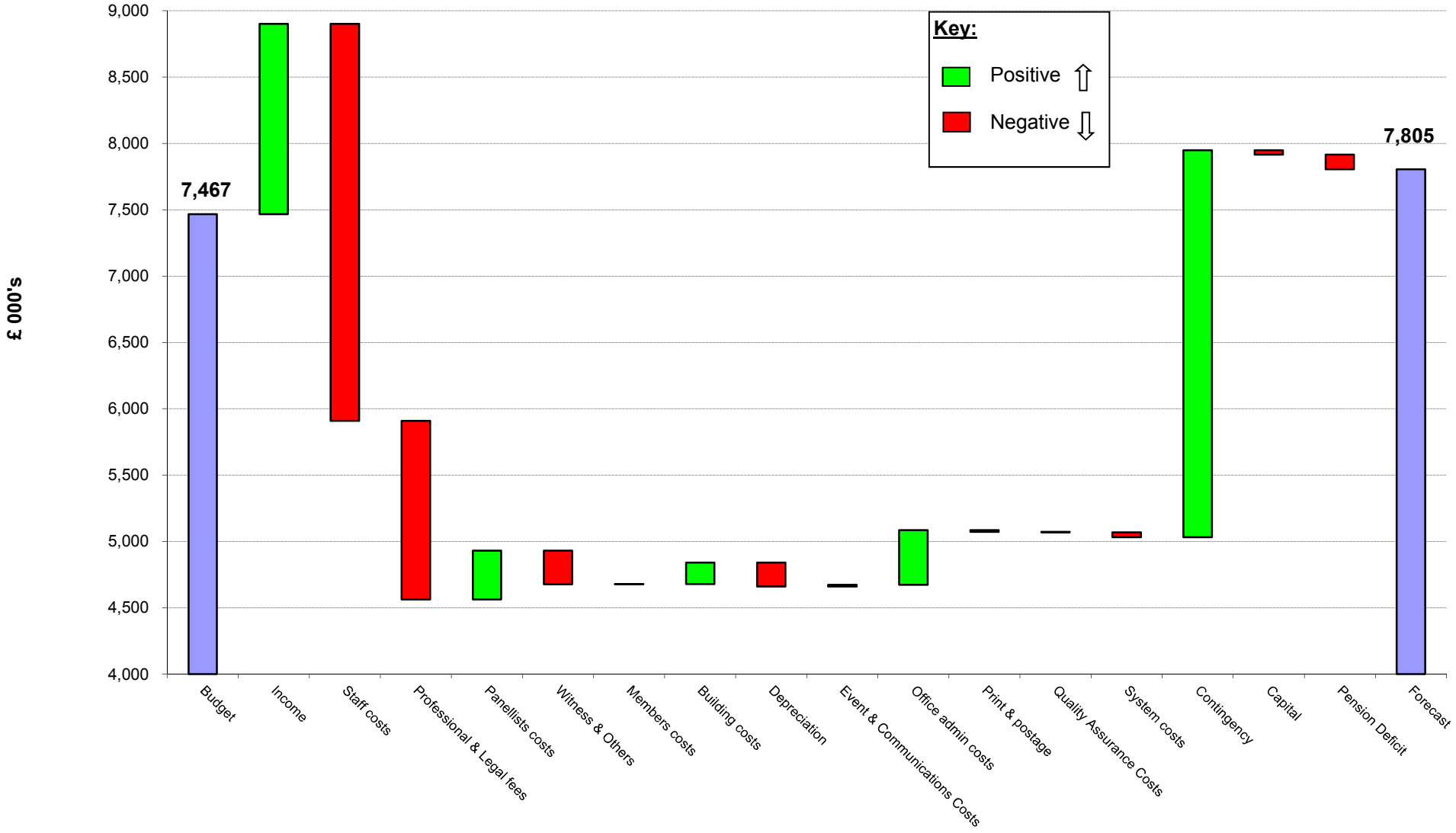


November forecast & approved financial strategy available free reserves for 2013-2017
Annexe 4



Annexe 5

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



Efficiency performance 2014-2015

Nov-14

£000's

		Efficiencies assured by KPMG		Actual\Forecast		Variance	
		2014-2015	Total	2014-2015	Total	2014-2015	Total
In-house investigations		8,184	8,184	3,267	3,267	(4,917)	(4,917)
Shorthand writers		1,583	1,583	2,055	2,055	472	472
Cases to investigating committees		1,336	1,336	909	909	(427)	(427)
Alternative methods to case disposal		6,251	6,251	5,224	5,224	(1,027)	(1,027)
Introduction of case examiners		(36)	(36)	(36)	(36)	0	0
Total		**17,318**	**17,318**	**11,419**	**11,419**	**(5,899)**	**(5,899)**

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

Key

Note 1: In-house investigations — The savings are based on the difference between cases being investigated in-house and the cost of those cases being sent externally for investigation.

Note 2: Shorthand writers — The cost of transcribing hearings is high and previously all hearings would have transcripts requested. To reduce costs, the use of 'loggers' has been implemented and transcripts are only requested on demand.

Note 3: Cases to investigating committees — This saving is driven by a change in process. Previously, cases would go to the Investigating Committee (IC) for confirmation where an investigation is required, and then subsequently following the investigation for a decision on whether they need to go to adjudication. The new process has removed the first visit to the IC.

Note 4: Alternative methods to case disposal — There are three alternative methods to case disposal; Voluntary Removal, which is equivalent to zero full hearing days, meetings equivalent to 0.5 hearing days and consensual panel determinations equivalent to 1.0 hearing days. These three methods reduce the hearing days by dealing with cases in different ways based on their circumstances. The saving is driven from the reduction in hearing days against the average length of a case, which currently stands at 3.5 days.

Note 5: Introduction of case examiners — The NMC, with support from the Department of Health, proposed changes to the Fitness to Practise legislation and process with the introduction of case examiners. Case examiners will be permanent NMC employees, with the efficiency saving based on comparing the monthly cost of the cases previously going to the Investigating Committee (IC) with the cost of employing the case examiners who will take on the decision making process, with just a single IC meeting every other month, once fully implemented.

Item 11
NMC/15/11
28 January 2015

Council

Appointment of Assistant Registrars

Action: For decision.

Issue: This paper is to ask Council to approve the appointment of Assistant Registrars ('ARs') to undertake the 'power to review' no case to answer decisions.

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 the appointment of the Assistant Registrars named in this paper.

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 amendments to our legislation via the recent section 60 order and changes to the FtP rules, a power has been included for the Registrar to review no case to answer decisions made by Case Examiners or the Investigating Committee.

2 The power to review a no case to answer arises if there is:

2.1 Reason to believe the decision is materially flawed in whole or in part, or there is reason to believe that new information may have led to a different decision in whole or in part; and

2.2 It would be in the public interest to review the decision.

Discussion and options appraisal:

3 If the Registrar decides to commence a review then there is a power to conduct further investigations prior to a further decision on whether the original no case to answer decision should stand.

4 Under the Nursing and Midwifery Order 2001, Part III, Article 4(5), the Council is able to appoint assistant registrars to support the work of the Registrar and to 'act for him or her in any matter.

5 With the above in mind, it is proposed that the Council appoint two ARs to consider no case to answer review requests. They are:

5.1 Loraine Ladlow, Assistant Director, Adjudication

5.2 Matthew McClelland, Assistant Director, Governance and Planning

Recommendation: The Council is recommended to appoint the two ARs.

6 This is a new process and, as a result, we have identified the relevant and appropriate training for ARs to review no case to answer decisions.

Public protection implications:

7 Failure to appoint additional ARs with the power to review no case to answer decisions would prevent sufficient public protection or public interest concerns where identified.

Resource implications:

8 No financial implications. Some resources required to deliver in house training to ARs.

Equality and diversity implications:

9 None.

Stakeholder engagement:	10	None.
Risk implications:	11	No risk implications are considered to arise directly from the recommendation.
Legal implications:	12	Legislative provisions are considered within the body of this paper.

Item 12
NMC/15/12
28 January 2015

Council

Revalidation update; Provisional standards and guidance for the pilots

Action: For discussion.

Issue: An update on the revalidation programme including the provisional standards and guidance.

Core regulatory function: Standards and Registration (revalidation)

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

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

Decision required: None

Annexes: The following annexes are attached to this paper:

- Annexe 1: Draft provisional Council standards relating to revalidation
- Annexe 2: Draft provisional "How to revalidate with the NMC" publication which includes all the legislative requirements and the provisional Council standards relating to revalidation and provides guidance for registrants in relation to those requirements.

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 Revalidation is being implemented through a phased approach. In September 2013, the Council approved the revalidation strategy that went out for consultation. The Council agreed that the first phase of revalidation will be designed and implemented within our current legislation and based on our existing mechanism of renewal.

2 We have committed to piloting phase one of revalidation from January 2015. This will provide us with further opportunities to improve and refine the model before we launch the first phase of revalidation in December 2015.

3 In December 2014 the Council approved a provisional revalidation policy for the purpose of the revalidation pilots. Under this policy, some of the requirements for revalidation are based on the existing provisions in our legislation relating to renewal and some requirements are to be set out in new standards, which will replace the current PREP standards.

Discussion and options appraisal:

Purpose of revalidation

4 The purpose of revalidation is to improve public protection ensuring nurses and midwives continue to remain fit to practise throughout their careers.

5 Designed to build upon existing arrangements, revalidation adds elements which encourage nurses and midwives to seek feedback from patients and colleagues, reflect upon how they meet the Code having had a professional discussion with another nurse/midwife and, importantly, seek confirmation by a manager and/or fellow registrant.

6 The NMC believes that this will give even greater confidence to the public, employers and fellow professionals that nurses and midwives are up to date with their practice.

Revalidation and the current renewal process

7 Based on existing legislation, NMC revalidation will strengthen the existing renewal process. All registrants will need to revalidate at the point of the renewal of their registration in order to remain on the NMC register.

8 Revalidation is not intended to replace the already existing regulatory functions of registration, standards setting and fitness to practise. It adds value through reinforcing the duty on our registrants to maintain their fitness to practise within the scope of their practice and competence.

9 Consequently, revalidation is not about addressing bad practice amongst a few but about promoting good practice across the whole

population of nurses and midwives.

Revalidation pilots

10 We have now announced the pilot organisations we are working with across the countries of the UK. They include organisations and networks/associations offering a variety of settings and roles nurses and midwives practise in.

11 The purpose of the pilots is to test the NMC revalidation model and processes in practice and feed into the overall assessment of readiness to proceed with launch of revalidation in December 2015.

12 Pilot organisations are supported through the establishment of a Revalidation Pilot Group and a dedicated team of pilot coordinators and senior engagement leads appointed at the NMC.

13 The focus of the pilots in January is on recruitment of nurses and midwives that will go through the process in April and May 2015.

14 We have commissioned two pieces of evaluation of the pilots to helps us inform our model and assess readiness of the system. These include an evaluation of nurses' and midwives' experience through the pilot phase (led by IPSOS MORI) and an evaluation of the impact on the employers and system (led by a consultancy, tender in process).

Readiness assessment

15 The NMC has supported the establishment of four programme boards in the four countries of the UK led by the Chief Nursing Officers (CNOs).

16 Their purpose is to support the delivery of NMC revalidation across the UK through effective engagement with the sector, assessment of impact and readiness for December 2015 launch.

17 All four programme boards have now agreed their terms of reference with some of them moving forward to assessment of impact and delivery of the engagement at their country level.

The provisional revalidation standards

18 The full list of revalidation requirements are set out in the provisional revalidation policy approved by the Council in December 2014.

19 Some of these requirements for revalidation are based on the

current requirements for renewal prescribed in the Nursing and Midwifery Order 2001 (the Order)[1] and the Education, Registration and Registration Appeals Rules (the Registration rules)[2].

20 The additional requirements for revalidation will be set out in new 'Standards for renewal and continuing fitness to practise'. These standards will be set by the Council using its powers under the Order. These standards will then form part of the mandatory requirements which all nurses and midwives must meet in order to renew their registration and continue practising as an NMC registrant.

21 In order to support the revalidation pilots, provisional 'Standards for renewal and continuing fitness to practise' have been prepared and the Council is asked to note them at this stage. These provisional standards will be reviewed following the revalidation pilots. The final standards which will apply to all registrants undergoing revalidation will be presented to the Council for approval in September 2015.

22 In addition to these mandatory requirements, the NMC Registrar also has the power to request additional information from any registrant seeking renewal including confirmation of their compliance with these requirements from a third party. This power will also be used to seek more information and evidence from some registrants each year before their applications for renewal are allowed (the process previously described as 'audit').

Revalidation transitional arrangements

23 Following a legal review of the policy and feedback from stakeholders, we are now developing appropriate transitional arrangements to ensure that our requirements are fair and reasonable for those due to revalidate in the first year of implementation.

24 Any new standards needed to support such transitional arrangements will be included in the final standards to be approved by the Council as they are not relevant to the pilots.

The provisional " How to revalidate with the NMC" publication

25 The Council is required to publish any standards that it sets using its powers in the Order[3] We have decided that the most helpful way to publish the new standards relating to revalidation will be in single publication for registrants which contains all the requirements they need to meet whether they be based on legislative provisions or Council standards. This is because neither the legislation nor the standards present a complete picture of what each nurse or midwife

[1] SI 2002/253 as amended.
[2] SI 2004/1767 as amended.
[3] Article 3(15) of the Order.

must do. This publication will be called "'***How to revalidate with the NMC****: requirements for renewal of your registration and demonstrating your continuing fitness to practise*'

26 In addition to setting out all the mandatory requirements on registrants it will provide guidance on how to meet the new requirements, what evidence will need to be kept by each registrant and what the NMC is likely to ask for if the registrant is asked for further information.

27 In order to test out this approach we have produced a provisional version of this publication for the purposes of the pilots based on the provisional policy and the provisional standards, which is attached to this paper at Annexe 2.

28 This provisional publication will be revised in line with any revisions to the policy and the standards following the evaluation of the pilots and any other relevant feedback coming out of the four programme boards and our strategic advisory groups.

Other guidance materials

29 We will also provide additional guidance to support the revalidation process and a range of information for other audiences, such as confirmers.

Public protection implications:

30 Revalidation will help to protect the public by assuring that all our registrants participate in a structured process where they regularly consider how they are maintaining their fitness to practise through reflection on the Code. Concerns will be identified earlier and remediated at a local level before they escalate or require referral to us for investigation. Overall, the public will have greater assurance and confidence in our registrants.

Resource implications:

31 All budget and staff time to carry out the policy and process development for the revalidation audits has been accounted for within the 13/14 business planning cycle.

32 We have estimated the total costs for the NMC for the development of phase one will be £4.431 million. This is the budgeted amount in our financial strategy for 2013 to 2016.

Equality and diversity implications:

33 An equality assessment of revalidation has been undertaken and included a review of revalidation policy as well and consultation responses. It identified a number of areas where it would be harder for some groups to meet the revalidation requirements.

34 Findings from the assessment have been reviewed and the policy has been clarified or amended in some cases. We are limited in our

flexibility by our existing legislation.

35 We will monitor the implementation of revalidation to identify any such issues and any potential for adverse impact that may become apparent over time.

Stakeholder engagement:

36 Our approach to revalidation has been developed through extensive engagement with key stakeholders across the UK. We ran a two-part public consultation from January to August 2014. The second part of the consultation involved workshops, focus groups and online forums with nurses and midwives, patients and the public, and groups that we seldom hear from.

37 The *Revalidation evidence report* report provides an overview of what we learnt through the consultation and other engagement activities, and how that further informed our approach.

Risk implications:

38 As revalidation is moving towards its final implementation phase, the focus of risk is now on delivery of the programme and assessment of system readiness. Our risk register has been updated to reflect that.

Legal implications:

39 Both the provisional standards and guidance have been the subject of a legal review and are compliant with our legislation.

Item 12: **Annexe 1**
NMC/15/12
28 January 2015

Provisional Standards for renewal and continuing fitness to practise

Provisional Standards for renewal and continuing fitness to practise (RCP)

The 'Standards for renewal and continuing fitness to practise' (RCP) are set by the Council and form part of the mandatory requirements which you must meet in order to renew your registration and continue practising as an NMC registrant. The other requirements are prescribed in the Nursing and Midwifery Order 2001 (the Order)[1] and the Education, Registration and Registration Appeals Rules (the Registration rules)[2].

In addition to these mandatory requirements, the NMC Registrar has the power to request additional information including confirmation of your compliance with these requirements from a third party.

These provisional standards have been developed for the purposes of the revalidation pilots and will be subject to further review before being finalised. The final version of these standards will include appropriate transitional arrangements and will be approved by the Council.

All the requirements for revalidation, including these standards, will be published by the NMC[3] in a single document entitled '*How to revalidate with the NMC: requirements for renewal of your registration and demonstrating your continuing fitness to practise*'

The Standards for renewal and continuing fitness to practise (RCP) are as follows:

1. Practice hours and return to practice programmes[4]

1.1. If you have practised for less than the required number of hours in the three years preceding the date of your application for renewal of your registration, then you must successfully complete an appropriate return to practice programme approved by the NMC before the date of your application for renewal of registration.[5]

[1] SI 2002/253 as amended.
[2] SI 2004/1767 as amended.
[3] In accordance with its duty under Article 3(15) of the Order.
[4] Standard set under Article 19(3) of the Order.
[5] You must practice a minimum number of hours over the three years preceding the date of your application for renewal of your registration (Article 10(2)(c) of the Order, Rule13(1)(b)(ii) of the Registration Rules).

Registration	Minimum total practice hours required
Nurse	450
Midwife	450
Nurse and SCHPN	450
Midwife and SCHPN	450

1.2. If you are a registered midwife only practising in a specialist community public health nursing role and are registered on the SCPHN part of the register, then you do not need to file an Intention to Practise form. However, you must successfully complete an appropriate return to midwifery practice programme approved by the NMC before you can serve an Intention to Practise form and return to practice as a practising midwife.[6]

2. Continuing professional development, feedback and reflection[7]

2.1. You must undertake 40 hours of continuing professional development (CPD) relevant to your scope of practice as a nurse or midwife, over the three years prior to the renewal of your registration.
2.2. Of those 40 hours of CPD, 20 must include participatory learning.
2.3. You must maintain accurate records of the CPD you have undertaken. These records must contain:
- the CPD method
- a description of the topic and how it related to your practice
- the dates on which the activity was undertaken
- the number of hours (including the number of participatory hours)
- the identification of the part of the Code most relevant to the activity
- evidence that you undertook the CPD activity

2.4. You must obtain at least five pieces of practice-related feedback over the three years prior to the renewal of your registration.
2.5. You must record a minimum of five written reflections on the Code, your CPD, and your practice-related feedback over the three years prior to the renewal of your registration.
2.6. You must have a professional development discussion with another NMC registrant, covering your reflections on the Code, your CPD, and practice-related feedback.
2.7. You must ensure that the NMC registrant with whom you had your professional development discussion signs a form recording their name, NMC Pin, email, professional address and postcode, as well as the date you had the discussion.

Nurse and midwife (including Nurse/SCHPN and Midwife/SCHPN	900 (to include 450 hours for nursing, 450 hours for midwifery)

[6] If you are practising as a midwife in the UK, you must file an Intention to Practise form annually with your Local Supervising Authority Midwifery Officer (Rule 3 of The Nursing and Midwifery Council (Midwives) Rules Order of Council 2012 (SI 2012/3025)).
[7] Standards set under Article 19(1) of the Order.

Nursing & Midwifery Council

How to revalidate with the NMC

Requirements for renewing your registration and demonstrating your continuing fitness to practise

This is a provisional version of this publication which is only to be used for the purpose of the revalidation pilots. The final version will be published in autumn 2015.

Provisional

Nursing & Midwifery Council

How to revalidate with the NMC

This document sets out how you renew your registration with the NMC through revalidation.

The requirements in this document are either prescribed in the Nursing and Midwifery Order 2001 (the Order)[1] and the Education, Registration and Registration Appeals Rules (the Rules)[2], or are standards set by the Council for renewal and continuing fitness to practise.

The requirements in this document are effective from xxx and replace the requirements for renewal set out in the Prep (Post Registration Education and Practice Standards) handbook.[3]

You should read this document in conjunction with the Code[4] and other NMC guidance.

The role of the NMC

We are the nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland.

- We exist to protect the health and wellbeing of the public.
- We hold the register of nurses and midwives who have met our requirements to practise.
- We set standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare consistently throughout their careers.
- We ensure that nurses and midwives keep their skills and knowledge up to date and uphold our professional standards.
- We have clear and transparent processes to investigate nurses and midwives who fall short of our standards.

[1] SI 2002/253 as amended
[2] SI 2004/1767 as amended
[3] NMC 2011
[4] The Code: Professional standards of practice and behaviour for nurses and midwives, NMC, 2015

Provisional

Introduction

1 This document sets out how to renew your registration with the NMC through revalidation.

2 The requirements in this document are either prescribed in the Nursing and Midwifery Order 2001 (the Order)[5] and the Education, Registration and Registration Appeals Rules (the Rules)[6], or are standards set by the Council for renewal and continuing fitness to practise.

3 This document also contains guidance to help you understand the requirements and prepare for revalidation.

4 You will need to fulfil all the requirements set out in this document in order to be able to renew your registration.

5 If you no longer wish to retain your registration with the NMC please refer to the section on 'Cancelling your registration'.

The purpose of revalidation

6 The purpose of revalidation is to improve public protection by making sure that you continue to remain fit to practise throughout your career.

7 Revalidation is built on existing arrangements and adds requirements which encourage you to seek feedback from patients and colleagues, reflect upon the Code by having a professional discussion with another registrant and, importantly, seek confirmation that you have met those requirements from a third party.

8 Revalidation reinforces the duty on you to maintain your fitness to practise within the scope of your practice and incorporate the Code in your day to day practice and personal development. Revalidation will encourage engagement in professional networks and discussions, and reduce professional isolation.

9 Revalidation will enhance employer engagement by increasing their awareness of our regulatory standards, encouraging early discussions about practice concerns before they escalate or require referral to us, and increasing access and participation in appraisals and professional development.

10 Through revalidation we want to create an interactive, career-long relationship with you, and increase our understanding of your practice and the nursing and midwifery population more broadly.

[5] SI 2002/253 as amended
[6] SI 2004/1767 as amended

Provisional

Revalidation and the Code

11 Revalidation supports professionalism through a closer alignment with the Code.

12 The revalidation model aligns to the four themes of the Code:

- **Prioritise people** by actively seeking and reflecting on any direct feedback received from patients, service users and others to ensure that you are able to fulfil their needs.
- **Practise effectively** by reflecting on your professional development with your colleagues, identifying areas for improvement in your practice and undertaking professional development activities.
- **Preserve safety** by practising within your competency for the minimum number of practice hours, reflecting on feedback, and addressing any gaps in your practice through continuing professional development (CPD).
- **Promote professionalism and trust** by providing feedback and helping other NMC colleagues reflect on their professional development, and being accountable to others for your professional development and revalidation.

The Code (paragraph 22) requires you to:

Fulfil all registration requirements

To achieve this, you must:

22.1 meet any reasonable requests so we can oversee the registration process

22.2 keep to our prescribed hours of practice and carry out continuing professional development activities, and

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

Provisional

Requirements for NMC revalidation

Overview of revalidation

13 In the three years preceding the date of your application for renewal of your registration[7], you need to meet a range of revalidation requirements designed to show that you are keeping up to date and actively maintaining your fitness to practise. These include undertaking a range of continuing professional development activities and ensuring that you do a minimum amount of practice. The following sections of this document set out the revalidation requirements in detail and provide guidance on how you can meet and record those requirements.

14 Nurses and midwives work across a wide range of roles, functions and settings. For example, these include roles in front line clinical care both in acute and community settings, roles in nursing and midwifery education and research, policy advisory roles and management and leadership roles specific to nursing or midwifery. The activities you undertake to meet these requirements will reflect your individual scope of practice as a nurse or midwife.[8]

15 Once you have met the requirements, you will need to discuss your revalidation with a third party. As part of this discussion, you will demonstrate that you have complied with the revalidation requirements.

16 Every three years you will be asked to apply for revalidation using NMC Online.[9] As part of that application, you need to declare to the NMC that you have complied with the revalidation requirements.

17 Each year we will select a sample of nurses and midwives to provide us with further information to verify the declarations that they made as part of their revalidation application. Such a request does not necessarily mean that there are any concerns about your application, and you can continue to practise while we review the information that you provide. If you are selected to provide further information, you will need to do this quickly and within the timeframe that we specify.

[7] Throughout this document, the phrase *'the three years preceding the date of your application for renewal of your registration'* refers to the three year registration period leading up to your next application for renewal. For example, if you are due to apply for renewal in June 2019, the three years prior to the renewal of your registration is June 2016 to June 2019.

[8] Scope of practice: A nurse or midwife is a person who, having been admitted to a nursing or midwifery educational programme, duly recognised in the country in which it is located, has successfully completed the prescribed course of studies and has acquired the requisite qualifications to be registered and/or legally licensed to practise nursing or midwifery. Any work that a nurse/midwife undertake by virtue of their registration with the NMC can be considered as that individual's scope of practice.

[9] We will make reasonable adjustments for registrants who cannot access NMC Online, for example due to a disability.

Provisional

Keeping a portfolio

18 We strongly recommend that you keep evidence that you have met these requirements in a portfolio.[10] You may find it helpful to structure your portfolio according to the themes in the Code.

19 This will be helpful for the discussion you have with your third party confirmer (see page 20). You will also need to have this information available in case we request to see it to verify the declarations you made as part of your application.

20 You may already keep a professional portfolio. If so, you do not need to maintain a separate portfolio.

21 We recommend that you keep your portfolio until after your next revalidation. For example, if you revalidate in 2016, we suggest that you should keep your portfolio until 2019, when you have revalidated again.

22 You can use the checklist in Annex 1 to make sure that all of the information is in your portfolio before you submit your revalidation application.

[10] We expect any evidence to be kept in English. We will make adjustments for those registrants who train and practise in Welsh and choose to maintain their portfolio in Welsh. Our Welsh language scheme sets out how we will implement the principle of equal treatment for the Welsh language in aspects of our business including service planning and delivery, and communications. Our Welsh language scheme is available at http://www.nmc-uk.org/About-us/Welsh-Language-Scheme/.

Provisional

Practice hours

The requirements

23 You must practise a minimum number of hours over the three years preceding the date of your application for renewal of your registration.[11]

Registration	Minimum total practice hours required
Nurse	450
Midwife	450
Nurse and SCHPN[12]	450
Midwife and SCHPN	450
Nurse and midwife (including Nurse/SCHPN and Midwife/SCHPN	900 (to include 450 hours for nursing, 450 hours for midwifery)

24 If you have practised for less than the required number of hours in the three years preceding the date of your application for renewal of your registration, then you must successfully complete an appropriate return to practice programme approved by the NMC before the date of your application for renewal of registration.[13]

25 If you are practising as a midwife in the UK, you must file an intention to practise form annually with your Local Supervising Authority Midwifery Officer.[14]

26 If you are a registered midwife only practising in a specialist community public health nursing role and are registered on the SCPHN part of the register, then you do not need to file an intention to practise form. However, you must successfully complete an appropriate return to midwifery practice programme approved by the NMC before you can serve an intention to practise form and return to practice as a practising midwife.[15]

[11] Article 10(2)(c) of the Order, Rule13(1)(b)(ii) of the Rules
[12] A specialist community public health nurse (SCPHN) means a registered nurse or midwife who is also registered in the Specialist Community Public Health Nurses' part of the register.
[13] Standards set under Article 19(3) of the Order
[14] Rule 3 of The Nursing and Midwifery Council (Midwives) Rules Order of Council 2012 (SI 2012/3025)
[15] Standards set under Article 19(3) of the Order

Provisional

How to meet the requirements

27 Only hours that are relevant to registered nursing or midwifery practice contribute toward meeting the practice hours requirement. Your practice hours will relate to your own specific scope of practice and are not limited to direct patient care. For some roles, practice will include non-clinical practice.

28 Any practice that was undertaken when you were not registered with NMC cannot be counted towards meeting the practice hours requirement.

29 You are most likely to meet the practice hours requirement whilst in a paid role that requires registration. For example, working in an organisation such as an NHS trust, a care home, an independent healthcare provider, a nursing agency, a health authority or health board, educational institution, another type of company or organisation, or working in independent practice.

30 However, you can meet the practice hours requirement doing unpaid or voluntary work in a role that requires registration. For example, when you are working on a voluntary basis for an established healthcare charity.

31 You can also meet the practice hours requirement if you are working overseas (or have worked overseas for part of the registration period) on the basis of your registration with the NMC. We recommend that you always register with the appropriate regulator in the country in which you are practising. Please refer to our guidance on working outside the UK.[16]

32 If you have had a career break, you will still be able to meet the practice hours requirement if you have completed the required hours of practice as a registered nurse or midwife at some point earlier in your three-year registration period.

33 If you are unable to meet the practice hours requirement, you will need to successfully complete an appropriate NMC-approved return to practice programme before the date of your revalidation application. These programmes are designed to allow you to renew your registration and return to practice after a break in practice. Further information about return to practice programmes is available online.[17]

How to record practice hours in your portfolio

34 We strongly recommend that you maintain a record of practice hours you have completed in your portfolio.

35 When you apply for revalidation, you will be asked to declare that you have met the practice hours requirement. You will also be asked whether you are currently practising, and if so, where you undertake that practice. If you are not currently in practice, you will be asked to provide details about your most recent practice.

[16] http://www.nmc-uk.org/Registration/Planning-to-work-outside-the-UK/
[17] http://www.nmc-uk.org/Registration/Returning-to-the-register/

Provisional

36 If you are selected to provide further information to verify the declaration you made in your application, you will be asked to provide a range of information about your practice hours, including:[18]

- dates of practice;
- the number of hours you undertook;
- name, address and postcode of the organisations;
- scope of practice;[19]
- work setting;[20]
- a description of the work you undertook; and
- evidence of those practice hours, such as timesheets, job specifications and role profiles.

37 You will be asked to provide this information starting from your most recent practice, and continuing until you meet the practice hours requirement.

[18] Rule 13(1)(d) of the Rules
[19] Direct patient care, management, education, policy, research, registered but not practising, other.
[20] Primary care, secondary care, tertiary hospital, public health, care home sector, ambulance service, military, prison, schools, policy, education, research, e-health, other.

Provisional

Continuing professional development

The requirements

38 You must undertake 40 hours of continuing professional development (CPD) relevant to your scope of practice as a nurse or midwife, over the three years prior to the renewal of your registration.[21]

39 Of those 40 hours of CPD, 20 must include participatory learning.[22]

40 You must maintain accurate records of the CPD you have undertaken. These records must contain:

- **the CPD method;**
- **a description of the topic and how it related to your practice;**
- **the dates on which the activity was undertaken;**
- **the number of hours (including the number of participatory hours);**
- **the identification of the part of the Code most relevant to the activity; and**
- **evidence that you undertook the CPD activity.[23]**

How to meet the requirements

41 As a professional, you have a duty to keep your professional knowledge and skills up to date through a continuous process of learning and reflection.

42 We do not prescribe any particular type of CPD. We think that you are better placed to judge what learning activity would be most suitable and beneficial to your individual scope of practice. Annex 2 lists some individual and participatory CPD activities that you can undertake. It is not an exhaustive list and we have only provided it as an example.

43 Any learning activity you participate in should be relevant to your scope of practice as a nurse or a midwife. Therefore, you should not include mandatory training that is not directly related to your practice (for example, fire training or health and safety training) as part of your 40 hours of CPD. However, if you undertake any mandatory training that is necessary to your scope of practice and professional development (for example, mandatory training on equality legislation if you are in a policy role), you could include that in your portfolio.

44 Participatory learning includes any learning activity in which you personally interacted with other people. It is an activity undertaken with one or more professionals or in a larger group setting. The group does not always need to be in a common physical environment, such as a study tour or conference. It could be a group in a virtual environment (such as an online discussion group). 'The professionals that you engage with through participatory learning do not have to be healthcare professionals.

[21] Standards set under Article 19(1) of the Order
[22] Standards set under Article 19(1) of the Order
[23] Standards set under Article 19(1) of the Order and under rule 13(1)(b)(i) of the Rules

Provisional

How to record CPD in your portfolio

45 You must maintain accurate records of your CPD activities. We have provided a template to help you record you CPD activities. You will be asked to declare that you have met the CPD requirement.

46 If you are selected to provide further information to verify your application, you will need to provide the following information and evidence:

- the CPD method;[24]
- a brief description of the topic and how it relates to your practice;
- dates the CPD activity was undertaken;
- the number of hours and participatory hours;
- identification of the part of the Code most relevant to the CPD; and
- evidence of the CPD activity (Annex 2 provides examples of the kind of evidence you can record in your portfolio).

[24] Examples of 'CPD method' are self-learning, online learning, and course.

Provisional

Practice-related feedback

The requirement

47 You must obtain at least five pieces of practice-related feedback over the three years prior to the renewal of your registration.[25]

How to meet the requirement

48 We recommend that you try to obtain feedback from a variety of sources. For example, you might receive feedback directly from patients, service users, carers, students, service users or colleagues. You can also obtain feedback through reviewing complaints, team performance reports and serious event reviews. You may also have received feedback through your annual appraisal.

49 You can obtain feedback specifically provided on your individual performance. Alternatively, feedback can be on your team, unit, ward or organisation's performance. However, you will need to be clear about the specific impact that the feedback had on your own practice.

50 You can obtain feedback in a formal or informal way. It could be written or verbal. You may not always need to seek feedback. It's likely that you will already receive a range of feedback. In many organisations, feedback is already collected in a variety of ways.

51 Feedback from colleagues does not need to be limited to colleagues who are nurses or midwives. They could be other healthcare professionals you work with. They might also include colleagues in management, on reception, or assistant positions. They may be fellow teachers, academics, researchers or policy colleagues.

52 If you work directly with patients or service users (including family members and carers), you can seek feedback from them directly about your practice. However, you need to be sensitive to the timing and circumstances when you request feedback. It might be helpful to assure patients and service users that your professional relationship with them will not be adversely affected by any feedback that they provide, and that they do not have to provide feedback if they don't want to. In some cases, you might want to consider using a third party to seek feedback on your behalf.

53 Depending on your role, you may need to think broadly about who your service users are. These may include students, research partners, and organisations commissioning you to undertake policy or provide advice.

54 If directly asking colleagues or patients for feedback, we recommend that you inform them how you intend to use their feedback and whether it will remain confidential.

[25] Standards set under Article 19(1) of the Order

Provisional

How to record feedback in your portfolio

55 You do not need to include the actual instances of feedback in your portfolio. However, we recommend that you keep a note of the content of the feedback and how you used it to improve your practice. This will be helpful for you to use when you are preparing your reflective accounts.

56 You need to be careful not to include any information that might identify a specific patient or service user in your portfolio.

Provisional

Reflection and discussion

The requirements

57 You must record a minimum of five written reflections on the Code, your CPD, and practice-related feedback over the three years prior to the renewal of your registration.[26]

58 You must have a professional development discussion with another NMC registrant, covering your reflections on the Code, your CPD, and practice-related feedback.[27]

59 You must ensure that the NMC registrant with whom you had your professional development discussion signs a form recording their name, NMC Pin, email, professional address and postcode, as well as the date you had the discussion.[28]

How to meet the requirements

60 Each reflective account can be about an instance of CPD or feedback, or a combination of both. For example, you could create a reflective account on a particular topic which may have arisen through some feedback your team received, such as consent and confidentiality and identify how that relates to the Code

61 You must discuss your reflective accounts with an NMC registrant as part of a professional development discussion. They could be someone you frequently work with or someone from a professional network or learning group. You do not need to work with them on a daily basis and you do not need to undertake the same type of practice. It is for you to decide who is the most appropriate person to have this conversation with, including whether they are more senior or junior to you

62 If your confirmer is an NMC registrant, we recommend that this discussion forms part of the confirmation discussion at your annual appraisal. If your confirmer is not an NMC registrant, you will need to have this discussion before your confirmation discussion. For further information about the confirmation discussion, see below.

63 If you work in a setting with few or no NMC registrants, you can reach out to NMC-registered peers from your wider professional or specialty network in order to have your professional development discussion.

64 If you are a midwife, we recommend that you use your annual review with your midwifery supervisor as an opportunity to have a professional development discussion.

65 We expect the discussion to be a face-to-face conversation in an appropriate environment. If for some reason you cannot have a face-to-face discussion, then you could arrange a video conference.

[26] Standards set under Article 19(1) of the Order
[27] Standards set under Article 19(1) of the Order
[28] Standards set under Article 19(1) of the Order

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66 While this discussion can form part of your wider confirmation discussion, it is not the same as obtaining confirmation.

67 If you are asked to have a professional development discussion with another nurse or midwife, you are not being asked to provide their confirmation unless they specifically request you to provide their confirmation.

How to record your reflections and discussions in your portfolio

68 We have provided a template that you can use to record your reflections. You don't have to use this template, but we expect any reflective account to explain what you learnt from the CPD activity or feedback, how you changed or improved your work as a result, and how it is relevant to the Code.

69 You are not required to routinely submit a copy of the reflective accounts to the NMC. However, you should retain these in your portfolio as a record and provide them to the NMC if requested.

70 You will need to retain a completed reflection and discussion form. You must make sure that the NMC registrant(s) with whom you had your professional development discussion(s) signs a form recording their name, NMC Pin, email, address and postcode, as well as the date you had the discussion.

Provisional

Health and character

The requirements

71 You must provide a health and character declaration.[29]

72 You must declare if you have been convicted of any criminal offence or issued with a formal caution over the three years prior to the renewal of your registration.[30]

How to meet the requirements

73 You will need to complete these declarations as part of your revalidation application.

74 Please refer to our health and character guidance for nurses and midwives and our guidance on declaring police charges, cautions and convictions when making these declarations.[31] These set out what we mean by health and character, and what cautions and convictions you must declare.

75 Good character is important and is central to the Code because nurses and midwives must be honest and trustworthy. Your good character is based on your conduct, behaviour and attitude. You must state if you have received any cautions or convictions over the three years prior to the renewal of your registration. Your declaration will also include an opportunity to declare if you have any pending police charges.

76 A caution or conviction includes a caution or conviction you have received in the UK for a criminal offence, as well as a conviction received elsewhere for an offence which, if committed in England and Wales, would constitute a criminal offence.[32]

77 You do not need to declare fixed penalty fines for traffic offences unless they have led to a disqualification. Nor do offences that we have dealt with already need to be declared again. You do not need to declare a protected caution or conviction.[33]

78 In accordance with the Code, we expect you to declare any cautions and convictions to the NMC immediately, not just at the point of renewal.[34]

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[29] Rule 13(1)(a) of the Rules
[30] Rule 13(1)(a) and paragraph 2 of Schedule 4 of the Rules
[31] http://www.nmc-uk.org/Students/Good-Health-and-Good-Character-for-students-nurses-and-midwives/ and http://www.nmc-uk.org/Registration/Staying-on-the-register/Declaring-police-charges-cautions-and-convictions/
[32] Rule 6(6)(c) of the Rules
[33] Further information on protected cautions and convictions is set out in *Declaring police charges, cautions and convictions*
[34] Paragraph 23.2 of the Code states that you must inform us and any employers you work for at the first reasonable opportunity of any caution or charge against you, or if you have received a conditional discharge in relation to, or have been found guilty of, a criminal offence (other than a protected caution or conviction).

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79 We expect you to be in a state of health that ensures you are capable of safe and effective practice without supervision, after any reasonable adjustments are made by your employer.

80 This does not mean there must a total absence of any disability or health condition. Many people with disabilities or health conditions are able to practise effectively with or without adjustments to support their practice.

How to record health and character declarations in your portfolio

81 These declarations will be made as part of your revalidation application. You do not need to keep anything in your portfolio as part of this requirement.

Provisional

Professional indemnity arrangement

The requirement

82 You must declare that you have, or will have when practising, appropriate cover under an indemnity arrangement.[35]

How to meet the requirement

83 You will need to complete this declaration as part of your revalidation application.

84 By law, you must have in place an appropriate indemnity arrangement in order to practise and provide care. While the arrangement does not need to be individually held by you, it is your responsibility to ensure that appropriate cover is in force.

85 Please refer to our information on professional indemnity arrangements for nurses and midwives when making this declaration. [36] This document defines 'appropriate cover' and sets out information for those who are employed, self-employed or undertake work in both employed and self-employed roles. It also sets out information for those who work in education, undertake voluntary work, or are having a break in their practice.

86 If it is discovered that you are practising as a nurse or midwife without an appropriate indemnity arrangement in place, you will be removed from the NMC register. Removal from the register means that you will no longer be able to practise as a nurse or midwife.

How to record your professional indemnity arrangement in your portfolio

87 Your declaration will be made as part of your revalidation application. You will be asked to inform the NMC whether your indemnity arrangement is through your employer, a membership with a professional body, or through a private insurance arrangement. Alternatively, you will be able to inform us that you are not practising at this time but that you intend to have appropriate cover in place before you practise.

88 If your indemnity arrangement is provided by membership with a professional body or a private insurance arrangement, you will be asked to provide the name of the professional body or provider.[37]

89 We strongly recommend that you retain evidence that you have an appropriate arrangement in place in your portfolio. If you are selected to provide further information to verify your declaration and your indemnity arrangement is not by virtue of your employment, you will be asked to either provide evidence that your indemnity arrangement is appropriate. If you are unable to provide such evidence, you will need to explain to us how your indemnity arrangement was assessed as

[35] Article 10(2)(aa) of the Order and Rule 13(1)(aa) of the Rules
[36] http://www.nmc-uk.org/Documents/Registration/PII/PII%20final%20guidance.pdf
[37] Paragraph 1(h)(ii) of Schedule 4 of the Rules

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appropriate based on the nature of your work, the level of care you provide and the risks involved with your practice.[38]

[38] Rule 13(1)(d) of the Rules

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Confirmation from a third party

90 We will ask you for information for the purpose of verifying the declarations you have made in your application.[39]

91 This will be a declaration that you have demonstrated to an appropriate third party that you have complied with the revalidation requirements. We have provided a form online for you to use to obtain this confirmation from the third party.

92 We will ask you to provide the name, NMC Pin or other professional identification number (where relevant), email, professional address and postcode of the appropriate third party.

How to obtain confirmation

An appropriate third party confirmer

93 An appropriate third party confirmer is your line manager. We strongly recommend that you obtain confirmation from your line manager wherever possible. A line manager does not have to be an NMC registrant.

94 If you do not have a line manager, you will need to exercise judgment to determine who is best placed to provide your confirmation. Wherever possible we recommend that the third party you obtain confirmation from is an NMC registrant. It is helpful if they have worked with you or have a similar scope of practice, but this is not essential.

95 If that is not possible, you can seek confirmation from another healthcare professional that you work with and who is regulated in the UK. For example, you could ask a doctor, dentist or a pharmacist. You will need to record their professional Pin or registration number and the name of their professional regulator.

96 If you do not have a line manager, or access to an NMC registrant or another healthcare professional, please contact the NMC (see page 30) to discuss how you can obtain confirmation.

97 If your confirmer is an NMC registrant, they must have an effective registration with the NMC. We will not be able to verify your application if your confirmation was provided by a person who was subject to any kind of suspension, removal or striking-off order at the time of making the confirmation.

Obtaining confirmation if you work wholly overseas

98 If you work wholly overseas, you can seek confirmation from your line manager where you undertake your work.

99 If you do not have a line manager, you will need to exercise judgement to determine who is best placed to provide your confirmation. Wherever possible we

[39] Rule 13(1)(d) of the Rules

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recommend that the third party you obtain confirmation from is a nurse or midwife regulated where you practice, or another regulated healthcare professional.

Obtaining confirmation if you have more than one line manager

100 If you have more than one employer or undertake more than one role, you only need to obtain one confirmation. You will need to exercise judgement and decide which line manager is most appropriate to provide confirmation that you have met all of the revalidation requirements.

101 We recommend that you have your revalidation discussion and obtain confirmation through the line manager where you undertake the majority of your work. You may choose to have a revalidation discussion with each of your line managers, and bring the outputs of those discussions to the line manager you think is most appropriate to be your confirmer.

Confirmation and the discussion about your reflections

102 If your line manager is an NMC registrant, we strongly recommend that you have the professional development discussion about your reflections at the same time as your confirmation discussion. This will usually be part of your annual appraisal.

103 If your line manager is not an NMC registrant, you will need to discuss your reflections with another person who is an NMC registrant before you obtain confirmation.

Obtaining confirmation

104 Obtaining confirmation means that you have had a discussion about your revalidation with an appropriate third party confirmer. We recommend that you obtain confirmation through a face-to-face discussion or video conference. Where possible, use your annual appraisal to have your revalidation discussion and obtain confirmation.

105 As part of that discussion, you will demonstrate to that third party that you have complied with the revalidation requirements, set out in this guidance.

106 We recommend that you obtain your confirmation during the final 12 months of the three-year registration period to ensure that it is recent. If your confirmation was obtained earlier, we may ask you to explain why. You might find it helpful to have a discussion with your confirmer every year as part of your annual appraisal, so that you can keep them updated on your revalidation.

Conflicts of interest and perceptions of bias

107 You need to be mindful about any personal or commercial relationship between you and your confirmer. Both you and your confirmer will need to exercise judgement where there is any conflict of interest or perception of bias to ensure that the confirmation process retains credibility and remains objective. In some cases you might decide to use a different person as your confirmer. The responsibility for this lies as much with you, as a professional nurse or midwife, as with your confirmer.

Provisional

How to record confirmation in your portfolio

108 A confirmation form is available online. We recommend that you keep the completed and signed form in your portfolio. As part of your application you will be asked to provide the name, NMC Pin or other professional identification number (where relevant), email, professional address and postcode of the third party that provided your confirmation.

109 If you are selected to provide further information to verify your application, we will ask you to provide the signed confirmation form. We may also check with your confirmer that they provided your confirmation.

Provisional

Applying for revalidation

110 We will notify you at least 60 days before your application for revalidation is due. Please make sure that we have your most up-to-date contact details.

111 You will then have 60 days to log into NMC Online and complete the revalidation application form.[40] We have published a step by step guide to registering for NMC Online.

112 Additionally, if you are a registered midwife practising in the UK, you will need to file your intention to practise notification form. This should be submitted annually to your named supervisor of midwives.[41]

113 You will need to have all the supporting evidence from your revalidation portfolio to hand when you start your online application. You must submit your application on or before the date we specify. Failure to submit your application on time will put your registration at risk.

Paying your fee

114 As part of your revalidation application, you will need to pay your renewal fee.[42] We will inform you of the latest date you can pay this fee.

115 Please refer to our guidance on paying your fees.[43] This guidance sets out the different ways that you can pay your fee, for example by direct debit, online or over the telephone.

116 As a registered UK tax payer you can also claim tax relief on the NMC registration fees. HM Revenue and Customs (HMRC) allows individuals to claim tax relief on professional subscriptions or fees which have to be paid in order to carry out a job. Registration fees paid to us are included in this category. Please refer to our guidance on how to claim tax relief on your fee.[44]

[40] We will make reasonable adjustments for registrants who cannot access NMC Online, for example due to a disability.
[41] Rule 3 of The Nursing and Midwifery Council (Midwives) Rules Order of Council 2012 (SI 2012/3025)
[42] The fee for renewal is currently £100. This will increase to £120 from February 2015.
[43] http://www.nmc-uk.org/Registration/Staying-on-the-register/Paying-your-fees/
[44] Claiming tax relief on your registration fee http://www.nmc-uk.org/Registration/Staying-on-the-register/Claiming-tax-relief-on-your-registration-fee/

Provisional

Extensions for renewing your registration

117 We will not usually consider any requests for extensions to submit a revalidation application. The requirements should be met within the three years prior to the renewal of your registration.

118 However, if you believe that you have exceptional circumstances, please contact the NMC to discuss you situation (see page 30).

119 Please contact the NMC as far in advance of your renewal date as possible. We are only able to grant an extension prior to the date your registration is due to lapse.[45] Please note that we cannot extend any application beyond three months.[46]

120 In granting an extension, we will consider whether:

- you have contacted the NMC in advance of the date your revalidation application is due
- a specific unforeseen incident has occurred that has resulted in you not being able to submit your revalidation application on time, such as a serious illness
- you are capable of completing the outstanding renewal requirements and submitting your application within the additional period of time.

[45] Rule 14(5) of the Rules
[46] Rule 14(5) of the Rules

Provisional

Requests for further information

121 Each year we will select a sample of nurses and midwives to provide further information or evidence to verify their application. Such a request does not necessarily mean that there are any concerns about your application and you can continue to practise while we review the information that you provide.

122 If you have been selected to provide further information, we will contact you by email within 24 hours of you submitting your revalidation application. Please check your email during this time.

123 If you are selected to provide further information, you will need to follow the link contained in the email to an online form where you will be asked to provide further information and upload a range of evidence. You will need to provide this information within 14 days.[47]

Practice hours	You will need to provide the following information, starting with your most recent practice until you demonstrate the minimum amount of practice hours required: • dates of practice; • the number of hours you undertook; • name, address and postcode of the organisations; • scope of practice;[48] • work setting;[49] • a description of the work you undertook; and • if you are practising overseas, whether you are registered with the appropriate regulating body. You will also be asked to upload evidence of practice hours.
Continuing professional development	You will need to provide the following information: • the CPD method;[50] • a brief description of the topic and how it relates to your practice; • dates the CPD activity was undertaken; • the number of hours and participatory hours; and • identification of the part of the Code most relevant to the CPD. You will also be asked to upload evidence of the CPD activity.

[47] Please note that this time period is for the revalidation pilots. When revalidation is launched, there will be more time to provide this information.
[48] Direct patient care, management, education, policy, research, registered but not practising, other.
[49] Primary care, secondary care, tertiary hospital, public health, care home sector, ambulance service, military, prison, schools, policy, education, research, e-health, other.
[50] Examples of 'CPD method' are self-learning, online learning, course.

Provisional

Reflection and discussion	You will be asked to upload a copy of the signed reflection and discussion form.
Professional indemnity arrangement	You will be asked to either upload evidence that your indemnity arrangement is appropriate, or explain to us how your indemnity arrangement was assessed as appropriate based on the nature of your work, the level of care you provide and the risks involved with your practice.
Confirmation	You will be asked to upload a copy of the signed confirmation form.

124 You will need to provide the information requested within the timeframe specified in our request.

125 We may also contact your third party confirmer, using the details you provided us, to verify that they provided confirmation.

126 If we identify that you have not complied with the revalidation requirements, despite declaring to us that you had, your registration might be at risk.

Provisional

Revalidation and NMC fitness to practise processes

127 Revalidation does not create a new way to raise fitness to practise concerns. Any concerns about your practice will continue to be raised through the existing fitness to practise process.

128 If you are subject to an NMC investigation, condition(s) of practice order or a caution, you will be able to apply to renew your registration as long as you fulfil all the requirements for renewal. However, you will remain subject to NMC fitness to practise processes and the outcome of those processes.

129 If you have been struck-off or suspended from the register, you are not able to renew your registration because you are no longer on the register.

130 If your renewal is due while you are subject to suspension from the register, when your suspension is lifted you will have three months to apply for and obtain renewal. If you fail to do this, you will have to apply for re-admission.

Provisional

Cancelling your registration

131 You may not want to retain one or all your registrations with us. For example you may wish to cancel all registrations if you have moved abroad, have retired from practice or changed career.[51] Alternatively you may wish to cancel one of multiple registrations if you wish to continue practising in one but not the other. For example if you are registered as both a nurse and a midwife but only wish to continue practising as a midwife you may want to cancel your nursing registration.

132 Depending on when you choose to cancel your registration, the process to be followed will be slightly different.

- If you wish to cancel at the time of your revalidation application, you can do this online through the online revalidation application. You will be asked to provide a range of information such as your NMC Pin, full name, contact address, the reason for cancelling and a declaration stating that you are not aware of any matter which could give rise or has given rise to a fitness to practise allegation being made against you. You will not have to maintain a revalidation portfolio and there will be no additional form to submit to the NMC.

- If you want to cancel your registration when you are not due for revalidation, you must submit an Application to lapse your registration form and provide a range of information such as your NMC Pin, full name, contact address, the reason for cancelling and a declaration stating that you are not aware of any matter which could give rise or has given rise to a fitness to practise allegation being made against you.

133 Please refer to cancelling your registration with the NMC for further information. [52]

134 You will not be able to practise as a registered nurse or midwife in the UK if you cancel your registration with the NMC.

If you chose to cancel your registration, and later wish to resume practising as a nurse/midwife in the UK, please refer to our guidance on readmission to the register.[53]

[51] Please note that if you are receiving pay as a nurse or midwife, whilst on maternity, sick or annual leave you may need to maintain your registration with us throughout this period.
[52] Information on cancelling your NMC registration http://www.nmc-uk.org/Registration/Leaving-the-register/Cancelling-your-registration-with-the-NMC/
[53] http://www.nmc-uk.org/Registration/Returning-to-the-register/

Provisional

Appeals

135 You can appeal the refusal of an application for revalidation.[54]

136 You cannot appeal the refusal of an application to revalidate if you failed to pay the registration fee or to submit an application form at all.[55]

[54] Article 37(1)(a) of the Order
[55] Article 37(2) of the Order

Provisional

Important reminders

137 Please set up an NMC Online account. We have published a step-by-step guide on how to register for NMC Online.

138 Please ensure your registered address and contact details are always up to date. The most common reason for lapse of registration (and illegal practice) is a failure to keep the NMC updated on your address. This results in registration and renewal documents being sent or emailed to the wrong address.

139 If you submit fraudulent information to the NMC, your registration will be at risk.

140 If you wish to you can make a complaint about the standard of our service, please refer to our guidance on making a complaint about the NMC.[56]

Contact the NMC

For more information on the Revalidation Pilots please call **020 7333 9333** and select the option for revalidation pilots. Alternatively you can email us at pilots.cp@nmc-uk.org.

[56] http://www.nmc-uk.org/About-us/How-to-make-a-complaint-about-the-NMC/

Provisional

Annex 1: Checklist for completing your portfolio

Requirements	Supporting evidence to include
Practice hours	Maintain a record of practice hours you have completed, including: • dates of practice; • the number of hours you undertook; • name, address and postcode of the organisation; • scope of practice;[57] • work setting;[58] • a description of the work you undertook; and • evidence of those practice hours (such as timesheets, role profiles or job specifications).
Continuing Professional Development	Maintain accurate and verifiable records of your CPD activities, including: • the CPD method;[59] • a brief description of the topic and how it relates to your practice; • dates the CPD activity was undertaken; • the number of hours and participatory hours • identification of the part of the Code most relevant to the CPD; and • evidence of the CPD activity (Annex 2 provides examples of the kind of evidence you can record in your portfolio).
Practice-related feedback	Notes of the content of the feedback and how you used it to improve your practice. This will be helpful for you to use when you are preparing your reflective accounts.
Reflection and discussion	Five reflective accounts that explain what you learnt from the CPD activity or feedback, how you changed or improved your work as a result, and how it is relevant to the Code. A reflection and discussion form which includes the name and NMC Pin number of the registrant that you had the discussion with as well as the date you had the discussion.
Health and character	These declarations will be made as part of your online revalidation application. You do not need to keep anything in your portfolio as part of this requirement.

[57] Direct patient care, management, education, policy, research, registered but not practising, other.
[58] Primary care, secondary care, tertiary hospital, public health, care home sector, ambulance service, military, prison, schools, policy, education, research, e-health, other.
[59] Examples of 'CPD method' are self-learning, online learning, course.

Provisional

Professional indemnity arrangement	Whether your indemnity arrangement is through your employer, a membership with a professional body or through a private insurance arrangement. If your indemnity arrangement is provided by membership with a professional body or a private insurance arrangement, you will need to record the name of the professional body or provider. Evidence to demonstrate that you have an appropriate arrangement in place.
Third party confirmation	A signed confirmation form.

Provisional

Annex 2: Examples of CPD activities

The table below sets out some examples of CPD activities you can undertake and examples of the types of evidence you could keep in your portfolio. It is not an exhaustive list. It also indicates whether an activity is individual or participatory.

However, please exercise your judgement in deciding whether an activity is participatory or not. Many activities can be participatory if you personally interacted with other people.

CPD activity	Suggested evidence to include in portfolio	Potential type of activity
Structured learning (direct or distance learning style)	Certificate of completion, notes, learning outcomes	Individual/Participatory
Accredited higher education or training	Certificate of completion, notes, learning outcomes	Individual/Participatory
Mandated training specifically relevant to role/scope of practice	Certification of completion, learning outcomes	Individual
Learning events such as workshops, conferences	Certificate of attendance	Participatory
Reading and reviewing publications	Copies of publications read, review notes including practice related outcomes	Individual
Enquiry based research	Copies of publications or data reviewed, notes including practice related outcomes	Individual
Peer review activities	Evidence of peer review including notes, observations and outcomes	Participatory
Coaching and mentoring (role in either delivery or being a recipient)	Evidence of coaching/mentoring undertaken including letters, notes, observations and practice related outcomes	Participatory

Provisional

Structured professional supervision	Evidence of supervision including signed letters, notes, observations and practice related outcomes	Participatory
Undertaking short supervised practice for specific skills development	Evidence of participation including signed letters, notes, observations and outcomes	Individual/Participatory
Group or practice meetings	Evidence of participation and role including signed letters, notes, observations and outcomes	Participatory
Participation in clinical audits	Evidence of participation and role including signed letters, notes, observations and outcomes	Participatory
Practice visits to different environments relevant to scope of practice	Evidence of participation including signed letters, notes, observations and outcomes	Individual/Participatory
Job rotation or secondment, shadowing	Evidence of participation including signed letters, notes, observations and outcomes	Individual/Participatory

Item 13
NMC/15/13
28 January 2015

Council

ICT Update

Action: For discussion.

Issue: An update on progress in developing our ICT capability.

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: 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 KPMG report in 2014 noted, that whilst there has been progress in developing our ICT systems in terms of upgrades and stability, the rate of progress is slower than anticipated following the PSA review. In considering the KPMG report, the Council requested regular updates on progress made and planned actions in development and implementation of an ICT strategy.

2 The Council has received a presentation previously on the direction of travel that our IT developments propose to take and this report provides an update on progress in that area. It also reports on the current re-shaping of our IT department to ensure the service capability and skills and experience will be ready to support the implementation of the strategy going forward, following a long period of turbulence within the department.

Discussion and options appraisal:

3 In their report KPMG commented that: *"Although the NMC has now stabilised its ICT systems, a substantial number of the issues identified by the PSA remain two years on, albeit that some of the operational risks are now mitigated. We understand that the NMC has been delayed in making these much needed advancements in ICT for several reasons, including:*

3.1 *strategic development – a slower than anticipated pace of change and a lack of a corporate strategy to which to align the ICT strategy,*

3.2 *governance structures underpinning the development of ICT - an inward-orientation in identifying business direction, now being worked through by the ICT programme board,*

3.3 *congruence of the ICT team and the NMC's business objectives, resulting in delayed or on-hold projects,*

3.4 *enterprise architecture – lack thereof, which constrains IT's ability to map business needs,*

3.5 *ICT capacity and capability – a dependency on a high number of contractors,*

3.6 *ICT strategic leadership and advocacy – the potential to introduce a Chief Information Officer (CIO) or similar capability to define and shape the NMC's technology and business requirements and manage the subsequent implementation,*

3.7 *staff confidence in the ICT function – resulting in workarounds and poor perception of the IT service".*

4 The first four comments are being addressed through the development of a digital information strategy and shared database

programme. The last three are being addressed through an improvement programme within the IT department. These are reported upon separately below.

Digital Information Strategy and Shared Database

5 The Council has now developed a draft corporate strategy for the NMC, which places data, information and intelligence at its heart. Our current core systems are more focused on workflow and process and were not designed for the delivery of qualitative information so work arounds have been developed over time. The corporate strategy provides both the imperative and the direction upon which to shape our systems and business processes.

6 An interim CIO was appointed in November 2014, for an initial period until March 2015, to help the Executive shape a development programme that will, over time and incrementally, move the NMC's systems and processes from its current state to that required to deliver the corporate strategy. This work does not reinvent but builds upon the work previously undertaken over a number of years.

7 The key areas progressed to date are:

7.1 Executive agreement on the high level business requirements, with more detailed analysis for FtP, registrations and revalidation.

7.2 Due diligence work on potential software solutions to meet the business need. Subject to final sign off in March 2015 the working assumption is to move to a Microsoft Dynamics CRM system (MSD), for which the NMC already holds licences and deployed in the new Overseas Registration system, and is already used by 7 of the 9 professional healthcare regulators.

7.3 Development of an initial high level programme of work that will see a phased migration of the current systems to MSD over a two year period, taking into account the critical deliverables this year of revalidation, EU MRPQ implementation and development of phased payments.

7.4 Commencement of more detailed business and data analysis requirements.

8 A business case and detailed programme plan will be presented to the Executive Board for approval in March 2015 and the programme will be reflected in the proposed budget and business plans for the organisation in March 2015.

9 What is clear from this work to date is that the programme will need to treated as a significant change programme if it is to be delivered effectively and derive the full benefits. The new technology is one aspect, but this will be a packaged solution rather than bespoke. As

important is the development of our intelligence, information and data needs, changes to processes that will underpin how that data is captured, stored, safeguarded and reported, breaking down the silos currently experienced through separate systems. Furthermore our organisational development planning will need to include the different skills and experience required to work in the future state, to implement the programme and to utilise the new systems.

IT Department

10 A business case was approved by the Executive Board in November 2014 for a restructuring of the IT department. Over half of the current 39 posts are filled with contract staff, who have brought good skills and experience but do not have a longer term commitment to the NMC. One aim from the restructure is to recruit a more permanent workforce within the department that will provide more continuity, stability and retention of corporate knowledge. A further aim is to better align the structure, roles and responsibilities of the team to industry standards (ITIL). This will provide more accountability and clarity and more rigour and quality to the service.

11 Over the last two months there have been a number of reviews of working practices within the IT department:

11.1 A review by our internal auditors on the extent to which current policies, processes and practices are in place and complied with as recommended under the ITIL framework (where appropriate for the NMC). A draft report has been received and will feed into an improvement plan.

11.2 A review of procurement within IT, which has highlighted areas for improvement both within IT and more widely that will, again, form part of an improvement programme.

11.3 A review of the culture within the IT department.

11.4 A business impact assessment review as part of a wider business continuity and disaster recovery exercise. The draft report highlights areas to be addressed in our IT planning.

12 There have been changes within the team itself and the Assistant Director, ICT has resigned. An experienced interim IT Director has been engaged, initially on a part time basis, and full time from April 2015, to provide direct leadership to the team and quickly implement a single plan that addresses the outcomes from these reviews, completes the restructuring, embeds a new culture and greater rigour and control.

13 Through this work we will be in a position to have aligned our IT capacity and capability, processes and engagement to the needs of the business to support and implement the business's needs.

	14	Part of the consideration of the Shared Database business case will be the IT and information leadership requirements. It is likely that a CIO will be needed as a permanent role, which once agreed and defined, will be recruited to on a permanent basis.
Public protection implications:	15	Excellent IT systems and capability are crucial to the provision of data, information and intelligence that serves the protection of the public.
Resource implications:	16	Provision is already set aside within the NMC's budget for the development of IT systems. The resource requirements in terms of funding and people will be reviewed alongside other priorities in the current budgeting and business planning round.
Equality and diversity implications:	17	There are no specific implications arising from this report.
Stakeholder engagement:	18	There has been engagement to date in developing the current proposal and reference visits to other regulatory bodies, both health and other regulators. There have also been visits to key potential suppliers as part of the due diligence review.
Risk implications:	19	IT risks are included specifically in the corporate risk register and feature in most of the project and programme risk registers. There are risks associated with the development of new systems as well as in retention of the old, as well as operational risks with our current infrastructure. Following the reviews undertaken we now have better clarity on the extent of the latter.
Legal implications:	20	This paper contains information that helps to protect the NMC against legal liability.

Item 15
NMC/15/15
28 January 2015

Council

Guidance underpinning the Code

Action: For information.

Issue: To inform Council as to what guidance is to be issued by the NMC in future to underpin the revised Code and revalidation; and which guidance publications currently produced by the NMC are to be withdrawn.

Core regulatory function: Setting standards.

Corporate objectives: Corporate objective 2: "We will set 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 of those on our register are fit to practise as nurses and midwives."

Decision required: None.

Annexes: None.

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

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Context:

1 One of the principal functions of the NMC is to establish standards of education, training, conduct, performance and ethics for nurses and midwives, to ensure the maintenance of those standards and to publish guidance to underpin those standards. (Articles 3(2), 3(16), 15(1)(a), 21(1)(a) and 21(2) Nursing and Midwifery Order 2001).

2 At its December 2014 meeting, the Council approved the text of the revised version of the Code. This is to be published in January 2015 and will come into effect in March 2015.

3 When agreeing the Code, the Council also accepted that any guidance underpinning the Code should meet the following criteria:

3.1 Guidance is necessary to meet public protection needs.

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

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

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

Discussion and options appraisal:

4 The publication of the revised Code provides us with an opportunity to look at the guidance that we publish to underpin the Code and consider whether it meets the above detailed criteria.

5 At present, the NMC produces a wide variety of guidance documents on a range of issues which do not meet the specified criteria and do not speak to our core functions. This information is readily available from other sources and covers subject matter that other organisations are better placed to issue guidance on.

6 The NMC is currently contributing to joint guidance in key areas. For example, we are working alongside the GMC to produce new guidance on the professional duty of candour, which is due for publication in March 2015. We are also engaging with the Royal College of Nursing (RCN) as it develops new guidance on hydration and nutrition in end of life care.

7 It is our position that the NMC should reduce the guidance it issues underpinning the Code to a limited number of key areas. At present we believe that those should be:

7.1 guidance on candour (jointly produced with the GMC);

7.2 guidance on raising concerns;

7.3 guidance for revalidation; and

7.4 guidance on the use of social media.

8 Therefore the following guidance documents published by the NMC can be withdrawn: guidance on record keeping; guidance on the care of older people; and guidance on professional conduct for nursing and midwifery students.

9 At present we also issue guidance on good health and good character for approved education institutions. Information on this subject is required to enable AEIs to carry out the functions necessary to ensure that only those who are fully suitable are allowed to enter our register; therefore this is a registrations function rather than a function that underpins the Code. We will utilise other channels to ensure that this information remains available to AEIs.

10 We are currently reviewing the future structure of our standards and guidance for prescribing and medicines management and further representations will be made to the Council on that subject in the near future. It is currently envisaged that the NMC will produce new standards for prescribing and guidance on medicines management in 2015-16, with consultation due to take place in the Spring of 2015 and publication of new standards and guidance in early 2016.

Public protection implications:

11 The Code is the key document that underpins all our public protection activities – it is therefore imperative that any guidance that supports the Code also demonstrably enhances public protection.

Resource implications:

12 All work associated with the recommendations contained within this paper comes under the category of 'business as usual' and is therefore already catered for under existing budgets.

Equality and diversity implications:

13 Under equality legislation, we have a requirement to analyse the effect of our policies and practices and how they further the equality aims. The revised Code was thoroughly reviewed by equality and human rights experts to ensure compliance with this legislation. All underpinning guidance would undergo a similar process.

Stakeholder engagement:

14 Any guidance published by the Council will be consulted upon to an appropriate level.

Risk implications:

15 The NMC's reputation is at risk if it does not ensure that all guidance underpinning its Code and standards is relevant, up to date and reflects current legal requirements.

Legal implications:	16	The legal requirements for publishing and consulting on standards and guidance are outlined in this paper.

Item 16
NMC/15/16
28 January 2015

Council

Annual report of the Appointments Board

Action:	For information.
Issue:	The annual report of the Appointments Board, which is attached as **Annexe 1** to this report, sets out the Board's activities over 2014.
Core regulatory function:	Supporting functions.
Corporate objectives:	Corporate objective 8: "We will develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions."
Decision required:	No decision is required by this report.
Annexes:	The following annexes are attached to this report: • Annexe 1: Annual report of the Appointments Board to the Council
Further information:	If you require clarification about any point in the paper or would like further information please contact the author or the director named below Secretary to the Board: Paul Johnston Phone: 020 7681 5559 paul.johnston@nmc-uk.org

Context:	1	The Appointments Board met ordinarily four times in 2014. This report details some of the Board's accomplishments over 2014 and sets out how the Board has met its terms of reference during the year.
	2	This report serves to satisfy paragraph 9 of the Board's terms of reference, which state that the Board will report "annually to the Council on the Appointments Board's activities, including an assessment of compliance with, and effectiveness of, policies in place."
Public protection implications:	3	There are no public protection implications arising directly from this report.
	4	The Board plays an important role in the NMC's governance structure in ensuring that processes in place on the appointment and reappointment of panel members serve to protect the public. Public protection implications are therefore considered carefully by the Appointments Board.
Resource implications:	5	None arising directly from this report.
Equality and diversity implications:	6	None arising directly from this report.
Stakeholder engagement:	7	None.
Risk implications:	8	There are no risk implications arising directly from this report.
Legal implications:	9	None at this time.

Item 16
NMC/15/16
28 January 2015

Annexe 1

Annual report of the Appointments Board to the Council

The Appointments Board met ordinarily four times in 2014. This report details some of the Board's accomplishments over 2014 and sets out how the Board has met its terms of reference during the year.

This report is designed to satisfy paragraph 9 of the Board's terms of reference, which state that the Board will report "annually to the Council on the Appointments Board's activities, including an assessment of compliance with, and effectiveness of, policies in place.

I would like to offer my thanks to NMC officer colleagues for the support that they have provided to the Board throughout the year. My particular thanks to my colleagues on the Board; I am grateful to them for the quality of their contributions and their continued enthusiasm.

Appointments – recommendations; and transfer of panel membership

The Board has continued to scrutinise and review the implementation of recruitment and selection arrangements of Panel Members. One particular activity of the Board in 2014 has been to oversee proposals around transfer of panel members from the Investigating Committee (IC) to the Health Committee (HC); and Conduct and Competency Committee (CCC). This has been undertaken in an orderly fashion, and is designed to ensure that panel members' skills and expertise are most appropriately used to meet business requirements; as well as ensuring cost savings through avoiding external recruitment exercises.

In going forward, the Board remains keen to ensure that panel recruitment processes are as streamlined and flexible as possible. To continue to meet business exigencies, the Board would like new panel members to be able to sit on another panel. We recognise that such flexibility can only come about through legislative change, and the Board continues to offers its support to this agenda.

Panel members' travel arrangements

The Board has been very actively involved in reviewing amendments to travel and accommodation arrangements for panel members. The Board noted that, under previous policy arrangements, there was some ambiguity. We are pleased that the new arrangements now in place allow for cost efficiencies to be achieved along with a simpler, more streamlined process.

Appointment of legal assessors

The Board noted in its February 2014 meeting that, between 2011 and 2014, no contractual arrangement had been in place with legal assessors actively used by the Nursing and Midwifery Council. This arrangement, while largely effective, has rendered performance monitoring of legal assessors more difficult.

Annexe 1

The Board gave a clear direction to the NMC to take a more proactive role in the management of legal assessors. Following these discussions, the Board's terms of reference were amended to include approval of recruitment and selection, as well as performance management and development arrangements, of legal assessors. This serves to ensure that selection processes of legal assessors are transparent and robust; and that legal assessors are more accountable to the NMC.

Panel member appraisal and training

One particular area of focus for the Appointments Board in 2014 has been on the mechanisms for training, performance management and appraisal for panel members, and we will continue to review the effectiveness of appraisal systems over the course of 2015.

The Board has scrutinised carefully the development of a revised and improved post-panel feedback system (FeedIn), which allows for the capture of more sophisticated management information on performance. The Board considers this an important development.

On training, the Board was pleased to note that training offered to panel members is generating positive feedback. For example, there was a 98.5% satisfaction rate among panel members for a recent refresher training event.

Likewise, the Board received an update at its May 2014 meeting on a more robust training programme for panel members, which focus both on technical issues, such as consensual panel determinations, case law and effective decision making. The training also covers areas that are aimed at improving the soft skills of panel members. This training has also received positive feedback; and is already playing a part in contributing to lower adjournment rates. The Board has suggested that, given this feedback, that accreditation for the training be sought or that the content and reception of the programme be shared with the Professional Standards Authority as an exemplar.

We also noted that the NMC is seeking to collaborate with other healthcare professional regulators on panel member training and we believe this is a very positive initiative, which ties into the NMC's wider work on collaboration.

Similarly, the Board welcomes the work that has been undertaken on the 360° feedback system for panel members and legal assessors. This is a new way of working for appraisal, and is still being embedded.

The Board will continue to monitor this area, and will seek for an evidence base to be built in time that offers reliable conclusions to be drawn between the aims of the training programmes and the achievement of those aims.

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Internal process for improving the quality of panel decisions

One mechanism for improving the quality and consistency of panel decisions is the training programmes run by the NMC. Another mechanism is the work of the Decision Review Group, which is an internal body charged with appraising panel decision making. The Board received a report in February 2014 on the Group's work, which works alongside the PSA audit in identifying potential learning for future cases.

The Board notes the significant improvements that have been made in the support being provided by the Panel Support team since 2012. We noted in December 2014 that the team is developing an improvement plan, which is aimed at ensuring a more robust, fair and transparent approach to the management of panel members and legal assessors. The Board would emphasise to the Council the importance of the team's work and the need to ensure that resources are in place to continue on the trajectory of improvement we have seen over the last three years.

External stakeholder feedback

The Board was pleased to note the outcomes of the PSA audit of Fitness to Practise cases in 2013, which were published in March 2014. While there was some valuable learning to be derived from the PSA's audit, the Board was pleased to note that the PSA report was largely positive and reflected the fact that the NMC is moving in the right direction. In particular, the Board was pleased to note that in house investigation work is being conducted in an effective manner; and the good progress that is being made on interim orders.

The Board was also pleased to note the positive conclusions of the KPMG final report in Sept 2014: "External review of progress made by the NMC against the recommendations of the PSA's Strategic Review 2012".

Board membership

To conclude this report, I am delighted that the reappointment of my three current Board colleagues was confirmed in December 2014. All three colleagues have served the Board with distinction, and they will continue to do so for their second term, commencing at the end of January 2015.

My own term of office concludes on 30 January 2015. I have decided not to seek reappointment as Chair of the Board, due both to my belief in the importance of continued refreshment of the membership of the Board, and other work commitments, which I feel may leave me unable to offer the commitment required as Chair. Preparations for recruiting my successor are underway.

I would like to offer my wholehearted thanks to colleagues on the Board. I have very much welcomed the support and enjoyed the sense of camaraderie among my colleagues, who have consistently served on the Board with diligence and commitment. I also thank officers across the NMC for the support that they have

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provided not only me but other members of the Board – this support has been invaluable in ensuring that the Board's continues to be effective.

Nigel Ratcliffe, Chair of the Appointments Board

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Council

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

Action:	For information.
Issue:	The report details a decision taken by the previous Chair of the Council in December 2014 under delegated powers (as per NMC Standing Orders).
Core regulatory function:	Supporting functions.
Corporate objectives:	Corporate objective 8: "We will develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions."
Decision required:	No decision is required by this report.
Annexes:	The following annexes are attached to this report: • Annexe 1: Signed Chair's action: "Continuation of panel member terms of office"
Further information:	If you require clarification about any point in the paper or would like further information please contact the author or the director named below Secretary: Matthew McClelland Phone: 020 7681 5987 matthew.mcclelland@nmc-uk.org

Chair's action		**Continuation of panel member terms of office**
	1	Following consideration, the Chair of the Council approved this action on 1 December 2014 (as per **annexe 1**). The details of the action are set out in the annexe.
Public protection implications:	2	There are no public protection implications arising directly from this report.
Resource implications:	3	None arising directly from this report.
Equality and diversity implications:	4	None arising directly from this report.
Stakeholder engagement:	5	The Appointments Board was engaged on the recommendation.
Risk implications:	6	There are no risk implications arising directly from this report.
Legal implications:	7	None at this time.

Nursing & Midwifery Council

Chair's Action

As per NMC Standing Orders, the Chair of the Council shall have the power to authorise action on minor, non-contentious or urgent matters falling under the authority of the Council. Such actions shall be recorded in writing and passed to the Chief Executive and Registrar who shall maintain a record of all authorisations made under this paragraph and shall report in writing, for information, to each Council meeting the authorisations which have been made since the preceding Council meeting. Each Chair's action must be affixed to an accompanying report setting out full details of the action that the Chair is requested to authorise on behalf of the Council.

Date: 1 December 2014	Requested by: Loraine Ladlow Assistant Director, Adjudication

The Appointments Board considered and approved on 8 September 2014 a recommendation that a number of panel members have their second term of office extended, whereby the panel members would have served a total of four years for their second term of appointment.

This was subsequently approved by the Chair (through Chair's action) on 16 September 2014.

In error, the name of one individual panel member was not included within that recommendation and subsequent Chair's action. To rectify this error, the Chair of the Council is asked to approve the continuation of the below panel member's second terms to the dates specified below (to take effect retrospectively from 30 November 2014):

Name	New end of term date
John Liddington	30 November 2017

Signed Mark Addison (Chair)