

Meeting of the Council

To be held from 09:30 to 13:00 on Wednesday 29 July 2015
at 23 Portland Place, London, W1B 1PZ

Agenda

Dame Janet Finch
Chair

Fionnuala Gill
Secretary

- | | | | |
|----------|---|-----------|-------|
| 1 | Welcome and Chair's opening remarks | NMC/15/55 | 09:30 |
| 2 | Apologies for absence | NMC/15/56 | |
| 3 | Declarations of interest | NMC/15/57 | |
| 4 | Minutes of the previous meeting: 21 May 2015 | NMC/15/58 | |
| | Chair of the Council | | |
| 5 | Summary of actions | NMC/15/59 | |
| | Secretary | | |
| 6 | Chief Executive's report | NMC/15/60 | 09.40 |
| | Chief Executive and Registrar | | |

Corporate reporting

- | | | | |
|----------|---|-----------|-------|
| 7 | Revalidation update | NMC/15/61 | 09:50 |
| | Director of Continued Practice | | |
| | <i>Questions from observers</i> | | |
| 8 | Shape of Caring review | NMC/15/62 | 10:30 |
| | Chief Executive and Registrar | | |
| 9 | Draft annual report and accounts 2014-2015 | NMC/15/63 | 10:40 |
| | Director of Strategy | | |

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| 10 | Draft Fitness to Practise annual report 2014-2015 | NMC/15/64 | 11:00 |
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Directors of Strategy/Fitness to Practise

BREAK (11:20 – 11:40)

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| 11 | Performance and risk report | NMC/15/65 | 11:40 |
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Chief Executive and Registrar

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| 12 | PSA annual performance review 2014-2015 | NMC/15/66 | 12:00 |
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Chief Executive and Registrar

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| 13 | Financial monitoring report: June 2015 results | NMC/15/67 | 12:15 |
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Interim Director of Finance

Matters for discussion

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| 14 | Health and Safety annual report 2014-2015 | NMC/15/68 | 12:30 |
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Director of Fitness to Practise

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| 15 | Questions from observers | NMC/15/69 | 12:40 |
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Chair of the Council

(oral)

Matters for information

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

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| 16 | Annual report of the Audit Committee | NMC/15/70 |
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Chair of the Audit Committee

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| 17 | Report of the Midwifery Committee | NMC/15/71 |
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Chair of the Midwifery Committee

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

NMC/15/72

Chair of the Council

The next meeting of the Council will be held on Thursday 8 October 2015 at 09:30 at 23 Portland Place, London, W1B 1PZ.

Meeting of the Council
Held at 09:30 on 21 May 2015
at 23 Portland Place, London W1B 1PZ

Minutes

Present

Members:

Dr Anne Wright	Member (in the Chair)
Karen Cox	Member
Maura Devlin	Member
Maureen Morgan	Member
Robert Parry	Member
Quinton Quayle	Member
Louise Scull	Member
Amerdeep Somal	Member
Stephen Thornton	Member
Lorna Tinsley	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
Rachel Murphy	Chief Technology Officer
Fionnuala Gill	Secretary to the Council
Paul Johnston	Council Services Manager

The Council agreed that NMC/15/54 - Report of the Midwifery Committee be taken as an item for discussion.

The minutes reflect the order in which items were discussed.

Minutes

NMC/15/37 Welcome from the Chair

1. In accordance with Standing Order 5.4.2, the Council resolved that, in the absence of the Chair of the Council, Dr Anne Wright preside at the meeting.
2. On behalf of the Council, the Chair welcomed all attendees to the meeting and extended a particular welcome to Professor Karen Cox and Robert Parry as new members of the Council; and to Rachel Murphy, the NMC's newly appointed Chief Technology Officer.

NMC/15/38 Apologies for absence

1. Apologies for absence were received from the Chair of the Council, Dame Janet Finch and Carol Shillabeer.

NMC/15/39 Declarations of Interest

1. All registrant members present declared an interest in NMC/15/49 - Revalidation update, by virtue of being members of the nursing and midwifery profession.
2. Louise Scull declared an interest in paper NMC/15/49 - Revalidation update, by virtue of being the Chair of a NHS Trust which employs registrants.
3. The Chair determined that the interests declared were not material and that all members would be permitted to participate in discussion of the item.

NMC/15/40 Minutes of previous meetings

1. The minutes of the previous meetings of the Council held on 25 March 2015 were confirmed as a correct record.

NMC/15/41 Summary of actions

1. The Council noted the report on progress in implementing actions from the meeting held on 25 March 2015.

NMC/15/42 Chief Executive's report

1. The Council discussed the Chief Executive's report on key external developments; strategic engagement; and media activity since the Council held on 25 March 2015. The Council welcomed the report's format which had been revised to have a greater strategic focus.

2. In discussion, the following points were noted:
- a) The Council welcomed the launch of the new NMC website in April 2015. In particular, the greater accessibility of the 'search the register' function and the improved information on revalidation were praised.
 - b) The Chief Executive had met with members of the Gosport Investigation Inquiry team on 14 April 2015. The Inquiry had been set up by the Secretary of State for Health to review concerns about the care and deaths of older patients at the hospital dating back to 1998 and was due to report at the end of 2017. The Inquiry had wide ranging terms of reference and was seeking all relevant documentation held by relevant organisations, including the NMC. The Council would be kept informed of developments.
 - c) The Chair of the Midwifery Committee and the Director of Continued Practice had met with the Lead Midwives of Education Forum on 15 April; The Chair of the Midwifery Committee had spoken at the Royal College of Midwives' Conference on 21 April 2015. Concerns had been raised at these fora on changes to the current midwifery regulatory framework. The Council fully appreciated the concerns being expressed across the midwifery profession and by others such as employers, for example, around the availability and funding of courses for Supervisors of Midwives. There was no update available yet on the timing of legislative change, but the NMC was continuing to engage closely in the ongoing discussions with the Department of Health and the four Chief Nursing Officers who remained committed to taking a leadership role during the transition.
 - d) The importance of ongoing communication with the profession was well understood; scope to provide further information on the new website would be explored. The Midwifery Committee would dedicate significant time at its next meeting to looking at communications and engagement, as well as focusing on the risks associated with changes to the midwifery regulation framework.
 - e) The NMC continued to engage with the Care Quality Commission (CQC) on a range of issues, including information sharing. Similar engagement work, including development of memoranda of understanding, was ongoing with equivalent system regulators in the other UK nations.

Action: Update the Council on the Gosport Investigation Inquiry developments
For: Chief Executive and Registrar
By: 29 July 2015

NMC/15/43 Performance and risk report 2014 - 2015

1. The Council discussed the report, which provided a year end assessment of progress against the Corporate Plan 2014 – 2015; progress against the NMC's Key Performance Indicators (KPIs) for 2014 – 2015; and a summary of the movement of corporate risks during the year.
2. The Council welcomed the substantial progress that had been made over 2014 – 2015 in the quality of performance reporting information.

Corporate Plan for 2014 – 2015

3. In discussion on the end of year assessment the following points were noted:
 - a) The Council expressed concern that the commitment to improve the quality and completeness of data to support evidence-based regulation had not been achieved (annexe 1, 6.1) and the limited progress on the wider corporate objective on improving the collection and use of data and intelligence (corporate objective 6). Improving data and intelligence was central to the NMC's strategy 2015 – 2020 and fundamental to the NMC becoming a modern, dynamic regulator and this represented a strategic risk which needed to be captured.
 - b) Concern was particularly acute and longstanding around the availability of data on midwifery practice which was critical to various commitments in the Corporate Plan for 2014 – 2015, such as:
 - the robustness of proposed changes to midwifery regulation (commitment 2.4);
 - evaluation of the pre-registration nursing and midwifery standards (commitment 2.7); and
 - improving the methods of collection and analysis of data about the diversity of nurses and midwives on the NMC register and fitness to practise outcomes. (commitment 7.2).
 - c) The Midwifery Committee shared this concern and stressed that this was an important area for progress in the forthcoming year particularly to inform the development of pre-registration education standards.
 - d) Available data on midwifery related Fitness to Practise issues would be included for the first time in the annual Fitness to Practise report 2014 – 2015. In addition, two research projects were underway looking at allegations generally and to review a sample of cases. A report on what could be done, and what could realistically be achieved within the constraints of existing IT

systems, would be brought to the next Midwifery Committee.

- e) The Council requested that urgent progress be made on addressing the data issues, with midwifery data the most pressing priority.
- f) Greater clarity was needed about how progress would be made on embedding a culture of continuous learning and improvement (corporate commitment 8.3) The Executive's view was that further work needed to be undertaken on learning from complaints and serious events and in embedding quality standards across the organisation. The Audit Committee had previously discussed approaches to quality assurance and quality management in the context of the corporate quality assurance strategy. The Committee would consider this further in October 2015, following an internal audit review of corporate QA and report to the Council in November 2015.
- g) The Council noted ongoing work on the employer link model. It was important that this work evolved in accordance with the increased appetite and agenda for further devolution in each of the four nations and that the NMC continued its commitment to engagement across the UK. Council members welcomed the information already provided by the Director of Fitness to Practise and there would be an opportunity for further input before the soft launch. More information would be provided on developments at the July meeting.
- h) The plan to set up a Public and Patient Advisory Group in Wales was welcomed; it was hoped that members from all jurisdictions would attend. Although there were no Welsh speaking FTP panel members, translation and interpretation interpreting facilities were offered if requested by welsh speaking parties.
- i) The Council noted that the assessment indicated challenges across a range of data; data quality, information security and ICT issues that needed to be addressed.

Key Performance Indicators for 2014 – 2015

- 4. The Council noted progress against KPIs for March 2015 and the end of year summary of corporate KPI figures for 2014 – 2015. The Council reiterated its recognition of the significant achievement in meeting the adjudication target (KPI 4).

Fitness to Practise dashboard 2014-2015

- 5. In discussion on the FtP dashboard, the Council suggested that it would be helpful if information on cases aged 18 months and over could be presented more clearly in future so that increases in the

age of the caseload was more immediately apparent .

Registration dashboard 2014-2015

6. The Council noted the registration performance dashboard for 2014 – 2015.

Movement of corporate risks

7. The Council noted the movement of corporate risks during the year 2014 – 2015.

Action:	Report further on development of the employer link model
For:	Director of Fitness to Practise
By:	29 July 2015.
Action:	Address the need to improve data and intelligence urgently, with particular focus on data relating to midwifery practice; and ensure the strategic risk relating to collection and use of data is captured
For:	Director of Strategy
By:	29 July 2015
Action:	Amend the Fitness to Practise dashboard to show more clearly the trend in cases aged 18 months and over
For:	Director of Fitness to Practise
By:	29 July 2015

NMC/15/44 Performance and risk report: April 2015

1. The Council received a report on operating performance and risk, including a summary of performance for April 2015. The Council welcomed the revised format of the report.
2. The Council agreed the proposed revised target that 95 percent of UK registration applications be processed within 10 days and the secondary target that 99 percent be processed within 30 days.
3. Further proposals would be brought to the Council in October 2015 on KPI reporting on EU and non-EU registration performance; Fitness to Practise cases not concluded within 15 months; staff turnover and workforce issues and customer service and quality measures.
4. In discussion, the following points were noted:
 - a) In relation to KPI 2 - percentage of interim orders imposed within 28 days, it was noted that 'exceptions' referred to cases where the target did not apply because new information suggesting the need for an interim order application was received at a later stage. The number of exceptions was expected to be small, for

example, there had been three in April 2015.

- b) Information had not been included in this report on ICT or revalidation to avoid duplicating reports elsewhere on the agenda. Future reports should provide greater clarity on the rationale for inclusion of headline items on directorate performance.
- c) On the FtP dashboard, it would be helpful to separate out information about the number of interim order extension applications given that was a critical indicator for the PSA performance review process.

Corporate Risk Register

- 5. The Council noted that the inherent risk on financial resources (CR5) had decreased due to the Council's action on restoring available free reserves to the targeted minimum level, and the increase to the registration fee, and that the risk on ICT business systems (CR12) had been reframed to reflect development of the ICT improvement programme.

Action: Future performance and risk reports to identify the rationale for inclusion of items on directorate performance

For: Director of Strategy
By: 29 July 2015

Action: Revise the FtP dashboard to present information on IO extension applications separately

For: Director of Fitness to Practise
By: 29 July 2015

NMC/15/45 Financial monitoring report 2014-2015

- 1. The Council noted the report, which set out financial performance information for year ending 31 March 2015. Although the figures in the report were unaudited, these were not expected to change significantly following external audit.

NMC/15/46 Budget 2015 – 2016 and fee strategy October 2014: reconciliation

- 1. The Council received the report, which set out additional information requested at the March 2015 meeting in respect of the 2015 – 2016 budget.
- 2. In discussion, the following points were noted:
 - a) The Council was satisfied that the report provided the assurance it required following the March 2015 meeting. The Council remained concerned about the significant increase in revenue

expenditure since the approval of the fee strategy in October 2014; and the level of the contingency provision for 2015 – 2016, particularly when set against the underspend in 2014-2015.

- b) The Executive had undertaken a robust and critical review of the figures following the discussions at the March meeting. This year all planned expected expenditure had been incorporated within functional budgets where possible: the Executive was confident that the contingency would only be used for unforeseen expenditure.
- c) In response to questions, the Director of Corporate Services indicated that additional investment in finance and procurement staff was necessary to address past under-investment in the function and implement the finance improvement programme. Further investment in HR support, staff recruitment and learning and development was needed due both to the increased staffing resource in the NMC and to reflect learning and development activity for new staff.
- d) Provision for minor repairs to 23 Portland Place was necessary as part of the requirements of the lease on the property.
- e) The Council reiterated concerns around the additional requirement imposed by the PSA levy; the NMC should continue to press for appropriate mechanisms to be put in place to ensure the PSA budget and consequent levy were subject to control.
- f) In relation to the validation of efficiency savings, the Audit Committee would review the terms of reference for the planned internal audit review.

3. Given that reservations had been expressed during approval of the budget for both the current and previous financial year, the Council agreed that budgeting plans should be brought to the Council at an earlier stage in future. The Executive would also consider the most effective means of securing Council input at appropriate stages in the business planning and budgeting process for 2016-2017.

Action: Continue to press for appropriate mechanisms to be put in place in relation to the size of the PSA levy
For: Chief Executive and Registrar
By: 29 July 2015

Action: Draft terms of reference for the proposed internal audit of budgeting including validation of efficiency savings, to be submitted to Audit Committee for advance review
For: Director of Corporate Services
By: October 2015

Action: Consider how best to secure early Council engagement in business planning and budgeting for 2016 – 2017
For: Chief Executive and Registrar
By: 29 July 2015

NMC/15/47 MRPQ: Consideration of English language policy and consultation

1. The Council considered the report, which provided an update on changes in legislation that would introduce new requirements relating to English language competence for European Economic Area (EEA) trained nurses and midwives, and a new ground of impairment for fitness to practise cases related to lack of English language competence. The report also sought the Council's agreement to commence a public consultation on a new process and on rule amendments that would form the legal basis for this process.
2. The Council noted that the legislative provisions did not empower the Council to mandate a test of competence in English language for EEA-trained nurses and midwives. The draft policy appended to the report, set out the evidence which would be accepted from those EEA-trained nurses seeking admittance to the NMC register to demonstrate the necessary knowledge of the English language.
3. It would be helpful to clarify the governance arrangements relating to the approval of policy and guidance, and what was reserved to the Council and what was delegated to the Executive.
4. In discussion, the following points were noted:
 - a) The policy should make explicit that evidence could only be accepted from approved IELTS testing centres. There was a need to be vigilant of the risk of exams being completed by proxy. The NMC already worked closely with the British Council in ensuring the rigour of the overseas test of competence; this relationship would be important in providing assurance on the robustness of evidence submitted to the NMC by EEA-trained registrants seeking entry to the register.
 - b) The Executive would clarify the implications of the policy for countries where English was an official language as well as for Welsh language speakers, and revise the draft policy, if required.
 - c) These changes did not alter the existing responsibility on employers to test and assure themselves of an individual's competence in the English language. Future communications with employers would continue to emphasise this point. While the policy focused on English language literacy, employers would still need to satisfy themselves on both this and potential employees' numerical language competence.

- d) The Council further noted that the standards needed for English language competence needed to be robust; there was potential for the IELTS standards to not be in line with the standard needed to work in nursing and practice. The Executive would give this point further consideration.
- e) The Council sought assurance that the proposed risks identified relating to the overseas test of competence could be mitigated. The Director of Registration confirmed that the legislation did not affect continuance of the existing overseas policy but there would be a need to review consistency in due course.
- f) The Council suggested that there were various other risks which should be captured including:
- The risk that employers were not clear that they would need to continue to undertake their own due diligence alongside NMC checks.
 - The potential impact on achievability of the Registration Key Performance Indicators for processing EEA applications, with consequential implications for employers.
 - FTP implications, which would need to be captured in due course.

5. **Decision: Subject to the points above, the Council approved the commencement of a public consultation on ensuring nurses and midwives have the necessary knowledge of English to practise safely in the UK.**

Action: Update the Council on current delegations around approval of policy and guidance
For: Director of Strategy
By: 29 July 2015

Action: Report to the Council on :

- consultation outcomes;
- clarification on the implications of the policy for applicants from countries where English is an 'official language' and Welsh language speakers
- proposed mitigations to the risks identified in point 4 e) above;
- the requirement of IELTS to be undertaken at approved centres; and
- the communication methods proposed for employers and other relevant stakeholders on the potential introduction of the policy.

For: Director of Strategy
By: 8 October 2015

NMC/15/48 Time limits in NMC education standards

1. The Council considered the report, which set out proposed changes to ensure that NMC education standards were legally compliant with the Equality Act 2010 and key themes from the consultation undertaken on the proposed changes.
2. In discussion, the following points were noted:
 - a) Introduction of the proposed changes would ensure compliance with the Equality Act 2010 and was consistent with the approach taken by other healthcare professional regulators. Communications should stress that this did not represent any change to the substance of the education standards.
 - b) The NMC was legally obliged to consult on any changes to the standards, notwithstanding that the proposed changes were being made to ensure compliance with legal obligations. In such circumstances, it was important that communications were clear about the purpose of the consultation and the scope for responses to influence the outcomes.
 - c) This consultation had been a positive exercise in engaging with stakeholders and identifying their concerns and to inform the NMC's communications on this matter, should the Council approve the proposals.
 - d) The proposals would apply both to new and existing students. Any retrospective challenges would be addressed on a case-by-case basis.
 - e) If responsibility for management of completion timescales was being devolved to Approved Education Institutions (AEIs), the need to collect information on this through the quality assurance process was unclear. The aim had been to enable some evaluation of the impact of the change. It was noted that AEIs were experienced in managing such issues and that the Council of Deans might be the best conduit for discussing whether, and if so how, such an evaluation should be undertaken.
3. **Decision: The Council agreed to remove the maximum time limits for the following education standards:**
 - **Standards for pre-registration nursing education (NMC, 2010);**
 - **Standards for pre-registration midwifery education (NMC, 2009);**
 - **Standards of proficiency for nurse and midwife prescribers (NMC, 2006); and**
 - **Standards of proficiency for specialist community public**

health nurses (NMC, 2004).

4. **Decision: The Council agreed to devolve the responsibility for management of completion timescales to Approved Education Institutions (AEIs).**

Action: Ensure that consultation documents are clear about the scope and purpose of any consultation and the extent to which responses can influence the eventual outcomes

For: Director of Strategy

By: 29 July 2015

Action: Engage with the Council of Deans on how best to evaluate the impact of the devolution of management of timescales to AEIs

For: Director of Continued Practice

By: 29 July 2015

NMC/15/49 Revalidation update

1. The Council received an update on the revalidation programme.
2. In discussion, the following points were noted:
 - a) Revalidation pilots were progressing well and generating important learning points. Engagement with registrants working in pilot sites was positive and in excess of the target of 1000 pilot participants would have completed their revalidation applications through the online process by the end of May 2015.
 - b) It was intended to continue working with the pilots once the pilot period ended since they were a valuable resource in assisting with templates, guidance and case studies.
 - c) The Council would receive a high-level report in July 2015 focussed on the key findings from the pilots; the readiness assessment being undertaken by external consultants and the findings from registrants' experience in the pilots.
 - d) It was important that the Council had a clear picture of the differing state of readiness in each of the four UK nations given the differences in the scale and complexity of the challenge for each. There was a need to consider, ahead of October 2015, the range of options and decisions that the Council may need to consider around implementation of revalidation across the four UK nations.
 - e) Alongside assessment of external readiness, work was ongoing on the NMC's internal readiness. While internal readiness was broadly in line with expectations, urgent work was underway to ensure appropriate business continuity arrangements for NMC Online, given its critical importance to the programme,

NMC/15/50 ICT update

1. The Council received a report on the ICT improvement plan to strengthen the NMC's ICT function as a whole.
2. In discussion, the following points were noted:
 - a) Existing levels of maturity for each ICT capability were below those that might reasonably be expected of an organisation with the functions of the NMC. The improvement plan focused on developing ICT capability and capacity to an acceptable level.
 - b) The Executive was confident that this could be achieved by the end of 2015, although some business continuity work may continue into 2016. The improvement plan including a range of workstreams to tackle governance, service delivery, infrastructure and capability. It would also focus on the ICT function's relationships as a key partner within the organisation. To that end, relationship management resource needed to be embedded.
 - c) The Council and the Executive would discuss further the role of the Council, and that of the Audit Committee, in oversight of progress against the ICT improvement plan, including against key milestones and the organisational outcomes that the plan is designed to achieve.
3. The Council welcomed the comprehensive nature of the plan and the urgent action now being taken to strengthen this business critical function.

Action:	Report on key programme milestones setting out what will be achieved, by when, and what will be different as a result and the costs involved.
For:	Chief Technology Officer
By:	29 July 2015

NMC/15/54 Report of the Midwifery Committee

1. The Council noted the report, which set out a summary of the discussions held by the Midwifery Committee at its meeting on 29 April 2015.
2. The Committee had discussed robustly initial consultation proposals on possible amendments to the standards in *Midwives Rules and Standards 2012*. These proposals were designed as an interim measure to strengthen the NMC's role in investigation of fitness to practise cases.

3. The Executive had committed to reflect on the Committee's comments, and revised consultation proposals would be considered by the Committee at its next meeting in June 2015 before coming to the Council in July 2015.
4. The Council noted that there were risks around delay to introducing proposals, but that it was important that the views and concerns expressed by the Committee and partners were recognised and addressed prior to consultation. Related to this was the importance of communications addressing any assumptions around the future of the regulatory framework of midwives; and the need for more robust data and intelligence to inform future proposals.
5. The Council also noted the Committee's continued focus on monitoring risks arising from any transitional arrangements in changes to the regulatory framework for midwives.

Action:	Report to the Council on communications addressing concerns being raised by the midwifery profession on the future of the regulatory framework for midwives
For:	Director of Continued Practice
By:	29 July 2015

NMC/15/51 Questions from observers

1. The Chair of the Council invited questions from observers. The following points were noted:
 - a) Related to the discussion on English language competence, and recent high profile media coverage, the NMC's introduction of a test of competence for overseas (non-EU) applicants is designed to make the process for overseas registration more robust in testing skills rather than relying on documentation. Strong relationships with partners, including the British Council, were critical in providing assurance on the robustness of the registration process for overseas applicants, though it was noted that no process could entirely eliminate the risk of fraud.
 - b) To ensure the development of a robust model of revalidation, the NMC had taken steps to ensure that the widest possible scope of midwifery practice had been taken into account through the pilots.

NMC/15/52 Chair's action taken since the last meeting of the Council

1. The Council received and noted the Chair's action to extend the terms of appointment of 140 legal assessors and the appointment of one additional legal assessor effective from April 2015 to December 2015 that had been taken under delegated authority since the last meeting of the Council on 25 March 2015.

NMC/15/53 Report of the Audit Committee

1. The Council received and noted the report.

NMC/15/54 Any other business

1. The Chair, on behalf of the Council, noted that this would be the last meeting of the Council at which Mark Smith, Director of Corporate Services; and Paul Johnston, Council Services Manager, would be present.
2. The Chair, on behalf of the Council, thanked both colleagues for their support to the Council and their work for the Nursing and Midwifery Council.

The date of the next meeting is 29 July 2015.

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

SIGNATURE: *DRAFT*

DATE: *DRAFT*

Council

Summary of actions

Action:	For information.
Issue:	A summary of the progress on completing actions agreed by the meeting of Council held on 21 May 2015 and progress on actions outstanding from previous Council meetings.
Core regulatory function:	Supporting functions.
Strategic priority:	Strategic priority 4: An effective organisation
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.

Secretary: Fionnuala Gill
Phone: 020 7681 5842
Fionnuala.gill@nmc-uk.org

Item 5
NMC/15/59
29 July 2015

Summary of outstanding actions arising from the Council on 21 May 2015

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/15/42	Chief Executive's report Update the Council on the Gosport Investigation Inquiry developments	Chief Executive and Registrar	Council 29 July 2015	Following our initial meeting with the Gosport Independent Panel we were sent a long list of search terms to guide our disclosure. We wrote to the Panel advising them of the search approach we proposed to take and we have collated the materials identified using that approach. These are being reviewed and there is a further meeting with the Panel planned. The inquiry is not expected to report until 2017.
NMC/15/43	Performance and risk report 2014 - 2015 Report further on development of the employer link model	Director of Fitness to Practise	Council 29 July 2015	An update is included in the Q1 corporate plan report at Item 11, annexe 1.
NMC/15/43	Performance and risk report 2014 – 2015 Address the need to improve data and intelligence urgently, with particular focus on data relating to midwifery practice; and ensure the strategic risk relating to collection and use of data is captured	Director of Strategy	Council 29 July 2015	The immediate data requests from the Midwifery Committee were met in an FtP data paper tabled at the June meeting. A solution to the coding of dual registrants in CMS has been implemented so that we can report on midwifery and nursing cases separately going forward.

Item 5
NMC/15/59
29 July 2015

Minute	Action	Action owner	Report back to: Date:	Progress to date
				<p>The strategic risk relating to data collection and use is being captured in the refreshed risk register under development.</p> <p>Item 11, Performance and Risk Report contains further updates on our work in this area.</p>
NMC/15/43	<p>Performance and risk report 2014 – 2015 Amend the Fitness to Practise dashboard to show more clearly the trend in cases aged 18 months and over</p>	Director of Fitness to Practise	Council 29 July 2015	Complete and reflected on the FTP dashboard at Item 11, annexe 2d.
NMC/15/44	<p>Performance and risk report: April 2015 Future performance and risk reports to identify the rationale for inclusion of items on directorate performance</p>	Director of Strategy	Council 29 July 2015	This is addressed in the Performance and Risk report at Item 11.
NMC/15/44	<p>Performance and risk report: April 2015 Revise the FtP dashboard to present information on IO extension applications separately</p>	Director of Fitness to Practise	Council 29 July 2015	Complete and reflected in the FTP dashboard at Item 11, annexe 2d.

Item 5
NMC/15/59
29 July 2015

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/15/46	<p>Budget 2015 – 2016 and fee strategy October 2014: reconciliation Continue to press for appropriate mechanisms to be put in place in relation to the size of the PSA budget</p>	Chief Executive and Registrar	Council 29 July 2015	This has been addressed in our response to the PSA consultation on the fees for 2015-2016 and in officer level discussions.
NMC/15/46	<p>Budget 2015 – 2016 and fee strategy October 2014: reconciliation Audit Committee to review draft terms of reference for proposed internal audit of budgeting including validation of efficiency savings.</p>	Interim Director of Finance	Audit Committee 28 October 2015	An approach to validation of efficiency savings will be presented to the Audit Committee in October.
NMC/15/46	<p>Budget 2015 – 2016 and fee strategy October 2014: reconciliation Consider how best to secure early Council engagement in business planning and budgeting for 2016 – 2017</p>	Chief Executive and Registrar	Council 29 July 2015	A Council budget scrutiny group will meet to contribute at key stages to business planning and budgeting for 2016-2017.
NMC/15/47	<p>Delegated Authority: Policy and Guidance Update the Council on current delegations around approval of</p>	Secretary/Director of Strategy	Council 29 July 2015	Internal policy governance arrangements centre around a framework of policy and guidance <i>tiers</i> , which have associated approval criteria. This framework was

Item 5
NMC/15/59
29 July 2015

Minute	Action	Action owner	Report back to: Date:	Progress to date
	policy and guidance			<p>approved internally in early 2013 and was considered by the previously constituted Audit Committee in April 2013.</p> <p>The framework consists of three tiers. Tier 1 incorporates corporate strategies, approval of which sit with the Council. Tier 2 consists of corporate policies, approval of which again sits with the Council unless explicitly delegated by the Council to the Executive. Tier 3 documents include internal guidance and operating procedures.</p> <p>Recent examples of Tier 2 documents that have been presented to Council for approval include the UK and Overseas Registration policies.</p> <p>In July 2014, the Council agreed a policy delegating authority to the Director of Fitness to Practise to issue and revise guidance, including guidance for Panel Members. An update on guidance issued under this delegated authority is included in the Performance and Risk report (Item 11, Annexe 2c).</p>

Item 5
NMC/15/59
29 July 2015

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/15/47	<p>MRPQ: Consideration of English language policy and consultation Report to the Council on :</p> <ul style="list-style-type: none"> • consultation outcomes; • clarification on the implications of the policy for applicants from countries where English is an 'official language' and Welsh language speakers • proposed mitigations to the risks identified in point 4 e) above; • the requirement of IELTS to be undertaken at approved centres; and • the communication methods proposed for employers and other relevant stakeholders on the potential introduction of the policy. 	Director of Strategy	Council 8 October 2015	On the Council agenda for October 2015.
NMC/15/48	<p>Consultation Ensure that all future consultation documents are clear about the scope and purpose of any</p>	Director of Strategy	Council 29 July 2015	There are some matters on which we are obliged to consult even when the scope for alternative approaches is limited, for example by legislation. We try to be clear about these

Item 5
NMC/15/59
29 July 2015

Minute	Action	Action owner	Report back to: Date:	Progress to date
	consultation and the extent to which responses can influence the eventual outcomes			factors. A policy approach to consultation is in draft and will be presented for approval in Autumn 2015. It will reflect this point and other learning from the PSA performance review report.
NMC/15/48	Time limits in NMC education standards Engage with the Council of Deans on how best to evaluate the impact of the devolution of management of timescales to AElS	Director of Continued Practice	Council 29 July 2015	A meeting has been scheduled with Council of Deans in August to take this forward.
NMC/15/50	ICT update Report on key programme milestones setting out what will be achieved, by when, and what will be different as a result and the costs involved	Chief Technology Officer	Council 29 July 2015	Update report included in the Performance and Risk report, Item 11, annexes 2h and 2i.
NMC/15/54	Report of the Midwifery Committee Report to the Council on communications addressing concerns being raised by the midwifery profession on the future of the regulatory framework for midwives	Director of Continued Practice	Council 29 July 2015	We have refreshed the information on the website about midwifery change and conveyed that we will continue to do so again as more detail on changes to our legislation emerges. We have a communications plan detailing our approach to all relevant audiences and strategic partners ready to support a

Item 5
NMC/15/59
29 July 2015

Minute	Action	Action owner	Report back to: Date:	Progress to date
				<p>legislative change programme.</p> <p>We continue to work with the Department of Health and the CNOs on the future of supervision outside our statutory framework, who lead on communication of those developments.</p>

Summary of outstanding actions arising from the Council on 25 March 2015

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/15/26	<p>KPI 3</p> <p>ii) bring forward proposals for primary and secondary targets in October 2015; iii) consider further how to account for cases affected by third party activity</p>	Director of Fitness to Practise	Council 8 October 2015	(ii) and (iii) not yet due. These actions will be carried forward.

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 and (b) key strategic engagement activity.

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

Strategic priorities: Strategic priority 3: Collaboration and communication.

Decision required: None.

Annexe: There are no annexes attached to this paper.

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

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- Context:**
- 1 This is a standing item on the Council agenda and reports on (a) key developments in the external environment; and (b) key strategic engagement activity. The focus of recent strategic engagement has been primarily around revalidation, the Code and the urgent need for legislative reform.
 - 2 Updates on operating performance can be found in the Performance and Risk Report.

Discussion: External developments

Legislation issues

- 3 The Queen's Speech on 27 May 2015 did not include a Bill to modernise the regulation of healthcare professionals. This was deeply disappointing as there is an overwhelming consensus that our current legislation is out of date, inefficient and costly, and does not serve the public or the professions well. The Chief Executive raised our concerns with a number of parliamentarians and it was positive to see this feature in debates on the Queen's Speech.
- 4 We continue to engage regularly with parliamentarians, Ministers and senior stakeholders regarding the need for urgent legislative reform. The Chief Executive has met William Vineall, the newly-appointed Director of Quality, Department of Health, in addition to regular discussions with Nick Clarke, Deputy Director, Workforce Directorate, Department of Health. The Chief Executive also met with the other healthcare professional bodies to discuss the need for the Bill. The Chief Executive discussed the absence of a professional accountability bill with Jeremy Lefroy MP on 2 July 2015 and with Lord Hunt of Kings Heath at the NHS Confederation conference held 2 - 4 June 2015. The Chief Executive has also engaged with Baroness Emerton and Viscount Bridgeman on debates in the House of Lords on regulatory matters.

Accountability and oversight

Health Committee

- 5 The Chief Executive wrote to congratulate Dr Sarah Wollaston MP on her re-election as Chair of the Health Committee on 18 June 2015. We await timings for any accountability hearings.

Professional Standards Authority (PSA) issues

Performance review 2014–2015

- 6 The PSA performance review report 2014–2015 was published on 26 June 2015 and is the subject of a separate report on the Council's agenda.

PSA consultations on the review of the performance review process and fees

- 7 We have responded formally to the PSA's consultations on a revised performance review process and the funding requirement for 2015–2016.

Appointment of senior professional advisors

- 8 We have created two senior advisory roles on a 12 month, one day a week secondment basis. The roles - one for a nurse; one for a midwife - will augment the NMC's access to dedicated, high-level professional advice to support our regulatory work. The advisors will provide valuable expertise and a contemporary and high-level professional perspective to our work. Dame Eileen Sills, the chief nurse at Guy's and St Thomas' NHS Foundation Trust, has been appointed as the senior nursing advisor. An announcement on the appointment of the midwifery advisor will be reported to Council at the next meeting.

Stakeholder Engagement and Communication

Revalidation

- 9 Engagement on revalidation has been extensive over this period. We have continued to engage closely with the four programme boards and all the pilot organisations. We have also engaged with the independent sector advisory forum.
- 10 We exhibited at the NHS Confederation Conference (2–4 June 2015) and at RCN Congress (21–25 June 2015), both focusing on revalidation. The Chief Executive spoke about revalidation at the RCN Congress and we had a revalidation fringe session.
- 11 The Chief Executive also spoke about revalidation at the following events:
- 11.1 Nursing Times Deputies Conference on revalidation in London (11 June 2015).
 - 11.2 'Nursing appraisal, revalidation and implementing the new NMC code of practice' event in Manchester (2 July 2015).
- 12 During June 2015 we added a number of revalidation resources to the website, including the provisional guidance (using a specially created web function), a tool that indicates who a confirmer could be for registrants in different settings and 'what revalidation means for employers'.

The Code

- 13 The patient and public strand of the Code campaign has

commenced and we have shared our patient-focused materials widely. Approved educational institutions were sent supplies of the Code to cater for current students and those commencing study in September 2015.

- 14 We exhibited at the following events using our new Code-focused exhibition display and used them to promote the Code and associated materials:

14.1 Healthwatch England conference.

14.2 NHS Confederation conference.

14.3 RCN Congress.

Duty of candour

- 15 Our guidance on the duty of candour, jointly published with the General Medical Council, was launched at a roundtable event here on 29 June 2015. The launch event was attended by over thirty directors of nursing, medical directors, clinical fellows, patients' representatives and others including Helene Donnelly, the Staffordshire and Stoke on Trent Partnership NHS Trust's Ambassador for Cultural Change.
- 16 Twitter activity on the evening of the launch was extensive and the level of interest has continued over subsequent days. The guidance, in both English and Welsh language versions, was added to our website, alongside candour case studies on 29 June 2015. The Chief Executive and the Chief Executive of the General Medical Council jointly wrote to our stakeholders to promote the new joint guidance.

Midwifery issues

- 17 On 8 June 2015, the Chief Executive and Director of Fitness to Practise met Bill Kirkup to discuss his report into midwifery at the Morecambe Bay Trust.
- 18 We have continued to liaise with midwifery stakeholders and with the Department of Health on the prospect of legislative change, which is on the agenda for this Council meeting. Other stakeholders such as the Parliamentary and Health Service Ombudsman have also been provided with updates. We have participated in fortnightly meetings convened by the Department of Health with the four Chief Nursing Officers and others, about a future model of supervision outside of our legislation.
- 19 The Chief Executive met with Jacqueline Dunkley-Bent, Head of Maternity, NHS England (19 May 2015) and Donna Ockenden, Co-Clinical Director (Midwifery), London Maternity Strategic Clinical Network (18 June 2015) to discuss a range of issues relating to the

NMC's work with the midwifery profession.

Education

- 20 We continue to engage closely with Health Education England (HEE) on the Shape of Caring review. In addition to regular meetings with the Director of Education, Lisa Bayliss-Pratt, the Chief Executive met Ian Cumming, HEE Chief Executive on 3 June 2015. The Chief Executive also met with the author of the Shape of Caring review, Lord Willis of Knaresborough, on 2 June 2015.
- 21 Along with Lisa Bayliss-Pratt, the Chief Executive took part in a Twitter 'chat' on the 'Shape of Caring' report on 15 June 2015.
- 22 Other key engagement activity led by the Director of Continued practice and the Assistant Director, Education and Standards, involved:
- 22.1 the Shape of Caring session at the NHS Confederation conference.
- 22.2 a meeting with Central and North West London NHS Foundation Trust with a focus on practice readiness of newly qualified nurses in relation to numeracy and literacy.
- 22.3 HEE Commission on Education and Training in Patient Safety.
- 23 The Chief Executive met a group of nursing students at Guy's and St Thomas's Foundation Trust on a visit organised by Dame Eileen Sills.

International registration

- 24 We have continued to engage with NHS Employers, directors of nursing and other stakeholders to promote better understanding of the NMC's international registration process and test of competence. This engagement has included discussion with the Home Office and the Migration Advisory Committee (MAC) in the context of the government's current immigration policy and the nursing resourcing pressures.

Other engagement by the Chief Executive

- 25 The Chief Executive continues to regularly engage with senior Department of Health colleagues on a range of issues. During this period she has met Jane Cummings, Chief Nursing Officer for England, Viv Bennett, Director of Nursing, Public Health England (17 June 2015) and David Foster, Deputy Chief Nursing Officer (16 June 2015).
- 26 Engagement with stakeholders representing the public has included

meetings with Peter Walsh, Chief Executive, Action against Medical Accidents (11 June 2015) and Katherine Murphy, Chief Executive, Patients Association (18 June 2015).

- 27 As part of her regular engagement with key professional stakeholders, the Chief Executive met Gail Adams, Head of Nursing, Unison (1 June 2015), Peter Carter, General Secretary, Royal College of Nursing (18 June 2015) and Cathy Warwick, Chief Executive, Royal College of Midwives (23 June 2015). The Chief Executive also met with Crystal Oldman, Chief Executive, Queen's Nursing Institute (1 July 2015).
- 28 On 9 June 2015, the Chief Executive met Ellen Armistead, Deputy Chief Inspector of Hospitals at Care Quality Commission, Peter Blythin, Director of Nursing, Trust Development Authority and Ruth May, Nursing Director, Monitor and Jane Cummings to discuss the approach to cross-organisational learning.

Collaboration

Parliamentary reception in Northern Ireland

- 29 On 2 June 2015 we held a joint regulators' parliamentary reception at Stormont in Belfast. This was attended by the Minister for Health, Social Services and Public Safety, Simon Hamilton MLA, as well as a further eight members of the Northern Ireland Assembly.

Healthwatch England

- 30 On 23 June the Chair and Director of Strategy met with the Chair and Chief Executive of Healthwatch England to discuss areas of shared interest and possible collaboration.

Mutual Recognition of Professional Qualifications

- 31 We have continued to work collaboratively with the other UK healthcare professional regulators on a number of issues where we seek clarification on the EU directive on the Mutual Recognition of Professional Qualifications. This has included a joint meeting with the Department of Health and Department of Business, Innovation and Skills to discuss the European Professional Card, the alert mechanism and the temporary and occasional provision of services across borders. We have also continued our ongoing engagement with the Commission on the directive.
- 32 In collaboration with the Irish and Spanish nursing competent authorities, we have re-established the network of European nursing competent authorities. The first meeting will take place in London in September 2015 and will discuss the European Professional Card, alert mechanism and other issues relating to the directive.

Media activity

33 The Chief Executive undertook significant media activity in May 2015 following the verdict of the Stepping Hill murder trial. The Chief Executive gave interviews to the following outlets on the work to strengthen the NMC's overseas registration processes.

33.1 BBC Radio Coventry and Warwickshire

33.2 BBC Radio Derby

33.3 BBC Radio Nottingham

33.4 BBC Radio Scotland

33.5 BBC Radio Somerset

33.6 LBC London Radio

33.7 BBC Breakfast TV

34 The Chief Executive was interviewed by the Nursing Standard on 26 June about the PSA report.

35 The joint candour guidance received 26 pieces of national and regional coverage including BBC News, a number of regional BBC radio, the Guardian, Mirror, Scotsman and Western Morning News.

Public protection implications:

36 No direct public protection implications.

Resource implications:

37 No direct resource implications.

Equality and diversity implications:

38 No direct equality and diversity implications.

Stakeholder engagement:

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

Risk implications:

40 No direct risk implications.

Legal implications:

41 No direct legal implications.

Council

Revalidation update

Action: For discussion.

Issue: An update on the pilots, readiness assessment and cost benefit analysis with next steps leading to Council decision in October 2015.

Core regulatory function: Standards and registration (Revalidation).

Strategic priority: Strategic priority 1: Effective Regulation.

Decision required: No decision is required from this paper.

Annexe: There are no annexes attached to this paper.

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

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- Context:**
- 1 Our response to the Francis report¹ committed to introducing an appropriate system of revalidation for nurses and midwives. Following two public consultations in 2014 the NMC developed a model for revalidation that underpins the Code. The provisional model, agreed by Council in December 2014, was piloted in 19 organisations across the UK during the first half of 2015. It has been evaluated by IPSOS MORI and the NMC. An additional independent assessment of readiness across the four countries and a cost benefit analysis of the NMC model were carried out by KPMG.
 - 2 There is significant momentum developing to support the introduction of revalidation. The NMC, supported by five programme boards, one in each of the four countries, chaired by the Chief Nursing Officer, and the NMC's chaired by the Director of Continued Practice, have been working towards providing Council with the necessary assurance to support its decision on the revalidation model in October 2015.

Discussion: Provisional findings from the pilots

- 3 Participant engagement in the pilots has been a success and exceeded our expectations. 2,739 nurses and midwives joined the pilots, 2,134 of those submitted revalidation applications and 135 provided additional verification information for the audit.

The NMC revalidation model is achievable and is a positive experience.
- 4 The evaluation of the pilot registrant experience revealed that for many, revalidation was achievable. Taking part in the pilot reduced concerns, with registrants and confirmers acknowledging that it often builds on work nurses and midwives are already doing. The NMC guidance could appear to be too long, but it was balanced with a view that much of the information was relevant and useful. The online application process was relatively straightforward and easy to use with minor exceptions and local technical issues.
- 5 The new requirements, such as reflection on the Code, feedback and confirmation, were experienced positively by many, with some suggestion that they will become easier as each embeds into the future. Registrants were keen to show that they have done revalidation 'right' and valued the portfolios they had created as they valued the role of the Code and the professional discussions. However, the new requirements in particular were experienced differently to how they were set out in the model on many occasions.
- 6 Many registrants identified the positive additional support and information they had received from their organisations. In addition,

¹ 'The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry', February 2013.

some were able to link revalidation to appraisal which shaped the journey registrants experienced. However, early findings also suggest that some registrants were relying on pilot organisations to lead the process and therefore their journey.

Momentum behind revalidation

- 7 The readiness assessment led by KPMG, reported that buy-in is generally strong for revalidation. The findings revealed a spectrum of support for revalidation, from many who were very supportive of its introduction through to a small number of others who retained a degree of scepticism that revalidation will fully deliver its intended aims. The buy-in of the pilot organisations has increased considerably over the course of the pilot exercise.
- 8 There is extensive activity across the UK to raise awareness of revalidation to registrants and employers. Awareness of revalidation may be more limited outside the NHS and large employers. Social care was highlighted as requiring more focus in particular.
- 9 Organisations are keenly awaiting confirmation from the NMC of the finalised model of revalidation. Many indicated that they are holding back from starting preparations until requirements for revalidation are finalised and agreed by the Council. They also highlight the need for greater clarity in the guidance to registrants and employers.

Cost benefit analysis

- 10 Stakeholders were able to identify benefits from revalidation, particularly associated with raising awareness of the Code in practice and encouraging a culture of reflection and improvement. It was widely thought that the benefits could be more extensively articulated in communications on revalidation and this is something the NMC should do.
- 11 Organisations plan to put a range of measures in place to support their registrants to revalidate. This has associated costs and the highest reported areas of cost were supporting CPD, preparing for and managing revalidation and supporting feedback, reflection and professional development. However, analysis shows that reported estimates of the costs vary widely, which makes it difficult to draw conclusions about the total costs.
- 12 Notably, pilot organisations reported significantly lower costs than non-pilot organisations for all requirements with the exception of CPD. However, registrants within pilot organisations consistently report that they currently exceed the CPD minimum thresholds for both participatory and non-participatory CPD.
- 13 The greatest time commitment from the registrants would be associated with familiarising themselves with revalidation and for

meeting requirements for feedback, reflection, discussion and third party confirmation.

NMC readiness in the introduction and implementation of revalidation

There are a number of areas raised through the piloting phase and the work commissioned from IPSOS MORI and KPMG that the NMC needs to focus on to provide assurance to Council in October 2015. These are:

Communication and engagement

- 14 The NMC must continue to ensure nurses and midwives are prepared for the introduction of revalidation. This is of particular importance as the pilots revealed the need for further targeted communication around specific requirements.
- 15 Developing further employer specific resources, case studies, tools and guides for on line publication is essential. There is a clear need to maintain wide engagement through existing networks while developing specific campaigns to raise awareness in primary care, social care and the independent sector. Setting up additional, routine briefing sessions for stakeholders, the press and media is also essential.
- 16 Although there is understanding through the pilots that revalidation will deliver benefits more work needs to be done in this area to ensure that registrants, employers and the wider system understand the benefits of revalidation as a whole and the components that make up the model.

Guidance and other supporting material

- 17 Based on the findings from the pilots there is a need to redraft the guidance to simplify language, provide greater clarity, improve the navigation and reduce the variability in interpretation of the requirements. There is a particular need to ensure the role, function and process of confirmation is clear to improve consistency.
- 18 The audit process for reviewing a sample of revalidation submissions needs to be clear, consistent and robust. There is a need to clarify that its function is to build confidence in the process and enhance the new requirements for peer to peer discussion and confirmation without undermining the role of the confirmer or giving the false impression of being an additional fitness to practise check.

Public protection implications:

- 19 Early indications from the pilots are that professional discussion and reflection could be a valuable contribution to increasing

professionalism having a positive impact on public protection.

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| Resource implications: | 20 | All activity in this report is covered by the NMC budget on revalidation. |
| Equality and diversity implications: | 21 | An equality impact assessment has been undertaken. This will be reviewed and updated following the outcome of the pilots and the evidence gathering has been concluded and reported. |
| Stakeholder engagement: | 22 | There has been extensive stakeholder engagement which continues to increase. Each country has an established programme board. The Revalidation Strategic Advisory Group is advising the NMC. There are plans in place to communicate with every registrant and employers in key sectors such as primary care, social care and the independent sector. The NMC continues to proactively engage with representative and professional bodies and is actively promoting revalidation through its attendance at events. |
| | 23 | Additional online resources have been produced and published, ranging from presentations for wider external use, simple guides, tools and guides to employers, all accessible from the NMC website. |
| | 24 | During June and July 2015 'revalidation' was the most searched term on the NMC website with the revalidation pages as a whole viewed 252,881 times by 175,838 different users. This compares to the revalidation pages as a whole viewed 41,898 times by 31,718 users in February and March 2015. |
| Risk implications: | | NMC preparedness |
| | 25 | The NMC has a detailed programme to mitigate the risks of being under resourced or its own internal systems not being in place. The NMC's own readiness is subject to an independent assurance audit prior to recommendations being made to Council. This will form part of Council's decision in October. |
| | | Four country perspective |
| | 26 | It is possible that one or more of the four countries is unable to say that revalidation can be delivered according to the NMC's timeframe. This is likely to feature in two respects. One is about likely cost and the other one is about assurance that the whole sector within the country is sufficiently ready. |

Francis and Health Select Committee

- 27 The Francis inquiry made specific recommendations that the NMC should introduce a form of revalidation which we accepted. Additionally, the Health Select Committee recommended that the NMC should introduce revalidation to strengthen public protection. Failure to meet these public expectations could undermine credibility in the professions and the regulator.

Losing the gained momentum

- 28 There is a considerable degree of expectation from registrants, organisations and the public that revalidation will be introduced; not doing so could have potential implications for public and professional confidence in regulation.

Legal implications:

- 29 There are no legal implications arising directly from this paper. There will be a legal review of the final policy and guidance before October 2015.

Council

Shape of Caring review

Action: For decision.

Issue: Next steps relating to the Shape of Caring review.

Core regulatory function: Education, Standards, Registration.

Strategic priority: Strategic priority 1: Effective Regulation.

Decision required: The Council is recommended to agree to commission a review to inform any future decisions relating to the Shape of Caring review.

Annexe: There are no annexes attached to this paper.

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

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Context:

- 1 The Shape of Caring report was published in March 2015. The review was independently chaired by Lord Willis of Knaresborough. It was co-sponsored by the NMC and Health Education England (HEE). This collaborative working for the public benefit was commended by the PSA in the performance review report (see Item 10, Annexe 1).
- 2 The report made far-reaching recommendations for future nurse education and for training of care assistants (HCAs) to ensure both can meet the changing needs of the population in the future.
- 3 A number of the report's recommendations are directed specifically at the NMC, whilst others have implications for aspects of our work, for example, relating to education quality assurance. The Council welcomed the report but has not yet made any decision to implement the recommendations.
- 4 We are acutely aware of our UK wide remit and although the Shape of Caring review related to England only, we secured input from the Chief Nursing Officers of Northern Ireland, Scotland and Wales to this work. Similarly, before making any decisions we need to fully understand the implications of the recommendations and what this would mean in relation to each of the four countries as well as for all those involved in nursing education.
- 5 The Council has already held a valuable initial seminar exploring the report's recommendations with the Council of Deans in April 2015.
- 6 It is now proposed to undertake a review to assess more fully what we would need to do to implement the recommendations before making any decisions about whether these should be taken forward. A critical element of the review will be engaging with key stakeholders across all four countries, as well as the Council of Deans and HEE.
- 7 The review will be report to the Council in November 2015, alongside the outcomes of the independent evaluation of our pre-registration nursing and midwifery education standards which we committed to following the Francis Inquiry. We would of course need to consult widely before taking any steps to implement the recommendations.
- 8 **Recommendation: We recommend that the Council agree to commission a review to assess what the NMC would need to do take forward recommendations from the Shape of Caring review to inform any future decisions.**

Public protection implications:

- 9 This work should enhance public protection by helping us consider how best to ensure that our education standards are contemporary and meet the changing needs of those who will require the care of

nurses in the future.

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| Resource implications: | 10 | Resources to fund the review are contained within the existing approved budget for Continued Practice. |
| Equality and diversity implications: | 11 | An equality analysis will be undertaken as part of the review's assessment of what would be involved in taking forward the recommendations. |
| Stakeholder engagement: | 12 | Engagement with key stakeholders across all four countries will be a critical part of the review. |
| Risk implications: | 13 | Our decisions around future education and training may not be well informed and may not deliver the right outcomes for public safety. |
| Legal implications: | 14 | None directly arising from the decision to undertake this review. |

Council

Draft annual report and accounts 2014-2015

Action: For decision.

- Issue:**
- Approve in principle the draft annual report and accounts for the year ended 31 March 2015.
 - Approve the draft letters of representation to the external auditors and National Audit Office (NAO) for signature by the Chair and Chief Executive.
 - Approve the post balance sheet review process to be undertaken prior to final signature and submission to Parliament in October 2015.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation

- Decision required:** The Council is asked to:
- approve in principle the draft annual report and accounts 2014-2015, subject to any comments (Annexe 1).
 - authorise the Chair to sign the draft letter of representation to the external auditors (Annexe 2) and the Chair and Chief Executive to sign the draft letter of representation to the NAO (Annexe 3).
 - Approve the post balance sheet review process.

Annexes: The following annexes are attached to this paper:

- Annexe 1*: Draft annual report and accounts 2014-2015
- Annexes 2 and 3: Draft letters of representation to the external auditors and the NAO.

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

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

Discussion: Responsibilities

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

annual report and accounts.

- 8 The Audit Committee has had the opportunity to review the annual report and accounts at its meeting on 23 June 2015 and its comments have been reflected in the draft at Annexe 1.
- 9 **Recommendation: The Council is invited to approve the annual report and accounts, subject to any changes requested by the Council.**

Audit

- 10 Prior to the Audit Committee meeting on 23 June, the draft annual report and accounts had been reviewed by the NMC's independent auditors, haysmacintyre, and the National Audit Office (NAO).
- 11 As is usual practice, we are required to provide a letter of representation to the independent auditors and to the NAO in connection with their audit work. The proposed letters of representation are set out in Annexes 2 and 3.
- 12 **Recommendation: The Council is invited to authorise the Chair, on behalf of the Council, to sign the letter of representation to the external auditors and the Chair and the Chief Executive to sign the letter of representation to the NAO.**

Next steps

- 13 Due to the timing of the Council meeting, the reports will not be laid in Parliament until after the summer recess (post 12 October 2015). A post-balance sheet review will be carried out by the auditors and NAO in September to ensure that no material issues have arisen between the financial year-end and submission to Parliament.
- 14 If material issues are identified during the post-balance sheet review, the draft report and accounts will be revised and resubmitted to the Council for final approval. If there are minor amendments which are not material, the Chair and Chief Executive will authorise these before signature.
- 15 The Chair will then sign the final letter of representation to the external auditors and the Chair and Chief Executive will sign the final letter of representation to the NAO. The annual report and accounts will then be signed and submitted to the Privy Council to be laid before Parliament, along with the annual Fitness to Practise report for 2014-2015.
- 16 Once laid before Parliament, the annual report and accounts will be published on the NMC website and filed with the Charity Commission and the Office of the Scottish Charity Regulator by their respective deadlines of 31 January 2016 and 31 December 2015.

Public protection implications:	17	There are no public protection implications arising directly from production of the annual report and accounts.
Resource implications:	18	Staff resources to compile the annual report and accounts are contained within 'business as usual'. Audit costs are met from within the Corporate Services directorate budget and the costs of printing and Welsh translation are met from within the Strategy directorate budget.
Equality and diversity implications:	19	As required by the Order, the annual report describes the arrangements the NMC has put in place for complying with its obligations for equality and diversity.
	20	Alongside the statutory annual report, the Council will be asked to approve the NMC's annual equality and diversity report 2014-2015 which describes in more detail the actions we are taking to meet our equality and diversity objectives.
Stakeholder engagement:	21	Once the Council has approved the annual report and accounts and following submission to and publication by Parliament, it will be distributed (electronically) to key stakeholders with a letter from the Chair and Chief Executive and Registrar as well as being placed on the NMC website.
Risk implications:	22	Failure to comply with our statutory reporting requirements could compromise the NMC's reputational integrity.
Legal implications:	23	The annual report and accounts have been prepared in accordance with the NMC's legal obligations.

Council

Draft annual Fitness to Practise Report 2014-2015

Action: For decision.

Issue: Approval of the draft annual Fitness to Practise Report 2014-2015.

Core regulatory functions: Fitness to Practise; supporting functions.

Strategic priority: Strategic priority 1: Effective regulation.

Decision required: The Council is recommended to approve the draft annual Fitness to Practise Report 2014-2015 at Annexe 1, subject to any comments.

Annexe: The following annexe is attached to this paper:

- Annexe 1*: Draft Annual Fitness to Practise report 2014-2015

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

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

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- Context:**
- 1 The Nursing and Midwifery Order 2001 (section 50(1)(c)), states that the NMC must produce an annual report comprising:
 - 1.1 A description of the arrangements in place to protect members of the public from registrants whose fitness to practise is impaired.
 - 1.2 A statistical report on the efficiency and effectiveness of these arrangements.
 - 1.3 The Council's observations on the report.
 - 2 The annual Fitness to Practise report, together with the annual report and accounts, must be laid in Parliament by the Privy Council. Due to the timing of this Council, both reports will be laid in Parliament after the summer recess. (Post 12 October 2015).
- Discussion:**
- 3 The draft annual Fitness to Practise report is attached at Annexe 1. The draft seeks to reflect comments and suggestions made by the Council on the 2013-2014 report. The draft report has been reviewed by the Audit Committee on 23 June 2015 and the attached draft reflects the Committee's comments.
 - 4 Equality and diversity data in relation to FtP activities will be incorporated into the NMC annual equality and diversity report for 2014–2015 (see update at Item 11, annexe 2g). This follows the approach in recent years. This is a more suitable channel for this data given its limited nature, rather than the statutory annual report, which is auditable.
 - 5 **Recommendation: The Council is asked to approve the draft annual Fitness to Practise report, subject to any comments.**
- Next steps**
- 6 The annual Fitness to Practise report is laid in Parliament, alongside the NMC's annual report and accounts. The reports will now be laid after the summer recess.
- Public protection implications:**
- 7 There are no public protection implications arising directly from the production of the annual Fitness to Practise report. The report sets out the contribution our Fitness to Practise activities make to protecting the public.
- Resource implications:**
- 8 Staff resources to compile the report are absorbed within 'business as usual'. Provision to meet printing and Welsh translation costs has been made in Strategy directorate budget.

Equality and diversity implications:	9	As indicated above, equality and diversity data relating to Fitness to Practise activity will be included in the NMC's annual equality and diversity report 2014-2015, alongside information on the NMC's wider compliance with equality and diversity legislation.
Stakeholder engagement:	10	Once published by Parliament, the annual Fitness to Practise report, along with the annual report and accounts, will be disseminated (electronically) to key stakeholders, as well as being placed on the NMC website.
	11	Key elements of the report will be reflected in the proposed NMC annual review 2014-2015. This will provide the public and stakeholders with a more accessible picture of the NMC's activities, including in relation to fitness to practise.
Risk implications:	12	None.
Legal implications:	13	Production of the annual Fitness to Practise Report is a statutory obligation.

Council

Performance and risk report

- Action:** For discussion.
- Issue:** Reports on performance and risk management since the May 2015 Council meeting.
- Core regulatory function:** All of our core regulatory functions.
- Strategic priorities:** All.
- Decision required:** The Council is recommended to:
- Note and discuss the Quarter 1 assessment of progress against the Corporate plan 2015–2016 (paragraph 7).
 - Note and discuss the performance and risk information since the May 2015 Council meeting, including June KPI information (paragraph 9).
 - Discuss and comment on the corporate risk register (paragraph 14).
- Annexes:** The following annexes are attached to this paper:
- Annexe 1: Q1 report against the corporate plan 2015–2016
 - Annexe 2: Performance and risk information
 - Annexe 3: Corporate risk register
 - Annexe 4: Risk map of corporate and directorate risks.
- 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 performance and the management of risk since the last Council meeting in May 2015.
 - 2 The Quarter 1 report at **Annexe 1** presents progress against the Corporate plan 2015–2016.
 - 3 Further operational developments, performance updates, Key Performance Indicators (KPIs) and risk information are presented within **Annexe 2** as part of the directorate summaries. The summaries are not intended to be comprehensive, rather an update on significant developments since the last Council meeting which are not reported elsewhere on today's Council agenda or within the Q1 report against the corporate plan.
 - 4 The Council has previously received separate ICT Update reports. The Audit Committee has also been monitoring progress to provide assurance to the Council. The Committee considers that in future ICT should be part of 'business as usual' reports through the performance and risk report, using the dashboard at **Annexe 2** which the Committee reviewed in June and considered an appropriate basis for reporting to Council. The pack of directorate summaries at **Annexe 2** now includes an ICT summary and dashboard, which replace the previous ICT Update report.

Discussion: Q1 report against the corporate plan 2015–2016

- 5 **Annexe 1** reports on our progress in Quarter 1 (April to June 2015) against the 22 commitments in our Corporate plan 2015–2016. We have revised the red/amber/green rating system to further strengthen how we assess both progress and overall performance against our commitments. This, together with more rigorous scrutiny by the Executive, provides a more robust picture of our current performance to end of June 2015.
- 6 Our assessment for Quarter 1 is:
 - 6.1 Good progress/performance against 6 of our commitments, with most if not all aims/outcomes/objectives being achieved (green).
 - 6.2 Mixed progress/performance against 12 of our commitments, with some aims/objectives/outcomes at risk of not being achieved (amber).
 - 6.3 Four commitments where progress is not where it should be with significant risk of not being achieved (red).
 - 6.3.1 *Publish and begin to implement an education strategic delivery plan. This will include completing the evaluation of our pre-registration education standards, publishing new fit for purpose standards for prescribing*

and revising our pre-registration midwifery standards for publication in 2016: - publication of the education strategic delivery plan has been deferred to Q3, to coincide with the outcomes of other key pieces of education-related work.

6.3.2 *Establish a student forum and carry out a student survey in order to strengthen our relationships with future registrants and to learn from what they can tell us about professional education and practice: - this commitment is under review to determine what is possible.*

6.3.3 *Carry out an assessment and mapping of our data and begin a programme of data cleansing as essential groundwork for our future data and intelligence gathering, reporting and dissemination: - work in this priority area is still at an early stage.*

6.3.4 *Drive through a programme of efficiencies to ensure the ongoing effective use of our resources: - although efficiencies have been identified, a formalised programme to track these is not yet in place. This will be addressed in Quarter 2.*

7 Recommendation: The Council is invited to note and discuss the Quarter 1 assessment of progress against the Corporate plan 2015–2016.

Performance and risk information

Corporate KPIs 2015–2016

8 We are reporting against the KPIs agreed by the Council in March 2015. There were no significant movements across the KPI areas during May and June (**Annexe 2**).

9 **Recommendation: The Council is invited to note and discuss the performance and risk information since the May 2015 Council meeting, including June KPI information.**

Risk

Refresh of corporate risk register

10 A sub-group of Council members undertook an initial review of corporate risks, with internal audit support, on 13 May 2015. The outcomes of that discussion were used to shape principles for the development of a revised risk register. The Audit Committee endorsed these principles at its meeting on 23 June.

- 11 Building on the work of the sub-group, a draft revised risk register is in development. The key points to note are:
- 11.1 The risk register is aligned with delivery of the strategy, with risks categorised by strategic priority.
 - 11.2 Risks of serious regulatory failure have been drawn out and divided up by functions.
 - 11.3 New risks associated with unrealised opportunity have been included, for example our organisational capacity and capability to transform.
- 12 Given the fundamental nature of the proposed changes, we were not able to finalise the new risk register in time for the July Council meeting. However this will come to the October meeting for approval.
- 13 Given the above, an updated risk register in the existing format is at **Annexe 3**.
- 14 **Recommendation: The Council is invited to discuss and comment on the corporate risk register.**

Directorate risk registers refresh

- 15 Directorates have been reviewing their risk registers.
- 16 A risk map of corporate and directorate risks is attached at **Annexe 4**. A number of new directorate risks and score changes can be seen on the risk map, owing to the recent refresh of directorate risk registers.

Public protection implications:

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

Resource implications:

- 18 Resource implications will be captured in the financial monitoring report.

Equality and diversity implications:

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

Stakeholder engagement:

- 20 KPI information and performance dashboards are in the public domain.

Risk implications:

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

Legal implications: 22 No direct legal implications.

Quarter 1 report against the corporate plan 2015–2016

1 April – 30 June 2015

Our corporate plan sets out the activities we are undertaking in 2015–2016 towards achieving the corporate strategy 2015–2020. This report presents an update on those activities and an assessment of our performance and progress to date in those areas.

Summary of RAG ratings for each strategic priority

	Red	Amber	Green
Strategic priority 1: Effective regulation	1	5	2
Strategic priority 2: Use of intelligence	0	2	0
Strategic priority 3: Communication and collaboration	1	2	2
Strategic priority 4: An effective organisation	2	3	2
Activity RAG totals	4	12	6

Definitions of table headings

Commitment for 2015–2016	Work we are undertaking in 2015–2016 as stated in the corporate plan.	
Q1 update (April-June)	Explanation of performance during quarter 1 and progress/achievements made.	
Red/amber/green (RAG) rating – for overall performance after Q1	R	Significant aims/objectives/outcomes for this commitment are not being achieved or are at risk of not being achieved.
	A	Mixed performance – some aims/objectives/outcomes for this commitment are being achieved and some are not or are at risk of not being achieved.
	G	We are performing well and most, if not all aims/objectives/outcomes for this commitment are being achieved or are on track to being achieved.
For reference: PSA 2014–15	<p>This column states our performance for 2014–2015 against relevant PSA Standards of Good Regulation. This is here to give wider context to our Q1 performance.</p> <p>For reference, the Standards of Good Regulation which we inconsistently met or did not meet during 2014–2015 were:</p> <ul style="list-style-type: none"> - Education and Training 2 (revalidation): not met - Registration 3 (register accuracy and integrity): not met - FtP 5 (fairness and transparency of process): inconsistently met - FtP 7 (customer service): not met - FtP 8 (quality of decisions): not met - FtP 10 (information security): not met. 	

Strategic priority 1: Effective regulation

We must deliver our core statutory regulatory functions consistently well in order to protect the public and secure public confidence. We will continue to improve our core functions, focusing on speed, customer service and the quality of our decisions. In addition we will need to respond to new requirements and legislative change.

	Commitment for 2015–2016	Q1 update <i>To include: Key achievements/outcomes and setbacks.</i>	RAG	For ref: PSA 2014-15
1	Work in partnership with the four UK governments to launch an effective, transparent and proportionate model of revalidation in late 2015.	<p>We established and maintained effective working relationships with the four-country programme boards' representatives to ensure a joined-up approach to taking forward the revalidation pilots and preparing 'readiness statements' for the Council meeting in July 2015; building towards a Council decision in October 2015.</p> <p>Learning from the pilots which completed during Q1, we will update the tools, guidance and operational approach to ensure that the model of revalidation is effective and proportionate. We will share our learning from the pilots and key findings to ensure a transparent process and approach to the recommendation of the final guidance and model presented to the Council in October 2015.</p> <p>The Registration directorate is fully integrated in the Revalidation programme and is currently defining and modelling the transition of revalidation into the operational renewal process. This includes resource planning and process design linked to anticipated increases in contacts as a result of Revalidation.</p> <p>For more detail, please also refer to the separate Council agenda item: Revalidation Update report.</p>	A	Edu & training 2, Reval (not met)
2	Make the necessary changes to our processes to implement the new requirements of the EU Directive on Mutual Recognition of Professional Qualifications. This will include introducing language controls.	<p>Language controls: We are currently out for public consultation on the Rule changes, guidance and the process for the introduction of language controls. The consultation launched from our website on 1 June and has been promoted via Twitter and the four external e-newsletters.</p> <p>We are continuing to engage with the Department of Health (DH) and Department for Business, Innovation and Skills (BIS) in the development of their regulations for implementing the Directive.</p> <p>We have provided detailed feedback on the draft regulations to DH and BIS, including on issues where we have a public protection concern.</p> <p>Processes to comply with the EU alert requirement have been designed.</p> <p>The MRPQ programme is well advanced in terms of Registration input and work streams relating to</p>	A	

		<p>Registration processes. Requirements have been scoped (where the current advice/guidance is clear from external bodies) and potential resource/process implications are being investigated. Further development of specific provisions for language controls and the operational process around this continues.</p> <p>A communications plan is in place, for activities such as the language controls consultation mentioned above.</p> <p>This commitment is currently amber as some requirements are still to be confirmed by DH/EU.</p>		
3	<p>Embed and evaluate the new case examiner function, implement the new powers to review 'no case to answer' decisions, and invest in strengthening our screening and investigation functions to secure consistent quality of regulatory decisions across all our fitness to practise processes.</p>	<p>Case examiners:</p> <ul style="list-style-type: none"> - Case examiners and their support team have been fully trained and inducted. - A new leadership position has been created to focus on efficiency, quality and evaluation. - A quality forum has also been introduced to facilitate shared learning between case examiners and investigation teams. <p>'Power to review':</p> <ul style="list-style-type: none"> - A team and processes to carry out our power to review are in place. - A separate review process has been set up to look at decisions where a case examiner decided not to accept the investigator's recommendation, in order to identify any learning for the investigations stage. - A further review has been commissioned for a specific subset of case closures to identify whether it is appropriate to revise screening closure thresholds. <p>Strengthening screening and investigations functions:</p> <ul style="list-style-type: none"> - Initial staff workshops on increased early engagement and improved proportionality have been completed. - Recruitment, training and development of additional screening and investigations staff have commenced. Due to recruitment delays (officers and managers) staff numbers have been below forecast throughout Q1. - Investigations structure changes (to embed the investigations model) have been planned, with implementation planned for the start of Q2. - New external investigations provider training has been completed and quality checks are in place. - A trial of a new investigations (aged case) resolution tactic has successfully completed, with a wider rollout planned for Q2/3. 	A	<p>FtP 5 – Process (inconsistently met)</p> <p>FtP 7 – cust service (not met)</p> <p>FtP 8 – Decisions (not met)</p>
4	<p>Establish an employer link service which facilitates information sharing, increases understanding of our</p>	<p>The Employer Link Service is in the set-up phase, as planned for the end of Q1. The soft launch phase is expected to start later this year, with a full launch to be rolled out in early 2016. It is intended that during the soft launch operational processes will be tested and</p>	G	<p>FtP 1, referrals (met)</p>

	processes and helps employers decide which fitness to practise concerns warrant referral to us and which are better handled locally.	refined ready for the full launch. The service will advise employers on referrals and will include inductions and training for employers in person or through online materials.		FtP 2, info sharing (met)
5	Develop the necessary policy positions for specific aspects of the register in preparation for a possible regulation bill. We will carry out initial scoping and research for a longer term review of the role, structure and content of the register to ensure it supports public protection in a changing healthcare and practice landscape.	<p>A formal project to deliver the preliminary policy and engagement work packages is being established in August.</p> <p>Scoping work has been undertaken on the role of the register and key project deliverables have been developed.</p> <p>Engagement has been undertaken with external stakeholders via a listening event and position papers in relation to specialist community public health nursing (SCPHN) and the second level part of the Register have been shared with the Department of Health.</p> <p>Sessions on the scope of the project have been held as part of a Council seminar, and with directors and assistant directors.</p>	G	
6	Publish and begin to implement an education strategic delivery plan. This will include completing the evaluation of our pre-registration education standards, publishing new fit for purpose standards for prescribing and revising our pre-registration midwifery standards for publication in 2016.	<p>The education strategic delivery plan is now expected to be published in Q3. This will coincide with the publication of the results of the evaluation of education standards and our response to the Shape of Caring review.</p> <p>The review of midwifery education standards is being overseen by the Midwifery Committee, and these are to be discussed at the October meeting. Subject to the Midwifery Committee's advice, we will be launching the consultation by the end of Q3.</p> <p>The evaluation of education standards remains on track and is due to be reported to the Council in November as planned.</p> <p>The review of prescribing standards is delayed. This is being addressed and we will be launching the consultation by the end of Q3 instead of Q1.</p>	R	
7	Undertake policy and legislation development work towards removing midwifery supervision from our legislation.	<p>We continue to participate in the Department of Health/Chief Nursing Officer group on the future of supervision.</p> <p>Wider stakeholder communications and engagement are ongoing.</p> <p>This commitment is amber because at the end of June, we were not clear as to whether the Section 60 order would be agreed by the government.</p>	A	
8	Deliver a programme of quality management	The 2015–2016 quality assurance programme is in place (agreed by the Executive Board). Scheduled Q1	A	

	<p>reviews across all our regulatory directorates. Quality objectives will be incorporated into staff objectives and we will review the overall impact of our quality programme in early 2016.</p>	<p>reviews have been carried out and are at the drafting stage. The programme remains on track.</p> <p>With regard to some directorate-specific activities, an FtP Quality Management Group has been established and the inaugural meeting took place in Q1. With representatives from across all FtP teams, the group aims to take a proactive approach to addressing quality, establish a reporting methodology and create consistency in our approach to quality across FtP.</p> <p>Further work is ongoing in FtP to evaluate Outcome 1 quality management controls and quality assurance more widely. For example, a review of management controls relating to interim order extensions has recently concluded and the report is expected soon.</p> <p>In Registration, a quality management framework has been implemented in each of the teams, and the performance improvement team are carrying out dip sampling of the quality checks undertaken within teams.</p> <p>Plans are in place to review the extent to which quality has been incorporated into staff objectives, but we do not yet have enough detail about this. The amber rating reflects this and the other further work which remains to be done.</p>		
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Strategic priority 2: Use of intelligence

By better using evidence from data and research we will gain insights into what we do, helping us to be more effective, transparent and proportionate. As a first step, we need to ensure that our systems support the improvement of the collection and use of both our own data and intelligence from other sources.

	Commitment for 2015–2016	Q1 update <i>To include: Key achievements/outcomes and setbacks.</i>	RAG	For ref: PSA 2014–15
9	Strengthen our approach to managing regulatory risk intelligence about settings where nurses and midwives practise. We will do this by establishing new systems and processes alongside the employer link service for collating, evaluating and acting on intelligence about risk from different sources.	<p>The first meeting of a cross organisational advisory group for this work has been held.</p> <p>Discussion has been initiated with the Health and Social Care Information Centre (HSCIC) on the use of its employer codes as a basis for our collection of employer data.</p> <p>Responsibility for co-ordination of NMC involvement in settings causing concern is passing from the Strategy directorate to the Employer Link Service/risk intelligence function in FtP.</p> <p>A corporate risk intelligence group has been established with representatives from all directorates. It meets every six to eight weeks.</p> <p>This commitment remains amber because we are still developing our approach and the full scope of the corporate function. In the next update, we will report back on progress, planned action, and timescales.</p>	A	
10	Deliver a programme of research and analysis activities that provides insight for effective regulation – for example work to improve insights from fitness to practise data.	<p>The research team prepared and presented a well-received data paper for the Midwifery Committee about midwives in FtP.</p> <p>An invitation to tender has been issued for a project on improving insight into FtP allegations.</p> <p>A project on the experiences of black and minority ethnic (BME) registrants who have been referred to FtP, has been scoped (also see commitment 19 below).</p> <p>The research team continues to support the identification and delivery of knowledge needs for the revalidation programme.</p> <p>This commitment is rated amber primarily because we need to recruit a new research manager and some of the structural improvements with this function may therefore be delayed. The dependency on data quality is also a factor.</p>	A	

Strategic priority 3: Communication and collaboration

We will continue to improve the quality of our relationships to support our overarching purpose of public protection. To support this we will develop an overarching communication and engagement plan. Public, professional and employer awareness will be priorities. We will seek out opportunities to work in partnership with others to achieve shared goals.

Update: We have a new Assistant Director of Communications in post and she is now driving the development of a corporate communications strategy, to be worked up by the end of quarter 3. In the meantime, communications plans are in place for various activities.

	Commitment for 2015–2016	Q1 update <i>To include: Key achievements/outcomes and setbacks.</i>	RAG	For ref: PSA 2014–15
11	Promote the Code through an ongoing campaign aimed at nurses, midwives and employers. We will produce and disseminate materials for patients and service users so that they understand what they should expect from nurses and midwives.	<p>Promotion of the date the Code became effective (31 March) continued into April, with it featuring in the external e-newsletters and across social media. The cover of <i>NMC Update</i> was Code-branded and the content enhanced.</p> <p>Copies of the Code have been sent to all approved education institutions (AEIs) currently running programmes for their current students and those commencing study in September 2015.</p> <p>The patient and public strand of the Code campaign has commenced and we have promoted our patient-focused materials by distributing them via PALS (and four country equivalents), and patient representative organisations. These were also promoted at a number of national conferences as detailed in the CEO's report.</p> <p>We continue to promote the new Code across our social media channels and our external communications.</p>	G	Guid & Stds 4, public info (met)
12	Develop and publish employer facing resources on the implications and responsibilities of employing registered nurses and midwives.	The existing Advice and Information for Employers is being updated to take into account new developments (the Code, MRPQ, revalidation etc.). It will be published by September 2015, to coincide with the soft launch of the Employer Link Service (ELS), and will be included in the pack that will be used by the ELS.	G	Guid & Stds 4, public info (met)
13	Engage effectively with registered nurses and midwives and our stakeholders to ensure the smooth implementation of revalidation.	<p>The completed revalidation pilot exceeded targets for number of: participants recruited, applications submitted, research surveys (Ipsos MORI) completed.</p> <p>A number of research activities are being undertaken to understand organisational readiness and the impact of it on the system. This will inform our ongoing engagement activity to ensure that we are targeting our communication activity appropriately.</p> <p>We have continued to engage closely with the four programme boards and all the pilot organisations. We have also engaged with the independent sector</p>	A	Edu & Training 2, Reval (not met)

		<p>advisory forum.</p> <p>We exhibited at various national conferences, with a revalidation focus, and a number of speaking engagements were undertaken. Further detail is available in the CEO's report.</p> <p>New resources have been created for the revalidation pages on the website, including a brief guide to the provisional requirements, employers' information and a confirmer decision tree. These have been promoted via social media. The web pages themselves have been more heavily revalidation branded. We have continued to send a monthly 'revalidation round-up' to over 1,000 senior leaders and managers. The revalidation pages in <i>NMC Update</i> have been overhauled.</p> <p>The communications plan has been updated and a draft media plan produced. We have worked with an external company to develop a 'nurse revalidation awareness programme'.</p> <p>This commitment is rated amber to reflect the fact that there is further work to do to ensure registrants understand the requirements of revalidation.</p>		
14	<p>Establish a student forum and carry out a student survey in order to strengthen our relationships with future registrants and to learn from what they can tell us about professional education and practice.</p>	<p>This commitment is under review to determine what is possible.</p>	R	
15	<p>Develop sound relationships with other regulators – including system regulators, and train our staff to implement information sharing protocols consistently and well. We will launch joint guidance on candour with the General Medical Council.</p>	<p>Professional duty of candour guidance was launched on 29 June 2015 (further detail is available in the CEO's report).</p> <p>Further discussion on joint work was held with the Care Quality Commission (CQC) and General Medical Council (GMC) during Q1.</p> <p>Memorandum of Understanding (MoU) development work continues, with engagement this quarter with NHS Protect, Health Improvement Scotland and the Health and Safety Executive.</p> <p>This commitment is rated amber because although a lot of work has taken place to review and refine MoUs, we have not yet comprehensively embedded information sharing in our operations.</p>	A	

Strategic priority 4: An effective organisation				
We will further develop our systems, resources and culture to support our journey to becoming an intelligent, collaborative forward looking regulator.				
	Commitment for 2015–2016	Q1 update <i>To include: Key achievements/outcomes and setbacks.</i>	RAG	For ref: PSA 2014–15
16	Increase our focus on service to our customers and stakeholders by adopting the Cabinet Office's Customer Service Excellence® standard across the organisation. We will commission a programme of staff training and an initial assessment in July 2015, before developing an action plan to address any areas for improvement.	<p>We appointed an approved certification body to carry out an initial assessment against the Customer Service Excellence (CSE) Standard and provide training to our customer service champions, who are staff members from across the directorates.</p> <p>Training for the champions has been successfully completed. Work for the initial assessment is continuing, with evidence for the CSE standard having been collected from across the directorates. The report on the initial assessment is due in July 2015.</p> <p>FtP staff are receiving ongoing communications to ensure open dialogue and awareness of the project and the need to improve customer service both internally and externally.</p> <p>This commitment is rated green as we are on track.</p>	G	<p>Reg 2 (met)</p> <p>FtP 7 cust service (not met)</p>
17	Implement a programme of ICT improvement to support our core functions more efficiently and to provide a sound basis on which to build more transformational change.	<p>Following a review of our ICT by the Chief Technology Officer, an Improvement Programme was developed to address the gaps identified. It will provide incremental change to improve our ICT function, with the majority of programme activities to be completed during 2015.</p> <p>Alongside this we created an IT Portfolio Board to ensure that IT delivery, as determined by the business priorities, can be appropriately controlled and effectively managed. It oversees the Improvement Programme work as well as other top organisational IT priorities such as Revalidation, the phased payments system and requirements for MRPQ.</p> <p>An IT progress update was presented to the Audit Committee in June. The Audit Committee recommended that the IT dashboard be incorporated into the Performance and Risk report as a business as usual update to the Council going forward. See Annexes 2h and 2i, which show that work overall is rated amber.</p>	A	FtP 10, Info security (not met)
18	Carry out an assessment and mapping of our data and begin a programme of data cleansing as essential groundwork for our	<p>As part of the ICT improvement programme we will map all sources of data across the business, as a precursor to the data cleansing process.</p> <p>The current red rating of this commitment reflects the early stage of the work.</p>	R	

	future data and intelligence gathering, reporting and dissemination.			
19	Promote equality, diversity and inclusion in carrying out our functions as a regulator, a service provider and as an employer. This will include improving the collection and use of diversity data about our registrants, commissioning research, and ensuring we maintain accessibility to our services for people with disabilities.	<p>An amber rating has been given to reflect that some of our improvement activities have either not yet had an impact or the impact is not yet known.</p> <p>Improving the collection and use of diversity data We have monitored the completion rate of the revised diversity questionnaire on NMC Online to identify actions (as part of data quality project) that are needed to improve its effectiveness and usability. The diversity questionnaire will be included as part of the revalidation application and for re-admissions.</p> <p>Quarterly and annual workforce reports, including diversity information, continue to be produced.</p> <p>Commissioning research into the experience of Black and Minority Ethnic (BME) registrants We have developed a project plan to commission research into increasing our understanding of the experience of Black and Minority Ethnic (BME) registrants in our FtP processes. The intention is that the research will be carried out over quarters two and three.</p> <p>Maintaining accessibility to our services for people with disabilities We conduct accessibility audits to ensure our premises meet the needs of all service users. We have developed a work plan for embedding our new reasonable adjustment policy into our FtP processes and guidance.</p> <p>Contract opportunities We follow the UK Public Contracts Regulations 2015 and seek to increase the transparency and accessibility of information about contract opportunities to a more diverse supplier base, and we have implemented procurement tools to support this.</p>	A	
20	Provide a facility for nurses and midwives to make registration fee payments in instalments.	The introduction of Phased Payments is scheduled for spring 2016. Development work is being conducted in two phases. Phase one is being developed for introduction in November/December 2015 and is preparation for introducing Phased Payments (and revalidation). Detailed system requirements are currently being defined for Phase two in the spring of 2016. The communication of this facility to nurses and midwives and stakeholders is currently being initiated and we have a communications plan in place.	G	
21	Invest in our workforce to ensure it is engaged, high-performing and able to meet the future needs of the	<p>An organisational review has been commissioned, the findings from which will be reported in October 2015. The review will run alongside other reviews, including that related to our longer term accommodation needs.</p> <p>We have a learning and development programme in place,</p>	A	

	<p>organisation. We will do this by incremental pay-reform, undertaking a review of our workforce structure and capabilities and putting in place a programme of learning and development.</p>	<p>covering induction, statutory and mandatory e-learning, core management and staff development, and specific activities arising from staff appraisals. 2015–2016 should, however, be considered as a transitional year pending the outcomes of the organisational review.</p> <p>With regard to IT staff, we have undertaken a Skills Assessment using a third party who has carried out 1:1 interviews with all permanent staff to baseline both their technical, digital and soft skills. The results of this will be used to create development plans.</p>		
22	<p>Drive through a programme of efficiencies to ensure the ongoing effective use of our resources.</p>	<p>A formalised programme of efficiencies is yet to be developed. This will be actioned during quarter 2.</p> <p>The Corporate Efficiency Board has been established and has delivered early work to develop high level indicators to monitor efficiencies.</p> <p>A number of efficiencies were built into 2015–2016 budget assumptions. In the next quarter we will put in place mechanisms to provide assurance that those efficiencies are being captured and delivered.</p>	R	

Performance and risk information

Contents

- 2a Registration performance and risk update
 - 2b Registration dashboard
- 2c Fitness to Practise performance and risk update
 - 2d FtP dashboard
- 2e Continued Practice performance and risk update
- 2f Corporate Services performance and risk update
- 2g Strategy performance and risk update
- 2h ICT performance and risk update
 - 2i ICT dashboard

Registration performance and risk update

Performance overview

This overview summarises operational developments and performance in the Registration directorate during May and June 2015 and includes commentary on the Registration KPIs and dashboard.

The Q1 report against the corporate plan 2015–2016 (at **Annexe 1**) provides other Registration-related updates on our progress to delivering the corporate plan.

NMC Online

- 1 Over 306,000 registrants have signed up for NMC Online (approximately 45% of the register) as at 30 June 2015. Of these, 248,500 registrants have activated their accounts. We have received 5,367 initial registration applications via the online service since this function went live in December 2014.
- 2 A robust business continuity arrangement for the online system is now in place, reducing the previous risk. An action plan is in place to have 65% of registrants signed up to the online service by the end of December 2015. The plan specifically targets registrants due to renew under revalidation processes next year to ensure they are set up online well in advance.

Applications and appeals

- 3 In May 2015, 629 UK, 981 EU and 97 overseas applicants were registered.
- 4 In June 2015, 355 UK, 1,010 EU and 93 overseas applicants were registered.

UK applications

- 5 During May and June we issued 92,694 renewal and retention packs. 11,971 periodic renewals were completed in May, with 99.49% of these completed within five days. In June, 11,264 renewals were completed, with 99.58% completed within five days. 46,347 retention transactions were completed during the reporting period.
- 6 The KPI information below provides more detail about the 629 UK initial applications processed during May and the 355 in June. Our performance over May and June has been steady.

Appeals

- 7 There were a total of 38 outstanding registrations appeals at the end of June. In May, eight appeals cases were heard, seven of which were completed within six months of the appeals being lodged. The other appeal was completed in a little over eight months: it had been listed to be heard within six months (at a hearing in February) but had to be postponed due to sickness. In June, four appeals cases were heard, all of which were

completed within six months of the appeals being lodged. Of those 12 appeals heard during the reporting period, nine were successful, two were adjourned and one was dismissed. Four new appeal cases were received by the Registrar's Appeals Support team during May and seven during June.

International applications

- 8 At the end of June, 1,822 people had sat the multiple-choice, scenario-based examination which is the first part of the test of competence. Of these, 1,370 people (75%) have passed the examination. To date, 10 overseas-trained applicants have completed stage 2 of the test of competence (the OSCE) at the University of Northampton, of which nine have passed.
- 9 The KPI information below provides more detail about the number of international applications assessed during May and June. Performance was around the 98%–99% mark, which is well above the target level of 90%.

Customer service

- 10 During May and June 2015 the Registration Centre received a total of 70,140 calls, which is an increase of 6,360 (10%) over the same period in 2014.
- 11 Out of the total received, the Registration Centre answered 58,931 calls and 11,209 calls were abandoned (16%). The key drivers are call volume and call duration which directly impact the call wait time. Our analysis has shown that there appears to be a tipping point in abandoned calls where the average call duration exceeds 3 minutes and 30 seconds. In May the call duration was 3 minutes 50 and in June it was 3 minutes 41.
- 12 We are therefore targeting a reduction in the average call duration to reduce the call wait time and improve performance, by introducing a callback facility as an initial trial. This means that where calls cannot be answered immediately we will capture details of the query along with contact details and arrange to investigate and call the customer. It is intended that this will reduce the amount of time callers are on hold and therefore reduce the call duration. We were already investigating such a facility as part of our customer service activity; however we will need to monitor the impacts across the service.
- 13 The top five call types during May and June were:
- EU nurse enquiry
 - Annual retention enquiry
 - Annual retention payment
 - Overseas nurse enquiry
 - NMC Online.
- 14 As shown on the Registration dashboard, during the reporting period an average of 82.5% of respondents to the customer service survey felt that their overall experience of contacting NMC Registrations was good or very good. This aligns with an average of 85% who stated that the call centre had resolved their query.

Key performance indicators

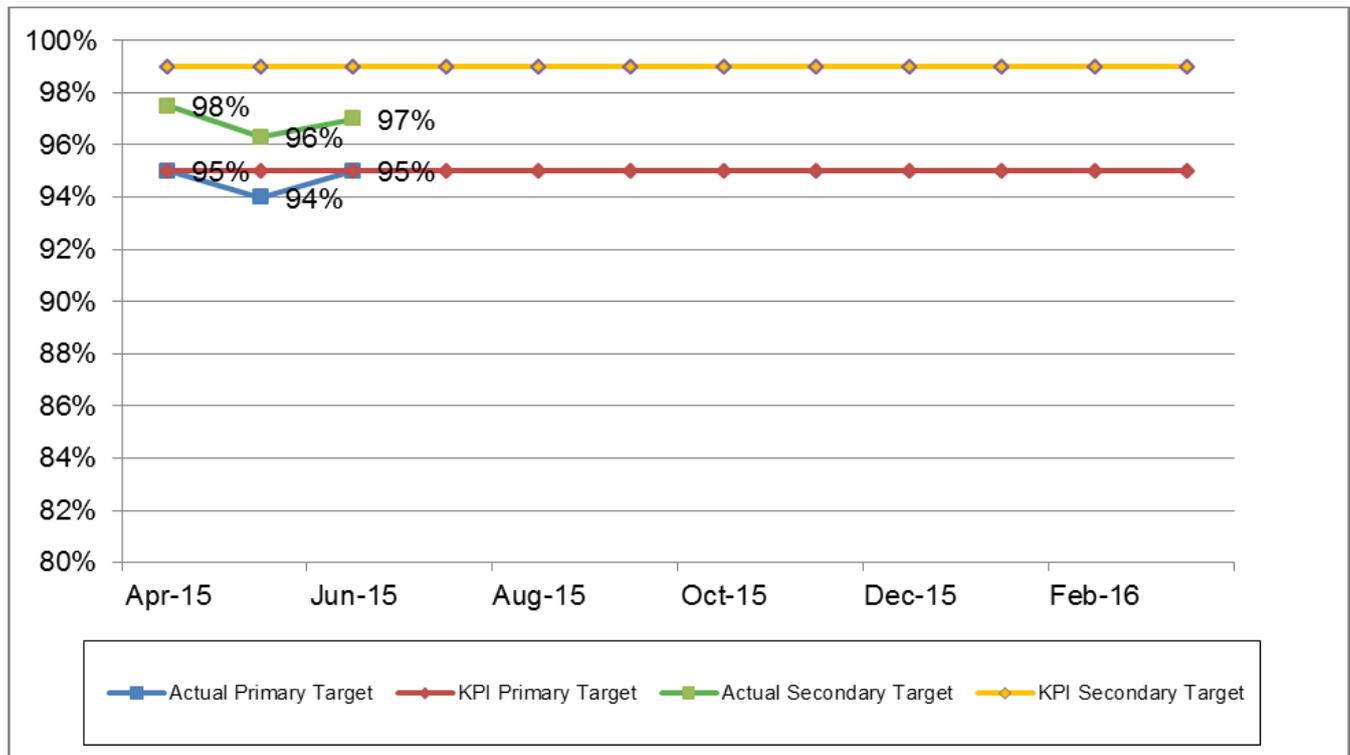
- 15 Secondary target figures are presented within the UK KPI, following the Council's agreement to the use of a secondary target of 99% completed within 30 days. To provide further context, we present the actual numbers next to the monthly percentages for both UK and EU/overseas KPIs.

Corporate risk update – please refer to corporate risk register at Annexe 3

- 16 There were no changes to the risk scores for CR1A *Integrity of the register – Current*, and CR1 B *Integrity of the register – Historic*. These remain as amber risks.

KPI 1a - Percentage of UK initial registration applications completed within a set time								
Strategic priority 1: Effective regulation								
Rationale	The KPI measures NMC assessment time for UK initial applications.							
Definition	This KPI will measure the time elapsed between receipt by the NMC of a new complete UK application and when the applicant joins the register or is notified of refusal.							
	April 2015		May 2015		June 2015		Year to date average	Year end average target
	No. of apps within KPI	As a %	No. of apps within KPI	As a %	No. of apps within KPI	As a %		
Primary figures/target	1158	95%	595	94%	338	95.2%	95% (Green)	95% within 10 days
Secondary figures/target	1190	97.5%	606	96.3%	343	96.6%	97% (Amber)	99% within 30 days
<p><i>Number:</i> Number of applications completed within the KPI target <i>As a %:</i> That number expressed as a proportion of the total for the month <i>Year to date average:</i> The cumulative average from April 2015. <i>RAG:</i> Year to date average vs. year end average target</p> <p>Red/Amber/Green rating (primary target): Green = figure matches or is higher than the target figure of 95%. Amber = figure is between 90 and 94%. Red = figure is 89% or lower.</p> <p>Red/Amber/Green rating (secondary target): Green = figure matches or is higher than the target figure of 99%. Amber = figure is between 94 and 98%. Red = figure is 93% or lower.</p>								

Graphical information and commentary:

**May 2015**

We processed a total of 629 UK initial registrations of which 94.5% were completed within 10 days.

The secondary target of 99% of applications completed within 30 days has now been added to the report following Council agreement. A total of 96.8% of applications were completed within the secondary target of 30 days with 1.8% (11) being completed between 10 and 30 days.

In 3.7% of cases (23 cases) it took over 30 days to obtain and process the required information. These relate to applications where further information was requested from individuals or expert reports were called for in connection with declarations of cautions/convictions.

June 2015

We processed a total of 355 UK initial registrations of which 95% (338) were completed within 10 days. In respect of the secondary target, 96.6% of applications were completed within 30 days, with 12 applications (3.4%) taking longer. Again, these all relate to cases where cautions and convictions have been declared and follow up action was required.

KPI 1b - Percentage of EU/overseas registration applications assessed within 70 days

Strategic priority 1: Effective regulation

Rationale The KPI measures the time taken to assess EU/overseas applications

Definition This is the percentage of EU/overseas applications which are assessed within 70 days of receipt.
This KPI will measure the time elapsed between receipt by the NMC of a complete international (EU and non-EU) application and when an assessment decision is issued on that application. Applications submitted with invalid documents will be reassessed when requested corrected documents are received; the KPI will measure the time elapsed between receipt of required information and each new assessment decision.

April 2015		May 2015		June 2015		Year to date average	Year end average target
Number	As a %	Number	As a %	Number	As a %		
2065	99.8%	1885	98.2%	1765	99.7%	99% (Green)	90%

Number: Number of assessments within the KPI target

As a %: That number expressed as a proportion of the total assessments for the month

Year to date average: The cumulative average from April 2015

RAG: Year to date average vs. year end average target

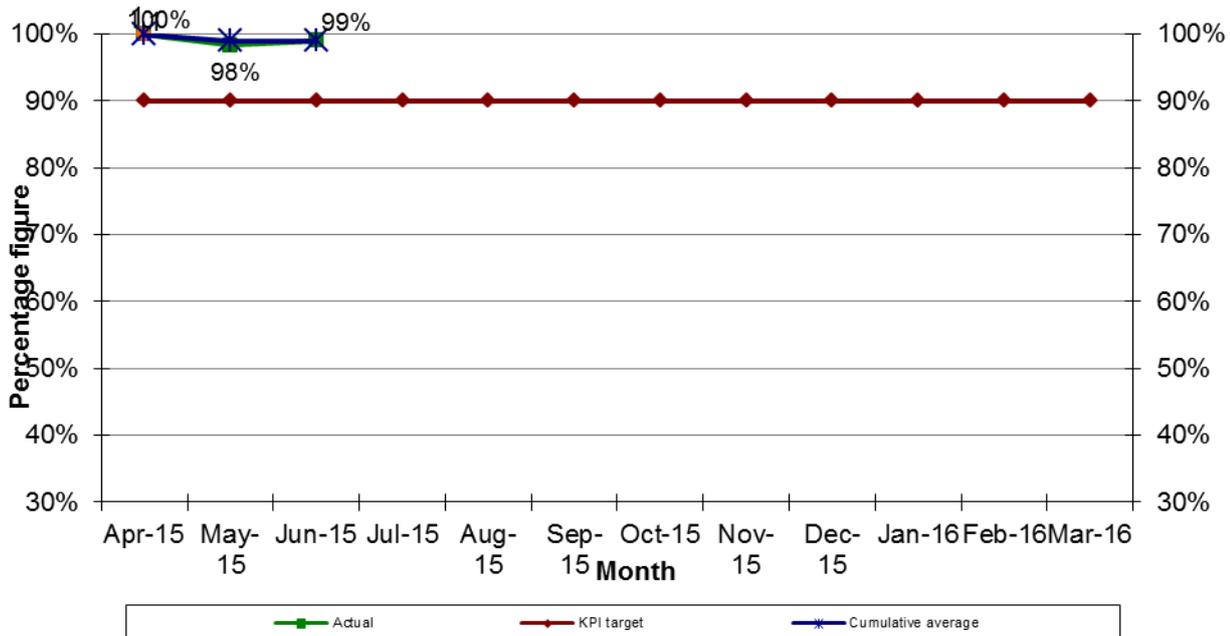
Red/Amber/Green rating:

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

Amber = figure is between 85 and 89%.

Red = figure is 84% or lower.

Graphical information and commentary:



May 2015

Of the 1,920 international registration assessments carried out, 1,885 (98.2%) were within the 70 days KPI and 35 (1.8%) took longer than 70 days. The 1.8% was due to the high volume of

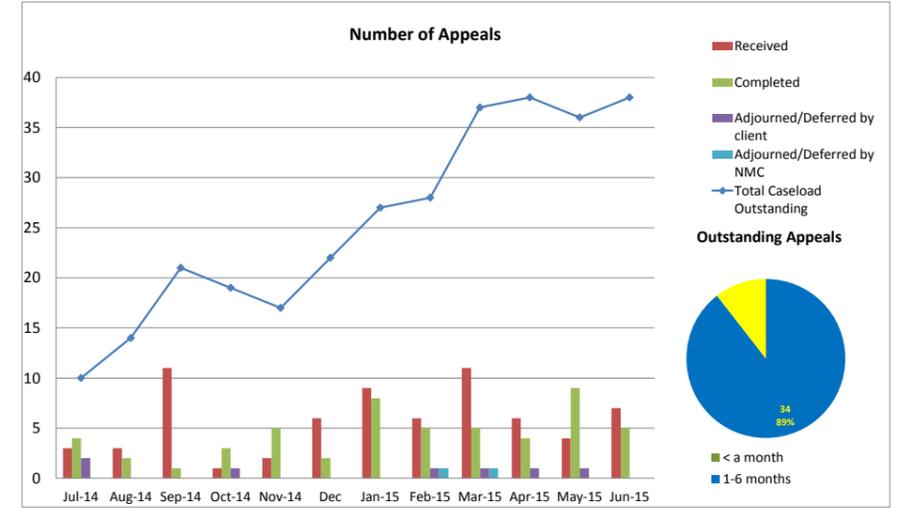
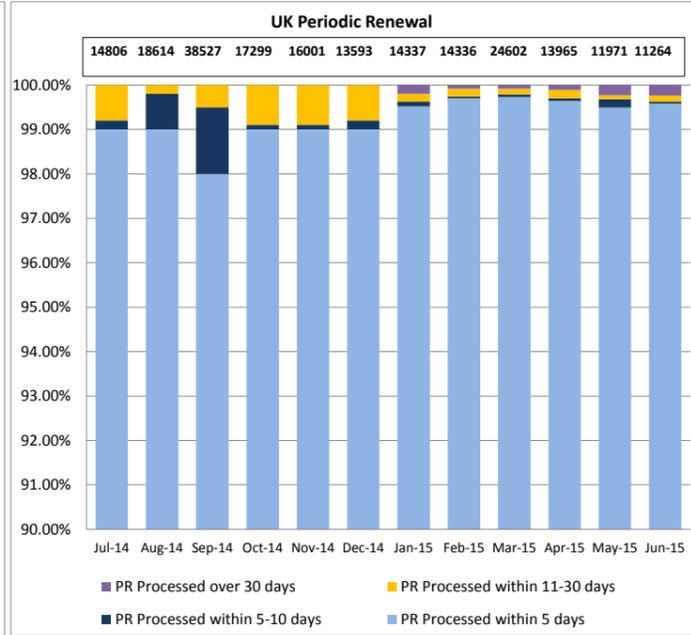
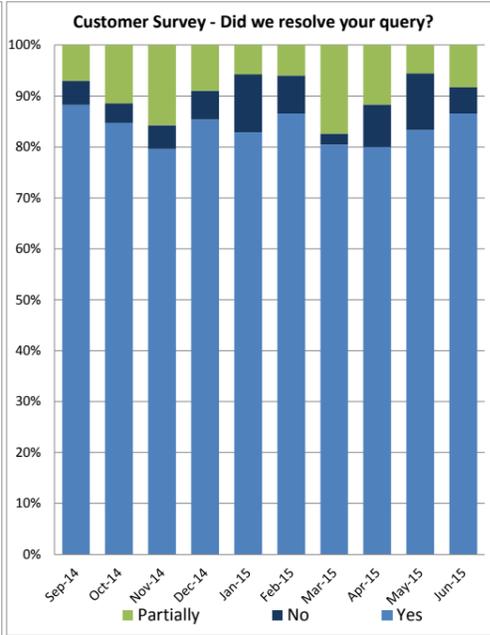
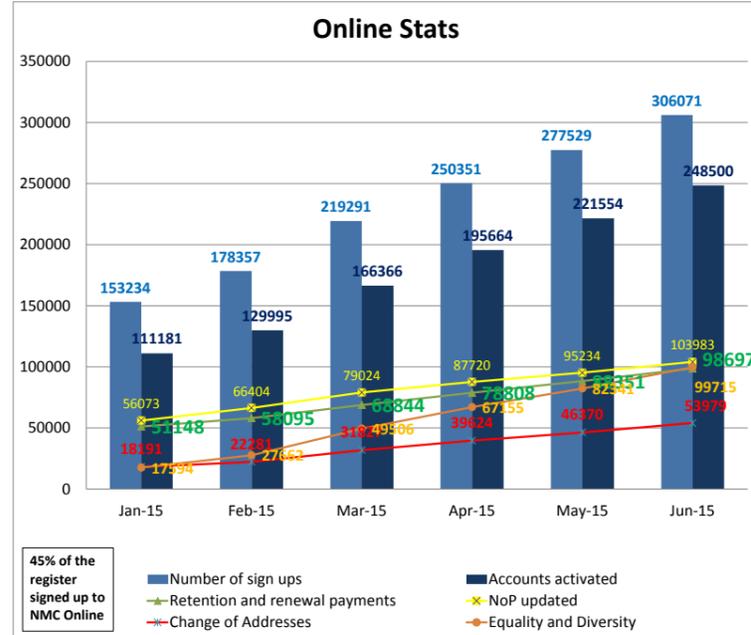
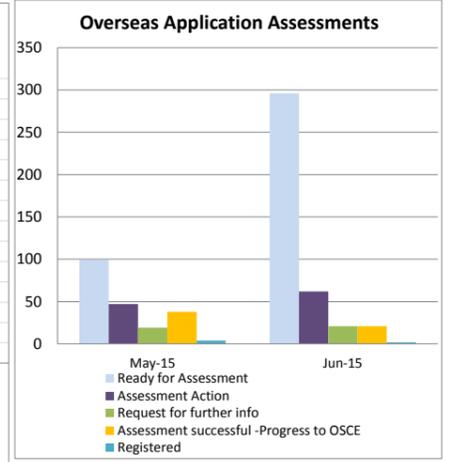
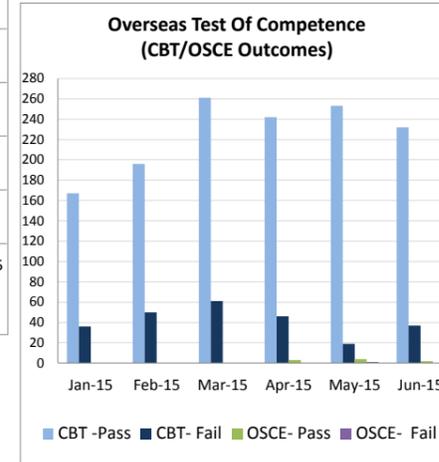
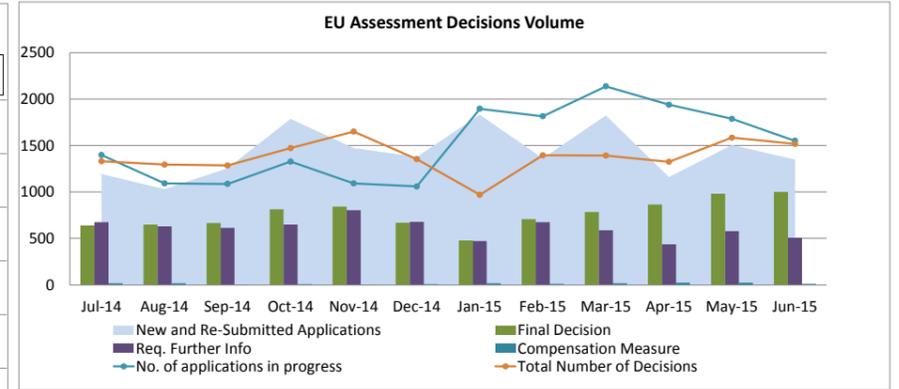
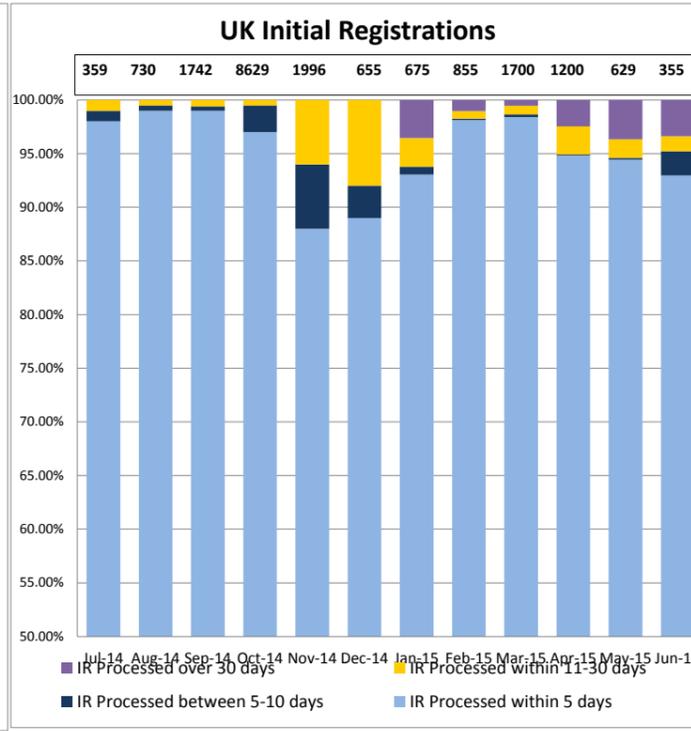
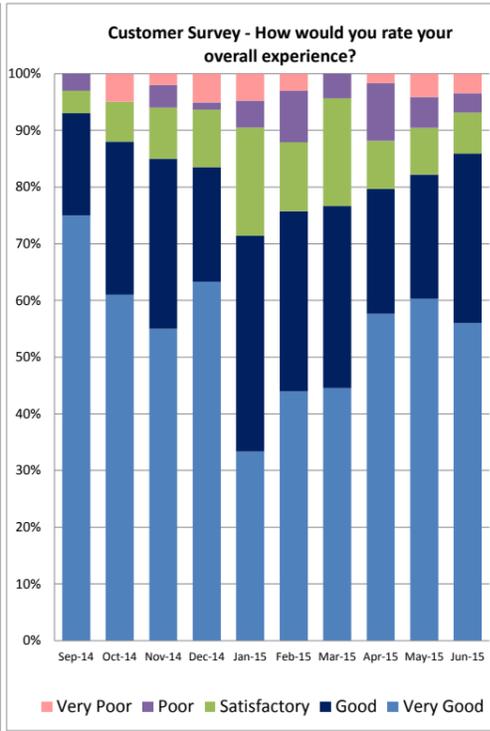
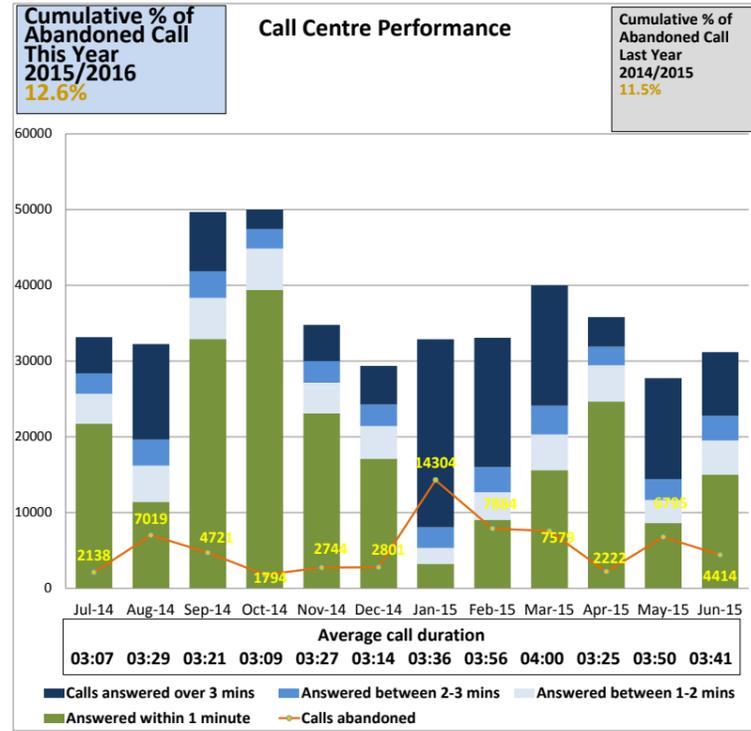
applications awaiting assessment and the complexity of a number of cases.

EU applications remain consistently high representing 91% of completed international assessments in May; 169 non-EU applications were assessed under the former overseas process, most of which were following ID checks.

June 2015

Of the 1,770 international registration assessments carried out, only 5 (0.3%) took longer than 70 days and no assessment took longer than 77 days. 1,580 of the assessments were in respect of EU applications.

For both months, applications received from Spain, Italy, Romania and Portugal remain consistently high, and in June accounted for 80% of EU registrations.



Fitness to Practise performance and risk update

Performance overview

This overview summarises recent operational developments and performance in the FtP directorate and includes the FtP KPIs.

- 1 Work on the three key work streams covering the Employer Link Service (ELS), Mutual Recognition of Professional Qualifications (MRPQ) and our power to review early stage closures has progressed as planned. Summaries are included below and also in our Q1 update against the corporate plan, at **Annexe 1**. Other updates are also provided here.

Employer link service

- 2 The set up phase has progressed well. A Head of Service Delivery and two Regulation Advisors have been permanently appointed and will take the project into its start-up phase. We will shortly be advertising for further posts in the team.

Mutual Recognition of Professional Qualifications

- 3 FtP policies are being written and processes designed for language controls and EU alerts.

Power to review

- 4 The process is live with a team having been trained and guidance available for lawyers and assistant registrars. There have been 14 applications to date.

Policy development

- 5 In June 2014, the Council delegated authority to the Director of FtP for approving operational FtP policy and guidance. The table below sets out policies and guidance which have been introduced or updated using our delegated authority since July 2014.

Policy/Guidance	Comments
Remediation and insight guidance	Effective July 2014 – Introduced to assist FtP decision-makers in their assessment of a registrant's insight and remediation.
Substantive order review guidance	Revised September 2014 – Amended to provide further detail on circumstances where it might be appropriate for a panel to change an order with immediate effect.
Fitness to practise panel constitution guidance	Effective January 2015 – Introduced to provide for greater flexibility with regard to panel constitution in respect of substantive order cases.
Cautions and convictions - closure and direct referral operational guidance	Revised January 2015 – Amended to provide greater clarity re. categories of criminal cases which will be directly referred to the CCC.
Fitness to Practise legislation	Revised March 2015 – Amended to take account of recent

guidance	legislative change.
Case to answer guidance	Effective March 2015 – Introduced to clarify case to answer test for case examiners.
Reviewing no case to answer decisions guidance	Effective March 2015 – Introduced to set out decision-making principles for the review of no case to answer decisions.
Fraudulent and incorrect entry guidance	Effective July 2015 – Introduced to assist decision-makers at all stages of an incorrect/fraudulent entry case.
Telephone evidence guidance	Effective July 2015 – Introduced to assist panellists when considering an application to hear evidence by telephone.
Interim order referral operational guidance	Effective July 2015 – Introduced to codify the circumstances when a case is referred for interim order consideration.

Key performance indicators

- 6 Performance with regard to imposing interim orders (KPI 2) dipped very slightly over May and June, but still remained strong at around the 91% level.
- 7 Performance against the 15 month KPI improved slightly over May and June and was above our minimum informal 'target' of 65%.
- 8 For continuity from the 2014–2015 report period, an update is provided here on the pre-July 2014 cases which were counted within the adjudications KPI but still remain open now. Of the 1,106 cases referred for adjudication before 1 July 2014, 849 were closed in six months and 257 were carried over from December 2014. As shown below, 79 of those cases remained open as at 1 July:

	Position at 1 January 2015	Position at 1 July 2015	Scheduled	Unscheduled
Open cases	257	79	46	33
Part-heard	148	48	38	10
Have not had a first day	109	31	8	23

- 9 Of the 79 open cases, 48 are part-heard and for the most part are already scheduled to return. The 31 cases which have yet to have their first hearing fall into one of the recognised exception categories. They are subject to unusual circumstances which result in either the case not being ready for a hearing, or case parties being unavailable.

Corporate risk update – please refer to corporate risk register at Annexe 3

- 10 Risk CR2, *Fitness to practise performance*, remains amber. The FtP senior leadership team conducted an annual refresh of the directorate risk register in quarter 1. The corporate risk has been updated to reflect the risks identified on the refreshed directorate risk register.

KPI 2 – Percentage of interim orders imposed within 28 days of opening the case

Strategic priority 1: Effective regulation

Rationale A measurement of how quickly we protect the public in the most serious cases by applying restrictions to a nurse or midwife's practice.

Definition Percentage of interim orders imposed within 28 days of opening the case. The measure will use the cumulative number of interim orders imposed over a rolling 12 month period. Our target is to exceed 80% every month.

Definition of the start and end points of the measure - The period starts on the day that a case is logged on the case management system and the day that an interim order is imposed is the end of the measurement period.

Cases which do not have an order imposed are not counted towards this measure.

Historical figure (also March 2015) Average for 2014–15	April 2015	May 2015	June 2015	Year end average target
92%	92%	91%	90% (Green)	80%

Each monthly figure is based on numbers for a rolling 12 month period, thus presenting a longer term trend.
RAG rating: June figure vs Year end average target.

Red/Amber/Green rating

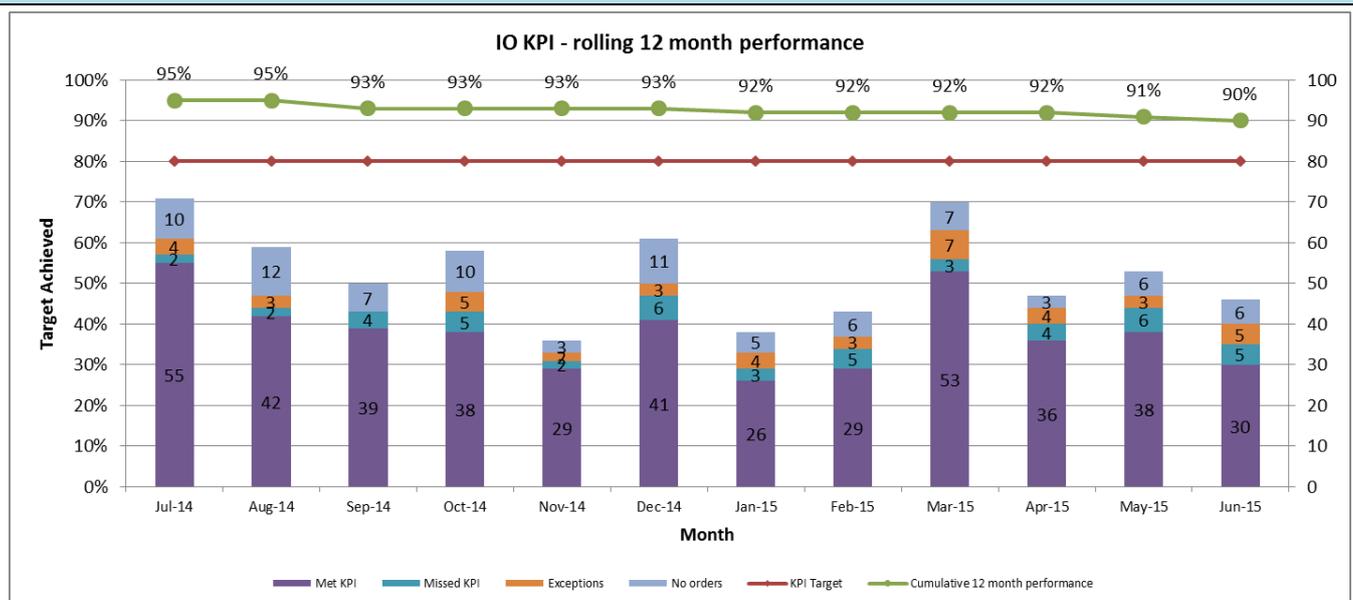
Based on 10% variance threshold:

Green = figure matches or is higher than the target figure

Amber = figure is between 70-79%

Red = figure is 69% or lower

Graphical information and commentary:



Performance against this KPI remains strong at 90% over the past 12 months. In June, 40 IOs were imposed, of which 35 counted towards the measure. The median time taken to impose an order was 25 days, with the quickest case taking 13 days.

KPI 3 - Proportion of FtP cases concluded within 15 months of being opened

Strategic priority 1: Effective regulation

Rationale Measures timeliness of the end to end FtP process.

Definition This is the proportion of FtP cases which are concluded within 15 months of being opened.

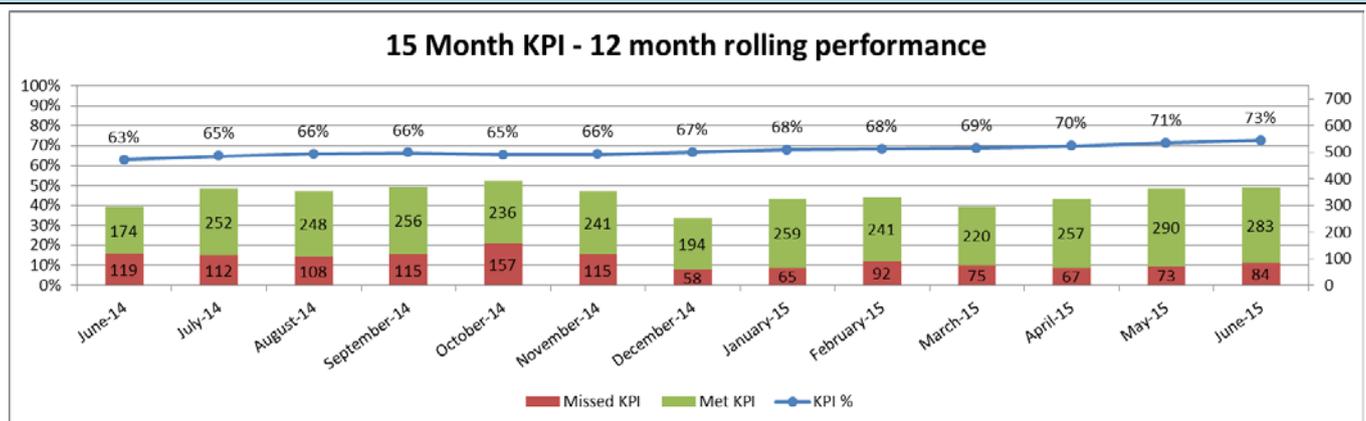
By concluded, the case has either been:

1. Investigated at Screening and closed
2. Closed no case to answer by Investigating Committee or case examiners
3. Closed by voluntary removal
4. Concluded at an adjudication hearing or meeting
5. Cases where a registrant has lapsed or cannot be identified are *not* included.

Historical figure (March 2015) Average for 2014–15	April 2015	May 2015	June 2015	Expected minimum performance*
69%	70%	71%	73%	65%

*Performance for the upcoming months is expected to match or be higher than 65% each month. This is not a formal target and there is no RAG rating. A proposed target will be presented to the Council later in 2015.

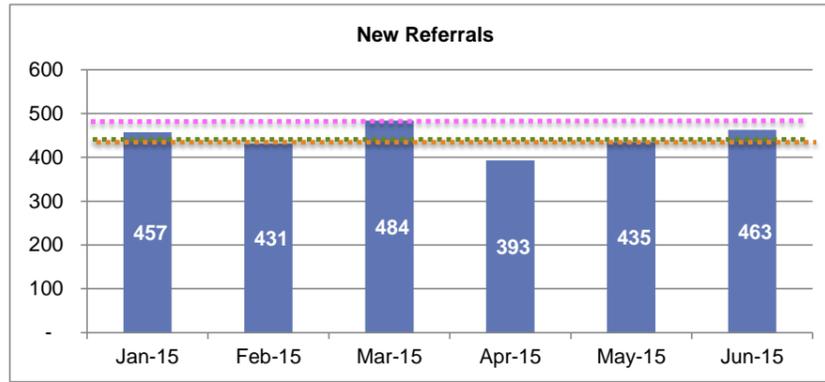
Graphical information and commentary:



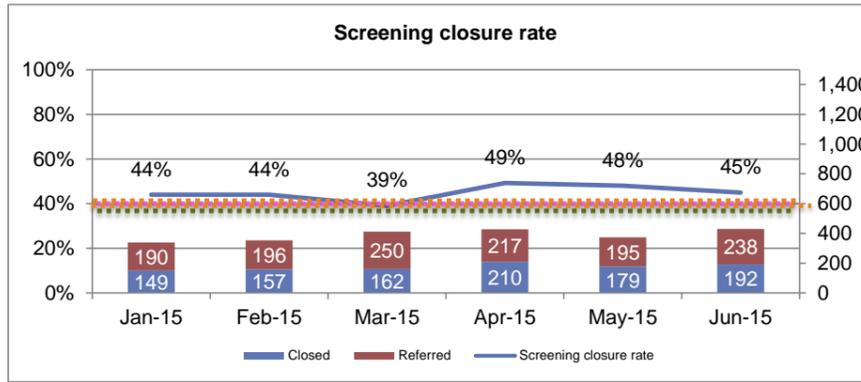
June sees a continuation of the trajectory seen in this measure over the last six months. The outlook for the coming six months is that a number of cases over 15 months old in the caseload will dampen performance when they reach the closure stage. High level modelling of the potential impact shows that performance will probably fall to somewhere between 60% and 70%.

FtP Performance for January to June 2015

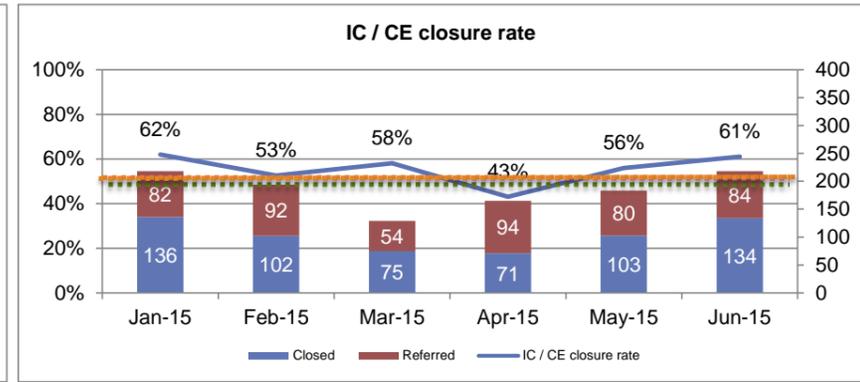
12 month average
 2014/15 planning assumption
 2015/16 planning assumption



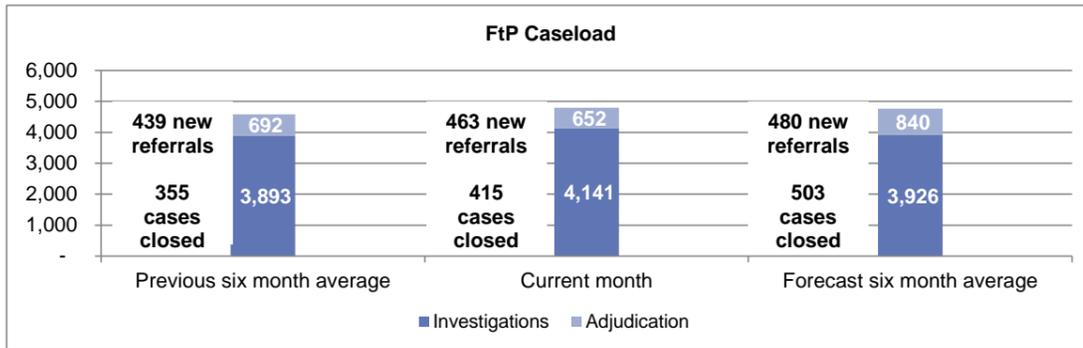
New referrals logged during the month



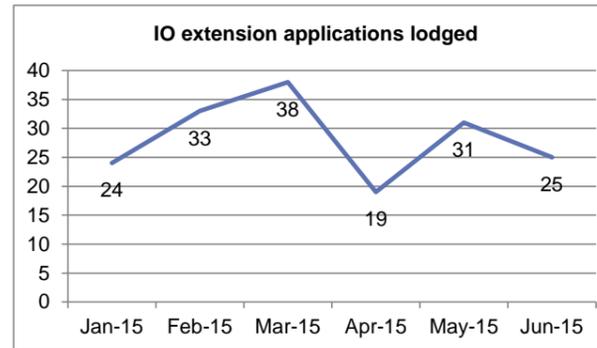
The line graph represents the proportion of cases closed after screening. The planning assumption and 12 month average lines apply to the closure rate. The bars underneath show how many cases were considered each month, split by their outcome.



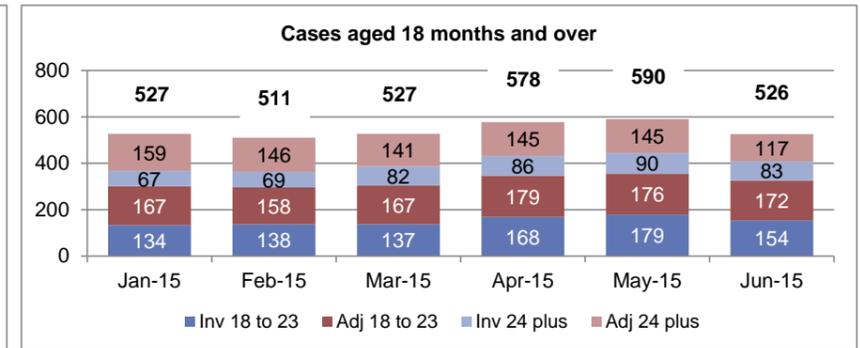
The line graph represents the proportion of cases closed by the investigation committee prior to 9 March, and then by case examiners. The planning assumption and 12 month average lines apply to the closure rate. The bars underneath show how many cases were considered each month, split by their outcome.



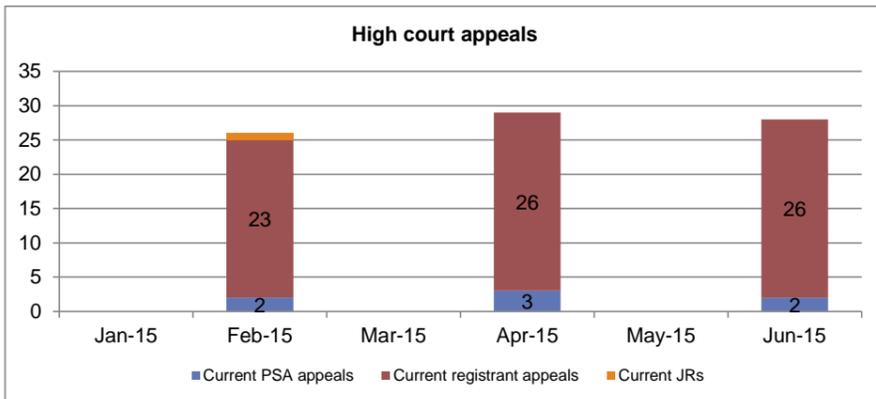
The bar graphs show the total FtP caseload split between investigations and adjudication, and the current SOR caseload. The bars for the previous six months and forecast six months show average caseloads over those periods so that when viewed together they demonstrate the direction of travel. The current month bar is the closing caseload for the period under review. The numbers of new referrals and cases closed next to each bar follow the same methodology, averages for prior and forecast periods and the closing numbers for the period under review.



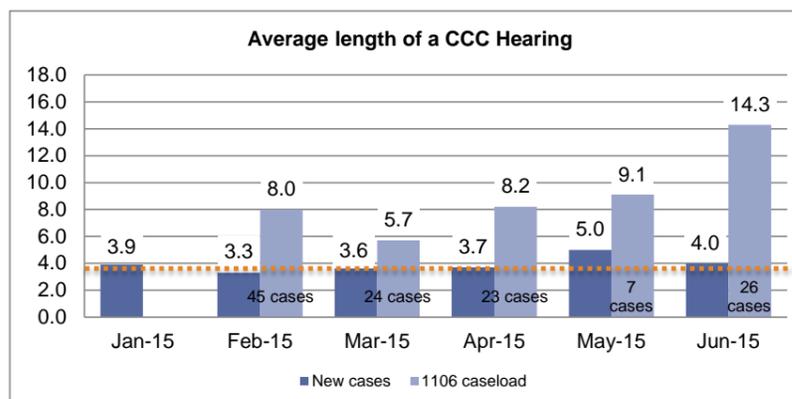
The line graph shows the number of high court IO extension applications made each month.



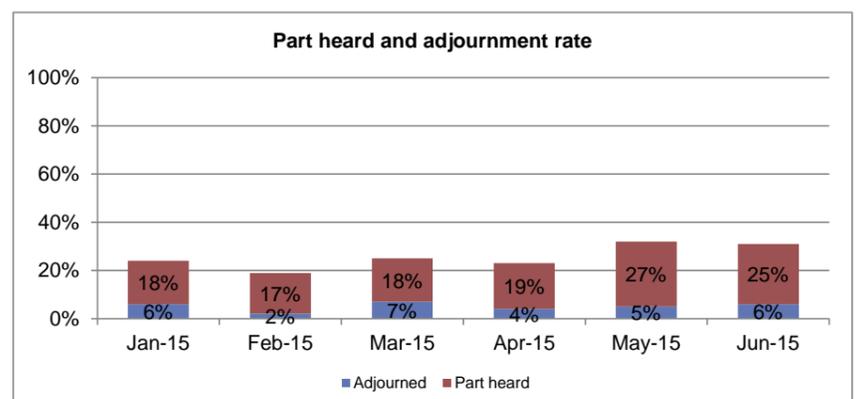
The bars show a monthly breakdown of the number of cases in investigations and adjudication over 18 and over 24 months old.



This graph shows the number of open appeals at the end of each reported month.



The bars show the average number of days taken to reach a decision on cases concluded during the reporting month. All hearing days pertaining to the case are counted, even if they took place in prior months. Currently cases are being split into those referred before 1 July 2014 and those referred after that date.



This graph shows the proportion of hearings which were stopped during the month without a decision having been reached. The split between adjourned and part-heard demonstrates that the majority fall into the latter category and could be the result of scheduled time running out or of the case having been split into multiple scheduled events.

Continued Practice performance and risk update

Performance overview

This overview summarises recent operational developments and performance in the Continued Practice directorate.

The Q1 report against the corporate plan 2015–2016 (**at Annexe 1**) provides other Continued Practice-related updates on our progress to delivering the corporate plan.

Duty of candour

- 1 Along with the launch of the joint guidance with the General Medical Council (GMC) on 29 June 2015 we published a number of case studies, which illustrated how the professional duty of candour should be used across a variety of settings.

Quality assurance of education and local supervising authorities

- 2 Following monitoring activity for this year we are in the process of compiling information for the annual report of education and LSA QA to be discussed by the Midwifery Committee in September and to be presented for the Council's approval in October 2015.
- 3 Five Approved Education Institutions (AEIs) and two Local Supervising Authorities (LSAs) reported concerns regarding safety of learning environments or risks to supervision of midwives over this period.
- 4 Following concerns raised by the LSA in Wales and Bangor University in mid-June, the Directors of Continued Practice and Fitness to Practise visited the Director of Nursing and one of her Assistant Directors at Betsi Cadwaladr University Health Board on 30 June and we subsequently decided to conduct an extraordinary review. The focus of the review has been on the supervision of midwives as well as nursing (adult and mental health) and midwifery education.
- 5 Local supervising authority midwifery officers (LSAMOs) continue to raise concerns around resources following the Council's agreement to remove supervision from statute and the reconfiguration of NHS England. The Midwifery Committee has discussed risks in this area in detail and this is covered in its report to the Council agenda item.

Education standards

- 6 The Education Advisory Group (EAG) had a discussion around what education standards are fit for the future for nurses and midwives. The group advised on an approach to move forward with having standards for institutions as separate to standards of competence that professionals need to demonstrate to join the register. Joint key competences for all professionals and clarity of language for the public were key features of this debate.
- 7 As we progress with the external evaluation of the pre-registration standards we are working towards a set of recommendations for the Council, to be discussed at its

November meeting. These will include recommendations from the EAG, findings from our external evaluation and our response to the Shape of Caring review (please also see the separate Council agenda item on this).

- 8 We are jointly reviewing good health and character guidance with the Registration directorate in preparation for the new academic year.

Revalidation

- 9 Revalidation activity over this period has focused on the completion and evaluation of the pilots and the assessment of readiness and impact across the four countries and the NMC. A substantive report on revalidation can be found as a separate Council agenda item, while the CEO report gives an overview of the extensive external engagement activities led by the Chief Executive, Director of Continued Practice and other members of the senior team.

Corporate risk update – please refer to corporate risk register at Annexe 3

- 10 CR13A *Revalidation – programme delivery* remains green. CR13B *Revalidation – system impact and readiness* remains red.
- 11 CR14 *Midwifery supervision*, remains amber-rated.

Corporate Services performance and risk update

Performance overview

This overview summarises recent operational developments and performance in the Corporate Services directorate. The Q1 report against the corporate plan 2015-2016 (at **Annexe 1**) provides other Corporate Services-related updates on delivering the corporate plan.

Accommodation review

- 1 We have started the review of our estate to determine the NMC's long term requirements, following work with our external property advisers on data gathering. This work is expected to run until the autumn and will include engagement across the NMC and with third parties.

Organisational review

- 2 We have selected a supplier to support the organisational review. This review will run in tandem with the accommodation review and will also report findings in the autumn. The Council is scheduled to consider the outcomes of these reviews in December 2015.

Workforce report 2014–2015

- 3 The annual summary of workforce data has been completed with comparisons to the previous year where available, to highlight key issues and trends within the workforce composition, its development and health. The data is beginning to provide a reference point for correlation with other reports and will be shared as part of the overall data informing the organisational review.

Staff survey

- 4 The staff survey has been completed. Results are being analysed and will be disseminated in Q2, together with action plans arising.

Finance Improvement Programme

- 5 We have a comprehensive finance improvement programme, which has already started to see improvements in controls to payroll and financial processing, resulting in an increased level of assurance in these areas. The programme's priority over the next few months is in reviewing and improving our processes around the procurement of goods and services and the management of supplier contracts. We are currently carrying out a procurement diagnostic and capability review which will help to shape our procurement delivery and the training required for all relevant staff and managers in order to increase compliance and raise skills and capabilities in these disciplines.

Corporate risk update – please refer to corporate risk register at Annexe 3

- 6 CR5 *Financial resources* and CR9 *Staffing* remain on the register as amber risks.

KPI 4 – Available free reserves

Strategic priority 4: An effective organisation

Rationale	The NMC's budget and financial strategy is predicated on a restoration of minimum available free reserves to a minimum target level of £10m 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 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.					
2014–15 year end (March 2015)	April 2015	May 2015	June 2015	June 2015 budget	Year end (March 2016) current forecast	Year end (March 2016) target
£11.8m	£12.6m	£13.5m	£14.1m	£11.5m	£14.5m* (Green)	£14.5m*

RAG rating: Year end forecast vs Year end target

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

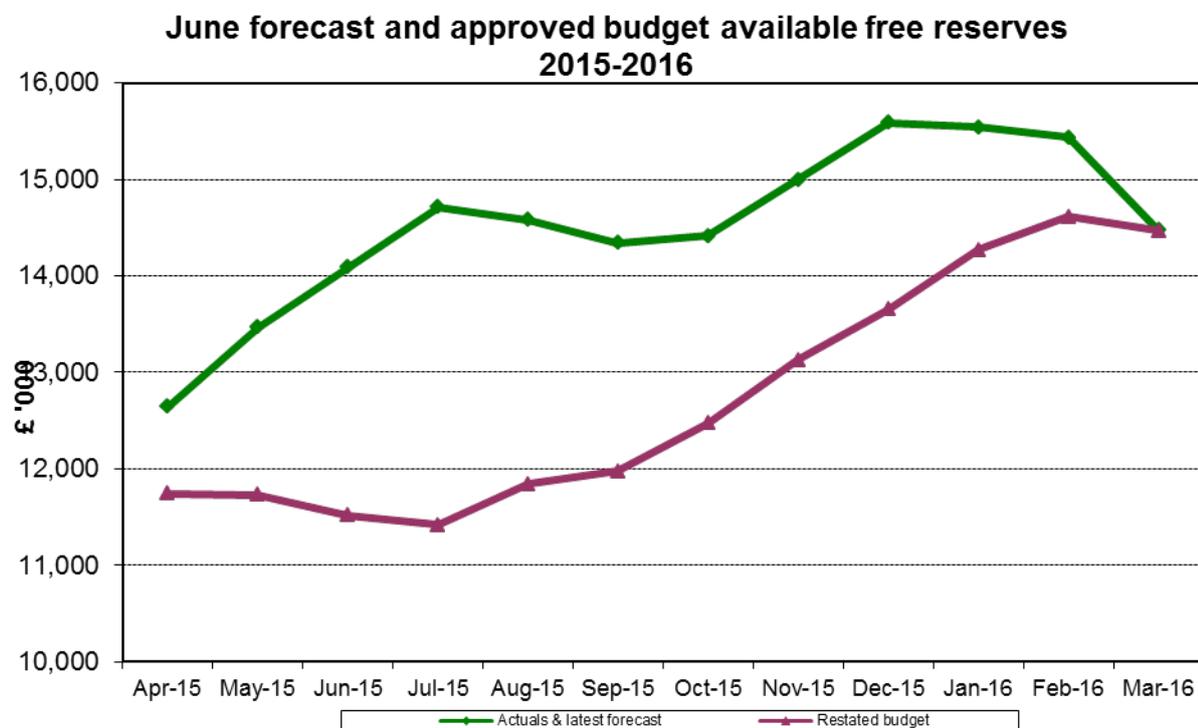
Red/Amber/Green rating:

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

Amber = within 5% of the target figure.

Red = greater than 5% of the target figure.

Graphical information and commentary:



Available free reserves are forecasted to be on budget at £14.5 million at March 2016.

The budget available free reserves position has been restated upwards by £2.2 million, based on the actual out-turn for 2014-2015. This is principally due to lower than forecasted expenditure in the final months of 2014-2015, which increased the opening reserves position for the 2015-2016 year.

The available free reserves forecast is projected to remain above the £10 million minimum available free reserves target level during 2015-2016 but within the target range of £10 million to £25 million.

KPI 5 – Staff turnover rate

Strategic priority 4: An effective organisation

Rationale The level of staff turnover is consistently high and represents a recognised risk to organisational effectiveness.

Definition
$$\frac{\text{Sum of permanent leavers in past 12 months (X)}}{\text{Average number of permanent staff in post in last 12 months (Y)}}$$

2014–15 year end spot figure (March 2015)

April 2015

May 2015

June 2015

24.5%

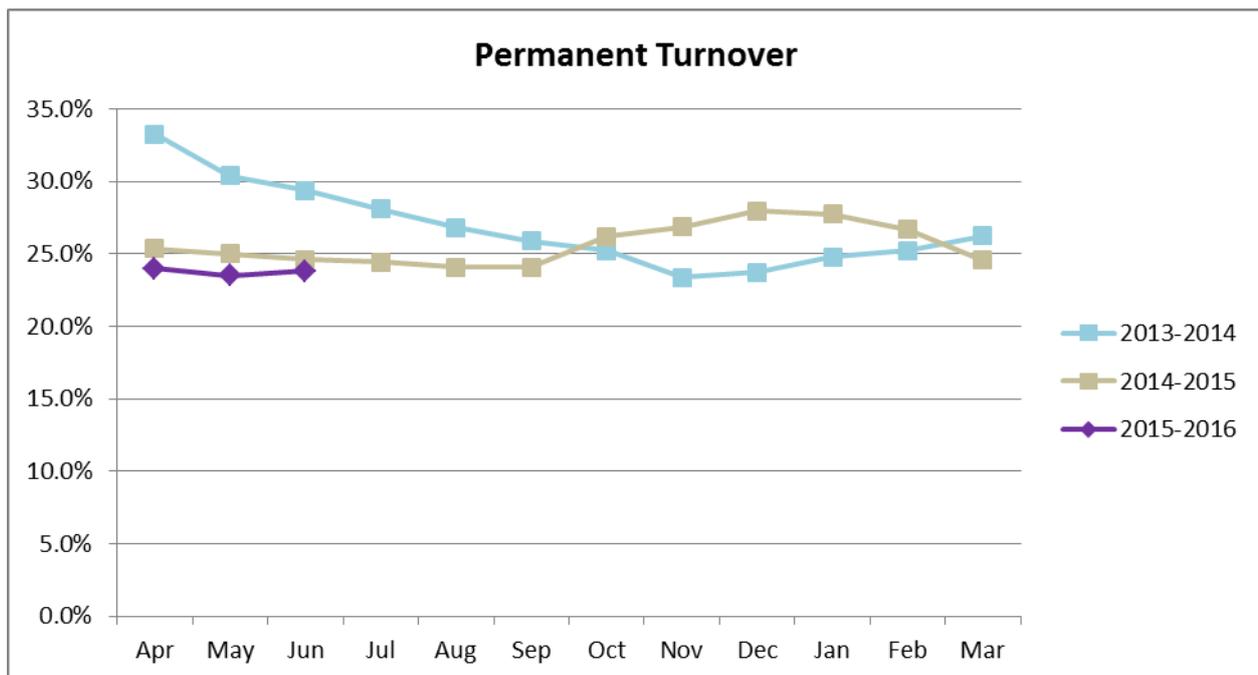
24%

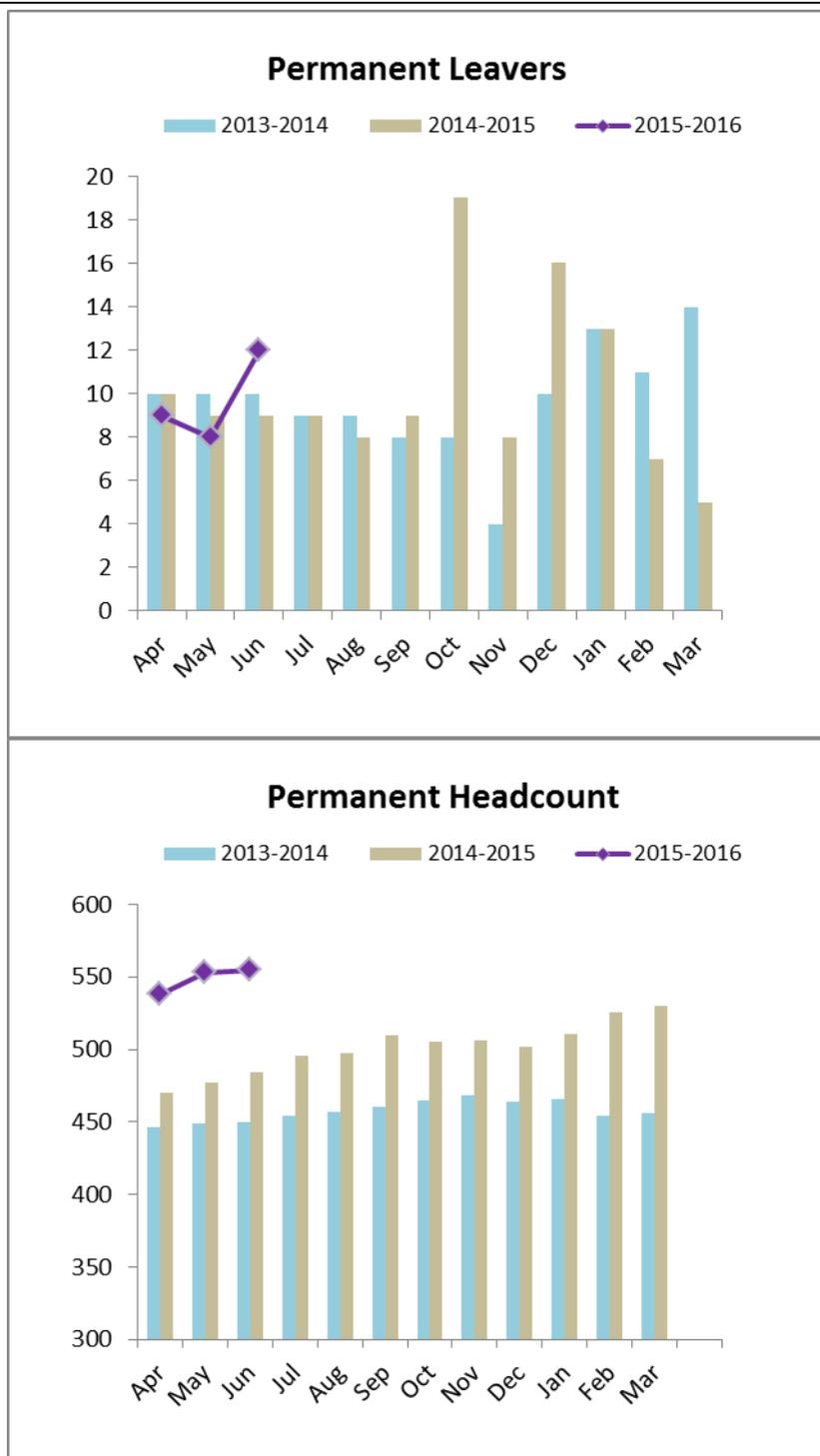
23.5%

23.8%

No target has been set for 2015–16 and no forecast reported. It would be difficult to set a meaningful target due to unpredictability over the size of the permanent workforce over the year, due to a high period of growth. Instead, performance will be monitored and will include reference to longer historic trends.

Graphical information and commentary:





During June there was a contraction in the total staff in post, which was the first decrease since December 2014. Overall the number of permanent staff in post has continued to rise slightly from 553 in May to 555 for June. The current reporting month of June is the first month since April 2015 which shows a rise in permanent leavers and this is higher than the previous two years.

The increase in leavers this month has contributed to a slight rise in turnover for June 2015, which now stands at 23.8%. Despite this increase, the turnover percentage overall remains lower than the two previous years and as a whole turnover this year appears to be stable with the difference between each month being no more than 0.5%. The analysis from exit interviews shows that the majority of reasons given for leaving are career progression, which is similar to the previous two months. Overall headcount is growing as a result of business cases for the current year and turnover remains well below the spot rate of 24.5% recorded at the end of March 2015, and is averaging 23.8%. Further analysis will be undertaken at the end of the second quarter.

Strategy performance and risk update

Performance overview

The Q1 report against the corporate plan 2015-2016 (at **Annexe 1**) provides Strategy-related updates on our progress to delivering the corporate plan. This overview provides more detail on some of those activities.

Customer service

- 1 As reported in the Quarter 1 report, we continue to work towards the Cabinet Office's Customer Service Excellence ® standard across the organisation.

Mutual Recognition of Professional Qualifications

- 2 We continue to work on implementing the EU Directive on the recognition of professional qualifications by the January 2016 deadline. We are working with the European Commission, Department of Health, Department of Business, Innovation and Skills, as well as other healthcare regulators to mitigate any potential public protection risks to the organisation.

Equality and Diversity Annual Report: 1 April 2014 to 31 March 2015

- 3 We continue to work on developing the Equality and Diversity Annual Report. The section of the report which details progress against our equality objectives action plan 1 April 2014 to 31 March 2015 is complete. We are compiling, analysing and quality assuring the equality data that will be included in the report, which will be presented to the Council in October 2015.

Corporate risk update – please refer to corporate risk register at Annexe 3

- 4 Risks CR7 *Quality of information*, CR10 *Profile and proactivity*, and CR11 *Legislative change* have been reviewed. Risk CR11 *Legislative change* has reduced from red to amber following the recent confirmation of a Section 60 Order.

ICT performance and risk update

Performance overview

The Q1 report against the corporate plan 2015-2016 (at **Annexe 1**) provides an overview of what we did during Q1 towards delivering the corporate plan. This annexe provides further detail about the ICT function and the projects being worked on.

- 1 A progress dashboard is presented formally to the Council for the first time (see **Annexe 1i**). It sets out the latest progress against the IT Improvement Programme and an update on the IT Portfolio. It will be used as a means of reporting progress to the Audit Committee and the Council, going forward.

IT Improvement Programme

- 2 The eight work streams of this programme were designed to improve our overall IT capability and function, based on the Chief Technology Officer's review of our IT and the gaps identified. The work streams (WS) are:
 - 2.1 WS1 Project Management Delivery
 - 2.2 WS2 Service Management
 - 2.3 WS3 Infrastructure
 - 2.4 WS4 Disaster recovery
 - 2.5 WS5 Strategy and architecture
 - 2.6 WS6 Financial management
 - 2.7 WS7 Business transformation
 - 2.8 WS8 Information security.
- 3 Improvement in these areas will be incremental and most of the activities are due to complete during 2015.
- 4 A reference to NMC Online resilience work is made on the dashboard. IT has now completed work (a month ahead of schedule) to ensure that the NMC Online database has the necessary resilience in place to provide a secure and effective Online service moving forward, and give the confidence required to support all NMC registrants using NMC Online for Revalidation from early 2016 onwards.
- 5 As at 7 July 2015, the dashboard shows that there is mixed progress against the eight work streams but no significant concerns, or 'red' ratings. Resource is still being finalised for many of the amber rated work streams. Overall the dashboard rates the programme amber as although a lot of work has been done, it will take time before the results

materialise.

IT Portfolio

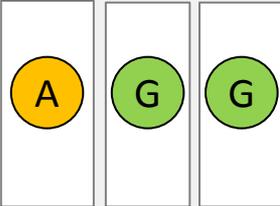
- 6 The dashboard also provides an update on the projects that the IT Portfolio Board oversees. The Portfolio was set up to provide governance around our IT delivery of projects. Amongst the projects are the top three IT priorities (Revalidation, Phased Payments and requirements for MRPQ) as well as the IT Improvement Programme. The Portfolio also oversees all other projects that are currently underway and additional requests which are managed through a demand process.
- 7 The dashboard shows an amber progress rating for Phased Payments as full business requirements are still to be defined. The IT Improvement Programme is also amber because, as mentioned above, we are still at the resourcing stage for many activities. Revalidation and MRPQ are rated green.

Corporate risk update – please refer to corporate risk register at Annexe 3

- 8 Both relevant corporate risks have been reviewed and updated. CR12 *ICT business systems* and CR6 *Information security* remain red-rated.

Exec Summary

Progress Risk Control



- High level milestone plan created and works initiated
- Project based financial planning process continues with Finance team due for completion end Jul 2015
- Agile practices being used to deliver IT Improvement
- Infrastructure & DR work-streams subject to low level scope assessment and confirming procurement routes for key components.
- IT Improvement Programme manager on-boarded
- NMC Online Resilience delivered
- KPI reporting moved to BAU delivery
- CV's under review for 12 permanent FTE, interviews during Jul/Aug
- IT Department re-named as Technology Business Services to support change agenda
- Service Improvement to-date ; ability to log in remotely backlog addressed, Standard Greeting for Service Desk, hours of Service Desk operation extended against business demand

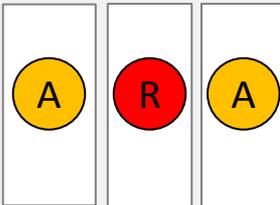
Output Plan for Next Reporting Period

IT Kit for all Portland Place Meeting rooms to be deployed
 Significantly improved online tool for call logging and case management – supported by a training roadshow
 Improved service management processes for incident, problem and change management
 Re-Procurement initiated for A365 infrastructure contract
 Renegotiation of key supplier contracts with a focus on service resilience
 Financials controls to be agreed for IT Improvement Programme
 Delivery framework across IT & PMO to be completed
 Final deliverables from A365 provided (Asset list and Exit Strategy) to allow contract to be extended

IT Portfolio Summary

Exec Summary

Progress Risk Control



- Revalidation – latest development phase complete and now in test
- IT Improvement (see above)
- Phased Payment Readmissions & Full – Re-admissions. Initial development underway and full business requirements being defined (re-work on screen designs)
- MRPQ – full business requirements being defined. Business Analyst now in post
- Inflight – 1 project stopped (PSP), eRecruitment on hold, and Room Booking on hold.
- Demand Log – 97 identified. 47 in IT and 17 under BAU. Exec Board agreement on Priorities and In-flight activity.
- Weekly oversight meetings with key suppliers and CTO
- BRM/SDM role out for recruitment

Output Plan for Next Reporting Period

- Mitigate Red Risk status – ensure business requirements fully defined, Agile coaching progresses and shore up Fortesium capacity.
- Capacity review and projects stopped where necessary – ongoing
- Demand process to be embedded
- Delivery framework review continuing
- Update on Agile maturity and processes
- GAP Analysis between PMO & IT Portfolio

Workstream Dashboard - Summary

WS 1: PPM Delivery		
WS 2a: Service Mgt		
WS 2b: Infrastructure Resilience		Resource and Procurement
WS 2c: Commercial		Negotiation with Supplier(s) & procurement resource
WS3: DR		Resource
WS4: Strategy and Architecture		Resource & Procurement Options
WS 5: Financial Mgt		RUN & CHANGE
WS 6: Comms & Engagement		Resource
WS 7: Business Transformation		Not Started
WS 8: Information Security		

Project Dashboard - Summary

Revalidation		
Phased Payments		Business Requirements
MRPQ		
IT Improvement Plan		Resource & Procurement
Overseas 2.1 & 2.2		Release configuration
CMS 4.1		Test schedule
Commidea		PCI compliance & Schedule
HEI Upload		LIVE

Corporate risk register

		Date: 16 July 2015			Issue No: 26			Note: The 'inherent risk scoring' column does not take into account any mitigation. The 'post-mitigation scoring' involves taking into account the mitigation in place but not the planned action.								
No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Mitigation Owner)	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)	
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score					
CR1 A	May-13 (previously risk Reg 2011/02. Date of origin: Apr 2011)	Integrity of the register - Current						Mitigation in place: (1) Standard operating procedures and improved training. (2) Daily reconciliation reports and manual processes to address system anomalies. (3) 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 decision made by the panel. (4) Checks are being carried out on changes to the register arising from change of address and change of name requests etc. dating from December 2014. The Registration performance improvement team are undertaking dip sampling of completed QAs to identify any issues with changes to registrant's details (other than FtP changes). Address changes are presenting as a potential issue (also highlighted through SERs). Root cause analysis has been undertaken with UK Registrations team. (5) The ONP programme will continue to run until October 2016 with diminishing numbers of attendees. After that the competency test will be the only process available. (6) ONP attendees are still fully supported by HEIs and will be for the duration of the programme. NMC checks and measures will remain in place accordingly.						24/03/2015 Planned action (3) updated and moved to mitigation June 2015 - reviewed and 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.	No change
		(1) Data / Information sharing between CMS and WISER is not automated and therefore entry of FTP outcomes onto the register relies on manual input process. (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. (4) Residual number of ONP applicants going through the system.	1) The online register might be inaccurate due to discrepancies arising from FtP decisions not being recorded accurately on WISER or processes/procedures not being followed correctly. 2) Registrants might be practising without appropriate indemnity arrangement in place. 3) ONPs might not be fit for purpose and placements could be abused by employers who wish to minimise staffing costs.	(1) Public protection compromise. (2) Negative impact on registrants. (3) Reputation damaged. (4) PSA Standards of Good Regulation not being met.	5	5	25	Planned action: (1) WISER improvements continue to be implemented in 2015 (ongoing) - this includes (2) Further process refinements and alignment of FtP and Registration data (ongoing). (3) Guidance for revalidation will be developed (December 2015). (4) Joint meeting between Registrations and FTP now occur bi-monthly to share best practice and discuss common issues. This includes how to prevent CMS/WISER discrepancies. (5) PIA will be reviewed as part of the revalidation process (early 2016). (6) Council has committed to introduce a proportionate and effective model of revalidation by the end of 2015.	3	4	12	Director, Registration				

Cross
ref:
R7

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	May-13 (previously risk Reg 2011/01. Date of origin: Apr 2011)	Integrity of the register - Historic						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) FtP/Registration working group who have identified issues relating to historical inaccuracies. Daily reports available to FtP/Registration to identify anomalies to be rectified. (3) Obtained duplicate records data identifying a number of registrants who have separate entries on the register. Planned action: (1) Analysis of specific cohorts where potential issues/risks are identified - to provide assurance or scope any issues (on-going). (2) Continuous Improvement Manager has been in post since 9/2/15. He is currently undertaking a current state mapping exercise of all Registration Directorate's processes. Any risks identified in the course of this initiative will be escalated to the appropriate risk registers. (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. (4) Further risk based audits as required (ongoing). (5) Duplicate records are being amalgamated. Report from Fortesium on WISER anomalies being actioned in stages (Sept 2015).				Director, Registration	07/05/15 Mitigation (3) updated. June 2015 - risk reviewed and updated.	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 in December 2014	No change
Cross ref: R7	(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	3		4	12					
CR2	26/06/2013	Fitness to practise performance						Mitigation in place: 1. Detailed profiling and forecasting of caseload and activity levels, focusing on new end-to-end timescale. 2. Additional resource being focused on early stage decision making. 3. Quality management mechanisms implemented and being embedded. 4. Case examiners and power to review introduced 9 March 2015. Planned action: 1. New CMS functionality, enabling better MI, less reliance on 'workarounds', and greater flexibility to support future process changes, expected to be rolled out in November 2015. 2. Review of the end-to-end process being scoped in Q2. 3. Recruitment of dedicated finance resource to model cost base (July 2015).				Director, Fitness to Practise	23/06/2015 updated following refresh of risk register.	Open - on track Performance/delivery against targets tracked on MI dashboard and risk reviewed monthly. Pressures across FtP to further reduce the time to deal with fitness to practise cases means that this risk remains amber.	No change
Cross ref:	1. Inflexible legislative and regulatory framework. 2. Fluctuations in referrals above forecast levels. 3. Unsuitable and unreliable IT system. 4. High staff turnover. 5. Lost, incomplete or unreliable data and information.	The quality of our decision making may be compromised by large case volumes and we may also not achieve continued improvements to timeliness.	(1) Public protection compromised. (2) Loss of public confidence. (3) Increased caseload and negative impact on staff morale. (4) PSA Standards of Good Regulation not met (5) Adverse PSA initial stages audit. (6) Increased cost pressure.	5	5	25	3		5	15					

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action			Post-mitigation scoring			Risk Owner (and Mitigation Owner)	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score	Likelihood	Impact	Score							
CR13 A	May-13 (previously risk CR3/CP1. Date of origin: May-13)	Revalidation - programme delivery			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 and four-country programme boards around readiness and delivery. (2,4) Provisional Standards and guidance published. (3) Clear programme governance structure in place. (4) Extensive ongoing stakeholder engagement activities across settings and four countries including specialist stakeholder groups. (4) Pilot organisations selected to reflect the diversity of the register. Planned action: (3) NMC readiness report to include independent assessment (October 2015) (4) Material developed in collaboration with pilot organisations (July-October 2015) onwards. (4) Pilot evaluation published (September 2015).			2	4	8	Director, Continued Practice	15/07/15 - risk updated. 26/06/15 - Added risk element (5) Amended terminology from: registrants, to: nurses and midwives. 19/05/15 -Edited Mitigation - (4,5) A number of detailed materials to be developed in collaboration with the pilot organisations between December 2014 and July 2015. Mitigation added - (1) Following the general election the Secretary for Health will continue in post.	Open - Programme to be achieved in Dec 2015 Engagement activity has moved to focus on strategic partnership building. Stakeholder groups have been re-shaped to support programme's needs.	No change
		(1) Decrease/ loss of government and/ or four-country programme boards support (2) NMC revalidation model is developed within current legislative framework. (3) Time and resource constraints around delivery. (4) Complexity of revalidation model delivery at four country level and across settings.	(1) Council and four-country decide No or delay to revalidation Go-Live. (2) Revalidation not improving on existing PREP process. (3) Revalidation not delivered to set time/quality/ budget. (4) Delivered model may fail to be applicable to all scopes of practice and nurses and midwives across four countries.	(1) Revalidation is not delivered as planned. (2) Criticism by employers, registrants, other regulators, media etc. (1,3) Impact on public protection and credibility of NMC around delivery. (4) Public protection compromised. Negative impact on nurses and midwives, and employers.													
CR13 B	May-13 (previously risk CR3/CP1. Date of origin: May-13)	Revalidation - system impact and readiness			4	4	16	Mitigation in place: (1) PSA update provided through annual performance review and face to face meetings. (2) Oversight and scrutiny by Revalidation Programme Board and Executive Board, to address issues of complexity and cost of model. (1, 2, 3) Extensive high-level strategic engagement and communications to manage system readiness and Communications strands of project. (1, 2, 3) Establishment of five organisation partnership group with the NMC working across the four country programme groups. (2, 3) Preliminary development of readiness requirements with key stakeholders. (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) (update in July 2015, publication in September 2015). (3) Organisational readiness toolkit and other material to assess impact on the system in development for the pilots (Jan 2015 to July 2015). (2) Cost-benefit report by KPMG to understand the impact on the system (July 2015). (2, 3) Communications products developed and up-to-date information shared on the NMC website (July 2015). Planned action: (1, 3, 4) Take forward actions arising from the KPMG organisational readiness review and pilot evaluations (by October 2015) including further clarification of the guidance and increased communications and awareness raising. (3, 4) Independent assessment of NMC readiness by internal auditors. (2, 3) Four country programme boards assessment of readiness report, October 2015.			4	4	16	Director, Continued Practice	16/07/15 - risk reviewed and updated. 26/06/15 - Moved Root Cause/ Potential Situation (4) from <i>Programme delivery</i> risk; to <i>system readiness and impact</i> risk. Update - all mitigations have influence on the risk score, however the communications products will provide the most effective mitigation when in place.	Open - Programme to be achieved in Dec 2015 Engagement activity has moved to focus on strategic partnership building. Stakeholder groups have been re-shaped to support programme's needs.	No change
		(1) Lack of buy-in from stakeholders and accountability authorities (PSA, HSC). (2) Costs for organisations to prepare for, and support revalidation. (3) Inconsistent levels of buy-in across the system and register. (4) Stakeholders expectations / understanding of revalidation model are not accurate.	(1) Lack of positive promotion from key stakeholders. (2) Organisations may lack the resources / infrastructure required to enable them to effectively support nurses and midwives for the introduction of revalidation. (3) Inadequate preparations made to effectively support or comply with revalidation process due to lack of understanding or unaddressed resistance. (4) Inconsistent level of preparation and readiness.	(1) Criticism drawn as PSA standards of good regulation, and expectations of HSC are not met. (2, 3, 4) Criticism/confusion from nurses and midwives and stakeholders. (2, 3, 4) Loss of nurses and midwives from the register. (2, 3, 4) Unable to effectively support/ engage with revalidation process. (4) Contributes to a loss of nurses and midwives from the register.													

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Mitigation Owner)	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
CR5	May-13 (previously risk G39. Date of origin: Mar-13)	Financial resources						Mitigation in place: (1) Prudent budgeting aligned to corporate plan. (2) Risk based reserves policy in place and regularly reviewed. (3) Monthly financial reporting and review and forecasting meetings. (4) Contingency built into the budget for unplanned events. (5) Annual review of fee requirement. (6) Fee strategy approved to meet medium term financial needs. (7) Available free reserves restored to targeted minimum level. (8) Provision made in budget (based on information available) to meet bulk of PSA fees. Planned action: (1) Development of new long term financial strategy (July 2015 - Mar 2016). (2) Legal advice on pension scheme risks (2015). (3) Further development of value for money culture (2015-2016). (4) Review of budgeting and business planning processes (June - December 2015). (5) Efficiency programme to be formalised during Q2 and mechanisms put in place to provide assurance that efficiencies are being captured and delivered. (6) Approach to validating efficiency savings to be presented to the Audit Committee in October 2015.				Interim Director, Finance	06.05.15 - inherent risk score reduced to 15. 16.06.15 - reviewed and updated. 15.07.15 - risk reviewed and updated.	Open - on track. Risk reviewed monthly ----- Linked to Department of Health KPI of January 2016 -----	No change
Cross ref: CS1	(1) Limited sources of income and pressure to contain fee rises. (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) Potential for organisational change programme to require additional resources. (5) Possibility that we do not achieve savings within our current legislative framework. (6) Lack of control over potential charges under PSA levy. (7) The NMC's participation in its defined benefits pension scheme and the risk of becoming the sole member. (8) Increasing our recurring cost base may limit our options and may require holding higher reserves to mitigate risks.	We may have insufficient financial resources to meet all our planned and unplanned operational requirements.	(1) Inability to deliver corporate strategy, plans and improvements. (2) Risk to public protection. (3) Reserves depleted and a need to increase fees. (4) Reputation damaged.	3	5	15	2		5	10					
CR6 (CS4)	May-13 (previously risk T24. Date of origin: Oct-12)	Information Security						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) Nearly 100% compliance with mandatory training. (9) December 2014 - 37 of 51 high priority actions complete. (10) Review meeting held with Information Commissioner's Office and voluntary audit by ICO undertaken. Planned action: (1) Continue to implement information security improvement plan, addressing remaining highest risk areas as priority (2015-16) as per planned schedule). (2) Commission independent review of compliance against new ICO27001 standard (2015)				Director, Registration (& IT Oversight)	06.05.15 13.07.15 - risk reviewed.	Open - on track. Risk reviewed by IGSB in June 2015. March 2015 review agreed to retain risk ratings.	No change
Cross ref:	(1) Large volume, complex information processing. (2) Possibility that policies and procedures may be ineffective or inconsistently applied. (3) Security enhancements to some systems needed.	Sensitive information may be accessed by, or disclosed to, unauthorized individuals.	(1) Negative impact on data subject. (2) Regulatory intervention and/or fine by the Information Commissioner's Office. (3) Reputation damaged. (4) Failing to meet PSA standard of good regulation.	5	4	20	4		4	16					

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Mitigation Owner)	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
CR7	May-13 (previously risk G20 & G35. Date of origin: 26.3.2012)	Quality of information			5	3	15	Mitigation in place: (1) Short term improvements to strengthen understanding of management information across registration and fitness to practise systems. (Cross reference CR1). (2) Short term improvements to support stakeholder engagement intelligence needs underway, including liaison with other regulators. (3) Initial intelligence shared with CQC. (4) High level data strategy completed and approved - March 2014. (5) Some reviews of the quality of data and management of corporate KPIs were undertaken by the QA team and learning shared with directorates - Q2 2014-2015. (6) Data manager recruited April 2015. (7) FtP coding project out to tender which will provide analysis of FtP data and advice that will enable us to improve the utility of the data. (8) Data steering group established and reporting to OE Board. Planned action: (1) Data manager is reviewing data strategy and will develop a proposal regarding pace and scope of implementation (Q2). (2) Further reviews of the quality of data and management of corporate KPIs are included in the QA team's programme of work for 2015-2016. (3) Organisational review will look at data capabilities (July onwards).	4	3	12	Director, Strategy Assistant Director, Strategy	04.04.2014 Updated to reflect production of Corporate Data Strategy and increased traction on this work strand, consequent reduction of likelihood of risk. 06.05.2015 - mitigations and planned actions updated. 07.07.2015 - mitigations added and planned action (3).	Open	No change
(1) Inconsistency in collection and use of data. (2) Ownership and governance arrangements for data and information management fragmented. (3) Enhanced system and analysis tools needed.	We may not consistently provide a coordinated response to management information and data requests.	(1) Inability to deliver corporate objectives and/or improvement programme. (2) Barrier to making sound business decisions and prioritisation of work. (3) Ineffective use of resources. (4) Reputation damaged.													
CR9 (CS3)	May-13 (previously risk T25. Date of origin: Oct-12)	Staffing			3	4	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 surveys held annually and directorate action plans developed in response. The 2015 staff survey was recently undertaken. (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 partially implemented with overall pay levels augmented. (7) Job family structure created to support career pathways, but with more work to make these effective. Planned action: (1) Long term workforce planning aligned to strategic direction (in 2015-18 Business Plan). (2) Further development of career and reward (ongoing). (3) 2015 annual staff survey completed - action plans to be developed in Q2. (4) Further analysis of workforce composition and turnover to identify trends (Q2). (5) Ongoing review of approach to pay and reward and NMC's position in market (2015-16).	3	4	12	Corporate Services AD, HR and OD	06.03.15: Updates to planned actions. Post-mitigation impact score has increased to 4 as agreed by Exec Board on 4 March. 15.07.15: risk reviewed and mitigations/planned actions updated.	Open - on track. Linked to KPI on employer turnover.	No change
(1) 2014 Staff survey indicates that only 48% of staff see themselves staying with the NMC for 2 years. (2) Staff perception of pay progression remains an issue. (3) Career progression opportunities within the NMC is limited in some areas. (4) A relatively young and mobile workforce.	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.													

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Mitigation Owner)	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
CR10	May-13 (previously risk T29. Date of origin: Feb-13)	Profile and proactivity						Mitigation in place: (1) 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) System in place for tracking and recording FtP referrals. (5) Programme of MoU development and review in progress. (6) Public facing leaflets approved and published. (7) Programme of parliamentary receptions and Council meetings and engagement in each of the four countries of the UK. (8) Professional Strategic Advisory Group established and meeting quarterly. (9) Expert agency employed to drive strategic communications for the Code and revalidation. (10) Hosted successful stakeholder dinner to mark the Code becoming effective March 2015. (11) New website launched April 2015. (12) New AD for communications appointed.				Director, Strategy Assistant Director, Comms	06.05.14 Post-mitigation score reduced from 9 to 6 to reflect significant progress achieved and positive feedback. Potential situation around ineffective joint working removed as covered by CR15. July 2015: Planned actions and mitigations updated.	Open 10/01/2014: Note that the KPMG report noted good progress with stakeholders.	No change
		(1) Engagement with patients, public and stakeholders not yet fully embedded. (2) Complex healthcare landscape and regulatory environment.	The NMC's lack of public profile means we may not communicate our role effectively and therefore our role is not properly understood.	(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		2	3	6				

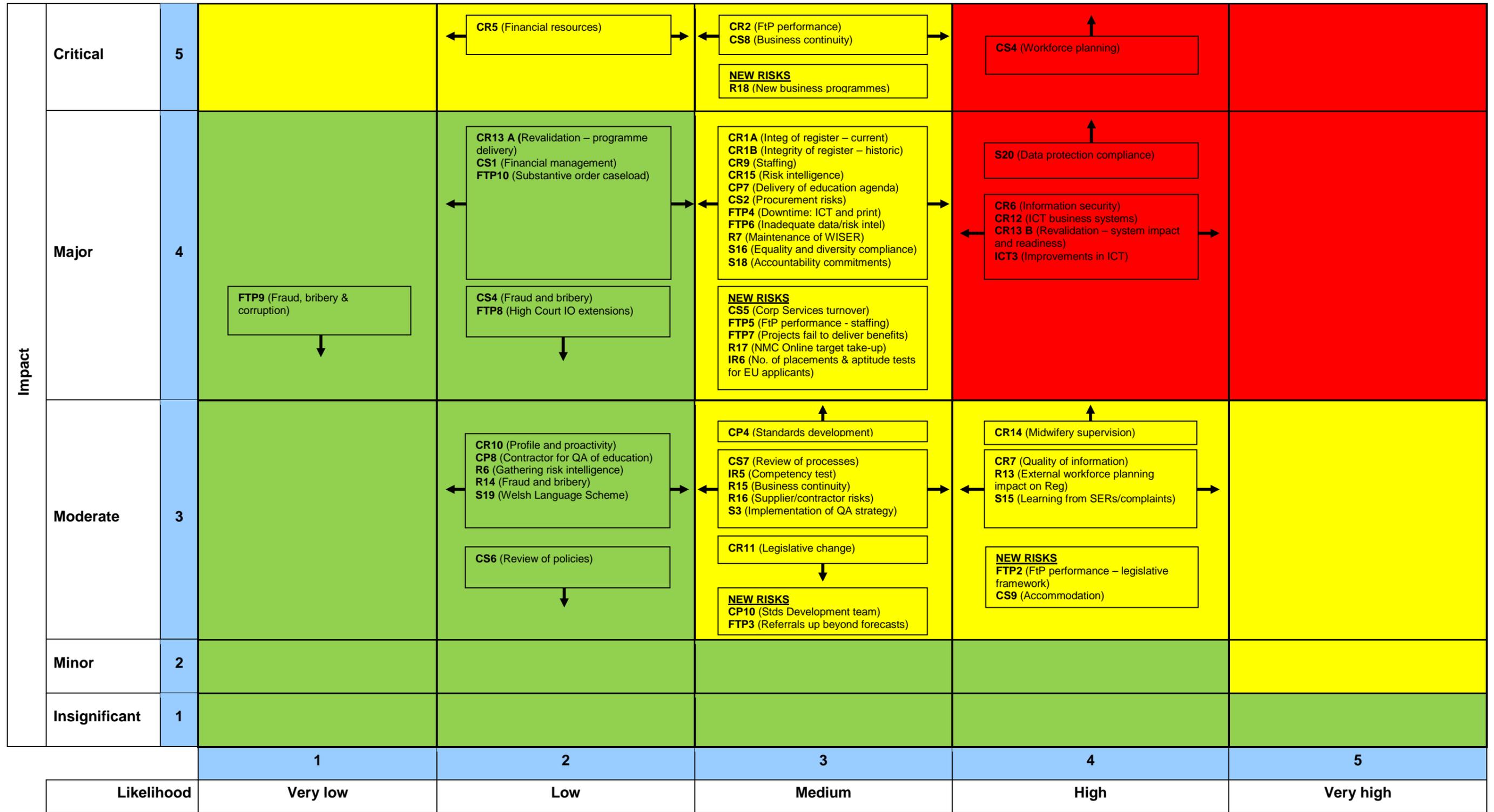
Cross ref: CR7

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action			Post-mitigation scoring			Risk Owner (and Mitigation Owner)	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score	Likelihood	Impact	Score							
CR11 (S11)	14-Feb-14	Legislative change						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 the government to introduce a healthcare regulation Bill in the second term of this parliament. (2) We engaged directly with DH with a view to influencing their response to the draft Bill. We are continuing to engage with other regulators, PSA and patient groups to secure consensus on many key issues. (3) The Government has confirmed that there will be a Section 60 Order which will address midwifery regulation and may address some of our FtP changes.						Chief Executive Corporate Legislation Adviser	03.07.2015: risk was updated. 16.07.2015 - Risk updated. Reduction in post-mitigation scoring reflects the recent confirmation of the Section 60 Order.	Open and scoring is coming down.	Reducing
Cross ref: CR2		(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 during the first term of the new parliament in 2015-16. (3) Even if a Bill is taken forward later in this parliament, the Department of Health may not make all the amendments we are seeking to the Law Commissions draft Bill in its own draft Bill.	(1) The Bill may not be introduced by the government at all. (2) We may be unable to secure all our desired amendments or correct all the oversights. (3) The Bill may reserve too many powers to the government.	(1) We will be left operating within our current unsatisfactory legislative framework, which 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	3	3	9							
CR12	May-14	ICT business systems						Mitigation in place: Previous mitigations contributed to the ongoing management of the risk, however it is clear from the CTO Review that these have not materially addressed the level of risk exposure. Therefore these have been removed. New mitigations in place: (1) IT Improvement Programme has been developed and is being taken forward. (2) IT Portfolio Programme is in place, to manage IT delivery. (3) Strengthened governance and reporting on IT issues (May 2015). (4) Development of specific IT related KPIs and performance metrics to aid oversight and reporting (June 2015).						Director, Registration (& IT Oversight)	06.05.15 - Risk fundamentally updated to reflect findings of the recent CTO Review. 15.07.2015 - Risk updated.	As issues have been driven out through the CTO Review and an improvement plan is being established - this risk is expected to incrementally reduce over the next few months - by Dec 2015.	No change
Cross ref:		1. Lack of robust procedures and controls over the management, testing and roll-out of changes to hardware and software, and development of new products and systems. 2. Ongoing use of critical business systems that are now unsupported by suppliers. 3. Insufficient capacity in our telephony system to handle peak periods in the Registration call centre. 4. Inadequate management of key third party ICT supply contracts and lack of contracts in some cases. 5. Lack of quality-assured ICT service support. 6. Lack of planning for business continuity and disaster recovery. 7. IT infrastructure insufficient to cope with our operational requirements.	Current systems are either already at risk of failure or become at risk of failure.	1. Critical business operations either stop or performance is negatively impacted. 2. Key performance targets or corporate commitments are not met or are put at risk. 3. Staff frustration contributes to poor motivation and increases staff turnover. 4. Wasted resources used in reacting to events. 5. Loss of confidence by staff, the Council and external stakeholders.	4	4	16	4	4	16							

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				
CR14	Sep-14	Midwifery Supervision						Mitigation in place: (1, 2) Increased engagement with LSAMO forum and partners in the four countries on supervision. (1, 2) Revised Quality Assurance Framework emphasises responsibility to report exceptionally. (3) Legal review conducted regarding our relationship with overseas territories. Planned actions: (1, 2) Clear engagement strategy for midwifery review of regulation focus on current business versus change and collaborative work with midwifery community and system. (1) Change programme focus on delivery of legislative change. (1, 2) Mott MacDonald commissioned to lead work on LSA risk model to strengthen current QA operations on midwifery (October 2015).				Director, Continued Practice and Director, Strategy	July 2015 - risk reviewed and updated. Post-mitigation likelihood score has increased to 4 due to information received and increasing concern in this area.	Open	Increasing
Cross ref:		(1) NMC Council accepted the findings of the King's Fund review on midwifery supervision. Potential legislative change in this area. (2) NHS restructuring at a four-country level (particularly England and Wales) has resulted in further instability. (3) Complex and remote nature of LSA relationship with maternity service providers in crown dependencies and overseas territories.	(1, 2) Increase in SoM retirements and resignations and reduction in resources. (2) Supervisory investigations inadequate due to conflicts of interest or lack of resources. (3) Uncertain relationship between NMC and midwifery providers in crown dependencies.	(1, 2) Public protection compromised. (1, 2) LSAs unable to meet our standards. (1, 2, 3) Public trust and confidence in the midwifery profession and in the NMC as regulator is undermined.	4	4	16		4	3	12				
CR15	20.1.15	Effective management of risk intelligence about settings by the NMC, including sharing with others who protect the public						Mitigation in place: 1. Cross representation on current fora such as RESQ and FtP High Profile Cases. 2. Participation in all regional quality surveillance groups in the English context. 3. Participation in Welsh and Scottish forums where regulators and others share intelligence about quality and safety. 4. Development of an appropriate suite of MoU. 5. Corporate risk intelligence group has been set up and meets every six to eight weeks. Planned action: 1. We plan to establish a new function aligned to the emerging Employer Link service - a draft function specification September 2015. 2. Work to improve staff awareness of and compliance with MoU as recommended by QA review (Q2 2015/16). 3. Internal audit review programmed for 2015/2016. 4. Development of MoU with RQIA in NI.				Director, Strategy and Director, FtP	07.05.15 June 2015 - risk updated July 2015: mitigation / planned actions updated.	Open	No change
Cross ref:		1. Inadequate capture of the risk landscape as it concerns health and care settings. 2. No corporate approach to risk measurement. 3. Inconsistent operationalisation of MoU. 4. Non-alignment of systems, processes and resources relating to managing risk intelligence. 5. Lack of clarity around roles and responsibilities. 6. Lack of staff awareness.	1. Ineffective response to intelligence about risk in settings. 2. Inability to receive and maintain risk intelligence from third parties. 3. Inability to supply third parties with risk intelligence. 4. Multiple, and potentially divergent, discussions of and responses to risk in different parts of the organisation. 5. Inadequate basis for tracking regulatory action in response to risk and escalating/de-escalating risks.	1. Public protection risk of over- and under-investment in responses to risks posed by settings. 2. Reputational risks associated with not knowing what we know and not being an effective partner in public protection. 3. Inefficiencies caused by duplicative processes in different parts of the organisation. 4. Reactive, disproportionate responses to some risks while others may go below the radar. 5. Weak evidence base for evaluating impact of related activity and/or accountability for actions and decisions.	5	5	25		3	4	12				

Risk map of all corporate and directorate risks as at 16 July 2015

This map shows post-mitigation score changes for corporate and directorate risks (between 8 May 2015 Council meeting and 16 July 2015). Directorate risk registers have undergone a refresh and as a result, there are more score changes and new risks than usual displayed below.



Arrows indicate the direction of travel:
 ↑ Risk score has increased since 8 May 2015
 ↓ Risk score has decreased since 8 May 2015
 ↔ Risk score has stayed the same since 8 May 2015

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
 ICT: ICT risk

Risk scores: 1-8 (Green), 9-15* (Yellow), 16-25 (Red)

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

Council

PSA annual performance review report 2014-2015

Action: For discussion.

Issue: Professional Standards Authority (PSA) performance review report 2014-2015

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

Strategic Priorities: All

Decision required: The Council is asked to:

- Discuss the PSA performance review report 2014-2015 (annexe 1)
- Note the overview of action to address the PSA findings (annexe 3)
- Note work to follow up good practice identified by the PSA (annexe 4).

Annexes: The following annexes are attached to this paper:

- Annexe 1: PSA performance review report 2014-2015 (circulated separately).
- Annexe 2: Summary of NMC performance 2014-2015
- Annexe 3: Overview of action to address the PSA findings.
- Annexe 4: Review of good practice highlighted in the PSA report.

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

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- Context:**
- 1 The Professional Standards Authority for Health and Social Care (PSA) undertakes an annual performance review of all healthcare regulators. Performance is assessed against the PSA's 24 Standards of Good Regulation focused on core regulatory functions.
 - 2 The PSA performance review report 2014-2015 was published on 26 June 2015 (annexe 1). The report:
 - 2.1 Provides an overview of regulators' performance; identifies good practice, discusses current regulatory issues and makes recommendations: section 7.
 - 2.2 Reports on the individual performance of each regulator: the NMC assessment is at section 17.
 - 3 This report fulfils the PSA recommendation that the Council review and discuss the full report at a public meeting (*paragraph 7.66*).

Discussion: NMC performance 2014-2015: PSA key findings

- 4 Overall, the assessment of NMC performance is very positive:
 - 4.1 We are protecting the public.
 - 4.2 Improvements have been achieved across all regulatory functions.
 - 4.3 We have met three more Standards of Good Regulation (one in Registration and two in FTP).
- 5 The PSA finds that we met 18 of the 24 Standards of Good Regulation; performed inconsistently against one Standard and did not meet five Standards. A summary of our performance against each Standard is at annexe 2.
- 6 Registration: we now meet the second Standard due to improvements in customer service; processing applications; handling appeals, as well as the introduction of significant initiatives such as NMC online and the more robust overseas processes including the test of competence.
- 7 FTP: we now meet the Standards for dealing promptly with the most serious cases, including through interim orders and for timeliness of case progression, with welcome recognition of our significant achievement in meeting our adjudication target.
- 8 In addition, various aspects of our work are commended as having a positive impact on public confidence and on confidence in professional regulation such as the Code; the review of Midwifery regulation; our active leadership in Guernsey; our joint work with the General Medical Council on candour and our joint working for the

public benefit on the Share of Caring review.

Addressing the PSA findings

- 9 In 2013-2014, the Council identified four substantive areas where there is a need to improve performance: customer service; the quality of our work; revalidation; and handling information securely. The PSA findings suggest that these continue to be areas where we need to focus ongoing attention and all fall within our wider strategic priorities. Annexe 3 provides an overview of how work in each area is being progressed through corporate plan objectives and reported to the Council. Progress on many of these issues is covered in the Performance and Risk report at Item 11, annexes 1 and 2.
- 10 We will consider the PSA findings, as part of development of the Corporate plan for 2016-2017, taking into account other demands and priorities. In addition, the Executive's mid-year review of this year's directorate business plans will include scrutiny to ensure that specific actions or issues identified by PSA are being addressed. This will include both areas where we have met the standard but wish to continue to improve performance or where PSA has signalled an intention to follow up an issue in the next performance review.
- 11 As part of our updated quality assurance methodology, quality assurance reviews will include commentary on performance against the PSA Standards, where appropriate.

Reviewing good practice by other regulators

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

Wider regulatory issues

- 13 The PSA report discusses a range of regulatory issues such as legislative change, language testing and other aspects of the EU Directive on mutual recognition of professional qualifications.

Changes to the PSA performance review process

- 14 The PSA has been consulting on proposed changes to the performance review process. The consultation closed on 27 July 2015. We await the outcomes and further advice from the PSA about when the new process might be introduced and if so, details of the 2015-2016 timetable. The Council will be updated as soon as more

information is available.

Public protection implications:	15	PSA assesses performance against the Standards of Good Regulation which are designed to enhance public protection.
Resource implications:	16	Resources are contained within existing budgets.
Equality and diversity implications:	17	None directly arising from this report.
Stakeholder engagement:	18	The Chief Executive briefed staff on the PSA findings and the report disseminated through normal internal communication channels.
	19	The Chief Executive wrote to stakeholders including educators, patient facing organisations, public bodies, unions, CNOs, our Professionals Strategic Advisory Group, the Council of Deans and employers to share the findings. We have also shared the report's findings through our various e-newsletters and panel newsletter. We received several positive and congratulatory responses from a range of our stakeholders.
Risk implications:	20	Failure to address issues raised in the performance review presents a risk that the NMC is found not to be fulfilling its statutory purpose of protecting the public and upholding confidence in the professions and professional regulation.
Legal implications:	21	The NMC is required to comply with the PSA performance review process under section 27, National Health Service Reform and Health Care Professions Act 2002 (as amended).

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

Key

Standard met

Inconsistently met

Standard not met



Improved from 2013-2014

No change from 2013-2014

Item 12: **Annexe 3**
 NMC/15/66
 29 July 2015

Overview of action to address PSA performance review findings 2014-2015

Key: SP: Strategic Priority
 CR: Corporate risk

Revalidation Director, Continued Practice

PSA Standard not met **Education and training Standard 2 - Revalidation**

Strategic Priority 1: Effective regulation

Risk Register CR13 A

KPI – not applicable

CR13 B

What we are doing:

Council will be asked to decide on implementation of Revalidation in October 2015.

See separate Revalidation Update report (item 7 on the agenda)

Customer Service Director, Strategy Director, FTP

PSA Standards not met **FTP Standard 7 – Customer Service**

Strategic Priority: all

Risk Register Does not currently feature on the corporate risk register

KPIs: non currently

What we are doing to address PSA findings

Key timescales for action

Corporate action:

We are working towards the Cabinet Office Customer Service Excellence (CSE) standards and have set up a project to do this. We have procured advice from an approved certification body who provided bespoke training for our team of 15 champions across the organisation and have completed an initial assessment against the CSE standards in July 2015.

Initial assessment against CSE standards July 2015

Discussion at Council seminar 29 October 2015

We are considering the outcomes of the initial assessment and will develop an action plan to address any areas for development in advance of the discussion at the October 2015 Council seminar.

FTP specific action:

- We are investing in staff training to improve the level of customer service we provide including working with the external trainer that delivers our

mandatory customer service training to tailor this to FtP. In addition, since March 2015 we have offered training in dealing with challenging and emotional conversations. Feedback indicated that staff have found it very helpful and have been able to apply what they have learned in practice.

- We have developed revised witness feedback surveys which we anticipate will improve the volume and usefulness of the feedback we receive. This in turn should help us continuously improve the witness experience.
- We are developing a virtual tour of our Stratford hearing centre to help case parties feel better prepared for attending a fitness to practise hearing.

Revised witness surveys to be rolled out by August 2015

Impact assessment December 2015

Virtual tour facility on website
September 2015

Quality and consistency

Director, Strategy
Director Registrations
Director, FTP

PSA Standards not met

Registration Standard 3 - Integrity of the register
FTP Standard 8 - Quality of decisions

PSA Standard inconsistently met

FTP Standard 5: Fair and transparent processes

Strategic Priority 1: effective regulation

Risk Register CR1 A

Strategic Priority 4: effective organisation

CR1 B

KPIs 1, 2 & 3

Registration dashboard
FTP dashboard

CR2

What we are doing to address PSA findings

Key timescales for action

Corporate action:

Internal Audit review to be reported to Audit Committee October 2015.
Council discussion November 2015

From September 2014 to December 2014 we developed our approach to embedding the performance and quality management framework. The Audit Committee received a report from the internal auditors about progress in April 2015.

The corporate quality assurance team's 2015-16 programme of reviews of the QA Strategy will assess the effectiveness of the performance and quality arrangements currently in place across the organisation.

Action on Registration Standard 3

Registration, FTP and ICT are working together to address any mismatch between key systems and assess what further checks and controls can be put in place to reduce and remove the inconsistency between NMC systems and strengthen the accuracy and consistency of the public register.

Any issues discovered through this additional scrutiny and assurance activity will be corrected immediately. Details of anomalies found and corrections made will be reported through the serious event review process in the normal way, and periodically to the Executive Board and Council.

Action on FTP Standard 5

We remain of the view that alternative means of disposal, such as voluntary removal (VR) and (CPD), remain important for the following reasons:

- They allow for proportionate decisions which protect the public to be made more swiftly therefore reducing the impact on referrers, witnesses, and registrants.
- Resolving cases by alternative means frees up resources for cases which have to go to a hearing, enabling these cases to be dealt with more expeditiously.
- Hearings are the most expensive part of the FtP process and reducing the number of hearings through using alternative disposals reduces the amount of money being spent on FtP.

We are taking forward the following areas of work:

- Learning from the PSA's three appeals about CPD cases has been incorporated into lawyer and panel training. Additional dip sampling of lawyers' work on CPD cases is planned for the end of quarter 2.
- Consider whether any changes to our VR guidance or process are necessary in light of the Authority's findings (awaiting final PSA initial stages audit 2014).
- Review of adjourned and part heard cases in a six week period to draw out any themes and identify any further actions to avoid adjournments.

Review of controls - July 2015

Any enhanced control activities to commence no later than end December 2015

Key timescales

CPD – learning already applied.
CPD – dip checking to take place by the end of September 2015

VR – dependent on receipt of Initial Stages audit report 2014 from the PSA.

End July 2015

Action on FTP Standard 8

We are taking forward the following areas of work to improve learning from section 29 appeals:

- We have initiated a work stream to capture such themes, and it is anticipated that the initial stages of this will be completed by the end of quarter 2. Following this there will be a rolling programme for capturing and applying learning
- 'Learning points meetings' are held for all FtP lawyers once every six weeks. In these meetings, feedback from Section 29 appeals, any other appeals, and the decision review group (DRG) is delivered.
- There is a dedicated session on learning from Authority appeals in the 2015 Panel Training programme. This is delivered by the Assistant Director, Legal Services.
- Learning from Section 29 appeals is being fed into current revision of charge drafting guidance, the completion of which is anticipated by the end of quarter 3.
- From June 2015, all Section 29 appeals will be discussed at the DRG.

We are developing operational guidance for 'enhanced case management'. This will set out the process for identifying and managing our most difficult cases so they receive the attention required for them to progress smoothly through the fitness to practise process. We anticipate this guidance will be finalised by the end of August 2015, following which it will be communicated to staff and embedded in our processes. The impact of this initiative will be assessed in due course.

Key timescales

S29s – initial trends analysis work by the end of quarter 2, DRG consideration of all s29 cases starting from June 2015
S29s – monitoring of learning from these cases

New charge drafting guidance – end of quarter 3

Enhanced case management – end of August 2015. Review of new process in due course

Information Security

Director, Registration & ICT
and CTO
Director, FTP

PSA Standard not met

FTP Standard 10 – Information Security

Strategic Priority 4: effective organisation

Risk CR6
Register

KPI: none

What we are doing to address PSA findings

Corporate action timescales

Corporate action:

Given the nature of our work, we understand the sensitivity and critical importance of information security improvement. A revised Information Security Plan 2015-16 is in the process of being finalised and this will co-ordinate activity across the organisation to strengthen the information security area. This includes the work towards compliance with ISO 27001 principles ahead of any formal certification decision and individual areas outlined below. Once approved/confirmed this will be reported through Executive Board

Revised Information Security Plan to be finalised by end of July 2015 for presentation to the Executive Board. The Information Security and Governance Board will track delivery of the agreed activities against the information security plan and report progress to Executive Board on a quarterly basis. This will also form the basis of periodic Audit Committee updates.

FTP specific action on FTP 10**FTP action timescales**

Working group set up focussed on improving staff awareness and training regarding redaction. This work is expected to complete by the end of quarter two.

September 2015

A second, separate working group has been set up to examine and improve information security more widely. This group will meet regularly until the end of December 2015.

Review and management of risks – December 2015

In addition, our hearings team has been working to review and refine its processes with regard to the checking of determinations. The pilot phase of this work will conclude in July 2015 and a new approach formally rolled out thereafter.

New checking framework for determinations – July 2015
Continuous review of new processes.

Within FTP, ongoing monitoring and implementation of learning from incidents raised via the corporate SER system.

Item 12: **Annexe 4**
 NMC/15/66
 29 July 2015

**PSA Performance Review 2014-2015:
 Good Practice/learning/other areas/issues to be addressed**

PSA findings	NMC comments/proposed action	NMC Owner
Guidance and Standards(PSA overview paragraph 1.9)		
<p>The GMC also launched the <i>Better Care for Older People</i> section of its website and we considered this to be an area of good practice because it addressed a need without unnecessarily producing guidance. We consider this to be a right-touch approach. The website is an innovative method of sharing tools and resources and is focused on improved outcomes for patients in an area of care where there have been highly publicised failings.</p>	<p>We are adopting a similar approach in making resources available through our refreshed website on revalidation and we will look to build on this in future.</p>	<p>Director of Continued Practice</p>
Education and training		
<p>Peer review (PSA overview report, paragraph 1.13)</p> <p>Independent research commissioned by the GOC shows that the 'peer review' aspect (where registrants discuss their practice with other registrants) of the CET scheme is proving effective at combating professional isolation..... This research confirms our previous view that the GOC's CET scheme is an area of good practice. All of these outcomes are positive and should lead to better care for patients</p>	<p>We are encouraged to note that the GOC's research has demonstrated the effectiveness of peer review which is an element of the NMC's proposed revalidation model.</p> <p>Peer feedback and the professional discussion with another registrant have featured very strongly as positive in the piloting phase of our revalidation model. Both individual registrants and their employers have reported to us initial</p>	<p>Director of Continued Practice</p>

	<p>findings of how they value peer review and challenge as part of an individual's reflection on how they meet the professional standards.</p> <p>We have commissioned external evaluation of the individuals' experience with our piloting of the model led by IPSOS MORI. Initial findings are being discussed with our Council in July and we are expecting to publish the report in September.</p>	
<p><i>Equality and diversity (PSA Overview paragraph 1.15)</i></p> <p>GPhC's analysis of candidates' performance registration assessment demonstrated that candidates who identified themselves as Black-African had performed significantly less well than other self-declared ethnic groups. ...The GPhC is engaging with the Equality Challenge Unit about how it can make progress..... We recognise that the GPhC is engaging with relevant stakeholders to ensure that the processes operated by education providers are fair. We consider the GPhC's work in this area to be noteworthy and we look forward to the outcomes from this work.</p>	<p>One of our key priorities for this year is to begin engaging with the student community directly with the view of seeking feedback on how are education standards are being met in practice. This will include having a better understanding of equality issues and trends in the student community.</p>	<p>Director of Continued Practice</p> <p>&</p> <p>Director of Strategy</p>
<p><i>Registration (PSA Overview report paragraphs 1.18-1.19)</i></p>		
<p>During 2014/15 the HCPC increased the information and resources available to its registrants to engage with them about CPD audit processes and registration renewals. We concluded that the HCPC's work in this area in 2014/15 is an example of good practice. This is supported by the amount of 're-tweets',</p>	<p>We note HCPC's use of social media in its promotion of the registration renewal process and continuous professional development. NMC has also used social media extensively over the course of the</p>	<p>Director of Registration</p>

<p>'shares' and positive feedback the HCPC has received about it on social media; the number of views it has received on its YouTube channel and visits to its website; and anecdotal feedback it has received from individuals.</p>	<p>year to promote the new Code and the proposed revalidation procedures.</p> <p>The registration directorate has focused on establishing the NMC Online service, amongst other things to provide a platform for registrants to engage with the NMC in a more effective and immediate way, including encouraging greater take up of digital communication methods in the future.</p> <p>Our refreshed website, launched in April, has improved accessibility and functionality, as well as being mobile/tablet friendly. We aim to build on these positive developments in the coming year</p>	
<p>Fitness to practise</p>		
<p><i>Equality and Diversity</i> <i>(PSA overview report, paragraph 1.23)</i></p> <p>We consider that the research the GMC has carried out to assist it in understanding issues relating to registrants that are international medical graduates and/or from black and minority ethnic groups (BME) is an example of good practice.</p>	<p>We have developed a research brief for a study to analyse the experiences of different groups involved in our fitness to practice processes and we will shortly be convening a group to advise on that brief prior to seeking expressions of interest in that work.</p>	<p>Director of Fitness to Practise & Director of Strategy</p>
<p><i>Peer review of FTP processes</i> <i>(PSA overview report, paragraph 1.24)</i></p> <p>In May 2014 the HCPC commissioned an external peer review of its fitness to practise process from the perspective of service</p>	<p>We are in the process of planning an end-to-end review of the fitness to practise process that will take place next year. As part of our scoping exercise we will consider</p>	<p>Director of Fitness to Practise</p>

<p>users and complainants.The HCPC also completed an internal review of its handling of complaints received about the HCPC's investigation of fitness to practise cases and produced two new guidance documents: <i>Handling complaints received about Fitness to Practise</i> and <i>Managing Unacceptable and Unreasonable Behaviour</i>. We welcome the HCPC's work to evaluate and improve its complaints handling process. Timely and effective complaints handling encourages public confidence in the regulator and we consider that the HCPC's work in this area is good practice.</p>	<p>whether the approach taken by the HCPC will be suitable for us. We will inform Council as to our plans in due course.</p> <p>We will review the HCPC's report on the handling of complaints about investigation of fitness to practise cases and consider whether there is any learning from this for the NMC</p>	<p>Director of Strategy</p>
<p>Information Governance PSA overview report paragraphs 1.34-1. 37</p>		
<p>The regulators by nature of their work need to process large amounts of personal and sensitive information about registrants, patients and witnesses. It is therefore essential that they have robust information governance and data security processes. We welcome the approach that the GMC and the HCPC are taking in adopting the ISO 27001:2013 standards.</p> <p>We recognise that individual human errors may happen but we look to see that the risk is minimised by strict information governance procedures, regular staff training and an appropriate response if an incident happens including self-referral to the ICO when we assess the regulators against the relevant standard.</p> <p>We recognise that it is important that in highlighting concerns about data breaches we do not discourage the reporting of them. It is in this context that we consider that the framework in which information governance and data security is managed is of the greatest importance so that if breaches do occur that are</p>	<p>We take our data and information management obligations seriously.</p> <p>We are working to embed robust processes around information governance and data security in-line with ISO 27001 standards to drive the required improvements. This activity is planned to drive practical improvements in the current year. Under this framework we will continue to strengthen our processes in this area and will self refer to the ICO as required, as indeed we have previously demonstrated.</p> <p>Significant IT improvement work is underway this year. In view of this we will take a decision on pursuing formal ISO certification in the autumn once the</p>	<p>Director of Registration/ Chief Technology Officer</p>

<p>properly identified, classified, reported and remedied. We think that all regulators should strive to reduce data breaches to zero.</p>	<p>improvement work has made sufficient progress</p>	
<p>Consultations PSA overview report paragraphs 1.39-1.42</p>		
<p>We have noted that the quality of some of the recent consultation exercises carried out by some of the regulators has fallen short of our expectations. Our main concerns relate to the quality of the consultation documents. For example, there were several consultations where the information or detail provided was not sufficient to elicit fully informed responses. Our response to the GMC's consultation on its proposed changes to its indicative sanctions guidance (for use by fitness to practise panels) commented that it was difficult to understand the full implications of the proposed changes because the GMC had not published a draft of the guidance as part of the consultation¹². In our responses to the two NMC consultations on its revised Code of Conduct and revalidation we expressed concerns about the lack of detail provided about the NMC's proposals.</p> <p>In other consultation documents either the proposals were unclear (for example the GOsC's consultation on threshold criteria for unprofessional conduct) or no clear rationale was given for the proposals (as was the case for some of the proposals in the GDC consultation on its fitness to practise rules).</p> <p>We also criticised various consultation documents (the NMC</p>	<p>We are reviewing our practice in relation to the conduct of consultations and will take account of the PSA's comments in doing so, including whether we should publish our impact assessments.</p> <p>Work is currently underway on a policy for consultations. A new approach including a refreshed process and clear roles and responsibilities will be finalised by the end of 2015.</p>	<p>Director of Strategy</p>

<p>consultations on revalidation, and the GDC's consultation on its fitness to practise rules) for not including an assessment of the impacts of the proposals.</p>		
<p>Language Testing and the European Professional Card <i>PSA overview paragraphs 1.54-1.55</i></p>		
<p>Significant new risks are presented by the proposal from the European Commission for a 'European Professional Card' aimed at facilitating the movement of professionals within the EU. However, some areas of risk are emerging, which the Authority will be monitoring in the year ahead. These include the restricted role for the host regulator in 'temporary and occasional' applications, which are thought likely to increase under the new arrangements.</p>	<p>We share the PSA's assessment that there are public protection benefits and risks associated with changes to the Directive. We welcome the recognition that while we are using the channels we have to exert influence, this is binding legislation which means there may be limits to the risk mitigation possible within the scope of the law.</p> <p>An update on action being taken to address implementation of the European Union Recognition of Profession Qualifications Directive requirements is included as part of the Performance and Risk report (Strategy directorate update).</p>	<p>Director of Strategy</p>

Council

Financial monitoring report – June 2015 results

Action: For information.

Issue: Provides financial monitoring information to June 2015.

Core regulatory function: Supporting functions

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: None.

Annexes: There are no annexes attached to this paper.

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

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Context: Financial information

- 1 The Executive Board scrutinises the financial monitoring report each month. The Council reviews financial performance at each meeting.
- 2 As previously requested by the Council, we have sought to streamline the financial monitoring information provided, whilst ensuring the Council receives the information it needs for effective scrutiny and decision-making.
- 3 This paper is the first step and provides a strategic overview of the position at the end of June.

Discussion: Executive summary

- 4 Available free reserves are forecasted to be on budget at £14.5 million at March 2016.
- 5 The budget available free reserves position has been restated upwards by £2.2 million, based on the actual out-turn for 2014-2015. This is principally due to lower than forecasted expenditure in the final months of 2014-2015, which increased the opening reserves position for the 2015-2016 year.
- 6 The overall 2015-2016 revenue deficit is forecast to be slightly worse than approved budget by £0.4 million due to an accounting adjustment relating to release of DH grant. A number of potential pressures have been identified, however, the Executive is committed to ensuring that the full year spend will be managed within the approved budget.
- 7 At May Council, it was agreed that contingency budget would not be used, with the exception of funding for those one-off or exceptional items of business need which cannot be managed within the business as usual budget.
- 8 Income is in line with budget to June 2015, and is forecast to remain on budget for the full year. Expenditure has been slower to ramp up than budgeted with directorate expenditure is £0.6 million lower than budget to June. This expenditure is now forecast to take place later in the year. Variances are arising principally in the areas of staff costs and professional and legal fees.
- 9 The Executive Board is actively reviewing the approach to financial management and control across the NMC. This includes the approach to forecasting, which will make greater use of actual run rates and trend analysis, in order to provide increased assurance over the robustness and credibility of the financial results.

Income

- 10 Overall, income is forecasted to be on plan for the year, which is consistent with the position at June.
- 11 Increases in the number of overseas and EU applicants to the register has led to some positive movement within overseas and EU assessment fee income, offset by minor movements in other income categories.
- 12 These trends and the impact on the full year position are currently being reviewed.
- 13 The full year forecast for registration fee income is £77 million. This does not yet represent a fully annualised £120 fee income per registrant as it takes time for the fee increase to work through the register.

Expenditure

- 14 Revenue expenditure has been slower to ramp up than planned. Directorate expenditure is £0.6 million lower than budget to June. This expenditure is now forecast to take place later in the year.
- 15 The principal movements to June are underspends in staff costs, offset by some overspend on professional and legal costs and panellist costs. The driver for the underspend in staff costs is vacancies within directorates, which have been offset to an extent by temporary resource particularly in areas of high risk or specific concern. The driver for the overspend in professional and legal fees is the additional tranche of cases sent for external investigation in March 2015.
- 16 For the full year, potential pressure areas include higher than budgeted PSA fees for 2015-2016 and adjustments in line with accounting requirements to reflect provision for staff holiday pay. The Executive Board is committed to ensuring that spend is managed within the approved revenue budget.

Capital expenditure

- 17 Capital expenditure at June 2015 and for the full year is currently forecast to be lower than budget. This may be revised following the conclusion of the current comprehensive review of ICT capital and revenue expenditure requirements. The expectation is that the full year ICT funding requirements in total will not exceed the budgeted envelope.

Balance sheet and cashflow

- 18 The budgeted available free reserves position has been restated upwards by £2.2 million, based on the actual out-turn for 2014-

2015. This is principally due to lower than forecasted expenditure in the final months of 2014-2015, which resulted in a higher opening reserves position than that originally budgeted. The opening restricted reserves balance is also higher than originally budgeted due to the receipt of grant funds in advance of expenditure from the Department of Health.

- 19 The lower than forecasted expenditure at the end of 2014-2015 arose in a number of areas. This included lower ICT revenue and capital spend following changes in the department's leadership, lower costs for the test of competency in that period, a deferral of expenditure on costs associated with work on standards development, and lower office rental costs after finalisation of costs following our exit from the hearing premises at 20 Old Bailey.
- 20 The forecast balance sheet and cash flow for the full year to March 2016 are projected to be on budget at this stage, with variances driven only by movements on expenditure and income as set out above.

Risks

- 21 The major risk areas identified at this stage include that FTP internal investigations may not be processed at the budgeted run rates; risk in relation to the implementation of the revised ICT improvement programme; and increasing pressure on available office space as headcount increases.

Opportunities

- 22 The Executive Board will monitor financial opportunities which have the potential to crystallise this year. The most significant is the possibility that we will secure a repayment of income tax and National Insurance paid on FtP panellist expenses in prior years. We have been notified by our tax advisers that our claim (made in 2012) has been accepted in principle by HMRC, and has been confirmed in writing subject to the provision of additional information and agreement of a mechanism for the return of funds. This has not yet been factored into the 2015-2016 figures given the length of time these matters take and the significant difficulties experienced to date in progressing the claim. Council should also be aware that, depending on progress made in the next couple of months, this may warrant an adjustment to the 2014-2015 statutory accounts.

Efficiencies

- 23 A formalised programme of efficiencies is yet to be developed. This will be actioned during quarter 2.
- 24 The Corporate Efficiency Board has delivered early work to develop high level indicators to monitor efficiencies.
- 25 A number of efficiencies were built into 2015-2016 budget assumptions; in the next quarter we will put in place mechanisms to provide assurance that those efficiencies are being captured.

Public protection implications:

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

Resource implications:

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

Equality and diversity implications:

- 28 None.

Stakeholder engagement:

- 29 None.

Risk implications:

- 30 Risks in relation to forecasting and financial resourcing are reflected in the corporate risk register and in directorate risk registers, as appropriate.

Legal implications:

- 31 None.

Council

Health and Safety annual report 2014-2015

Action: For discussion.

Issue: This report is to provide assurance on the NMC's health and safety arrangements and information on health and safety activity over the last 12 months.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: No decision is required on this paper.

Annexe: There are no annexes attached to this paper.

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

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- Context:**
- 1 The Council, as the board of trustees, has, as part of its wider duty of care, overall responsibility for monitoring the extent to which the NMC formal policies, guidance and procedures in place, assure the health, safety and welfare of our employees, contractors and visitors. It is important to emphasise that the NMC is a relatively low-risk environment in respect of health and safety.
 - 2 Health and safety assurance is reviewed by the Audit Committee as part of its review of overall assurance and is rated green at first, second and third lines of defence.
 - 3 This paper provides an annual report on health and safety, the occurrence of incidents in the year, and how assurance is derived.

Discussion:

Sources of assurance

- 4 The following arrangements are in place:
 - 4.1 A Health and Safety Steering Group (HSSG), chaired by the Director of Corporate Services and with membership drawn from across the organisation, is constituted to ensure that the NMC complies with its general duties for health and safety under the Health and Safety at Work Act 1974 and the relevant regulations. Over the last twelve months, the Group has met three times in August 2014, November 2014 and May 2015.
 - 4.2 Mandatory e-learning training on health and safety for all staff.
 - 4.3 Training for statutory responsibilities and further training for specific roles.
 - 4.4 A health and safety policy, approved by the Council in 2014, is published and reviewed biennially.
 - 4.5 A health and safety guide for staff, prepared with input from a specialist adviser and covering relevant areas. The policy and guide are promoted to staff through Insider Weekly on a quarterly basis.
 - 4.6 Sufficient numbers of trained first aiders and fire wardens at all sites.
 - 4.7 Fire evacuation testing and weekly fire alarm tests.
 - 4.8 Regular incident reporting.
 - 4.9 A programme of planned preventative maintenance.
 - 4.10 Periodic internal audit reviews.

Reviews during the year

- 5 An Unacceptable Behaviour and Persistent Complaints Policy was published, providing clarity on how and when it can be invoked and providing protection to staff from abuse.
- 6 Possible provision of mental health awareness training for first aiders was researched with the charity Mind; following that, it was concluded that this was not appropriate to their roles.
- 7 Following a singular incidence, the HSSG has looked into the NMC's legal responsibilities for staff working off-site. The general point of law is concerned with whether the NMC would have had 'control' over the circumstances giving rise to any occurrence of injury. As we do have staff working off-site in performing their duties, guidance will be drafted by the HSSG for incorporation into the health and safety guide in 2015 (as referred to in paragraph 4.5 of this report).
- 8 There were no changes to legislation during 2014-2015 that required reviews or revisions to policy or practice.

Training

- 9 The main health and safety training focus in the year centred on continuing to improve staff rates of compliance with the mandatory e-learning training. Compliance is now consistently above 90 percent of staff and was at 92 percent at the last monthly count (30 April 2015). Refresher training will now be implemented every two years, to commence from July 2015.
- 10 Training was provided to fire wardens across all sites, and first aider initial and refresher training, and defibrillator training was also provided to those requiring it.
- 11 Health and safety also includes consideration of staff welfare. In 2014-2015 a range of opportunities were offered to staff on welfare matters, including massage, tai chi, yoga, nutrition, mindfulness, excelling under pressure, and dealing with emotional and challenging conversations. 30 employees also undertook BUPA health assessments.

Incident reporting

- 12 During the year April 2014 to March 2015, there were 11 reported health and safety incidents across all sites. None were reportable to the Health and Safety Executive under RIDDOR (Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations).
- 13 No incidents were rated as major, and the typical causes of the minor incidents reported were slips and trips.

Priorities for 2015-2016

- 14 Apart from the regular monitoring of incidents and accidents and maintaining oversight of any changes to legislative requirements, the priorities for health and safety for the coming year are:
- 14.1 Off-site working – producing a guidance note for staff and managers for inclusion in the health and safety guide.
 - 14.2 Lone working – reviewing the guidance already in place against any proposals emerging from the forthcoming accommodation review.
 - 14.3 Occupational health – gaining a better understanding of the number of requests for reasonable workplace adjustments (chairs, for example) and the potential underlying causes.
- Public protection implications:** 15 None directly from this report. This report encompasses considerations for members of the public who visit the NMC's premises.
- Resource implications:** 16 There are no material resource implications. Health and safety requirements, in training for example, are built into normal revenue budgets.
- Equality and diversity implications:** 17 There are no specific equality and diversity implications arising from this report.
- Stakeholder engagement:** 18 Not applicable.
- Risk implications:** 19 This report refers to risks related to the safety and welfare of our staff, contractors and visitors.
- Legal implications:** 20 Policies and guidance notes are reviewed and updated for compliance with any new legislation or best practice.

Council

Annual Report of the Audit Committee

Action: For information.

Issue: Reports on the work of the Audit Committee during 2014-2015 and provides an update on the meeting on 23 June 2015.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: No decision is required from this paper.

Annexe: There are no annexes attached to this paper.

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

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Chair: Louise Scull

- Context**
- 1 Reports on the work of the Audit Committee during 2014-2015 and the Committee's most recent meeting on 23 June 2015.
 - 2 The remit of the Audit Committee is to support the Council and management by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report.
 - 3 The Committee met four times in 2014-2015 and has since met in April and June of the current financial year.

Discussion **Internal controls, risk management and assurance**

Risk Management

- 4 Throughout the year the Committee received updates on the operation of the risk management policy and scrutinised the Executive on the management of risk. The Committee welcomed the Executive's annual review of the effectiveness of risk management and was pleased to note that this was commended as good practice by the Head of Internal Audit.
- 5 The Committee recommended a deep refresh of the corporate risk register to reflect the NMC strategy 2015-2020. The Council sub-group tasked to lead this work developed key principles to inform the refresh. The Committee reviewed and endorsed these principles on 23 June 2015, subject to minor amends. The outcomes and resulting revised corporate risk register are reported as part of the performance and risk report on this agenda

Corporate Quality Assurance Strategy

- 6 The Committee has kept implementation of the corporate quality assurance strategy under close scrutiny and sought assurance from the Executive that issues identified by internal audit have been addressed. The Committee will consider the outcomes of a further internal audit review in October 2015, to inform the Council's planned discussions in November 2015.
- 7 The Committee has begun to hold in-depth sessions with each of the regulatory directorates (Registration, Fitness to Practise and Continued Practice) to scrutinise action to embed quality assurance, risk management and improvement mechanisms in accordance with the corporate quality assurance strategy. The Committee has found this useful and will continue this approach in 2015-2016. The Committee was pleased to note in June that linkages are now being made directly to the assurance map and considers this good practice.

Internal audit

- 8 The Committee has monitored progress against the internal audit programme for 2014-2015. Fourteen planned audit assignments were undertaken, of which four were advisory. In addition, two investigatory assignments were commissioned and reported to the Committee. The Committee has scrutinised reports resulting from all assignments to assure itself in each case that the Executive is taking prompt and appropriate action to address the findings. The outcomes are reflected in the annual governance statement (reported separately on this agenda).
- 9 Learning identified during 2014-2015 includes the importance of ensuring that each internal audit review is properly scoped and appropriately titled so that the Committee and Council can be clear about the assurance to be derived from the outcomes. The Committee welcomes the Executive's commitment to address this for the future.
- 10 Alongside this, the Committee has maintained oversight of progress in implementing previous internal audit recommendations to ensure these are followed through. At the Committee's request, processes are now in place to obtain internal audit's views before recommendations are put forward for closure. The Committee's close watch will continue to ensure that progress is maintained.
- 11 The Committee considered the internal auditors' annual report for 2014-2015 and endorses the Head of Internal Audit's annual opinion that there are adequate and effective systems of governance in some areas, but there are also some specific areas of significant risk.
- 12 During the year, the Committee has paid particularly close attention to action being taken to strengthen controls in the areas identified through internal audit and other reviews. This includes improvement programmes put in place to address financial, procurement and contract management controls and ICT. Following an update in June on the ICT improvement and portfolio programmes now in place, the Committee is satisfied that this should now be considered "business as usual", and progress reporting should be included in the regular performance report to the Council in future. The Committee will review progress on finance, procurement and contract management issues in October so that it can provide advice to the Council on the reliability of assurance in this area.
- 13 The Committee has approved the annual internal audit work programme for 2015-2016 and agreed additional resource to allow sufficient audit time to address fully ICT and finance, including procurement and contract management. The Committee will review the terms of reference for the planned internal audit assignments on efficiency and governance to provide assurance to the Council that

these reviews are scoped appropriately.

Assurance map

- 14 The Committee has sought to ensure that the currency of the assurance map and evidence framework is maintained and subject to regular scrutiny and review by the Executive. The Committee will continue to review the map twice yearly.
- 15 The most recent iteration of the map was considered on 23 June 2015. The Committee looks forward to the map and evidence framework being updated to align with the refreshed corporate risk register and being used to inform future internal audit and quality assurance reviews.

Whistleblowing policy

- 16 The Committee welcomed the decision to sign up to the First 100 campaign by Public Concern at Work (PCAW) in July 2014. The Committee subsequently endorsed minor revisions to the internal whistle-blowing policy to ensure compliance with the PCAW's Code of Practice and has asked that plans for staff training and guidance take account of the views and experiences of whistle-blowers. The Committee has kept itself informed of all instances where the policy is invoked and of the outcomes of the investigations in each case.

Serious events and data breaches

- 17 The Committee has received reports throughout the year on serious events and data breaches and sought assurance on action to address the most serious events. The Committee has encouraged ongoing development of the reports to include increased trend analysis to help inform learning across the organisation.

Integrity of reports and financial statements

External audit

- 18 The Committee reviewed the letters of representation and draft audit reports from the external auditors and the National Audit Office (NAO) and noted that, subject to post-balance sheet review, both reports are expected to be unqualified. The Committee was pleased to note implementation of the external auditors' recommendations for 2013-2014 and reviewed the Executive's response to the external auditors' recommendations for 2014 -2015.

Draft annual report and accounts 2014-2015

- 19 Following scrutiny of the draft annual report and accounts 2014-2015, including the draft annual governance statement, the Committee has endorsed the annual report and accounts for

approval in principle by the Council, subject to:

- 19.1 Minor amends suggested to the performance review section and annual governance statement.
- 19.2 The normal post balance sheet review before the report is laid in parliament in autumn 2015.

Draft Fitness to Practise report 2014-2015

- 20 The Committee also scrutinised the draft annual fitness to practise report 2014-2015 and welcomed significant improvements to the report this year. The Committee endorsed the draft for approval by the Council, subject to a number of comments and suggestions. The Committee also made some suggestions for further development in future years.

Committee effectiveness review 2014-2015

- 21 The Committee has reviewed its own effectiveness, as part of the Council's wider effectiveness review for 2014-2015 and is considering how best to take forward areas identified for development in 2015-2016.
- 22 The Committee's membership during the year was supplemented with the co-option of a Council member to cover an agreed absence. Going forward, the Committee considers that a minimum membership of four would provide the resilience needed.
- 23 The Committee has welcomed the regular attendance of the Chief Executive and Registrar, as Accounting Officer, at its meeting which it recognises as good practice. The Committee has also welcomed the consistent attendance of the Head of Internal Audit, external auditors and the National Audit Office at its meetings and has held private meetings with each at appropriate junctures during the year.

Committee's views on governance, risk management and control

- 24 The Committee considers that good progress has been made over the past year in strengthening the quality, reliability and comprehensiveness of assurance available through a combination of greater transparency and increased Executive, Committee and Council scrutiny and oversight.
- 25 Based on knowledge of the key risks and issues and how these are being addressed, the Committee concurs with the views of the Chair and the Chief Executive and Registrar, as set out in the annual governance statement (reported separately on the agenda).

Public protection implications:	26	No public protection implications arising directly from this report.
Resource implications:	27	No resource implications arising directly from this report.
Equality and diversity implications:	28	There are no direct equality and diversity implications resulting from this paper.
Stakeholder engagement:	29	None.
Risk implications:	30	The role of the Audit Committee is to give assurance to Council that the NMC has effective governance, risk management and internal controls in place.
Legal implications:	31	None identified.

Council

Report of the Midwifery Committee

Action: For information.

Issue: The Midwifery Committee held a meeting on 24 June 2015 and this paper sets out a summary of its discussions.

Core regulatory functions: Education and standards; supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: No decision is required.

Annexes: There are no annexes are attached to this paper.

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

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Chair: Dr Anne Wright

- Context:**
- 1 The Midwifery Committee met on 24 June 2015, and the following items were the focus of discussion:
 - 1.1 Changes to midwifery regulation.
 - 1.2 Data and intelligence: midwifery.
 - 1.3 Quarterly quality monitoring summary: 2014 – 2015.

Changes to midwifery regulation

- 2 The Committee welcomed the update on work undertaken since the last meeting in April 2015. In particular, the Committee considered:
 - 2.1 The implications associated with the fact that a regulatory reform bill had not been included within the Queen’s Speech in May 2015. In view of this, the Committee noted that the route for securing the full range of changes envisaged by the Council’s agreement of the King’s Fund review recommendations is being pursued through a section 60 order. The Committee recognises the need for urgent progress and welcomed the fact that the Department of Health had indicated that this was an area of priority and noted that further progress on this was expected within the coming month.
 - 2.2 The Committee took account of this in considering the work done on proposed interim changes to midwives rules and standards. The Committee’s view was that changes to midwives rules and standards through both through a s.60 Order and through interim changes in close succession - and with some potential overlap – would create a risk of further confusion from the profession and members of the public.
 - 2.3 The Committee reflected that there was a need to strike an appropriate balance between expediting progress and doing so with diligence and care. Provided that it could be introduced in the near future, the Committee was of the view that a s.60 Order appeared to allow for a more considered views to be formed and allow for a full mapping of the extent of transitional changes, risks and interdependencies.
 - 2.4 In respect of risk, the Committee considered the initial risk mapping exercise that had been undertaken; and noted a particular risk around the need to ensure that the NMC plays a leading role in communicating and engaging with stakeholders, the profession and members of the public to offer some reassurance around the timescales and process associated with change. With that in mind, the Committee has agreed to consider at its October 2015 meeting both the full range of risks associated with transition and the proposed management of those risks; and that a route map be

presented at the next Committee meeting in October, setting out the range of responsibilities and milestones both for the NMC and partners involved with transition.

- 3 The Committee will continue to seek assurance on behalf of the Council on the risks associated with transition, including any disengagement from the profession and Approved Education Institutions with the current supervision framework; and to seek further clarity on the internal management and range of interdependencies in taking this programme forward.

Data and intelligence: midwifery

- 4 The Committee received a paper setting out initial work responding to the Committee's request for further work to be done on the quality of midwifery data and analytics arising from the NMC's fitness to practise work.
- 5 The Committee has been keen to stress the importance it attaches to the development of more robust data that lends itself to greater insight, which in turn can be used for more evidence-based decision making in future. This focus on data and intelligence is reflected at the organisational level through the NMC Strategy.
- 6 The Committee welcomed the work undertaken, recognising it as an important first step, and recognised the importance of developing a fuller and more robust evidence base upon which to inform future discussions and strategic decisions. The Committee's views will be sought at the October meeting on the areas where future data and evidence gathering should be focused, taking into full consideration the NMC's key strategic priorities.

Quarterly quality monitoring summary: 2014 / 2015

- 7 The Committee discussed findings arising from the quarterly quality monitoring by Local Supervising Authorities (LSAs) across the United Kingdom for the 2014 - 2015 reporting year.
- 8 In discussion, the need to ensure timely publication of the annual LSA Quality Assurance report was emphasised. The report provides an important source of information and learning points for Local Supervising Authorities, provided that it is issued in sufficient advance to allow learning points to be shared with LSAs and embedded in good time ahead of the next quality assurance review. The Committee sought and was given assurance that the 2014 – 2015 QA annual report will be ready for the Council to consider in October 2015.

Public protection implications:

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

Resource implications:	10	No resource implications arising directly from this report.
Equality and diversity implications:	11	There are no direct equality and diversity implications resulting from this paper.
Stakeholder engagement:	12	None.
Risk implications:	13	There are no risk implications arising directly from this report.
Legal implications:	14	None identified.

Council

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

Action: For information.

Issue: Reports the appointment of a Chair and member of the Appointments Board

Core regulatory function: Supporting functions

Strategic priorities: Strategic priorities 1 and 4: Effective regulation and an effective organisation.

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: Appointments Board

- 1 The Council has established the Appointments Board as a discretionary committee. The remit of the Appointments Board is:

“To assist the Council in connection with the exercise of any function or process relating to the appointment of Panel Members and Legal Assessors.”
- 2 Given this remit, the Chair and all members of the Board are lay members.
- 3 A selection panel chaired by Amerdeep Somal was convened to oversee a recruitment and selection process to fill vacancies in the office of Chair and member of the Board.
- 4 Following an open competitive recruitment process the Panel made two recommendations for appointment.
- 5 In the light of those recommendations and in accordance with Standing Orders and the scheme of delegation (section 4 and annexe 1), the Chair has made the following appointments:

Chair	Member
Belinda Phipps	Fiona Whiting
- 6 The appointments are effective from 1 August 2015 to 31 31 July 2018.