

Meeting of the Council

To be held from 09:30am on Wednesday 30 November 2016
in the Council Chamber at 23 Portland Place, London W1B 1PZ

Agenda

Dame Janet Finch
Chair

Fionnuala Gill
Secretary

1	Welcome and Chair's opening remarks	NMC/16/79 09:30
2	Apologies for absence	NMC/16/80
3	Declarations of interest	NMC/16/81
4	Minutes of the previous meeting	NMC/16/82
	Chair	
5	Summary of actions	NMC/16/83
	Secretary	
6	Chief Executive's report	NMC/16/84 09:40
	Chief Executive and Registrar	

Matters for decision

7	Education and LSA QA Annual Report 2015-2016	NMC/16/85 09:50
	Director of Education, Standards and Policy	
8	Education programme: progress update	NMC/16/86 10:10
	Director of Education, Standards and Policy	

9	Midwifery Committee Report	NMC/16/87	10:20
Chair of Midwifery Committee			
10	Future advice to Council on Midwifery	NMC/16/88	10:35
Chief Executive and Registrar			
11	Council allowances	NMC/16/89	11:05
Secretary			
12	Council member role and competencies	NMC/16/90	11:20
Secretary			
13	Appointment of panel members to Health Committee	NMC/16/91	11:30
Director of Fitness to Practise			

Refreshment break 11:35 - 11:50

Matters for discussion

14	Chief Operating Officer's report	NMC/16/92	11:50
Chief Operating Officer			
15	Financial monitoring report	NMC/16/93	12:05
Director of Resources			
16	Audit Committee Report	NMC/16/94	12:20
Chair of Audit Committee			
17	Questions from observers	NMC/16/95	12:35
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.

18 Chair's action taken since the last meeting

NMC/16/96

Chair of the Council

Lunch 12:50 - 13:30

Meeting of the Council
Held in the Council Chamber at 23 Portland Place, London W1B 1PZ on 28 September
2016

Minutes

Present

Members:

Dame Janet Finch	Chair
Karen Cox	Member
Maureen Morgan	Member
Robert Parry	Member
Quinton Quayle	Member
Amerdeep Somal	Member
Lorna Tinsley	Member
Anne Wright	Member
Ruth Walker	Member
Derek Pretty	Member

NMC Officers:

Jackie Smith	Chief Executive and Registrar
Alison Sansome	Chief Operating Officer
Adam Broome	Director of Resources
Emma Broadbent	Director of Registration and Revalidation
Sarah Page	Director of Fitness to Practise
Judith Toland	Director of Transformation
Geraldine Walters	Director of Education, Standards and Policy
Clare Padley	Deputy Director of Education, Standards and Policy
Fionnuala Gill	Secretary to the Council
Pernilla White	Governance and Committee Manager

Minutes

- NMC/16/67 Welcome from the Chair**
1. The Chair welcomed all attendees to the meeting, including observers and staff members present.
 2. The Chair introduced and warmly welcomed the two new members of the Council, Derek Pretty, new lay member and Ruth Walker, new Registrant member from Wales. The Council congratulated Ruth on her recent successful revalidation.
 3. On behalf of the Council, the Chair welcomed the recently appointed Director of Education, Standards and Policy, Geraldine Walters and new Governance Team member, Pernilla White.
- NMC/16/68 Apologies for absence**
1. Apologies were received from Maura Devlin and Stephen Thornton.
- NMC/16/69 Declarations of interest**
1. NMC/16/73: Education strategic plan update – Karen Cox, Maureen Morgan and Lorna Tinsley declared an interest arising from their roles in education. This was not considered prejudicial.
- NMC/16/70 Minutes of previous meetings**
1. The minutes were agreed as an accurate record.
- NMC/16/71 Summary of actions**
1. The Council noted progress on implementing actions from previous meetings.
 2. Arising from NMC/16/53: Use of Intelligence – it was confirmed that time for discussion would be found before the end of the year.
 3. Arising from NMC/16/56: Draft Fitness to Practise Annual Report 2015-2016 – the Director of Fitness to Practise assured the Council that a full quality assurance review of the data had been undertaken and the Council could have confidence the data was accurate.
- NMC/16/72 Chief Executive's report**
1. The Council considered a report from the Chief Executive and Registrar on key external developments, strategic engagement, and media activity since the previous Council meeting. In discussion, the

following points were noted:

- a) The Department of Health had asked the Professional Standards Authority (PSA) to assess the case for regulation of nursing associates using the new risk assessment methodology which it had developed. The Government's decision was awaited.
- b) In relation to the apprenticeship work, it was important to note that anyone following the apprenticeship route would need to meet NMC standards. The NMC was engaging with each of the countries to understand the differences in how the apprenticeship process operates in each country.
- c) The report of the Committee on Standards in Public Life report, *Striking the balance: upholding the seven principles of public life in regulation* was welcome. Reassuringly, most of this was already embedded in the NMC's approach. A review of the recommendations would be undertaken to check that the NMC follows the best practice and brought back to the Council.
- d) The changes to the NMC's statutory objectives under the Health and Social Care (Safety and Quality) Act 2015 came into effect on 26 September 2016.
- e) The PSA had recently completed an audit of FtP cases which would inform the draft performance review report for 2015-2016 expected shortly. The draft report would be based on the new process introduced by the PSA for 2015-2016.
- f) There had been media interest in the recent change of policy on disclosure of FTP charges. The change reflected advice from the Information Commissioner's office and was not related to any recent case. The NMC would continue to publish the outcomes of cases in which a registrant's fitness to practise had been found to be impaired.

NMC/16/73

Education strategic programme

1.

Introducing this item, the Chair noted that the ultimate aim of the NMC is to protect the public by keeping a register of nurses and midwives allowed to practice in the UK. The Council's stewardship of the education standards was of critical importance in ensuring that those entering the register were suitably qualified. It was good to see that progress was being made against the NMC's strategy 2015-2020 which aimed to rebalance work to focus upstream, rather than on those few subject to fitness to practise proceedings.

2. The Council considered a report and presentation from the Director and Deputy Director, Education, Standards and Policy. The Education programme was far-reaching and would be delivered over four years.

Midwifery pre-registration education standards

3. The Chair of the Midwifery Committee reported on the Committee's previous discussions during 2015 about issues to be addressed during review of the pre-registration standards. The Committee had accepted, albeit with some reluctance, the need to defer the review given more immediate work on the changes to the midwifery regulatory framework. It was pleasing to see this now being progressed. This also provided an opportunity to build in learning from the NMC's extraordinary reviews, as well as external investigations and reports.

4. The Committee had noted in particular: the changing expectations on the midwifery profession in the future; changes in public health; the involvement of service users; the development of reflective skills, communication skills and a test of values for students at the admission stage; the importance of adaptation to the complexity of service users and the need to balance the woman's needs and wants. The standards should also consider the language of 'normality'. In conclusion, it was noted that the standards should equip future midwives to be adaptable and flexible to future changes.

5. In further discussion, the following points were noted:

- a) The recent maternity reviews in each of the four countries would also provide useful learning.
- b) The social context and the demographics are very important to midwifery, including the age of women giving birth and their ethnicity. Early years' research has shown that women giving birth in confidence have positive long term outcomes on healthy adults.
- c) There is a need to focus on medicine management, standards, exemptions, organisational challenges, autonomy, how to capture the need to work in a variety of settings, including caring for people at home, advocacy, wellbeing and family. It is important to involve mothers, although the challenges of doing so should not be underestimated.
- d) Work would begin on gathering the evidence base with a view to beginning work on drafting the new standards in April 2017. Consultation on the standards will commence

in April 2018.

- e) Given the differing timetables, it would be important to ensure consistency in how generic areas across the two sets of standards were expressed and that learning from each exercise was cross-fertilised.

Update on future nurse competencies

6. In discussion, the following points were noted:

- a) Development of the new competencies for the future graduate nurse, led by Professor Dame Jill Macleod Clark was progressing well.
- b) Formal public consultation was planned for Spring 2017, with a view to publishing the final standards in early 2018, for adoption by September 2019. There would be an option for approved education institutions to take up 'early adoption' from September 2018. Ongoing consultation and engagement throughout the programme would provide early adopters with enough information to plan for courses.
- c) As part of ongoing engagement in developing the standards Dame Jill Macleod Clark had held recent discussions with senior professional leaders in Wales. These had identified the importance of consistency in what newly qualified nurses were equipped to do and what generic core skills could be expected, regardless of where trained. New registrants needed to possess skills in critical thinking, reasoning and ability to use evidence; leadership and team working; and understanding autonomy and boundaries. The views of public and patients about what a good nurse looks like should be built in. Wales already had good frameworks and guidance for post registration education. However, consistency of clinical practice requirements to ensure measurable clinical skills at point of entry to the register was critical. The task involved for those providing clinical placements should not be underestimated.
- d) The standards should also take account of the more integrated approach in the devolved administrations and promote a shared approach and inter-professional learning with social care, to capture the changing delivery of care by multi-agency teams. Public health and the home as a health care setting was equally important for nurses, as discussed earlier in relation to midwives.

- e) The standards would need to be crafted in a way that produces a workforce capable of being flexible and adaptable to future changes, such as care not always being delivered face to face or within the NHS and increasing use of digital and development of national digital literacy standards.

7.

Education framework and quality assurance

In discussion the following points were noted:

- a) External consultants have been commissioned to review possible options for future quality assurance in order to support the new education framework. This would include looking at the different arrangements and provision in the four countries. The outcomes of this work will be considered by the Council in January 2017.
- b) Previous research had identified issues around placements. It was critically important that the NMC could be assured that education outcomes would deliver new registrants who could practise safely. The review would include looking at the totality of the education provision.
- c) Consideration would also be given to how account could be taken of other assurance systems in place for higher education institutions. Systems regulators should also be explored as a source of assurance in relation to clinical placements.
- d) The wider context and changing higher education landscape, including the emergence of new providers, needed to be taken into account. The focus should be on proportionate, risk based approaches to ensuring competency at the point of entry on the register.

8.

Decision: The Council approved the proposed timeline for the development of the new standards of proficiency for the future graduate registered midwife.

Secretary's note: The Chair asked observers to respect the requirement not to communicate the content of the Equality and Diversity Annual Report since this included data from the statutory annual fitness to practise report which cannot be reproduced before it is submitted to Parliament at the end of October.

1. The Council considered the Equality and Diversity Annual Report 2015-2016. The report had sought to address the Council's comments and suggestions on the previous year's report.
2. In discussion, the following points were noted:
 - a) A new framework for addressing the NMC's equality and diversity obligations had been developed and would be the focus for work going forward. Implementation of revalidation was a key example of a new programme which had benefited from equality impact assessment, resulting in reasonable adjustments to the process being made.
 - b) Publication of the statistical data was important for transparency. However, the limitations of the data due to varying completeness needed to be recognised. This made it inappropriate to draw conclusions, although it may generate questions for further exploration or research. NMC online was helping to increase the levels of data by making it easier to provide monitoring data and should improve matters over time.
 - c) The NMC workforce data raised concerns about the numbers of BME staff in more senior grades and the progressively stark picture as seniority increased. This needed attention. Steps to identify and tackle any organisational or culture barriers to recruitment and progression would form part of the People Strategy.
 - d) Whilst the limitations of the registrant data were appreciated, an effort should be made to disaggregate this by profession.
 - e) The data indicated that black registrants were more likely to be referred; to have Interim Orders imposed; to have their cases progressed; and to be subject to sanctions. This was not dissimilar to the pattern seen by the GMC. Research had been commissioned to understand this more fully and should be available shortly.
 - f) Key decisions are being made at FtP hearings and decision makers should bear some resemblance to the registrants. However, FTP panel members are predominantly white and that only two legal assessors are from a black or ethnic minority background.

- g) The current recruitment exercise for legal assessors included positive efforts to encourage applicants from diverse backgrounds. This was an issue in which the Appointments Board had taken a keen interest. The Council would welcome sight of the recruitment strategy adopted, together with resulting diversity monitoring data, to see if the actions had materialised into improvements. It would also be helpful to have information on case examiners.
- h) There may be value in refreshing the equality and diversity training for members to ensure that the Council was up-to-date. There were big issues to be addressed and the Council needed to consider what was within its control and how the various points could be addressed.
- i) In relation to other Equality and Diversity issues, it was good to see that the picture was more encouraging.
- j) The proposed priorities and next steps set out in the report were welcome but a more detailed action plan should be provided with clear specific actions and targets for current and future years. This was being developed as part of current business planning and would be brought back in January 2017.

3. In conclusion, the Council welcomed the report and asked that the specific points highlighted be addressed and reported back.

Action:	Ensure action is being taken to address the workforce issues highlighted in the report.
For:	Director of Resources
By:	30 November 2016
Action:	Provide i. details of the recruitment strategy for legal assessors and resulting monitoring data; and ii. information relating to case examiners.
For:	Director of Fitness to Practise
By:	30 November 2016
Action:	Provide data for registrants disaggregated by profession.
For:	Director of Education, Standards and Policy
By:	25 January 2017
Action:	Consider the need for refresher equality and diversity training for Council and committee members.
For:	Secretary
By:	25 January 2017

Action:	Provide a detailed plan setting out the specific actions and targets to progress the priorities set out in the report (paragraph 37).
For:	Director of Education, Standards and Policy
By:	25 January 2017

NMC/16/75 Chief Operating Officer's report

1. The Council considered a report from the Chief Operating Officer on performance and risk management across the organisation, since the last Council meeting in July 2016.
2. The Chief Operating Officer advised that work to improve the content of the report was ongoing, with the aim of introducing a new format, in the meantime some initial changes had been made.

KPIs and Dashboards

3. In discussion the following points were noted:
 - a) **Registration:** performance against KPIs had been good in July and August and sustained in September despite peak volumes. This was due to better planning and performance management. 90.5% of registrants successfully revalidated during July and August, which was in line with expectations.
 - b) **Registration dashboard:** Call centre performance was good in July and August with a decline in the number of abandoned calls. A call back facility and policy is currently being developed. Efforts to improve customer satisfaction response levels had resulted in over 1,000 responses in August, an increase from 220 the previous month. Further improvements are needed and work is underway to understand customer satisfaction and dissatisfaction better. The Council would welcome information about why calls were abandoned.
 - c) **Fitness to Practise KPIs and dashboard:** Performance had remained solid against both KPIs. The FtP performance dashboard in annex 1b had been further revised to present key caseload data which underpinned budget assumptions: a high level caseload profile and closure rates. In terms of progressing cases, investigation throughput had been slower than expected and action was being taken to get back on track, including rephasing hearing activity. As a result, some cases were older than they should be.
 - d) There had been a lower increase in referrals than expected (five per cent). It would not be appropriate to draw any conclusions about whether this was the result of the Employer

Link Service (ELS). It has been anticipated that the ELS might lead initially to an increase in referrals but this had not yet been the case. A key role of the ELS was to help reduce inappropriate referrals and ensure those cases that should be referred.

- e) Joint work was underway with Registration to develop ways to improve data and analysis on customer satisfaction, together with more work on quality of decision making. The aim would be to provide this to Council, together with data on the age of cases, at regular intervals.
- f) It was difficult for the Council to understand and scrutinise FTP performance on the reduced information available. In particular, as previously requested, rather than a snapshot, trend data was essential to enable the Council to monitor performance effectively. A standard set of trend data should be provided for each meeting, supplemented by additional data at regular intervals. Further discussion would be taken forward outside the meeting.
- g) **Resources:** the directorate's work has focussed on transformation, the financial strategy, the people strategy and accommodation. KPI 5 staff turnover rate is still high and work is ongoing to help directorates tackle hotspots. This issue was longstanding and had been discussed numerous times: the Council needed clarity about what action was being taken. This would be addressed in the People Strategy which Council would discuss in November.
- h) **Transformation:** the main focus has been on the development of the transformation outline business case and the data centre transition. This had generally gone well but there had been some impact on operations. Lessons learned will be captured and fed into transformation.

Action: Provide further information on call abandonment.
For: Director of Registration and Revalidation
By: 30 November 2016

Action: Revisit the FTP performance information provided to Council, ensuring this includes trend data.
For: Director of Fitness to Practise
By: 30 November 2016

Corporate risk summary

4. The Council considered the corporate risk register summary. There had been some updating of mitigations but no movement of ratings.

NMC/16/76

Financial monitoring report

1.

The Council considered a report on financial performance to 31 August 2016. In discussion the following points were noted:

- a) The performance and financial monitoring report looked at in conjunction, showed that performance and budget were broadly on track. There had been some reallocation of budgets between directorates to reflect the new organisational structure. A full review and reforecast would be undertaken at the end of September.
- b) In relation to the efficiencies' embedded within Directorate budgets, as performance was on track and budget was broadly in line with forecast, this suggested the efficiencies were being delivered. There was no evidence that the underspend was due to expenditure being deferred, which would mean doublecounting.
- c) In relation to the five percent stretch target, some progress had been made, but this had always been challenging and was unlikely to be delivered in full. Efforts to secure identified savings would continue.
- d) A much clearer, more sophisticated and robust approach to efficiencies would be needed for future years. This would be discussed in November and as part of the development of the corporate plan and budget 2017-2020.

2.

The Council noted that, overall, the financial position is satisfactory.

NMC/16/77

Questions from observers

1.

The Chair invited questions from observers. The following points were raised:

- a) The NMC had been supportive of the Health Visitor implementation plan for England. Health visitor services are currently being transferred from NHS England to local authorities, resulting in redundancies, despite caseloads remaining high, just 6 months after the implementation plan was rolled out. This was health visitor week and Council's support for protection of health visitor roles would be appreciated. The Council noted that workforce issues were outside its remit and it would be inappropriate to express a view.
- b) In relation to the Equality and Diversity Annual Report 2015-2016, the RCM noted that its data showed similar patterns in

terms of disciplinary action. Efforts to improve the quality of the NMC's data were focused on increasing monitoring returns through NMC online.

- c) The proposed timetable for revision of midwifery pre-registration education standards was welcome. The RCM was encouraged by the plans to ensure that the revised standards were future proofed and that the social context and midwives contribution to public health was being recognised.
- d) Some approved programmes had been subject to multiple extensions and were now considerably outdated but Lead Midwives for Education (LMEs) felt unable to make changes. There were also concerns that HEIs were not giving students and mentors the support needed in respect of clinical practice. The NMC would pick these issues up in the regular discussions with LMEs.
- e) The NMC has not yet seen any reduction in the number of EU or overseas applicants passing IELTS. Research had been commissioned to review the test of competence and the outcomes would be available next year.

NMC/16/78

Chair's action since the previous Council meeting

1. The Council noted the Chair's action taken since the last meeting.

The next meeting of the Council will be held on Wednesday 30 November 2016 at 23 Portland Place, London W1B 1PZ.

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

SIGNATURE:

DATE:

Council

Summary of actions

Action: For information.

Issue: Summarises progress on completing actions from previous Council meetings.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: 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 below.

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Summary of outstanding actions arising from the Council meeting on 28 September 2016

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/16/74	Equality and Diversity Annual Report 2015-2016 Ensure action is being taken to address the workforce issues highlighted in the report.	Director of Resources	30 November 2016	Strategic approach to tackle workforce related issues will be addressed via the People Strategy. Business Planning for 2017/2018 includes a requirement for each Directorate to identify Equality and Diversity issues to be addressed within their areas, which will be carefully tracked during the course of the year.
NMC/16/74	Equality and Diversity Annual Report 2015-2016 i. Provide details of the recruitment strategy for legal assessors and resulting monitoring data; and ii. Provide information relating to case examiners.	Director of Fitness to Practise	30 November 2016	i. Details of the recruitment strategy are provided to the Council in the supporting paper on appointment of legal assessors as part of the Chair's action item on the agenda. ii. This information is provided to Council in the confidential session due to the small number of individuals involved.
NMC/16/74	Equality and Diversity Annual Report 2015-2016 Provide data for registrants disaggregated by profession.	Director of Education, Standards and Policy	25 January 2017	Not yet due.
NMC/16/74	Equality and Diversity Annual Report 2015-2016	Secretary	25 January 2017	Not yet due.

Minute	Action	Action owner	Report back to: Date:	Progress to date
	Consider the need for refresher equality and diversity training for Council and committee members.			
NMC/16/74	Equality and Diversity Annual Report 2015-2016 Provide a detailed plan setting out the specific actions and targets to progress the priorities set out in the report (paragraph 37).	Director of Education, Standards and Policy	25 January 2017	Not yet due.
NMC/16/75	Chief Operating Officer's report Provide further information on call abandonment.	Director of Registration and Revalidation	30 November 2016	As indicated in the COO report, there have been IT issues affecting our ability to report on Call Centre performance. We aim to provide this information at the January meeting.
NMC/16/75	Chief Operating Officer's report Revisit the FTP performance information provided to Council, ensuring this includes trend data.	Director of Fitness to Practise	30 November 2016	Alongside the chart showing the 12 month trend in our overall caseload, a chart has been provided demonstrating the trend in age of cases progressed through each of the key stages of the FtP process.

Summary of outstanding actions arising from the Council meeting on 27 July 2016

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/16/53	<p>Quarterly corporate plan update</p> <p>Future reports against the corporate plan to set out clearly what is required to achieve 'green' by year end and where the position at the end of the year is forecast to be 'amber' or 'red', the reasons for this.</p>	Chief Operating Officer	Council 30 November 2016	COO report which includes the Quarter 2 report on progress against corporate plan commitments.
NMC/16/53	<p>Corporate Plan: Use of intelligence</p> <p>Develop a collective view of what approach the NMC needs in order to become an intelligent regulator.</p>	Chief Operating Officer	Council 30 November 2016	We have commissioned some external work to inform how we take this forward as detailed in the COO report.
NMC/16/53	<p>Corporate Plan: Communication and collaboration</p> <p>Produce a report on mechanisms used to ensure public/patient views inform development of policies/processes; how this can be done better in future; and available in-house capabilities</p>	Chief Operating Officer (AD Communications)	Council 30 November 2016	After discussion with the Chair this item has been deferred to a future Council seminar.

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/16/55	Draft Annual Report and Accounts 2015-2016 Ensure widespread communication of the annual report including to registrants, for example production of a short summary version.	Chief Operating Officer (AD Communications)	Council 30 November 2016	A short summary version of the annual report was produced. This was shared with registrants and key stakeholders after the reports were laid before Parliament on Wednesday 26 October by: emailing the registrants; including the summary in our external newsletters, publicising via the NMC's website; and writing to our key external stakeholders.
NMC/16/61	Quality Strategy In developing new approach to quality, consider role of Audit Committee in providing assurance	Director of Registration and Revalidation	Council Awayday 8 December	This item will be addressed as part of the Council Awayday in December 2016.

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.
- Annexes:** None.
- Further information:** If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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- Context:**
- 1 This is a standing item on the Council agenda and reports on (a) key developments in the external environment; and (b) key strategic engagement activity. Recent strategic engagement remains primarily focused on the development of the nursing associate role.
 - 2 Updates on the NMC's operating performance can be found in the Chief Operating Officer's report.

Discussion: **External developments**

Nursing Associates and Nursing Apprenticeships

- 3 We continue to be involved with the Department of Health, Health Education England (HEE) and the Department for Business, Energy and Investment Strategy in the work to develop the nursing associate pilots and plans for nursing degree apprenticeships. The Chief Executive has held regular discussions with HEE's Director of Nursing and the Senior Nurse Manager for Policy.
- 4 We have established a joint oversight board, which met for the first time on 2 November 2016 and was chaired by the Chief Executive. The aim of the board is to oversee work on the nursing associate role and the development of nursing degree apprenticeships.

Section 60 legal changes

- 5 On 24 October 2016 we issued our public consultation on the proposed changes to our fitness to practise rules, which will follow the changes to the Order and will run until 19 December 2016.

Accountability and oversight

Meetings with parliamentarians

- 6 The Chief Executive met the Minister of State for Health, Philip Dunne MP, on a number of occasions including: 13 October 2016, with the NMC Chair; and on 17 October 2016.
- 7 The Chief Executive also attended an RCN-hosted seminar for the Minister on 27 October 2016 designed to help shape views of how the nursing profession can develop in the future.
- 8 The Chief Executive attended the Conservative party conference and met Bernard Jenkin MP, the Chair of the Public Administration and Constitutional Affairs Committee. She also attended a dinner hosted by the General Medical Council, attended by a number of leading medical royal college figures.
- 9 Our Parliamentary and Stakeholder Relations team attended the Liberal Democrat, Labour, Conservative and Scottish National Party

conferences and met with a range of MPs, MSPs and peers. The purpose of these meetings was to provide an update on the NMC's priorities and in particular the success of revalidation, the forthcoming legislative change and our strategic education programme.

- 10 On 13 September 2016, Council member Maura Devlin and the Director for Registration and Revalidation attended the Northern Ireland Assembly's annual health and social care regulators' reception. This was an opportunity to showcase our work and meet with Assembly members including the Chair of the Health Committee, Paula Bradley MLA, as well as other regulators and stakeholders.

Professional Standards Authority

- 11 The Chair, Vice-Chairs and Chief Executive hosted a visit from George Jenkins, Chair of the PSA, at our Stratford Hearings centre, including a tour of the facilities. Mr Jenkins was able to see at first hand, the scale of our FtP activity and find out more about our work, including from the Directors of Fitness to Practise, Registration and Revalidation and the Deputy Director of Education, Standards and Policy about the various aspects of the work which each of them leads.
- 12 We have received and submitted our response to the Professional Standards Authority draft report on our performance review for 2015-2016. The final report is expected to be published in early December 2016 and we will report further to the next meeting of the Council.
- 13 We have also responded to the Privy Council's consultation on the Professional Standards Authority's proposed fees for 2017-2018.

European issues

- 14 We attended the meeting of the European Network of Nurse Regulators in Madrid on 18 and 19 October 2016, as part of the discussions on the proposed changes to the Delegated Act (Annex 5) and also discussed new challenges and opportunities for competent authorities. The network is jointly organised by the NMC, the Nursing and Midwifery Board of Ireland, and the Spanish General Council of Nurses, who hosted the meeting. Attendees discussed work to come to an agreed regulatory position in advance of the work that the EU will begin in 2017, to update the minimum EU standards for general nursing training (adult nursing in the UK). A discussion also took place on the possible implications of the UK's decision to leave the EU, with all present in agreement that it was important to continue to work together in the interests of patients, nurses and midwives.

- 15 The Chief Executive and Assistant Director for Education and Standards were part of the panel on ensuring patient safety across borders through continuing professional development and revalidation for the Healthcare Professionals Crossing Borders (HPCB) conference on 28 October 2016 in London. The HPCB is an informal network of professional healthcare regulators from around Europe that focuses on a range of regulatory issues. It encourages collaboration which contributes to patient safety across Europe. The conference was convened earlier in the year as a way of sharing experiences from the recent update to the Mutual Recognition of Professional Qualifications Directive and to continue to promote the importance of patient safety for our European regulatory partners. Guest speakers came from the European Health Observatory and the European Commission. The event was attended by a range of stakeholders from across the EU.
- 16 We submitted evidence to the Health Committee evidence session on priorities for the Government's negotiations for withdrawing from the European Union.

Education programme

- 17 We attended the annual Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) stakeholder event on 21 September 2016 and discussed working together on our education standards and the positive impact of NIPEC's products, particularly in support of revalidation in Northern Ireland.
- 18 Engagement with colleagues and senior stakeholders across the UK on the development of the new proficiencies continues. Dame Jill and the Director of Education, Standards and Policy participated in workshops at the Council of Deans of Health (CoD) annual conference which took place on 13 October 2016 in Birmingham.
- 19 The Chief Executive chaired a meeting of the NMC and RCN co-sponsored the Future Nursing Sponsoring Board, which took place on 17 October 2016. Attendees included representatives from the four chief nursing offices, the CoD, NHS Education for Scotland (NES) and Lord Willis of Knaresborough. The meeting discussed progress with the work being led for the NMC by Dame Jill Macleod Clark on the development of new proficiencies for the future nurse.
- 20 We initiated early discussions on the review of pre-registration midwifery education standards with the lead midwives for education strategic reference group held on 13 October 2016. We held the first meeting of our Education Stakeholder Advisory Forum on 18 October 2016 with senior stakeholders from across the UK, led by our Director of Education, Standards and Policy, to discuss our whole education programme.
- 21 On 21 October 2016, the Chief Executive and the Chair met the

Chief Nursing Officer for Scotland and the Director of Nursing, Midwifery and Allied Health Professions NES Scotland, in Edinburgh for a discussion about the NMC's strategic education agenda.

- 22 Four country stakeholder engagement events on the education strategic programme commenced in November 2016, to elicit the views of stakeholders.

Midwifery issues

- 23 On 13 October 2016, the Chief Executive chaired the fifth meeting of the Midwifery Panel, which discussed the progress of the legislative changes to midwifery regulation. The Midwifery Panel heard from NHS England regarding their work on non-statutory supervision. The Chief Nursing Officers from Scotland and Wales were also part of the discussion and updated the panel on the progress with the new approach to supervision in their respective countries. The CNO for England also attended the meeting.
- 24 The midwifery panel meeting was also attended by the chief executive of the Royal College of Midwives (RCM), who met the Chief Executive separately on 11 October 2016. The Chief Executive attended the meeting of the Midwifery Committee, which took place on 26 October 2016.
- 25 The Chief Executive met Caitriona Darling to discuss the 'Better Births' report in early September 2016. This led to a further discussion between Ms Darling and the NMC's senior midwifery advisor on the 'Maternity Barriers' project, which is reviewing any potential barriers to smaller independent providers providing NHS Maternity care.

Revalidation

- 26 We hosted our third revalidation stakeholder group meeting on 11 October 2016, where our partners in delivering revalidation across the four countries were updated on our independent evaluation as well as a general update.
- 27 The Deputy Director of Education and Standards and Policy attended a meeting of the Department of Health Independent Sector Advisory Forum on 13 October 2016, to give an update on revalidation and education.
- 28 At the beginning of November 2016, we published our second revalidation quarterly data report. The report shows that the number of nurses and midwives revalidating in the second quarter of the new process is in line with our expectations. September 2016 saw the largest number of nurses and midwives go through the process in a single month, with 51,000 due to revalidate.

Patient and public engagement

- 29 We held two successful patient and public ‘hub’ meetings in Cardiff (29 September 2016) and Edinburgh (5 October 2016). Council members Lorna Tinsley and Robert Parry attended and spoke at these meetings where we heard from patient organisations about patient engagement in our education programme, their priorities and interest in collaborating with the NMC.

Other engagement activity

- 30 The Chief Executive met with Guernsey health officials on 9 September 2016, to prepare for our return visit to Guernsey this month to monitor progress.
- 31 The Chief Executive attended a meeting of the Shelford Group of the directors of nursing of teaching hospitals on 13 September 2016 to discuss a range of matters, including international registration. The group commented positively on the importance of revalidation and the NMC’s work on international registration. Prior to the meeting, the Chief Executive took part in the regular meeting with the four chief nursing officers by teleconference.
- 32 We continued discussions on 13 September 2016 with the chief nursing officers, as part of the ‘professionalism’ initiative, led by the Chief Nursing Officer for Northern Ireland. On 18 October 2016, we participated in a seminar hosted by the General Pharmaceutical Council on the subject of workplace pressures on professionalism.

Speaking engagements

- 33 The Chief Executive spoke in a panel debate at London South Bank University with Peter Carter, the former general secretary of the Royal College of Nursing, on 5 October 2016. The topic was ‘Regulation: public protection or professional burden?’ The engagement received positive coverage in the professional press and on social media.
- 34 The Chief Executive spoke about revalidation at the Nursing Times ‘Careers Live’ event in Leeds on 15 October 2016. She also took part in a Q&A session.
- 35 The Chief Executive spoke at the Nursing Times Team Leaders Congress in Birmingham on 10 October 2016, as part of a panel discussion involving colleagues from NHS Improvement, HEE and the RCN.

Regular stakeholder meetings

- 36 On 13 October 2016, the Chief Executive and the Chair met senior figures from the RCN, RCM, Unison and Unite/CPHVA for the latest of their regular meetings. There was discussion about the

revalidation rates for September 2016 and the importance of the NMC and the professional bodies continuing to work closely together on communications about the importance of completing the requirements for registration renewal.

- 37 The Chief Executive chaired our Professional Strategic Advisory Group on 18 October 2016, which discussed our employer link service. The feedback was very positive on this valued service. Attendees were also updated on our education programme.
- 38 On 29 September 2016, the Chief Executive met with a range of senior nurses in academia and practice including with Mandy Fader, Dean at Southampton University and Elaine Inglesby-Burke, Director at Salford NHS Foundation Trust.
- 39 The Chief Executive chaired the judging panel for the 'nurse leader of the year' category for Nursing Times. As part of the judging panel, she attended a reception at Clarence House hosted by His Royal Highness Prince Charles, the Prince of Wales.

Collaboration

- 40 The Deputy Director of Education and Standards and Policy attended a meeting of the Regulation of General Practice Programme Board on 4 October 2016. The board brings together the bodies responsible for the regulation and oversight of general practice in England with a view to coordinating and improving the overall approach to the regulation of general practice and delivering a programme of work, which will streamline working arrangements and minimise duplication.
- 41 The Deputy Director, Fitness to Practise attended the Chief Executives' Steering Group in Cardiff on 27 September 2016 and the Chief Executive attended the regulatory body Chief Executives' Legislation Group in London on 30 September 2016. Discussion at both meetings was focussed on regulatory reform. On 21 October 2016, the Chief Executive met the chief executives of the GMC, the General Optical Council, the General Pharmaceutical Council and the PSA to discuss regulatory reform.
- 42 We attended a preliminary meeting with other professional regulators on the feasibility of joint working on the development of a shared statement / guidance on conflict of interest, where it was agreed to proceed to develop a shared position.
- 43 On 19 October 2016, the Chair and the Chief Executive met with the Chair and the Chief Executive of the Care Quality Commission (CQC). Discussion centered on approaches to cooperating more extensively in the sharing of intelligence.

- 44 On 3 October 2016, the Director of Fitness to Practise hosted a visit from Matthew Hardy from the Australian Health Practitioner Regulation Authority where our respective approach to fitness to practise matters was discussed.
- 45 The annual Scottish regulatory conference, a partnership between the Scottish Government and the health and social care professional regulators, took place on 31 October 2016. At the conference the Director of Education, Standards and Policy led a session on our education programme. Fiona McQueen, the Chief Nursing Officer for Scotland, also spoke during this session on her vision for nursing in Scotland in 2030. We participated in a panel session on cost effectiveness of professional regulation alongside the HCPC's chief executive. The conference was also addressed by Sir Robert Francis who gave his perspective on how regulators should focus their work in future. There was strong representation from the NMC including Council members Robert Parry and Maura Devlin and a range of policy and engagement staff.

Media activity

- 46 The conclusion of the fitness to practise case involving a Morecambe Bay midwife featured prominently in regional and national media in October 2016.
- 47 Following advice from the Information Commissioner's Office we took the decision to no longer publish or disclose detailed draft fitness to practise charges in advance of a hearing. This decision received a significant amount of adverse media attention from journalists. Our decision will be kept under review.

Public protection implications: 48 No direct public protection implications.

Resource implications: 49 No direct resource implications.

Equality and diversity implications: 50 No direct equality and diversity implications.

Stakeholder engagement: 51 Stakeholder engagement is detailed in the body of this report.

Risk implications: 52 No direct risk implications.

Legal implications: 53 No direct legal implications.

Council

Draft annual report on the quality assurance of education and local supervising authorities (2015-2016)

Action: For decision.

Issue: Approval of the draft annual report on the quality assurance (QA) of education and local supervising authorities (LSAs) (2015-2016).

Core regulatory function: Education and setting standards.

Strategic priority: Strategic priority 1: Effective regulation.

Decision required: Council is recommended to approve the draft annual report on the QA of education and LSAs (2015-2016) at **Annexe 1** (paragraph 17), subject to any comments.

Annexes: The following annexe is attached to this paper:

- Annexe 1: Draft annual report on the QA of education and LSAs (2015-2016).

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 legislation defines our role in the education and training of nurses and midwives¹. It also gives us a particular role in overseeing the supervision of midwives².
 - 2 We set out our strategic approach to the quality assurance (QA) of nursing and midwifery education and local supervising authorities (LSAs) when we introduced our quality assurance framework in 2013. Following a procurement exercise we appointed our external contractor Mott MacDonald to deliver the operational function of our QA activity.
 - 3 There are currently 79 approved education institutions (AEIs) and 10 LSAs across the UK. AEIs are required to self-report to us on an annual basis on their continued ability to comply with our standards. LSAs have been required to report to us on a quarterly and annual basis on their ability to meet our Midwives rules and standards (2012).
 - 4 We conduct annual monitoring visits on a proportionate selection of AEIs and LSAs. This year, using our risk-based methodology, we selected 34 programmes at 16 AEIs and two LSAs to be monitored.
 - 5 This year we have seen an increase in the use of different routes to pre-registration nursing education and an increased number of institutions applying to become NMC-approved education providers.
- Discussion:**
- 6 The draft annual report on the QA of education and LSAs is attached at **Annexe 1**.
 - 7 The reporting year for AEIs covers the period 1 September 2015 to 31 August 2016 (the academic year). The reporting year for LSAs covers the period 1 April 2015 to 31 March 2016 (the financial year).
 - 8 As of the writing of this report, 72 AEIs are approved to run pre-registration nursing programmes, and 52 AEIs are approved to run pre-registration midwifery programmes.
 - 9 The draft annual report on the QA of education and LSAs identifies key themes and risks to nursing and midwifery education and statutory supervision. It also makes a number of recommendations for the future of our QA activity.

¹ Section 15(5) of the Nursing and Midwifery Order 2001 (the Order) states that Council shall ensure that universities and other bodies in the United Kingdom concerned with such education and training are notified of the standards and requirements established under paragraph (1); and take appropriate steps to satisfy itself that those standards and requirements are met.

² Section 43(3) of the Order provides that Council shall by rules from time to time establish standards for the exercise by LSAs of their functions and may give guidance to LSAs on these matters. This is supplemented by the Midwives rules and standards (2012) which form the basis of our QA of LSAs.

- 10 Key risks identified in nursing and midwifery education for 2015-2016 were found in all five themes:
 - 10.1 resources;
 - 10.2 admissions and progression;
 - 10.3 fitness to practice;
 - 10.4 practice learning; and
 - 10.5 quality assurance.
- 11 12 AEIs received a 'standard not met' outcome with respect to at least one key risk theme and 10 AEIs received at least one 'requires improvement'; which indicates that the standard was met but that potential improvements had been identified. This represents an increase from the AEI monitoring results of 2014-2015.
- 12 This year, the majority of concerns fell within three key risk themes: practice learning; admissions and progression; and resources. As in previous years, practice learning, and in particular the adequate provision of appropriately qualified mentors, emerged as the most significant area of risk.
- 13 While some issues were identified around mentor registers and mentor updates in pre-registration midwifery, no issues around insufficient numbers of mentors were identified. This was in contrast to pre-registration nursing, in which insufficient numbers of mentors were identified during the monitoring of three AEIs. All issues identified during AEI monitoring were followed through to resolution with the use of action plans and the final reports are available on [our website](#).
- 14 Key risks identified in the QA of LSAs for 2015-2016 were found within two main risk themes: time to complete Supervisor of Midwives (SoM) activities; and adverse issues in practice. Results from LSA monitoring did not highlight any serious concerns which would impact upon public protection.
- 15 Out of the two LSAs selected, one met all standards, but received a 'requires improvement' for Rule 7 around consistency of the LSA's audit procedure. The other LSA did not meet Rule 6, regarding safe storage of clinical records; or Rule 9, for non-compliance of annual reviews and storage of SoM records. All issues identified during LSA monitoring were followed through to resolution with the use of action plans and the final reports are available on [our website](#).
- 16 A clear majority of LSAs confirmed that they are actively contributing to national plans for the future model of supervision, with many Local Supervising Authority Midwifery Officers (LSAMOs) and LSA midwives playing leading roles in the supervision taskforce across

the four countries. LSAMOs have reported that Supervisors of Midwives (SoM) teams are proactively engaging with their midwifery workforce, their organisations and with local politicians within their areas, to discuss what will be required in a new non-statutory model for midwifery supervision.

- 17 **Recommendation: Council is invited to approve the draft annual report on the QA of education and LSAs (2015-2016).**

Public protection implications:	18 There are no public protection implications arising directly from the production of this report. The report sets out the contribution our QA activity makes towards protecting the public in ensuring that newly qualified nurses and midwives meet our education standards and are safe and competent to join our register.
Resource implications:	19 Staff resources to compile the annual report formed part of the usual business and operational budget of the Education, Standards and Policy directorate.
Equality and diversity implications:	20 We are committed to ensuring that our approved nursing and midwifery programmes comply with all equality and diversity legislation. In accordance with our quality assurance framework, approved education institutions must provide evidence of an equality and diversity policy, recruitment, selection and admissions policy, and evidence of providing support to students that promotes equality and diversity. Compliance with our education standards with respect to equality and diversity is outlined in the draft annual report. 21 With respect to LSAs, as supervision of midwives impacts directly on women using maternity services, individual LSAs are expected to address equality and diversity requirements in meeting the Midwives rules and standards (2012).
Stakeholder engagement:	22 A wide range of stakeholders, including service users and carers, contributed to the collection of our reported findings. 23 Once approved by Council, this report will be disseminated (electronically) to key stakeholders and will be placed on the NMC website.
Risk implications:	24 Failure by AEIs and LSAs to comply with our education standards and Midwives rules and standards (2012) could impact upon public protection. 25 Actions taken to mitigate risk during the transition towards removal of statutory supervision from our legislation are set out in the draft

annual report.

- Legal implications:** 26 Failure by AEIs and LSAs to comply with our education standards and Midwives rules and standards (2012) could affect our ability to discharge our statutory duties as set out in the Order. Any amendments to these requirements will be subject to consultation.

Not for publication

Quality assurance of education and local supervising authorities

Annual report 2015–2016



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

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

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Introduction

Who we are and what we do: quality assurance of education and local supervising authorities

- 1 We are the independent nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland. Our role is to protect the public and we seek to ensure that all our work delivers public benefit. Our regulatory responsibilities are to:
 - 1.1 Keep a register of all nurses and midwives who meet the requirements for registration.
 - 1.2 Set standards of education, training, conduct and performance so that nurses and midwives are able to deliver high-quality healthcare consistently throughout their careers.
 - 1.3 Take action to deal with individuals whose integrity or ability to provide safe care is questioned, so that the public can have confidence in the quality and standards of care nurses and midwives provide.
- 2 The Nursing and Midwifery Order 2001 (the Order) sets the legislative context for the quality assurance (QA) of education and local supervising authorities (LSAs). The Order is supplemented by our education standards and the Midwives rules and standards (2012), which form the basis of our QA of education and LSAs respectively¹.
- 3 This annual report examines the key themes and risks that have emerged from our QA activity of approved education institutions (AEIs) and LSAs in the 2015–16 reporting year.
- 4 The reporting year for approved education institutions (AEIs) covers the period from 1 September 2015 to 31 August 2016 (the academic year). The reporting year for LSAs covers the period from 1 April 2015 to 31 March 2016.

¹ Our standards

Strategic context for 2015–16

NMC strategy

- 5 The NMC strategy for 2015–20 places dynamic regulation at the heart of what we do. It also puts education at the centre of our regulatory work. Ensuring that nurses and midwives are equipped for the future in the context of a rapidly changing care environment is critical to our role in protecting the public.
- 6 Education will be a major focus for us going forward, led by a newly appointed Director of Education, Standards and Policy with the support of a newly formed directorate.
- 7 In March 2016, Council approved our education strategic plan. This set out our plans for education for the next four years. We will develop new outcome-focused standards of proficiency for nurses and midwives. We will also separate these standards from those for institutions and their placement partners who deliver NMC-approved education programmes in an education framework. The education strategic plan further committed to an independent review of our QA function.
- 8 All of these workstreams are underway. We will continue to engage closely with our stakeholders as we take this work forward. In doing so, we will take account of diverging health and care policies in the four nations and other initiatives, such as changes to the funding of nursing and midwifery education and the possible introduction of new health and care roles in England.
- 9 At their meeting in September 2016, Council also agreed the timeline for the review of the standards for pre-registration midwifery education. It is expected that this work will begin in 2017.
- 10 This year we have made progress in continually improving our risk and intelligence function, working closely with other professional and system regulators and our newly formed Employer Link Service. This has resulted in triangulation of regulatory risks, access to education risk intelligence and an ability to act swiftly and proactively where concerns arise.

NMC Online and revalidation

- 11 91 percent of all UK-based nurses and midwives on our register have now signed up to NMC Online. More registrants are now also choosing to provide their equality and diversity data via this route.
- 12 Revalidation successfully launched in April 2016, with 90–95 percent of those due to renew their registration successfully completing the revalidation process each month. The percentage of registrants lapsing in each of the four UK countries is similar to previous years' lapsing rates.

Midwifery regulation

- 13 In April 2016 the Department of Health (DH) launched a consultation on proposed changes to NMC legislation, including midwifery supervision. The changes will separate midwifery supervision from regulation. This legislative reform intends to ensure the regulation of midwifery is proportionate, fair and focused on public protection².
- 14 It is anticipated that proposed legislative change will come into force in spring 2017.

² [Proposed changes to midwifery supervision](#)

Changes to the health and care and professional education landscape in England

New routes to registration

- 15 In November 2015, the Government announced plans to discontinue bursaries for pre-registration nursing and midwifery students in England, lifting the existing cap on training places. At this time the devolved governments have not made any changes to student funding and continue to provide student bursaries. Indeed, the Scottish Government has explicitly stated that they will be retaining bursaries.
- 16 The change to bursaries in England has prompted an increase in the number of institutions wishing to become approved providers or run approved pre-registration nursing or midwifery programmes for the first time. This is in contrast to the past two years of our current QA framework, in which only one new institution sought NMC institutional approval.
- 17 Increased numbers of AEIs may also impact on the availability of support for students in practice learning settings. This has been identified as a key risk area in this year's monitoring of pre-registration nursing. Our QA intelligence already indicates that the availability of safe and effective practice learning environments is decreasing due to student demand, a shortage of mentors, lack of protected time and support for mentors, and budget restraints.
- 18 Any trends are being monitored closely. We continue to improve our existing QA framework while we undertake a full review of both our education standards and QA model to mitigate these risks to practice learning.
- 19 In early 2016, Health Education England (HEE) consulted on the introduction of a new nursing associate role. The outcome of the consultation suggested strong support for regulation for this new role; the Council will discuss regulation if formally asked in the future. We continue to work with HEE in the development of their proposal while being aware that this is an England-based initiative.
- 20 In a separate initiative in 2015, the Department of Business, Innovation and Skills (BIS) commissioned Higher Apprentice standards for nursing as part of their overall commitment to higher apprenticeships. The Trailblazer Group of employers leading the development has produced a draft apprenticeship standard stating that nursing degree higher apprenticeships must meet the NMC standards for pre-registration nurse education and that providers must be NMC-approved education institutions. The Group intends to submit the draft to the Department for Education (who are now leading on this work) shortly. At present this is also an England-only initiative.

Oversight of our work

- 21 The Professional Standards Authority (PSA) for Health and Social Care has oversight of our organisation and each year examines a number of areas of our work³. The QA of education has not been included in the PSA's performance review of the NMC in 2015–16; this was deemed unnecessary, as they had confirmed we had met all the Standards of good regulation for education in 2014–15.

³ [Professional Standards Authority website](#)

Part one: Quality assurance of education

- 22 Our role in education plays a very important part in how we meet our overall objective of public protection. Our quality assurance (QA) of education comprises four key activities:
- 22.1 Approval of education institutions
 - 22.2 Approval of programmes, including initial approval, re-approval, and approval of programme modifications
 - 22.3 Monitoring of approved education institutions (AEIs)
 - 22.4 Responding to concerns, including annual self-assessment, exceptional reporting and extraordinary review.

Approval of education institutions

- 23 There are currently 79 AEIs across the UK. In 2016, we received applications from a number of new providers seeking to become AEIs for the first time. To date, two of those institutions have successfully gone through the process and achieved AEI status: University of Portsmouth and University of Highlands and Islands.
- 24 At the time of writing, 72 AEIs are approved to run pre-registration nursing programmes, and 52 AEIs are approved to run pre-registration midwifery programmes. The University of Sunderland was approved to deliver pre-registration nursing education for the first time this year. We are also progressing a number of new programme applications to introduce pre-registration nursing.
- 25 We have updated our process for institutions wishing to become AEIs. We have published updated guidance on our website to include an AEI status and programme approval flow chart⁴. A list of all AEIs noting new providers and those AEIs which were monitored this year is shown in annexe one.

⁴ Applying for approved education institution status and programme approval

Approval of programmes

- 26 In order to run pre- or post-registration, NMC-approved programmes, AEIs must demonstrate their capability to meet our standards for the programme. The process involves two main steps: the submission of documentation for scrutiny and an approval event during which QA reviewers discuss the evidence and speak to a range of AEI staff, students and service users. Programme approval lasts for six years, after which re-approval is required.
- 27 We assign conditions of approval where we find non-compliance, which, if not satisfactorily addressed, prevents the programme from running. Our recommendations are of an advisory nature and provide information on how to strengthen compliance to our standards. Once the reviewer is satisfied that the required standards have been met, the programme will be recommended for approval.
- 28 This year, we approved 93 programmes, bringing our total number of approved programmes to 925. Of these, 13 programmes required conditions to be met before approval, 11 received recommendations, and 63 were subject to both conditions and recommendations. The number of conditions assigned was evenly spread across pre-registration nursing, pre-registration midwifery and post-registration nursing and midwifery education.
- 29 In 2014–15 we identified that some AEIs were not sufficiently prepared to meet our education standards at the point of their approval event. This was leading to increased activity and cost for the NMC. As a response, we now require AEIs to demonstrate the readiness of their curriculum documentation before the event is confirmed. We have also set minimum timeframes between the approval event date and the programme start date.
- 30 This new approach has had a positive impact on this year's approval activity, with six programmes being approved without any conditions or recommendations. This was an improvement compared to 2014–15, when all programmes subject to an approval event received at least one condition or recommendation. Also, no programme approval events resulted in the NMC withholding approval in 2015–16 whereas in 2014–15, there were 10 instances of this. AEIs have been better prepared for their programme approval events and fewer follow-up visits have been required, leading to better use of our resources.

Emerging routes for pre-registration nursing education programmes

- 31 This year we have seen an increase in the use of different routes to pre-registration nursing education. Providers are responding to a changing health and care landscape, local workforce needs and the move towards widening access by creating a variety of pathways to becoming a graduate registered nurse. We have identified four main alternative pathways to the standard full-time or part-time pre-registration nursing programme:
- 31.1 Dedicated part-time route for healthcare assistants: usually four years in duration, these student nurses also spend a proportion of their time working as healthcare assistants outside of required practice learning and theory hours.
- 31.2 Maximising accreditation of prior learning: generally used by healthcare assistants with NVQ level 3 or associate practitioners with a foundation degree. Their previous learning is mapped against NMC standards up to a maximum of 50 percent of the overall programme. They do not continue working as healthcare assistants, usually studying full time throughout the duration of 18 months.
- 31.3 Work-based learning model (England only): AEIs work with one or more employer organisations and identify individuals to undertake a programme of study. The students will continue to work as healthcare assistants outside of the required programme hours.
- 31.4 Non-commissioned model: AEIs developing pre-registration nursing programmes for non-commissioned, privately funded students.

New models and providers – case studies from 2015–16

Work-based learning pre-registration nursing education

In late 2015, we were approached by Northumbria NHS Trust who, in partnership with University of Northumbria, wished to pilot a work-based pre-registration adult nursing education route. The programme would create a route for healthcare assistants to progress on to a nursing programme using accreditation of prior learning, meaning it would be possible to complete the programme in 18 months.

For this programme, the student resigns from their post of healthcare assistant on beginning the programme, but remains under the same conditions of service, such as pay and annual leave. Once successfully registered as a nurse, the student is normally guaranteed a job with the Trust for five years. Failure to comply with this carries a financial implication for the student. The pilot programme was approved in March 2016 and is initially running with two cohorts of 10 students.

We now have approximately seven AEIs running variations of work-based learning routes. We have requested annual evaluations of these routes to learn more about this approach to becoming a graduate registered nurse.

Dual-award nursing programmes

In July 2015 City University requested approval to introduce a dual-award pre-registration adult and mental health nursing pathway. Commissioned by Health Education North Central and East London in partnership with East London NHS Foundation Trust, this initiative was created to meet an identified need for registrants with dual qualifications in adult and mental health nursing. The programme is underpinned by research and cites relationship-based care as a core philosophy. This is the most recent example of approval of a dual registration nursing programme since the current standards for pre-registration nursing education were published in 2010.

Locally-led development of new pre-registration nursing providers

In January 2016 we received a proposal and vision statement from the University of the Highlands and Islands regarding their intention to become an AEI and deliver pre-registration nursing education for the first time. We also received formal notification from the Scottish Government to confirm their support for the proposal. The initiative is part of a wider strategy to maximise and enhance regional coherence of nurse education throughout Scotland. Responsibility for pre-registration nurse education in this part of Scotland would also move from the University of Stirling to the University of the Highlands and Islands as part of this proposal.

The University of Highlands and Islands was successful in their bid to become an AEI and in their subsequent application to introduce pre-registration nursing. This programme will begin in September 2017.

AEI self-assessment and monitoring

- 32 Each year, AEIs are required to undertake an annual self-assessment and self-declaration on their current ability to meet our standards. This self-assessment is an evaluative approach that includes an overview of current risks, the actions in place to manage them, and evaluative responses to annual reporting themes. All 77 AEIs submitted a self-assessment report in December 2015 for the 2015–16 academic year.
- 33 We assess these annual reports against established criteria. We require AEIs to resubmit their report providing more detailed evaluative information where the criteria have not been met. In 2015–16, 9 AEIs were requested to resubmit their self-assessment report. Of these, four were selected for monitoring and of these four, three AEIs were found to be non-compliant in one or more standards. Self-assessments continue to provide valuable intelligence as part of our targeted, risk-based QA approach each year.
- 34 Each year, we select a sample of AEIs to monitor whether our standards continue to be met. We do this by focusing on five key risk areas to determine whether adequate controls are in place. We focused on the following key themes: resources, admissions and progression, practice learning, fitness for practice and quality assurance. This year we selected 16 AEIs (21 percent) for monitoring between November 2015 and May 2016.
- 35 As part of their self-assessment report, all 77 AEIs provided a self-declaration that their current NMC-approved programme provision meets the NMC standards for education and that all key risks are controlled. Despite this, 12 AEIs from the 16 selected for monitoring failed to meet one or more standards during their monitoring visit. 10 AEIs received at least one ‘requires improvement’ finding. This meant that although they were managing the key risk, some processes required strengthening. This represents an increase from the results of 2014–15. We will continue to monitor the failure of AEIs to accurately self-assess compliance with our standards.
- 36 The shortened timeframe for notification introduced in 2014–15 has had a direct impact on AEIs’ ability to put short-term measures in place in preparation for monitoring visits. At the same time, enhanced and focused QA reviewer training for monitoring visits has improved the capability of QA review teams to unpick issues and map findings. Lay reviewers have now been in place for three years and are contributing significantly to our QA function by offering a ‘fresh eyes’ approach that complements nurse and midwife reviewers. They also continually seek opportunities to understand service user views.
- 37 We have strengthened arrangements for the development and monitoring of action plans required where key risks are not being controlled. Such documentation is available via the QA handbook through standardised reporting mechanisms, additional guidance for AEIs, and an increased focus on this area in QA reviewers’ training.

Key risks – analysis of self reporting and monitoring results

- 38 This year, the majority of concerns fell within three key risk themes: practice learning, admissions and progression, and resources.
- 39 As in previous years, practice learning emerged as the most significant area of concern in our quality assurance of education in 2015–16. Issues identified include: a lack of mentors, mentors who had failed to maintain their continuing professional development, and a failure to exceptionally report issues in practice.
- 40 A lack of resources was less frequent, however the severity of risk was higher, as some AEIs did not have sufficient resources to deliver programmes.

- 41 Admissions and progression, while showing the second highest number of 'standards not met' and 'requires improvement' findings overall, uncovered largely procedural issues for which there is no immediate impact on public protection. This included failure to demonstrate appropriate use of academic policies and the need to include service user involvement in recruitment and selection. A small number of procedural and policy-related issues were also uncovered in the themes of Fitness to Practice and Quality Assurance.

Practice learning and support for learning

- 42 Placement capacity in AEIs was reported as an issue (31 out of 77) due to factors such as increased student numbers and reduced placement provision due to reconfiguration of services. Of these, 16 AEIs reported having insufficient mentors and three AEIs reported the need to monitor the engagement of academic staff in practice.
- 43 12 AEIs reported concerns identified by system regulator visits to practice placement partners. One AEI reported concerns regarding the lack of timely communication from their placement partners about system regulator visits. Other reported issues included practice incidents involving students, such as medication errors and lack of support for student midwives on the labour suite. All AEIs reported they had actions in place to mitigate any risks to the students' practice-learning experiences.
- 44 The practice learning theme provided the highest combined number of 'not met' and 'requires improvement' outcomes during monitoring visits, particularly in the pre-registration midwifery and nurse education programmes sampled. The two main areas were inaccurate mentor registers and the failure to submit any exceptional reports relating to a number of adverse issues in practice.
- 45 Two pre-registration nursing programmes did not meet the resources key risk theme due to a lack of available mentors for students. Nearly half of the sample of post-registration programmes did not meet the key risk for practice learning with protected learning time and the educational audit process highlighted as areas requiring strengthening. Failure to monitor and exceptionally report on adverse issues in practice may jeopardise the quality of students' learning, as well as posing a risk to public protection. Open and timely communication between AEIs and their practice-placement partners is critical to the success of student learning. While many AEIs are able to manage the risk in this area, it remains a challenge for others.
- 46 All non-compliant AEIs were required to take immediate action to provide assurance of student support for learning and assessment in practice. This took the form of an action plan which we monitored to ensure actions were met against an agreed time frame. Time frames were determined according to the level of risk identified. At the time of writing, all but one AEI has completed their action plans and the remaining AEI continues to be monitored.
- 47 The pressures in practice are likely to increase due to capacity, resource restraints, ward closures and increased pressures on mentors. We continue to closely monitor this and ensure any QA intelligence feeds into our development of the education framework as part of the strategic education programme.

Resources

- 48 Nine out of 77 AEIs self-reported issues relating to changes in staffing resource necessary to deliver NMC programmes. This included the need to recruit due to staff leaving or retiring and to support increased commissions of student numbers. The majority of AEIs had local action plans to monitor and implement appropriate action to mitigate risk to staff resource. They have kept us up to date with any changes in their ability to meet our education standards to safely deliver NMC programmes and ensure that individuals meet the requirements necessary for eligibility to apply to enter the register.

- 49 Resources was the second most problematic risk theme for the 18 pre-registration nursing programmes sampled during monitoring visits, with more than a third of programmes unable to demonstrate compliance in this area. The remaining programmes monitored, pre-registration midwifery programmes and post-registration programmes, met this standard. Actions from AEIs are being very closely monitored to ensure compliance is achieved. This is a theme that we will continue to closely monitor and forms part of our review plan for next years' monitoring.
- 50 A targeted review of one AEI found insufficient registrant teaching staff in the smaller field routes of the pre-registration nursing programme. An action plan was immediately formulated to address these issues. We have been working closely with the AEI to ensure interim measures have been put in place for the 2016–17 academic year and we remain in close contact to monitor progress regarding staff recruitment. Actions will be directly followed up in the 2016–17 year.

Admissions and progression

- 51 Admissions and progression remains an area where issues are frequently identified both by self-reporting and by monitoring. Nine out of 77 AEIs reported that there was a need to enhance and develop recruitment and selection processes to embed a values-based approach and ensure greater involvement of service users and carers.
- 52 The lack of involvement of practitioners in student selection was reported by two AEIs. An increase in attrition and high failure rates were reported by four. One AEI reported the inappropriate admission of a student on a return-to-practice programme which had been notified to the NMC. This resulted in the scrutiny of this programme as part of the monitoring programme sample.
- 53 Nearly half of the pre-registration nursing programmes sampled this year failed to meet the key risk theme 'admissions and progression', making it the top key risk not met for this category.
- 54 A third of the pre-registration midwifery programmes monitored also did not meet this standard. The specific areas of concern around this key theme did not have an immediate impact on public protection. These covered: the absence of risk assessment or procedure to manage the learning experience of students younger than 18; the absence of equality and diversity training; the absence of face-to-face interviews; and the absence of practitioners and/or service users in the recruitment process.
- 55 Non-compliant AEIs were required to formulate an action plan and all AEIs have now completed the required actions to ensure our standards are met. The monitoring reports for each visit are available on our website.⁵

Notable practice

- 56 We are also keen to promote effective practice. Each year we invite QA reviewers and AEIs to report back on any examples of notable practice. The definition of notable practice is described as education practice which is innovative and worthy of dissemination.
- 57 This year, QA reviewers identified a number of examples of notable practice. Initiatives related to service user input were common, with reports on innovative methods of gaining service user input in to selection and of service user involvement in student learning and reflection in practice. Other examples related to enabling better support networks for pre-registration students and the creation of a new role to complement link teachers and practice education facilitators.

⁵ AEI monitoring results from 2010-11 onwards

Responding to concerns

Exceptional reporting

- 58 As reported last year, we have strengthened our QA framework and reporting requirements and engaged with AEIs on the public protection drivers for exceptional reporting outside of routine reporting cycles. This has resulted in an increase of approximately 50 percent in exceptional reports this year compared to 2014–15. This year we received 58 exceptional reports from AEIs, with the majority relating to issues in practice, including adverse system regulator reports. We communicated proportionately with AEIs to ensure actions were in place to control risks to our standards and informed our risk-based approach to monitoring selection.
- 59 Enhanced updating of risks by AEIs means that we share intelligence proactively with other professional and system regulators and are able to triangulate intelligence with other parts of the NMC such as the Employer Link Service and Fitness to Practise colleagues.

Targeted review

- 60 As a result of numerous whistleblowing allegations about a pre-registration nursing programme and after follow-up discussions with the AEI, we conducted a targeted review of the AEI's pre-registration nursing and nurse and midwife prescribing programme. Three of the five key risk areas were non-compliant with a further requiring improvement. We will follow up on actions required during the 2016–17 academic year.

Extraordinary review

- 61 Where serious adverse incidents and concerns are identified regarding an AEI or practice placement and local risk measures are limited, we may decide to conduct an unscheduled extraordinary review. This measure may be necessary where there are concerns that present a risk to public protection and if it is deemed that the AEI is either unaware of or unable to put measures in place to adequately control the risk.

North Wales extraordinary review – follow-up visit

- 62 In July 2015 we conducted an extraordinary review of education in North Wales after concerns regarding the provision of education for nursing and midwifery students and the supervision of midwives were escalated to the NMC.
- 63 The final reports from this extraordinary review have been published on our website.⁶ We visited North Wales for a follow-up visit in July 2016 to evaluate progress in compliance with our standards and all actions have now been met.

Guernsey – follow-up visit

- 64 In November 2015 we undertook a visit in Guernsey to review pre-registration nursing education in light of concerns raised at the extraordinary review of midwifery supervision in October 2014. The review was conducted from 2 to 4 November 2015 and as of April 2016 all our standards are now met. The reports from the review are available on our website.⁷

⁶ NMC reports on extraordinary review visit to North Wales

⁷ NMC reports on extraordinary review visit to Guernsey

Part two: Quality assurance of local supervising authorities

- 65 There are currently 10 local supervising authority (LSA) consortiums across the UK. In April 2016 the Department of Health (DH) consulted on proposed changes to NMC legislation including midwifery supervision. If this change comes in to force, it will remove the requirement for statutory supervision of midwives from our legislation and the Midwives rules and standards (2012) which underpin our quality assurance of LSAs, would be revoked. It is currently anticipated that proposed legislative change will come in to force in spring 2017.
- 66 In 2015–16, our QA of LSAs took place through the following:
 - 66.1 Monitoring of LSAs and LSA self-assessment
 - 66.2 Responding to risk, including exceptional reporting and extraordinary review.

LSA self-assessment and monitoring

- 67 In July LSAs were required to submit an annual self-assessment and self-declaration on their ability to meet the Midwives rules and standards (2012). This self-assessment reports on current risks, the actions in place to manage these, and evaluative responses to themes which we determine annually. All 10 LSAs completed a self-assessment report which was submitted in July 2016 for the 2015–16 financial year.
- 68 Following a risk-based selection, we conducted two LSA monitoring visits in October and November 2015. Seven rules were identified as the key themes for monitoring: notification by the LSA (Rule 4), records (Rule 6), the LSA Midwifery Officer (Rule 7), Supervisors of Midwives (SoMs) (Rule 8), LSA responsibilities for SoMs (Rule 9), publication of LSA procedures (Rule 10) and suspension from practice by LSAs (Rule 14).

Key risks – analysis of self-reporting and monitoring results

- 69 This year, the majority of concerns which posed a risk to public protection fell under two themes: time to complete Supervisor of Midwives (SoM) activities, including supervisory investigations; and adverse issues in practice. Results from LSA monitoring did not highlight any serious concerns which would impact upon public protection. Out of the two LSAs selected, one met all standards, receiving a ‘requires improvement’ for Rule 7 around consistency of the LSA’s audit procedure. The other LSA did not meet Rule 6, regarding safe storage of clinical records; or Rule 9, for non-compliance of annual reviews and storage of SoM records.
- 70 Both LSAs were required to formulate action plans and have provided evidence to confirm that actions have been met. The full reports are available on our website.⁸

Future models of supervision

- 71 Nine out of 10 LSAs confirmed that they are actively contributing to national plans for the future model of supervision. Many LSAMOs and LSA midwives played leading roles in the supervision taskforce across the four countries. LSAMOs have reported that SoM teams are proactively engaging with their midwifery workforce, their organisations and with local politicians within their areas to discuss what will be required in a new non-statutory model for midwifery supervision. Directors of Nursing, Heads of Midwifery, supervisors, midwives, medical staff, and members of Trust Boards are reported to be actively involved alongside bodies such as NIPEC, Department of Health, the Scottish Government and CNOs across the four countries.
- 72 The London LSA created an impact analysis tool for the removal of supervision and conducted a survey of women’s views and experiences of engaging with SoMs which will feed into the national taskforce group. Cumbria, North East and Yorkshire and the Humber LSA hosted and led a debate on the future of supervision, which was well attended by midwives, students and service users across the LSA.

Supervisory investigations

- 73 At the conclusion of the LSA reporting year, 9 out of 10 LSA consortiums were not meeting best-practice timelines for completing LSA supervisory investigations. This is compared to 11 out of 14 LSAs in 2014–15 (79 percent). Mitigating factors for the delay in completing investigations included: sickness of midwives under investigation, lack of protected time for statutory supervision activity, and increasing involvement of families with the process. LSAs self-reported that some SoMs were not receiving dedicated time for supervision due to pressures from their clinical workload. This impacted on the time available to fulfil their SoM roles and on the length of time taken to complete supervisory investigations. This was consistent with the findings and judgements made when we monitored LSAs.
- 74 All LSAs recognise the length of time taken to complete investigations is a cause for concern and acknowledge the impact of a delay in midwives commencing development programmes, if required. Guidelines introduced in January 2015 to freeze the 45-day timeline for supervisory investigations where challenges are out of the control of the LSA do not appear to have made an impact on the trend to lengthening timeframes. In April 2016, a new 60-day timeframe was agreed by the LSAMO Forum UK with members monitoring the output of this change.

⁸ LSA reviewer reports 2008–2016

- 75 In preparation for proposed removal of statutory supervision of midwives, we are working closely with leaders in midwifery to define the future process for investigations. Discussions have been taking place around how any new system can ensure that fitness to practise concerns will be referred to the NMC where necessary and that swift and appropriate local action will be taken where the issue does not meet the regulatory threshold. Our Employer Link Service continues to work with employers to support decisions for referral.
- 76 Key themes in LSA investigations this year remained in similar areas including record-keeping, cardiotocograph (CTG) interpretation, medicines management, and decision-making. LSAMOs have reported that midwives are “becoming more accustomed” to informing the woman and her family of errors and incidents following the release of the Duty of Candour guidance, produced in collaboration with the GMC.

Concerns or investigations by any other regulators or serious reviews

- 77 Eight out of 10 LSAs (England and Wales) reported information pertaining to maternity providers having challenges that impact on public protection as relates to maternity care. This included external reviews of maternity services by the Care Quality Commission and Healthcare Inspectorate Wales.
- 78 Many of these issues were exceptionally reported outside of quarterly quality monitoring. All LSAMOs across the four countries reported working closely with Heads of Midwifery and SoM teams to support maternity services in overcoming challenges in areas such as staffing, time to carry out the SoM role and learning from incidents.

Supervisor of Midwives (SoM) and PoSoM programmes

- 79 The Midwives rules and standards (2012) set the ratio of SoMs to midwives at 1:15 to ensure midwives have adequate access to and support from a SoM. In 2015–16, five out of 10 LSAs did not meet the ratio overall, reporting annual average ratios of 1:16 – 1:18. This is an increase on 2014–15, where 10 out of 14 LSAs were able to meet the recommended ratio.
- 80 For many LSAs the recruitment of new SoMs is significantly reduced and the preparation of midwives (PoSoM) programme is running for the last time at a small number of universities. In other LSAs however, notably both those in the North of England, interest in and support for PoSoM programmes continues unabated, which has resulted in overall ratios of 1:15 being maintained. London LSA has reported that a repurposed PoSoM programme that can support the future model of supervision has ensured its continuation. In LSAs where PoSoM programmes have been discontinued, additional time is being given to existing SoMs alongside the use of full-time SoMs and an emphasis on retention rather than recruitment.

Resources

- 81 Seven out of 10 LSAs confirmed that adequate resources are in place to fulfil their function, though the majority reported that it is a challenge to ensure SoMs receive dedicated time to undertake supervisory activities. Both LSAs in the South of England reported on insufficient LSA staff to fulfil the function. London LSA was unable to declare compliance with the key risk due to an inability to meet the time frame for supervisory investigations. The LSAMO in Northern Ireland LSA reported uncertainty about the continuation of her role as her appointment was on a secondment basis until August 2016. Recruitment of a replacement LSAMO took place at the end of September 2016.

Quality assurance of LSAs in 2016–17

- 82 In view of the pending legislative change, we agreed to remove the requirement for operational quarterly quality monitoring reporting and scheduled monitoring visits as part of QA delivery for the new LSA year which began from 1 April 2016. We have adopted a risk-based approach instead according to which LSA Midwifery Officers report by exception, so they can focus on statutory reporting requirements and prepare for transition.
- 83 We continue to monitor LSAs through annual and exceptional reporting and we have the discretion to undertake an extraordinary review if risks to statutory supervision and women and babies are present and not being adequately and locally managed.
- 84 We are assured that the above changes will allow us to continue to meet our legislative requirements and maintain control of risk. The additional safeguard of Employer Link Service and our strengthened collaboration with strategic LSA leads means that our adjusted QA framework will not impact upon our oversight of LSA risk during this transitional period.

Notable practice

- 85 Several examples of notable or innovative practice were identified by LSAs in quarterly and annual reports which include midwifery practice initiatives led by SoMs. Themes included a ‘preceptorship passport’, initiatives to improve and disseminate learning from clinical incidents, and SoMs taking the lead in supporting the process of revalidation.

Exceptional reporting

- 86 As reported last year, we have improved and actively engaged with LSAs on the subject of exceptional reporting. We received 10 exceptional reports from LSAs in 2015–16, all relating to adverse issues in midwifery care in NHS Trusts and Health Boards in England and Wales. Of these exceptional reports, one resulted in an extraordinary review and follow-up visit.

Extraordinary activity

- 87 Where serious adverse incidents and concerns are identified regarding an LSA, we may decide to conduct an unscheduled extraordinary review. This measure may be necessary where there are concerns that present a risk to public protection and it is deemed that the LSA is either unaware of or unable to put measures in place to adequately control the risk.

North Wales extraordinary review – follow-up visit

- 88 In July 2015 we conducted a joint extraordinary review of education and midwifery supervision in North Wales after concerns regarding the supervision of midwives were escalated to the NMC. The review focused on the LSA function which is managed by Health Inspectorate Wales. After reviewing the evidence and speaking to various stakeholders including students, service users, and representatives of the LSA, the QA review team identified several key issues and found that a number of our standards were not being met.
- 89 It was found at the review of HIW LSA with Betsi Cadwaladr University Health Board (BCUHB) that HIW LSA ensured adequate measures to monitor and control risks at BCUHB for five of the Midwives rules and standards (NMC, 2012). However rules seven (The LSAMO) and nine (LSA's responsibilities for supervision of midwives) had not been met. HIW LSA identified and carried out the actions to revise and strengthen the systems in place to monitor the performance of SoMs and practising midwives to assure public protection.

- 90 The final reports from this extraordinary review have been published on our website.⁹ We visited North Wales for a follow-up visit in July 2016 to evaluate progress in compliance with our standards. The LSA has completed their agreed actions.

Guernsey – follow-up visit

- 91 In November 2015 we undertook a visit in Guernsey to follow up on progress made by the LSA since the extraordinary review in October 2014. The review, conducted from 2 to 4 November 2015, found that progress had been made and all our standards for midwifery supervision are now met. The reports from the review are available on our website.¹⁰ On 31 March 2016, NHS England terminated its contract to provide statutory supervision in Guernsey, Jersey and the Isle of Man. We continue to engage with colleagues in Guernsey following this change.

⁹ [NMC reports on extraordinary review visit to North Wales](#)

¹⁰ [NMC reports on extraordinary review visit to Guernsey](#)

Part three: Summary conclusion

- 92 We are committed to using the results of the year's activities to continuously improve our education QA function to ensure that students are learning in environments that equip them with the knowledge and skills necessary to practise safely and effectively at the point of entry to the register. This ensures that we protect the public and can be confident about what a newly qualified nurse and midwife knows and is competent to do.
- 93 We also continue to be proactive in making the best possible use of our intelligence, through promoting information sharing and collaboration both internally and externally with other regulators and key organisations. Every year, we update our quality assurance framework as part of this commitment.
- 94 All issues identified through monitoring are followed through to resolution with the use of action plans. Learning from themes in the year's monitoring is shared with all AEIs through our Quality Matters newsletter. Learning is also fed in to our annual update of subsequent monitoring review plans and annual self-assessment requirements.
- 95 Based on our findings from this reporting year, we are assured that the correct risk controls are in place to ensure that approved nursing and midwifery programmes meet our education standards and that our role in public protection in this area can be assured. We are also assured that we targeted the right risk controls for LSAs to ensure continued compliance with our Midwives rules and standards (2012) and that earlier discussions with Employer Link Service and Fitness to Practise are taking place. This is particularly important during this transition period.
- 96 We will continue to be transparent and proportionate in our approach to quality assurance and will provide regular updates to stakeholders on our education strategic programme.
- 97 Looking forward, our education strategic plan sets out our plans for education for the next four years, which ensure we will continue to strengthen our role in this important area of public protection.

Annexe one: List of NMC approved education institutions and monitoring details

England	Edge Hill University	Nottingham, University of	Northern Ireland
Anglia Ruskin University	Essex, University of	Open University, The	Queens University Belfast
Bedfordshire, University of	Gloucestershire, University of	Oxford Brookes University	University of Ulster at Jordanstown
Birmingham City University	Greenwich, University of	Plymouth, University of	Scotland
Birmingham, University of	Hertfordshire, University of	Portsmouth, University of	Abertay Dundee, University of
Bolton, University of	Huddersfield, University of	Reading, University of	Dundee, University of
Bournemouth University	Hull, University of	Salford, University of	Edinburgh Napier University
BPP	Keele University	Sheffield Hallam University	Glasgow Caledonian University
Bradford, University of	King's College London	Sheffield, University of	Edinburgh, University of
Brighton, University of	Kingston University & St George's University of London	Southampton, University of	Glasgow, University of
Brunel University	Leeds Beckett University	Staffordshire University	Highlands and Islands, University of
Buckinghamshire New University	Leeds, University of	Sunderland, University of	Queen Margaret University
Canterbury Christ Church University	Lincoln, University of	Surrey, University of	Robert Gordon University
Central Lancashire University of	Liverpool John Moores University	Teesside University	Stirling, University of
Chester, University of	Liverpool, University of	University of Suffolk (formerly University Campus Suffolk)	West of Scotland, University of
City University London School of Health Sciences	London South Bank University	West London, University of	Wales
Coventry University	Manchester Metropolitan University	West of England in Bristol, University of	Glyndwr, University of
Cumbria, University of	Manchester, University of	Wolverhampton, University of	Swansea University
De Montfort University	Middlesex University	Worcester, University of	South Wales, University of
Derby, University of	Northampton, University of	York, University of	Bangor University, School of Healthcare Sciences
East Anglia, University of	Northumbria University		Cardiff University

Annexe one key

- AEIs highlighted in purple are newly approved in 2015-16.
- AEIs highlighted in blue were monitored during 2015-16 and the monitoring reports for each visit are available on our website¹¹.

¹¹ AEI monitoring results from 2010-11 onwards



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Wales, Scotland and Northern Ireland

Registered charity in England and Wales (1091434) and in Scotland (SC038362)

Council

Education strategic programme update

Action: For information.

Issue: Provides an update on our programme of strategic change in education.

Core regulatory function: Education Standards

Strategic priority: Strategic priority 1: Effective regulation.

Decision required: The Council is asked to note the progress of our education strategic programme.

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 deputy director named below.

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- Context:**
- 1 The Council's Strategy for 2015-20 highlighted the very significant changes in recent years, both in terms of public expectations of healthcare regulators and the nature and context of nursing and midwifery practice. The Strategy emphasised that the aim of the Council, in responding to this changing landscape, was to adopt a dynamic approach to regulation. One of the key areas of focus in the Strategy was the delivery of new education standards.
 - 2 In March 2016, the Council approved a full education strategic plan, covering the period 2016-2020, in order to deliver on all the education commitments in the Strategy.
 - 3 In September 2016 the Council was provided with a full update on the progress of the programme set up to deliver the objectives of the education strategic plan and given details about our progress towards the following key outcomes:
 - 3.1 New standards of proficiency for the future graduate registered nurse at the point of entry to the register.
 - 3.2 New standards of proficiency for the future graduate registered midwife at the point of entry to the register.
 - 3.3 A new education framework that will support safe and effective learning.
 - 3.4 An independent review of our quality assurance (QA) function.
 - 3.5 A review of other related post-registration standards, including our 'Standards of proficiency for nurse and midwife prescribers' and 'Standards for medicines management'.
 - 4 This paper provides a further update on the progress of our education strategic programme.
 - 5 All of this work is being supported by a comprehensive stakeholder communications and engagement plan that puts our stakeholders at the heart of our education change agenda.

Discussion: **Standards of proficiency for the future graduate registered nurse**

- 6 Professor Dame Jill Macleod Clark is leading our work to develop a new set of competencies for the future graduate registered nurse at the point of entry to the register.
- 7 The new standards of proficiency, which will be based on the new competencies, are being developed iteratively, incorporating feedback from a number of internal and external stakeholder groups from across the UK. The final meeting of the external Thought

Leadership Group is due to take place on 23 November 2016 and the Council will receive a presentation on the new standards of proficiency at its seminar on 29 November 2016.

- 8 Feedback from these events will inform the completion of a final draft of the new nursing standards which will then be subject to independent user testing and a plain English review in early 2017, prior to a formal public consultation in spring 2017.

Standards of proficiency for the future graduate registered midwife

- 9 In September 2016, the Council approved a proposed timeline for the development of the new midwifery standards of proficiency, based on new competencies for the future graduate midwife. This timeline will allow early engagement work on the midwifery standards to run in parallel with our engagement work on the education framework and new QA model, which will apply to both nursing and midwifery programmes.
- 10 Since then, we have started an initial literature and policy review of the context of midwifery in the UK and overseas, as part of building an evidence and research base to support the revision of the midwifery standards of proficiency. Early engagement on the scope of this evidence review has involved the Lead Midwives for Education Strategic Reference Group (LMESRG), the RCM, the Midwifery Committee and other midwifery stakeholders. This evidence gathering work will continue until April 2017.

New education framework

- 11 We are planning a formal public consultation on our new education framework in spring 2017, with a view to publishing the new education framework by early 2018, for adoption from 2018 onwards in line with the new nursing and midwifery standards.
- 12 The new framework will include the requirements relating to becoming an approved provider of programmes to deliver nursing and midwifery education. The framework will also focus on establishing a single set of requirements for education providers, including programme requirements, and requirements relating to selecting, supporting and assessing students.
- 13 We are keen to develop a framework that provides more consistency with other healthcare regulators and promotes a culture of inter-professional learning.
- 14 As nursing and midwifery education involves both academic and practice learning, our work on developing a new education framework will include reviewing the current standards and requirements for supporting and assessing learning in practice

placements,¹ as well as the standards we set for our approved education institutions.

- 15 We recognise that many of the key challenges highlighted by the independent evaluation we commissioned into our current pre-registration nursing and midwifery education standards, related to the areas of support and assessment of students during the periods of practice learning. The same issues are also evident from our own current quality assurance arrangements and are highlighted in our annual QA report.
- 16 We also recognise that there are many examples of innovation and good practice in this area across the UK which we are keen to support and build on. We are currently undertaking a detailed evidence and policy review and we will be engaging extensively with stakeholders later this year as we further develop our plans.
- 17 The Council will be provided with an opportunity to review and discuss the new draft education framework at a Council seminar in early 2017. The draft framework will then be further developed and finalised in advance of the public consultation in spring 2017.

Independent review of quality assurance (QA)

- 18 KPMG have been commissioned to undertake an independent review of the possible options for a future QA model in order to support our new competencies and new education framework. The work will take into account the current and future challenges facing the NMC from a QA perspective. Like the new education framework, the new QA model will apply to both nursing and midwifery programmes.
- 19 As part of this work KPMG have been undertaking a comparator analysis of alternative quality assurance frameworks and have also been engaging with key external stakeholders in order to capture their views.
- 20 The final options for a future QA model are very dependent on the final form of the new education framework, as it will be important that the Council have the means of achieving an appropriate level of assurance about compliance with any requirements that are set. As the work on the new education framework is progressed, work is also underway to identify these inter-dependencies with the options for the future QA model.
- 21 The Council will be provided with an opportunity to review and discuss the options for the new QA model alongside the draft education framework at a Council seminar in early 2017. The QA

¹ Our current requirements are set out in our 'Standards to support learning and assessment in practice' (2008).

model will then be further refined in the light of the outcome of the public consultation on the new education framework in spring 2017.

Reviews of other standards

- 22 As part of the education strategic programme, we are also undertaking a review of other related post-registration education and practice standards in order to ensure alignment with our new approach to standards of proficiency for nurses and midwives and the new education framework.
- 23 As part of this review we will be updating our 'Standards of proficiency for nurse and midwife prescribers'. We will also be examining our future role in setting practice standards and considering whether to retain, revise or withdraw our current 'Standards for medicines management.'
- 24 Following the introduction of revalidation, we are also reviewing our current return to practice standards. This work focuses on establishing consistency in terms of returning to practice following a period of absence from the register.
- 25 Work on all these standards is progressing and we are seeking initial feedback at our engagement events across the UK. Further specific engagement in relation to these standards is also planned.

Public protection implications:	26 Our education strategic programme is primarily driven by the need to protect the public, by ensuring that our standards equip future nurses and midwives for knowledgeable, safe and effective care both now and into the future.
Resource implications:	27 The resources for the education strategic programme have been factored into our corporate planning process and were agreed at the March 2016 Council meeting.
Equality and diversity implications:	28 An equality impact assessment is currently being progressed at programme level. In addition to consideration of protected characteristics, particular attention is given to part time students, distance learning, and the Welsh language implications of any change.
Stakeholder engagement:	29 A full stakeholder communications and engagement plan has been developed and collaborative work with stakeholders is at the heart of our education strategic programme. Extensive engagement work on the nurse standards project has taken place across the four countries and KPMG have engaged directly with many stakeholders

in relation to their QA review.

- 30 We held an initial set of stakeholder events to support the wider education programme across the four countries in November 2016. We have also established an education stakeholder forum with representatives from across the UK which will meet quarterly. We have also met with many midwifery stakeholders as outlined in paragraph 10 above. We are currently planning some more specific workshop events in relation to the education framework and prescribing standards.
 - 31 We will also begin to cascade information about the education programme through our communications network, digital content and web development.
- Risk implications:**
- 32 Stakeholder expectations and the political and policy landscape that affects healthcare and education are some of the key areas of risk and opportunity. Risks of particular note include:
 - 32.1 the changing policy landscape that affects the education and regulation of nurses and midwives in the future;
 - 32.2 the scale of business transformation that the NMC is currently planning at the same time;
 - 32.3 the extent to which we can secure stakeholder buy in; with a particular need to be cognisant of approved education institutions (AEIs) lead-in timelines for programme development approval, that allows for timely recruitment and selection; and
 - 32.4 the current challenges in many clinical settings which can have an impact on the success of practice placements.
- Legal implications:**
- 33 The legal basis for the education standards and quality assurance function is set out in the NMC Nursing and Midwifery Order 2001, our education and registration rules, and requirements for the education of nurses and midwives as part of EU directives. We anticipate that the future nurse competencies, education framework and prescribing competencies will go to formal consultation in spring 2017 and the future midwife competencies in spring 2018.

Council

Midwifery Committee report

Action: For information.

Issue: This paper provides Council with an overview of the work of the Midwifery Committee since the last report in July 2016.

Core regulatory function: All regulatory functions

Strategic priority: Strategic priority 1: An effective regulator.

Decision required: No decision is required.

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 to the Midwifery Committee: Jennifer Turner
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Chair: Dr Anne Wright

- Context:**
- 1 Since the last report to Council, the Midwifery Committee met on 26 July and 26 October 2016. A summary of the discussions from those meetings is included below. Additionally, the Midwifery Committee held a joint seminar with Council on 26 July 2016.

Proposed midwifery regulation change

- 2 A major focus for the Committee this year was to monitor the progress of those elements of the proposed regulation change relating to midwifery.
- 3 The Committee considered, very closely, the NMC's leading role in communicating and engaging with stakeholders, the profession and members of the public. The Committee remains concerned about the level of stakeholder engagement, but has confidence in the plan, and is cautiously optimistic that the plan will be fulfilled.
- 4 At its July 2016 meeting, the Committee considered a document intended for the use of midwives after the proposed regulatory change, called *Practising as a midwife in the UK: An overview of midwifery regulation*. Members and observers provided useful suggestions, and the document has now been finalised and will be distributed to registrants when appropriate.
- 5 The Committee continues to seek assurance on behalf of the Council on the full range of risks associated with the regulatory process through to the transition stage, and the management of those risks throughout the year.
- 6 The direction of the travel of the legislative risk was noted as increasing at both the July and October meetings. The Committee noted that two additional possibilities (continued delay and significant departure from the currently anticipated changes) should be reflected in the legislative risk. The operational risk was also considered to be increasing. The Committee was concerned about support and advocacy for service users, and has asked the Midwifery Panel to discuss service user advocacy at a future meeting.
- 7 Given that the findings of the Department of Health's consultation have not yet been published, the formal response is still unknown. The Chair may consider convening an extraordinary meeting of the Committee to discuss the findings if appropriate.
- 8 At its October meeting, the Committee was advised that a consequential amendment was being made to the Section 60 relating to the regulatory framework for midwives to supply certain drugs without a prescription. Only a small number of midwives fall into this category. The amendment is progressing through the relevant legislation processes.

FtP element of legislative change

- 9 At its October 2016 meeting, the Committee received a presentation on the proposed regulation changes affecting Fitness to Practise. This was essentially the same presentation that the Council heard at its Seminar in July. Overall, the Committee considered the proposed changes to be a positive development designed to make the case process more effective and efficient. It appears that the NMC is being flexible in its approach and giving appropriate consideration to registrants.

Education strategic programme

- 10 The Committee continues to receive updates on the education strategic programme. At its October meeting, the Committee had the opportunity to provide input to the areas in which the NMC could gather evidence to help inform the review of midwifery pre-registration standards. Along with areas for evidence-gathering, the committee provided suggestions for the NMC to be mindful of during the drafting phase of the standards, such as the use of appropriate midwifery terminology, and phrasing standards in an outcome-focused manner.
- 11 Suggestions for further evidence gathering made by the Committee included investigating the reasons for referrals of relatively new registrants, ensuing the quality of mentorship, looking at how to incorporate restorative clinical supervision, how to increase resilience, and how to improve research skills and promote the importance of evidence-based principles among midwives.
- 12 The Committee heard that mentors and employers sometimes felt pressure to sign off students even when concerns existed. It was agreed that strength of assessment should be a focus of the review.
- 13 Although competent, the skills of student midwives were varied as was their level of confidence in their own skills. Therefore, the reduction of unacceptable variability should be a further focus.
- 14 The Committee also recommended that the concept of continuous or lifelong education should also be a strong feature of the new standards.

Revalidation

- 15 The Committee continues to receive updates on the uptake of revalidation at each meeting.
- 16 The Committee was provided with an update to the end of quarter two on revalidation, included disaggregated data on midwives where available.

- 17 The Committee was pleased to note that there was no evidence to suggest that revalidation was leading to a higher attrition rate. The NMC is planning to undertake qualitative interviews with lapsed registrants to determine whether revalidation requirements were a factor in their decision to lapse. The Committee is interested to learn the results of this research.

Midwifery Panel

- 18 At each meeting, the Committee continues to receive an update from the Chief Executive on the activity of the Midwifery Panel. The Chair of the Committee recently joined the Midwifery Panel and attended the October meeting.

Future midwifery advice to Council

- 19 As noted in the previous report to Council, the Committee had a discussion at its April meeting about its remit and the functions that would cease when the anticipated legislative change took effect. The Committee had a further discussion at its July meeting on avenues for Council to receive midwifery advice in the future.

- 20 The Committee agreed it provides input to the Council in the following areas:

- 20.1 Governance – the Committee was part of the structure of Council. It provides reports, gives advice, and has a direct relationship with Council. It distills the information received and provides a considered view.
- 20.2 Regulatory – all instruments of regulation would remain but many would be changed. The Committee monitored current and previous legislative change, providing Council with information and assurance about the effects on the midwifery community.
- 20.3 Communications and engagement – the voice of midwives was heard through the observers, whose expertise was valuable.
- 20.4 Strategic oversight – the Committee considers and has oversight of reviews, reports and other midwifery-related issues.

- 21 The Committee members and observers agree that the Committee has added value, and brought a depth of knowledge and understanding of the midwifery community to its work.

- 22 Various midwifery incidents had affected public confidence in the profession. Restoration of that confidence needs to continue through an outward message of public and patient protection.

- 23 The Committee expressed concern about the level of communication and engagement on the Section 60 legislative change, at its October meeting, and emphasised the importance of having in place mechanisms to monitor the transition period after the change comes into effect.
- 24 Members of the Committee considered that there may be value in keeping the Committee through the transition phase to offer midwives reassurance that the needs of the profession were being brought to the Council's attention. Some also expressed a preference for Council to retain a registered midwife as a member, recognising, of course, that registrant members are not representatives for their professions.

Quality Assurance of Education and Local Supervising Authorities Annual Report

- 25 The Committee noted that it would not have a chance to review the draft Quality Assurance of Education and Local Supervising Authorities Annual Report in committee, as it normally would, due to this year's timing of the publication. However, the draft report will be shared with members when it is available, and the Committee will discuss any actions arising at its February meeting.

Public protection implications: 26 No public protection implications.

Resource implications: 27 No resource implications.

Equality and diversity implications: 28 No direct equality and diversity implications.

Stakeholder engagement: 29 None.

Risk implications: 30 None.

Legal implications: 31 None identified.

Council

Future advice to Council on midwifery regulation

Action: For decision.

Issue: Ensuring that the Council has effective arrangements in place to access advice relating to midwifery regulation.

Core regulatory function: All.

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

Decision required: The Council is recommended to endorse the proposed arrangements for ensuring future access to advice on matters relating to midwifery regulation.

Annexes: None.

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

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- Context:**
- 1 The Nursing and Midwifery Order 2001 currently contains a set of provisions relating to supervision which are unique to midwifery, including a statutory requirement to have a Midwifery Committee.
 - 2 In January 2015, the Council accepted the recommendation of an independent review of midwifery regulation by the King's Fund that public protection required direct control of regulatory decisions relating to midwifery and that these additional legislative provisions should be removed. The Council asked the Government to legislate to amend our legislation accordingly. At the same time, the Council made a moral commitment to support safe and effective transition to the new arrangements.
 - 3 Following a further maternity review into failings at University Hospitals of Morecambe Bay NHS Foundation Trust, the Government confirmed that it would amend our legislation. The Department of Health consulted on these and other changes to our legislation earlier this year.
 - 4 The Department of Health's response to the consultation has yet to be published. We are aware from responses in the public domain that there is likely to have been widespread concern expressed about the proposals to remove the Midwifery Committee. The Council will wish to assure itself that it is prepared for any changes ahead and will have appropriate access to advice on matters affecting midwifery, should the statutory provisions be removed as proposed.
- Discussion:**
- 5 For historical reasons, the midwifery profession has been subject to an additional tier of regulation and an additional governance requirement to have a statutory Midwifery Committee. Although the NMC regulates both nurses and midwives, there is no similar requirement for a statutory committee to advise the Council on nursing matters. No other healthcare regulator has a comparable statutory obligation in relation to any profession which it regulates.
 - 6 The Midwifery Committee's role as set out in the Order (Article 41) is '*to advise the Council on any matters affecting midwifery*', including any rules made by the Council regulating the practice of midwifery. The Committee fulfils this role through regular meetings and reports to the Council. The Committee's composition ensures that there is both four country and professional and lay perspectives; additional valuable insight is provided to the Committee through invited observers.
 - 7 Under the proposed legislative change, the statutory Midwifery Committee would cease to exist. The Committee has made an important and valuable contribution to the work of the Council providing wise and timely advice over many years, including in relation to the management of the proposed legislative changes.

The Council will, therefore wish to be assured that this does not create any gap or risk in relation to midwifery regulation.

- 8 It is open to the Council to establish any committees it considers necessary to assist in the discharge of its functions. Creating a non-statutory midwifery committee would run counter to the express intentions of both the proposed legislative change and the UK Law Commissions' recommendations on reform of professional regulation to remove all statutory committees, with the exception of fitness to practice and appointment committees. It would also be inconsistent with the Council's own streamlined governance approach of establishing only such committees necessary to support the Council's strategic functions. There is also a risk that any such committee might be perceived as representing the interests of midwives. Evidence, albeit anecdotal, indicates that many midwives consider the current Midwifery Committee to be a representative body for midwives. For these reasons, it is not considered appropriate to maintain a formal committee of the Council on midwifery matters.

Proposed arrangements

- 9 In considering future arrangements, it is important to note that the legislative changes do not in any way affect the Council's statutory duty to consult midwives and those with an interest in midwifery on relevant matters, which it will continue to do as now.
- 10 In addition, the Midwifery Committee identified four primary routes through which the Council could receive advice in the future and be assured that it is obtaining a well-rounded and accurate picture of matters affecting midwifery regulation:
 - 10.1 Engagement and influence – Sustained, two-way engagement between Council/Executive and authoritative midwifery stakeholders to gain insight and ensure that the issues facing the midwifery profession are taken into account.
 - 10.2 Four-country perspective – Access to insights about midwifery and maternity services in the four countries of the UK to provide recognition of divergent health systems and their impact on the practice of midwifery.
 - 10.3 Expertise – Involvement of midwives, service users, educators and employers in specific projects, as required. This will help inform an effective regulatory approach to midwifery.
 - 10.4 Oversight of response to risks and concerns – Appropriate oversight of the NMC's management of risks and concerns in midwifery education and practice will continue. This ensures

our actions in response to risk are informed where required by an understanding of midwifery practice and/or local maternity matters.

- 11 We have already put mechanisms in place which should ensure that each of the four areas above is addressed.
- 12 The Chief Executive and Registrar has for some time had a Senior Midwifery Adviser, who provides expert advice on profession specific issues and contributes to the work of the internal Strategy and Policy Board.
- 13 The Council endorsed the establishment of the Midwifery Panel set up in November 2015 with the aim of focusing on midwifery regulation once the proposed changes took effect, and determining how the Council would receive midwifery information in the future. The Panel benefits from the involvement and expertise of senior midwives.
- 14 The Midwifery Panel is chaired by the Chief Executive and members include the Chief Executive, Royal College of Midwives; Chief Nursing Officers from the four countries; representatives from NHS England and the Department of Health; a leading midwifery academic; and a lay member, as well as the NMC's Senior Midwifery Adviser and the two Council members of the Midwifery Committee. The terms of reference for the Panel provide for the ability to enlist additional input where required.
- 15 The Midwifery Panel is an effective channel for gathering intelligence and advice on midwifery. The intention is that the Panel will remain in place for some time beyond the legislative change implementation, to ensure the effective transition to the new arrangements.
- 16 In addition, we expect to continue to hold regular forums with leading midwifery professionals, such as Lead Midwives for Education, and other midwifery stakeholders to discuss and seek feedback on current and relevant matters.
- 17 Along with the ongoing statutory requirement to consult on all matters relating to midwifery regulation, it is suggested that the arrangements in place ensure that the Council will continue to have access to timely, high quality advice on all matters affecting midwifery regulation.
- 18 This, along with the work of the Midwifery Committee in overseeing the transition to the new arrangements, reported separately on the agenda, means that the Council can be confident that it will have discharged the commitment it made to ensure a safe and effective transition.

19 Recommendation: The Council is recommended to endorse the proposed arrangements for ensuring future access to advice on matters relating to midwifery regulation.

Public protection implications: 20 None arising from this paper.

Resource implications: 21 None.

Equality and diversity implications: 22 None.

Stakeholder engagement: 23 A communication and engagement plan is in place for the legislative change programme. Communication of the Council's decision will be built into the plan and communicated to all midwifery stakeholders, including users of midwifery services.

Risk implications: 24 The arrangements set out above are designed to mitigate any risk that the Council does not have the information it needs for effective midwifery regulation.

Legal implications: 25 None arising from this paper.

Council

Review of Council member allowances

Action: For decision.

Issue: Review of Council member allowances.

Core regulatory function: All regulatory functions.

Corporate objectives: Strategic Priority 4: An effective organisation.

Decision required: The Council is asked to consider the report of the Independent Panel appointed to review Council allowances (Annexe 1) and:

- Consider the Panel's recommendation that the 'equivalent' daily rate for Council members be increased to £368, which would give an annual allowance of £13,250 (paragraph 20.1).
- Consider the Panel's recommendation that there should be no change to the current level of allowance for the Chair of Council at the present time (paragraph 20.2).
- Agree that any agreed increase to members' allowances should take effect from 1 April 2016 (paragraph 20.3).
- Agree that a further review of allowances for the Chair and Council members take place in 12 months, based on fuller evidence including a wider range of criteria (paragraph 20.4).

Annexes: The following annexe is attached to this paper:

- Annexe 1: Report of the Independent Panel on Council Allowances.

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

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- Context:**
- 1 Under the Nursing and Midwifery Order 2001 the Council must determine the allowances to be paid to Council members.
 - 2 Council allowances have been static since 2009 and were last reviewed in 2012 in preparation for reconstitution of the Council in May 2013. No changes resulted from that review.
 - 3 In July 2015, the Council agreed a process to ensure that conflicts of interest are handled appropriately and that the Council is distanced from decisions relating to its own allowances. This process included the formation of an independent panel to undertake a review and make recommendations. However, the Council agreed to defer consideration of both the need for, and timing of, such a review pending the outcomes of a review of members' time commitment and workload.
 - 4 In January 2016, the Council agreed to initiate a review of current allowance levels for the Chair and members of the Council and that in future a regular review (for example, every three years) should be scheduled. At that time, Council noted a time commitment of three days a month, as a result of the review of committee membership leading to a more even distribution of workload across Council members.
 - 5 In accordance with the process agreed in July 2015, an Independent Panel was convened and its report is at **Annexe 1**.

Discussion: The Panel's approach

- 6 In line with its Terms of Reference, the Panel considered a number of factors in making its recommendations. These included:
 - 6.1 Comparability of allowances with those offered in comparable organisations, taking into account charitable status, relative size and complexity, the nature of responsibilities and the resulting skills and expertise demanded.
 - 6.2 Time commitment.
 - 6.3 Affordability and economic climate.
 - 6.4 Equality and diversity issues and the NMC's obligations under the Equality Act 2010.
- 7 In reviewing evidence to inform its decision, the Panel focused on the level of allowances paid to the Chair and Council members of other healthcare regulatory bodies.
- 8 The Panel concluded that the level of allowance for NMC Council members should be at least at the median level of remuneration for Council members across the healthcare regulatory bodies and that there was a reasonable case for it to be higher. This conclusion was

based on:

- 8.1 The relative size and complexity of the registrant base regulated by the NMC, and
 - 8.2 The relative size of the NMC's budget and the additional responsibility involved in ensuring that it is spent wisely.
- 9 As set out in paragraph 11 of its report (**Annexe 1**), the Panel considered that there are two key components which constitute the annual allowance: the daily rate and the number of days. It considered the daily rate, when compared to other healthcare regulators, and in the light of the parameters set by the Council. The Panel was in agreement that whilst it could take a view on the daily rate, the correct annual allowance could only be set if the number of days accurately reflected members' time commitments. The Panel acknowledged, however, that the issue of time commitment was a matter for the NMC.
 - 10 The Panel recommends a two stage approach. This report and its recommendations constitute the first stage. The second stage would be a further review in twelve months, taking account of additional benchmarking data.

Council members

- 11 The Panel recommends that the 'equivalent' daily rate for Council members be increased to the median 'equivalent' daily rate across healthcare regulators of £368. With a three day time commitment, this would mean an annual allowance of £13,250, constituting a 10 percent increase over 7 years.
- 12 The Panel concluded that there is a reasonable case for the level of allowance paid to members to be higher and that a further review should take place in 12 months.

Chair

- 13 The Panel recommends that there should be no change to the current level of allowance for the Chair of Council (as the 'equivalent' daily rate paid to the Chair is already above the median).
- 14 The Panel concluded that there is a strong case for the level of allowance paid to the Chair to be higher and that a further review should take place in 12 months.

Remuneration Committee's views

- 15 The Remuneration Committee considered the Independent Panel's report in September 2016.
- 16 Noting that allowances had remained unchanged since 2009, the Remuneration Committee was of the view that failure to uprate

allowances regularly, meant that any proposed increase may appear more significant than was the case. This was also poor practice and had implications not just for existing members but for future membership.

- 17 The Remuneration Committee also felt it was important to take account of equality and diversity implications. The Council is committed to membership being open to suitable candidates from wide and diverse groups; constraining allowance levels could impact adversely on capacity to attract people in mid-career or those with less sufficient financial resources.
- 18 The Committee also considered timing and noted that the original intention was that the review be completed prior to 31 March 2016 and any change implemented from 1 April 2016. The Committee recommends that, in line with normal increases in NMC staff remuneration, any increase should take effect from 1 April 2016.
- 19 The Committee agreed that the Panel's recommendations were pragmatic and fair and recommended to the Council that they should be accepted. The Committee strongly supported the recommendation for another review in 12 months based on fuller evidence including a wider range of criteria.
- 20 The Council is asked to consider the report of the Independent Panel and the views of the Remuneration Committee and to:
 - 20.1 **Consider the Panel's recommendation that the 'equivalent' daily rate for Council members be increased to £368, which would give an annual allowance of £13,250.**
 - 20.2 **Consider the Panel's recommendation that there should be no change to the current level of allowance for the Chair of Council at the present time.**
 - 20.3 **Agree that any agreed increase to members' allowances should take effect from 1 April 2016.**
 - 20.4 **Agree that a further review of allowances for the Chair and Council members take place in 12 months, based on fuller evidence including a wider range of criteria.**

Public protection implications:

- 21 None.
- Resource implications:** 22 Provision for change to members' allowances has been made within the Governance budget.

Equality and diversity implications:	23	The Panel's Terms of Reference included the requirement to take into account any equality and diversity impacts and the NMC's obligations under the Equality Act 2010.
Stakeholder engagement:	24	None.
Risk implications:	25	There is a need to be mindful of affordability and economic climate in relation to any increase to members' allowances and the need for any increase to be justifiable. The Panel's Terms of Reference included the requirement to take these factors into account.
Legal implications:	26	The Nursing and Midwifery Order 2001 provides for the Council to determine the allowances to be paid to members.

Nursing and Midwifery Council

A report by the Independent Panel appointed
to review Council allowances

Bronwen Curtis CBE (Chair)

Keith Luck FCMA, CGMA

Prof Rosemary Kennedy CBE OStJ TD

16 September 2016

Report of the Review of NMC Council Allowances Independent Panel

Introduction

- 1 The Council is responsible for determining the allowances to be paid to its members. The allowances for members were last reviewed in 2012.
- 2 The Council agreed to initiate a review of the current allowance levels and determined a process to ensure that conflicts of interest are handled appropriately. In particular the intent of the Council was that members are distanced from decisions relating to their own allowances. This process included the formation of an independent panel to be commissioned to undertake a review of allowance levels for Council members.
- 3 The Council agreed the following parameters for the review:
 - 3.1 **Comparability** of allowances with those offered in comparable organisations, taking into account charitable status, relative size and complexity, the nature of the responsibilities and the resulting skills and expertise demanded.
 - 3.2 **Time Commitment.** Currently this is:
 - **Chair** 2 days per week/104 days per year
 - **Council members** 3 days a month/36 days per year
 - 3.3 **Affordability and Economic Climate**
 - 3.4 **Equality and Diversity** issues and the NMC's obligations under the Equality Act 2010.

The Panel

- 4 The members of the Panel are:
 - 4.1 Bronwen Curtis CBE (Chair)
 - 4.2 Keith Luck FCMA, CGMA
 - 4.3 Professor Rosemary Kennedy CBE OStJ TD
- 5 A biography page of the members of the Panel is attached to this report.

Background

- 6 The Council is responsible for determining the allowances to be paid to Council members¹. The current level of allowances was set in January 2009 and reviewed in 2012. No changes were made as a result of the 2012 review.

Member	Time Commitment	Allowance Level	Equivalent day rate
Chair of the Council	2 days per week/ 104 days per year	£48,000	£462
Council members	3 days per month / 36 days per year	£12,000	£333

- 7 The Panel met on 12 September 2016 to review evidence gathered by the Secretariat and determine a recommendation.
- 8 The Panel reviewed the available evidence and assessed whether it provided a case to propose any changes to current levels of allowances.
- 9 For the purposes of its discussion, the Panel took the view that the purpose of the allowances was to recruit and retain Council members of an appropriate quality and with the necessary skills and expertise to perform their role well, whilst providing appropriate reward for contribution.

Rationale for the review

- 10 The Panel observed that the review was being carried out at the present time in order to ensure that Council members and the Chair are appropriately remunerated for the work that they do. Allowances had not been reviewed since 2012 and it was good practice to review them on a regular basis.

Approach

- 11 The Panel considered the two key components which constitute the annual allowance: the daily rate and the number of days. It considered the daily rate, when compared to other healthcare regulators, and in the light of the parameters set by the Council (see paragraph 3). The Panel was in agreement that whilst it could take a view on the daily rate, the correct annual allowance could only be set if the number of days accurately reflected members' time commitments. Looking at the components separately would allow for flexibility in setting annual allowances, if required, to differentiate the more demanding roles. The Panel acknowledged, however, that the issue of time commitment was a matter for the NMC.

¹ The Nursing and Midwifery Order 2001

Recommendations

Council members

- 12 The Panel concluded that the level of allowance for NMC Council members should be at least at the median level of remuneration for Council members across the healthcare regulatory bodies and that there was, based on the evidence provided, a reasonable case for it to be higher, either at or around the third quartile.
- 13 The Panel recommends a two-stage approach to Council members' allowances as follows:
 - 13.1 That the 'equivalent' daily rate allowance for Council members be increased to the median 'equivalent' daily rate (across healthcare regulators) of £368. With a three day time commitment, this would mean an annual allowance of £13,250, constituting a 10 percent increase. If the requisite number of days were to change, then the annualised rate would change accordingly.
 - 13.2 That the allowance be reviewed again within the next twelve months, subject to more robust benchmark data being made available, to determine a more accurate assessment of position within the range. Robust information should be provided to any panel convened and should include information about when other healthcare regulators last reviewed their members' allowances and what factors they took into account. The Panel recommends that allowances should be tested annually to identify any significant changes which may indicate a need for a review. Otherwise a formal review should be undertaken every three years.

Chair

- 14 The Panel concluded that the level of allowance for the Chair of Council should be at least at the median level of remuneration for counterparts across the healthcare regulatory bodies and that there is, based on the evidence provided, a strong case for it to be higher, given the demands of the role. As the equivalent daily rate currently paid to the Chair is already above the median, the Panel recommends no change to the Chair's current allowance. The Panel recommends the same second stage approach as for members (see paragraph 13.2).

Factors Considered

- 15 In reaching its recommendation, the Panel took account of the following factors:

Comparability

Charitable status

- 16 The Panel recognised that some additional time may be required to fulfil the role, particularly in understanding the requirements of a Charity Trustee.
- 17 However, based on the information before the Panel, it concluded that the charity Trustee role does not place a significant additional burden on Council members that

would warrant additional remuneration. In the Panel's view the responsibilities of Council members as Trustees of the NMC as a registered charity can largely be discharged in line with responsibilities as Council members of the NMC as a statutory regulatory body.

Relative size and complexity and the nature of responsibilities

- 18 The Panel acknowledged that the nature of the responsibilities of Council members and the resulting skills and expertise required are not significantly different across the healthcare regulators. However, the Panel noted that the NMC has the largest registrant base and the second largest income in comparison with other healthcare regulatory bodies.
- 19 The Panel felt there was a compelling argument that the following factors do make a difference to the application of the skills and expertise required:
 - 19.1 The relative size and complexity of the registrant base regulated by the NMC and changes in the demands placed on those registrants in the external healthcare environment.
 - 19.2 The relative size of the NMC's budget and the additional responsibility involved in ensuring that these larger sums are spent wisely and appropriately.

Time commitment

- 20 As described in paragraph 11, the Panel took the view that it was not in a position to comment on the time commitment for Council members or the Chair and that this was a matter for the NMC. The focus of the Panel would be in determining a daily rate that was fair and able to attract and retain people with the right skills and expertise to do the role.
- 21 In the comparable information provided for the Panel, the time commitment varied for Council members and Chairs across regulatory bodies. In view of this the Panel considered that the 'equivalent' daily rate was the denominator and that therefore any recommendations would focus on daily rates. The Panel understands that members and the Chair work beyond the specified days. As described above, the fair determination of the days required to undertake the role would produce the appropriate calculation of the annual allowance.

Affordability and Economic Climate

- 22 In reaching its recommendations, the Panel took account of the following factors:
 - 22.1 The current low inflation economy.
 - 22.2 The need to be prudent and fair, particularly given that any increase would be funded by registrants' fees.
 - 22.3 Registrants' pay increases since 2012.
 - 22.4 The NMC Executive pay framework.

- 22.5 NMC staff salaries increases since 2012.
 - 22.6 The need to test any recommendations against registrant and other stakeholder perceptions.
- 23 The Panel assessed, from experience, that the market for lay members was strong and there was little difficulty in attracting and retaining high calibre candidates. The Panel was not in a position to comment on whether the allowances constituted an attractive proposition for registrant Council members, but observed that this might be an issue for future consideration.
- 24 In summary the Panel felt that there was no economic argument for a significant increase in the level of allowances.

Equality and Diversity issues

- 25 The Panel considered whether the level of allowance was a determinant in encouraging or discouraging applicants from a wider and more diverse pool and whether the candidates were reflective of the registrant community. The Panel concluded that it had no evidence before it to draw a conclusion in this area.
- 26 For future panels, a short report from the selection panel on any Council member recruitment exercise would be helpful.

Members of the NMC allowance review panel

The members of the NMC Independent review panel are:

Bronwen Curtis CBE - Chair

Bronwen Curtis is a former senior HR Director, with experience in both public and private sectors and a former Civil Service Commissioner. She brings considerable appointments and remuneration experience and has worked with and for a range of regulatory bodies. She is currently Chair of the Senior Remuneration Committee, House of Commons, a member of the NHS Pay Review Body, a member of the Appointments Committees for the Bar Standards Board and the Institute of Chartered Accountants and is working with two healthcare regulators on their Council appointments.

Keith Luck FCMA, CGMA

Keith has a deep understanding of the public sector having held a number of high profile board level appointments – including Chief Operating Officer of the MoD’s Defence Business Service, Director General of Finance at the Foreign & Commonwealth Office (FCO), Director of Resources at the Metropolitan Police, and Finance Director for the London Borough of Lewisham.

He has broad stakeholder management experience, from local authorities, policing, citizens and customers (all of which were subject to multiple governance oversight), in the UK as well as internationally. At the FCO and Metropolitan Police, Keith’s remit was wide, extending beyond finance to property, estates, facilities management and security.

Prof Rosemary Kennedy CBE OStJ TD

Rosemary has held several senior posts in the NHS including General Manager and Director of Nursing. Rosemary was appointed Chief Nursing Officer (CNO) for Wales in 1999 and was responsible for the publication of several key nursing strategies for Wales including Free to Lead: Free to Care. In addition, Rosemary gained a commission in the Queen Alexandra’s Royal Army Nursing Corps (Territorial Army) in 1984 and held all top level unit posts culminating in the appointment of Commanding Officer of a TA Field Hospital. After stepping down as the CNO in September 2010, Rosemary was appointed Chairman of Velindre NHS Trust in January 2011.

Council

Review of Council member role and competencies

Action: For decision.

Issue: This paper seeks approval of the revised Council member role specification and related competencies.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: The Council is asked to agree to adopt the revised Council member role specification and associated competencies as set out in **Annexe 1** (paragraph 7).

Annexes: The following annexes are attached to this report:

- Annexe 1 – Proposed revised Council member role and revised competencies.
- Annexe 2 – Current Council member role specification and competencies.

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

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- Context:**
- 1 The current role specification and essential competencies for Council members were developed in 2012 for the purpose of making appointments to the reconstituted Council in May 2013 (**Annexe 2**).
 - 2 Since then, in accordance with Professional Standards Authority (PSA) guidance, the essential competencies have been used for:
 - 2.1 Recruitment and selection of Council members;
 - 2.2 Annual appraisal of Council members; and
 - 2.3 Reappointment of Council members.
 - 3 Learning has been identified from recent recruitment exercises supporting a need to revise the existing competencies. The Remuneration Committee has therefore reviewed the existing role specification and competencies and recommends a revised approach.
 - 4 In November 2015, the Council agreed a skills matrix to inform future appointments to the Council, as well as ensuring best use is made of member skills and expertise when making appointments to committees. The skills matrix continues to be used.
- Discussion:**
- 5 A revised draft role specification and set of associated competencies were considered by the Remuneration Committee in September 2016. The Committee agreed to recommend adoption of the revised role specification and associated competencies to Council as set out in **Annexe 1**.
 - 6 Subject to Council's agreement, the revised role and competencies will be used for future recruitment, appraisal and reappointment exercises.
 - 7 **Recommendation: The Council is asked to agree to adopt the revised Council member role specification and associated competencies as set out in Annexe 1.**
 - 8 Additional guidance for potential candidates to help them understand how to evidence the associated competencies and present themselves in the best way has also been developed for inclusion in recruitment materials.
- Public protection implications:**
- 9 The Council's overarching statutory duty is to protect the public and this is a critical element of the competencies.

Resource implications: 10 None.

Equality and diversity implications: 11 None.

Stakeholder engagement: 12 None.

Risk implications: 13 There may be a risk that the Council is not as effective as it needs to be if the Council member role specification and/or competencies do not meet the Council's current and future needs. Regular review to ascertain the need for any revisions should mitigate against this risk.

Legal implications: 14 None.

Proposed revised role specification for members of the Council

Responsibilities

Council members must be committed to public protection and to the NMC's statutory purpose. They must have the courage to speak out and challenge, working effectively with fellow members. They do not necessarily have to have specialist knowledge of regulation or (in the case of lay members) of the health service.

The role of Council members is to:

1. Provide strategic direction for the NMC:

- Taking responsibility for corporate strategy, business plans and budgets and the development of the framework for reviewing policy and operational performance.
- Overseeing the development of policy and taking major policy decisions.

2. Ensure and review the effectiveness of the NMC in fulfilling its statutory purpose:

- Ensuring that the focus of the organisation is on the core purpose of public protection.
- Evaluating the effectiveness of the Council in fulfilling its statutory purpose.

3. Provide oversight of NMC operations, ensuring that they are aligned with strategic direction:

- Holding the Executive to account for the management of day-to-day operations, ensuring that resources are used effectively and appropriately.
- Holding the Executive to account for ensuring that NMC operations are organised in ways which facilitate the delivery of core functions to best effect, and that this is kept under review as circumstances change.

4. Monitor the external relationships of the NMC, to ensure that the confidence of the public and of stakeholders is maintained:

- Ensuring that the NMC has measures in place to engage with stakeholders and with other relevant organisations and government agencies in the four countries of the UK.
- When appropriate, act personally to support and promote the interests of the NMC externally.

5. Fulfil all responsibilities as charity trustees for the NMC:

- Ensuring that the NMC acts at all times within the framework of charity law, and fulfils its charitable purposes.
- Taking responsibility for all appropriate functions, including property management; the employment of staff; health and safety; and equality and diversity.

Proposed revised associated competencies

The competencies which all Council members need in order to be able to fulfil this role are:

- Understanding of, and commitment to, the protection of the public through professional regulation.
- Clear appreciation of the non-executive role, and how executives should be held to account through constructive challenge.
- Ability to contribute to an organisation at a strategic level, demonstrating analytical skills and sound judgement.
- Capacity to understand and contribute to the organisational and business issues with which the Council deals.
- Ability to work successfully as part of a team, respecting and listening to others, earning the respect of colleagues, and contributing constructively to collective decision making processes.
- Understanding of the role of a charity trustee, and capacity to fulfil this role effectively.
- Personal commitment to good governance, and upholding the recognised principles of public life.

Role specification for members of the Council

Responsibilities

Council members must be committed to public protection and to the NMC's statutory purpose. They must have the courage to speak out and challenge, working consistently with fellow members and communicating confidently both within and outside the organisation.

The role of Council members is to:

1. Provide strategic direction for the NMC:

- Contributing to the development and review of corporate strategy, business plans and budgets and to the development of the framework for reviewing our policy and operational performance.
- Contributing to the development of policy and to the making of major policy decisions.

2. Ensure and review the effectiveness of the NMC in fulfilling our statutory purpose:

- Promoting our work externally, promoting public and professional confidence and support for us and our work.
- Evaluating the effectiveness of the Council in fulfilling its statutory purpose.

3. Ensure oversight of our activities by ensuring that they are aligned with the strategic direction:

- Holding the executive to account for the management of our day-to-day operations, ensuring that resources are used properly.
- Ensuring that decisions are made in accordance with our charitable purpose and members' duties as charity trustees.

Current Council member competencies

Competency 1 - Ability to command the confidence and capacity to understand the priorities of the NMC's key interest groups

- Takes into account the aims of the organisation, as well as the priorities of its key stakeholders, when making decisions.
- Contributes to the organisation's work through understanding of governance, regulation, healthcare delivery, consumer engagement, audit and risk, finance and assurance, the commercial sector, community or voluntary sector, professional/higher education, professional ethics and standards.
- Works collaboratively and in partnership with colleagues and stakeholders and builds and maintains effective working relationships.
- Ensures that the needs of different groups are taken into account when making decisions, is objective and ensures everybody is treated equally and fairly.

Competency 2 - Ability to contribute to strategic direction

- Contributes to strategic and business planning, including the development and delivery of an organisation's strategy for the medium and long term.
- Understands systems of internal governance. Analyses and interprets performance data and identifies key trends. Demonstrates the organisation's openness, integrity and accountability and personally upholds the principles of public life.
- Contributes openly to debates and discussions to reach decisions which achieve corporate objectives.
- Challenges and probes constructively to achieve the best outcome for the organisation in fulfilling its charitable and statutory purpose.

Competency 3 - Ability to influence and communicate effectively

- Displays interpersonal and influencing skills.
- Influences and persuades others using arguments supported by evidence and rationale.
- Puts views across clearly, persuasively and sensitively.
- Participates as part of a team and in group discussions. Promotes the role of an organisation externally. Communicates with diverse groups.

Competency 4 - Analytical skills and sound judgment

- Analyses and understands complex information and situations before reaching an independent and objective conclusion.
- Willing to modify thinking in the light of new information and dialogue, and to respect the differing views of others.
- Thinks creatively and challenges the status quo to make improvements.
- Makes judgements based on evidence and contributes constructively to the collective decision-making process.

Council

Appointments to the Health Committee

Action: For decision.

Issue: Appointment of 52 panel members to the Health Committee.

Core regulatory function: Fitness to Practise.

Strategic priority: Strategic priority 1: Effective regulation.

Strategic priority 4: Effective organisation.

Decision required: The Council is recommended to approve the appointments set out in **Annexe 1** to the Health Committee.

Annexes: The following annexe is attached to this paper:

- Annexe 1: List of recommended appointments to the Health Committee.

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	Due to panel members coming to the end of their second term of appointment the membership of the Health Committee will be insufficient to meet planned activity.
Discussion:	2	The NMC has reviewed and discussed with the Appointments Board the operational necessity of appointing existing members of the Conduct and Competence Committee to the Health Committee, enabling them to sit on either committee. On the basis of these discussions the Appointments Board recommends the appointment of 52 panel members to the Health Committee.
	3	Recommendation: The Council is recommended to appoint the panel members listed in Annex 1 to the Health Committee.
Public protection implications:	4	Panel members are required to make decisions at fitness to practise events that protect the public.
Resource implications:	5	No direct resource implications. Panel members' costs are included in existing budgets.
Equality and diversity implications:	6	There are no identified equality and diversity implications.
Stakeholder engagement:	7	All existing members of the Conduct and Competence Committee were invited to express an interest in joining the Health Committee.
Risk implications:	8	The protection of the public could be put at risk if there are insufficient panel members to consider Health Committee cases.
Legal implications:	9	Appointments are governed by Rule 6 of the Nursing and Midwifery Council (Midwifery and Practice Committees) (Constitution) Rules of the Order of the Council 2008.

Annexe 1: List of recommended appointments to the Health Committee.

The Council is asked to appoint the following existing Conduct and Competence Committee panel members to sit on the Health Committee with effect from 1 December 2016.

No.	Surname	Forename	Lay or Registrant	Start of appointment
1	Bleiman	David	Lay	1 December 2016
2	Kennedy	Colin	Lay	1 December 2016
3	Nisbett	Alan	Lay	1 December 2016
4	Campbell	Alister	Registrant	1 December 2016
5	Guilford-Yates	Andrew	Registrant	1 December 2016
6	Witherow	Anne	Registrant	1 December 2016
7	Yates	Brian	Lay	1 December 2016
8	Hartnell	Carla	Registrant	1 December 2016
9	Healy	Caroline	Registrant	1 December 2016
10	Gill	Claire	Registrant	1 December 2016
11	Tymmes	Debroh	Registrant	1 December 2016
12	O'Donnell	Deirdre	Registrant	1 December 2016
13	Corderoy	Diane	Registrant	1 December 2016
14	Burnley	Elizabeth	Lay	1 December 2016
15	Mitchell	Florence	Registrant	1 December 2016
16	Clarke	Frances	Registrant	1 December 2016
17	Narayan	Harry	Lay	1 December 2016
18	Dowie	Iwan	Registrant	1 December 2016
19	Alexander	Jacqueline	Lay	1 December 2016
20	Nicholson	Jacqueline	Registrant	1 December 2016
21	Kivlin	Jane	Registrant	1 December 2016
22	Scattergood	Jane	Registrant	1 December 2016
23	Frost	Jennifer	Registrant	1 December 2016
24	Pennington	Jennifer	Registrant	1 December 2016
25	Banner	Jodie	Registrant	1 December 2016
26	Robbins	Judith	Registrant	1 December 2016
27	Weinberg	Julian	Lay	1 December 2016
28	Tindale	Julie	Registrant	1 December 2016
29	Bezzant	Kim	Registrant	1 December 2016
30	Lamb	Kitty	Registrant	1 December 2016
31	Taylor	Lorna	Registrant	1 December 2016
32	Hattie	Mary	Registrant	1 December 2016
33	Standing	Mooi	Registrant	1 December 2016
34	Cook	Nick	Lay	1 December 2016

35	Hallam	Nigel	Lay	1 December 2016
36	Lynch	Patricia	Registrant	1 December 2016
37	Powici	Paul	Lay	1 December 2016
38	Warburton	Paul	Registrant	1 December 2016
39	Daniels	Pauline	Registrant	1 December 2016
40	Griffith	Penny	Lay	1 December 2016
41	Tindle	Penny	Registrant	1 December 2016
42	Hopper	Rachel	Registrant	1 December 2016
43	Davies	Richard	Lay	1 December 2016
44	Lloyd-Richards	Robert	Lay	1 December 2016
45	Somerville	Robin	Lay	1 December 2016
46	McKay	Rona	Registrant	1 December 2016
47	Foster	Susan	Registrant	1 December 2016
48	Greenwood	Susan	Registrant	1 December 2016
49	Tokley	Susan	Registrant	1 December 2016
50	Mann	Tim	Lay	1 December 2016
51	Spires	Trevor	Lay	1 December 2016
52	Ard	William Paul	Lay	1 December 2016

Council

Chief Operating Officer's report

- Action:** For discussion and decision.
- Issue:** Reports on performance and risk management since the September 2016 Council meeting.
- Core regulatory function:** All regulatory functions.
- Strategic priority:** Strategic priority 1: Effective regulation.
Strategic priority 2: Use of intelligence.
Strategic priority 3: Collaboration and communication.
Strategic priority 4: An effective organisation.
- Decision required:** The Council is recommended to:
- Discuss and approve the proposed changes to corporate plan commitments 2 and 10 (paragraph 9).
 - Discuss the performance information for September and October 2016 (paragraph 23).
 - Note the corporate risk summary and risk heat map (paragraph 27).
- Annexes:** The following annexes are attached to this paper:
- Annexe 1: Performance reports
 - Annexe 2a: Corporate risk summary
 - Annexe 2b: Risk heat map.
- Further information:** If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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- Context:**
- 1 This report provides an overview of performance and risk management across the organisation, focusing on developments since the last Council meeting in September 2016.
 - 2 As discussed in September we have been reviewing the performance information presented to ensure this provides Council with a clear picture of overall and directorate performance.
 - 3 This report represents a proposed way forward by combining all aspects of directorate performance in one place. For each directorate a narrative summary of operational performance is provided alongside a snapshot of the commitments to be achieved and the budget/forecast on which this performance is based, together with any key performance indicators and relevant dashboards.
 - 4 An overall summary of the organisation's position is presented in a covering 'high level' summary report, which may ultimately include the separate financial monitoring report if Council would find that useful.
 - 5 We would welcome Council's views on these proposed changes and whether there are any other aspects of performance which it would expect to see and monitor on a regular basis.

Discussion: Chief Operating Officer's summary of performance

Midyear review update on corporate plan commitments and review of key performance indicators (annexes 1a and 1b)

- 6 In addition to the regular report on performance, an update against all corporate plan commitments at the end of quarter 2 is included. We are on track to achieve seven of the 15 commitments in the corporate plan 2016-2017 by year end. Details about the eight commitments where achievement is uncertain or not on track for year-end (forecast amber or red) are at **annexe 1b**.
- 7 In parallel with reviewing progress against the corporate plan commitments, we have considered whether any changes are necessary given developments over the first half of the year. Two changes are proposed:
 - 7.1 **Commitment 2**, Deliver a stretch target of five percent against the approved budget (excluding funds allocated for transformation) to drive value for money, which we will monitor and report against:
 - 7.1.1 It is proposed that this commitment is removed, following the discussions at Council in September where it was agreed that there were limited

opportunities to achieve this target in the light of transformation requiring full focus. In recognising the importance of striving for value for money, instead we propose to maintain clear reporting on our progress in achieving the agreed budget for 2016-17 and therefore the embedded efficiencies, developing an improved method of setting and tracking efficiencies for future years.

- 7.2 **Commitment 10**, Develop our strategic capability to enable us to articulate our data and intelligence requirements and; determine what research we should invest in, and use the outcomes to inform our work:

- 7.2.1 We will not achieve the commitment, as framed, this year. However, progress is being made towards improving current data analysis and designing future transformation requirements to becoming an intelligence-led organisation. It is proposed that the commitment is changed to:
- 7.2.2 "Develop a high level strategic approach to inform the transformation programme, which will then implement this approach building in the capability and tools as part of the future design."
- 8 We have also undertaken a midyear review of KPIs, to ensure these remain relevant and up-to-date for reporting in the second half of the financial year. No changes are being proposed at this stage. We are continuing our work to develop appropriate measures of performance to agree as KPIs for reporting in 2017–2018.
- 9 **Recommendation: discuss and approve the proposed changes to corporate plan commitments 2 and 10.**

Overview and individual directorate performance and KPIs (Annexes 1c to 1j)

- 10 The individual directorate reports present key developments since September, together with relevant financial information and relevant KPIs/dashboards. This section outlines key developments impacting on performance for each directorate, with reference to the corporate key performance indicators (KPIs).
- 11 Overall performance has been maintained across the organisation, however, there are some issues to highlight.

ICT transition impacts

- 12 The transition of our datacentre to a new supplier, requiring migration of our ICT infrastructure and systems, was completed on schedule. This was a complex and challenging operation and overall

went well. However, a number of subsequent issues had an impact on our business and whilst some were resolved within a few weeks, others require further work to resolve, particularly in Registration (see below).

Registration and Revalidation

- 13 Performance against our KPIs has been maintained. However, a combination of communications and IT issues in October had an impact on call centre performance, as outlined at **annexe 1c**. The communications issues have also resulted in an increased level of complaints. In addition, the ongoing IT issues have affected our ability to report on call centre performance.

Fitness to Practise

- 14 Performance against the interim order and 15 month end-to-end KPIs has been consistent (**annexe 1d**). The dashboard at **annexe 1e** shows the overall trends in the year to date.
- 15 We reviewed our performance at the midyear point and expect to end the year broadly in line with original expectations, although we have adjusted some of our planning assumptions, as set out in **annexe 1d**. We have also increased the volume of hearing activity to ensure we achieve the planned level of substantive adjudication decisions by the end of the year. As a result, there is an overspend of £0.4m against budget year to date. By year end, we are currently forecast to be £0.6 million above budget (which includes £2.9m of assumed efficiency savings). We will keep this under close review as vacancies are filled and hearing activity is re-profiled into the remainder of the year.
- 16 **Recommendation: The Council is invited to discuss the performance information for September and October 2016.**

Corporate risk

- 17 A corporate risk summary is attached at **annexe 2a**, listing our corporate risks alongside the current rating for each risk, any risk movement since the last Council meeting and a status update.
- 18 Corporate risks have been recently reviewed. Key points are:
 - 18.1 Risk CR30, *Major programme of change*, was split into two red-rated risks (CR30a and CR30b) to distinguish these significant and different corporate risks in undertaking our transformation work. There is proactive management of these risks to ensure that we continue to maintain core business and regulatory change delivery in parallel with achieving the required progress on transformation.
 - 18.2 CR29 *Intelligence and insight*: the risk remains red as in order

to achieve the strategic aspirations, fundamental work is required on our underpinning systems and data as well as on developing an intelligence strategy. We have procured specialist support to make best use of our current data and to start work towards an intelligence strategy. This will be ongoing and will form part of the transformation programme.

- 19 A heat map of corporate and directorate level risks is at **annexe 2b**.
 - 20 **Recommendation: The Council is invited to note the corporate risk summary and risk heat map.**
- Public protection implications:** 21 Public protection implications are considered when reviewing performance and the factors behind poor or good performance.
- Resource implications:** 22 Resource implications will be captured in the financial monitoring report.
- Equality and diversity implications:** 23 Equality and diversity implications are considered when rating the impact of risks and determining the action required to mitigate risks.
- Stakeholder engagement:** 24 KPI information, risk summary and risk heat map are in the public domain.
- Risk implications:** 25 The impact of risks is assessed and rated on the risk register. Future action to mitigate risks is also described.
- Legal implications:** 26 No direct legal implications.

Directorate performance information and key performance indicators

Contents of Annexe 1

- 1a High level summary report
- 1b Q2 report of progress against corporate plan 2016-17
- 1c Registration and Revalidation performance report
- 1d Fitness to Practise performance report
- 1e Fitness to Practise dashboard
- 1f Resources performance report
- 1g Education, Standards and Policy performance report
- 1h Business Delivery and Technology Services performance report
- 1i Transformation performance report
- 1j KPI summary table 2016-2017 year to date

This cover page provides an overarching summary status for the corporate plan commitments and budget.
The detail can be found in the accompanying directorate reports at annexes 1b to 1i.

Overview of corporate plan commitments: forecast status for year end (as at Q2)

Commentary:

Two commitments are rated red (not on track to be fully achieved at year end). These are our commitments around a five percent stretch target for financial efficiencies and around data, intelligence and research.

More detail is at **annexe 1b, commitments 2 and 10**. Midyear changes are proposed to these two commitments, having taken into account developments in the first half of the year.

	Red	Amber	Green
Transforming the NMC (strategic priorities 3 and 4)	1	4	
Effective regulation (strategic priorities 1 and 3)		1	6
Use of intelligence (strategic priority 2)	1		1
Communication and collaboration (strategic priority 3)		1	
Commitment RAG totals (15 in total)	2	6	7

Financial highlights for the organisation as at October

Income

At £49.7 million year to date with a forecast £84.8 million by year end, income is broadly in line with that planned in the budget.

Expenditure

It is anticipated that the year to date underspend will be carried through to year end as activity increases across FTP and ESP directorates but is offset by the underspend in Resources. Expenditure, including Capital, is £0.1 million year above budget year to date but is expected to be in line with budget by year end.

Efficiencies

Embedded efficiencies of £4.6 million were built into the 2016-2017 budget. These efficiencies are expected to be delivered to the extent we achieve core activity whilst remaining within budget.

Budget status – 31 October

£'000

Figures in () represent an overspend

Budget YTD	Variance YTD £	Variance YTD %	Budget year end	Forecast variance £	Forecast variance %	Narrative
48,137	477	1%	83,223	345	0%	Broadly in line with budget

Workforce status – 31 October

FTE	Budgeted posts	Breakdown of filled total				Variance (overall filled total vs approved posts)	Narrative
		Perm and FTC employees	Agency	Contractor	OVERALL filled total		
809.7	666	117.6	44.8	828.4	(18.7)	Seasonal temps in Registration	

Quarter 2 summary of progress against the corporate plan 2016–2017

1 July – 30 September 2016

Our corporate plan sets out our commitments for 2016-2017 towards achieving the corporate strategy 2015-2020. This report presents:

An update and assessment of our performance and progress to date in these areas.

An assessment of whether we expect to deliver the commitment by year end 31 March 2017.

Any proposed changes to the commitments halfway through the year.

Definitions of table headings		
Commitment for 2016–2017	Work we are undertaking in 2016–2017 as stated in the corporate plan.	
Q2 update (July – September 2016)	Explanation of progress during quarter 2. The Q2 narrative references (a) the work we should have done in Q2; (b) whether we have done that work; (c) if not, why not, and an explanation of whether we are taking any recovery action to get us back on track to achieving the commitment by year end (and what this work is).	
Red/amber/ green (RAG) rating	Current status This reflects an assessment of our current progress and performance.	Forecast status (year end) This reflects our anticipated position at 31 March 2017.
Red	Significant work has not been progressed.	We do not expect to fully meet this commitment by year end.
Amber	Work is still at early stages or we have not met planned milestones.	It is not yet clear whether the commitment will be met at the year end.
Green	Most, if not all work has been progressed to date.	We are on track to meet all areas of this commitment.

	Corporate plan commitment 2016-17	Current status	Forecast status (Mar 2017)	Q2 update (July-September 2016)
	Transforming the NMC (strategic priorities 3 and 4)			
1	Plan, resource and initiate our transformation programme. The programme will cover all aspects of our organisation, people and location, as well as improving the experience of our customers.	Red	Amber	This is currently rated red given the scope, scale and challenges in a major transformation programme. There are still transitional/enabling elements to be put in place particularly around accommodation and people. We have considerable work planned to finalise on the location aspect and to ensure we can present a coherent business case in March 2017.
1a	<i>Our organisation</i> By October 2016, have defined what the organisation shape, size and business processes should be, and have published our transformation roadmap.	Red	Amber	Considerable progress has been made on the development of this and a high level roadmap has been shared with the Leadership Team. We are in the process of developing the Gateway approach with clear points throughout the programme for Council review.
1b	<i>Our people</i> Develop a People Strategy that sets out the skills, capabilities and culture that the organisation will need now and for the future. This will address how we will attract, retain, support and reward people to meet our priorities. Produce a detailed plan to drive the achievement of the People Strategy and deliver outputs in accordance with that plan once agreed. Complete a pilot management training programme to build management capability in our first level managers. We will then evaluate its effectiveness and the potential for full roll out.	Amber	Amber	We are developing a People Strategy which will be discussed with Council in seminar in November. The delegates who attended the pilot management development programme are currently receiving individual coaching to facilitate transfer of learning back into the workplace. Evaluation of the pilot programme will be completed by the end of December 2016.

	Corporate plan commitment 2016-17	Current status	Forecast status (Mar 2017)	Q2 update (July-September 2016)
1c	<p><i>Our location</i> Develop a full accommodation business case setting out costed options to enable us to make decisions on future accommodation and location by March 2017.</p> <p>In parallel, produce a transition plan to implement the recommended option in the accommodation business case.</p>	Amber	Amber	<p>We are in the information gathering and development stage of the business case and, whilst timescales are challenging, are on track to submit by the planned date.</p> <p>The transition plan is being developed as the business case and location options are further developed. This will include the people aspects of any location decision.</p>
2	<p><i>Value for money</i> Deliver a stretch target of five percent against the approved budget (excluding funds allocated for transformation) to drive value for money, which we will monitor and report against.</p>	Red	Red	<p>As was discussed at September Council the five percent stretch target will not be achieved in full.</p> <p>Midyear review proposed change to the commitment: To remove this commitment following the discussions at Council in September, where it was agreed that there were limited opportunities to achieve this target in the light of transformation requiring full focus. In recognising the importance of striving for value for money, instead we propose to maintain clear reporting on our progress in achieving the agreed budget for 2016-17 and therefore the embedded efficiencies, developing an improved method of setting and tracking efficiencies for future years.</p>
Effective regulation (strategic priorities 1 and 3)				
3	<p><i>Education</i> Draft new standards setting out the skills and competencies required of the future nurse, ready for consultation which will complete in 2017–2018.</p> <p>Engage with stakeholders through the work we are doing to develop new standards.</p>	Green	Green	<p>On track: draft competencies will be discussed at Council seminar in November 2016. Once feedback received the consultation document will be finalised before consultation in Q1 of 2017/18.</p> <p>Significant four country engagement continues and stakeholder feedback has informed the development of the draft standards for competency.</p>

	Corporate plan commitment 2016-17	Current status	Forecast status (Mar 2017)	Q2 update (July-September 2016)
4	<p><i>Education</i></p> <p>Commission an independent fundamental review of how nursing and midwifery education could be quality assured in the future, resulting in a set of options by March 2017. This review will take into account the changing arrangements for quality assurance in the higher education sector more generally.</p>	Green	Green	<p>On track: Independent supplier has been commissioned and has commenced this work. They are engaging with stakeholders and are aligning this review to the developing education framework.</p>
5	<p><i>Midwifery regulation</i></p> <p>Continue to support successful transition of midwifery supervision in all four countries of the UK.</p> <p>Develop and implement a comprehensive communication plan to ensure that stakeholders have a clear understanding of regulation after the legislative change</p> <p>Update our own policies, systems and processes to ensure we are ready for the consequences of legislative change in midwifery regulation.</p>	Amber	Amber	<p>All our internal preparatory work is on track. However at the time of reporting, the forecast status remains amber because DH has not published its response to the section 60 consultation and some of our next actions are awaiting that response. We are continuing to seek regular progress updates from DH.</p> <p>We have continued to participate in the CNO-led work on new models of supervision and plans are now well advanced.</p> <p>We have disseminated to the four country midwifery leads our transition paper, approved by Midwifery Committee, setting out the wider implications of legislative change for decision makers in each jurisdiction.</p> <p>We have developed a comprehensive communications plan for midwifery regulatory change, the next steps of which will be implemented when the government publishes its awaited response to the section 60 consultation.</p>
6	<p><i>FtP</i></p> <p>Prepare a detailed plan so that we are ready to implement the significant changes to our legislation to ensure that we can resolve fitness to practise cases in the right way at the right time. This will include developing</p>	Green	Green	<p>We have met our milestones: a high level plan is in place and detailed workstream plans are being developed.</p> <p>Initial policy proposals have been developed for how we use the new methods of disposal the section 60 will introduce (undertakings, warnings and advice). Second tranche policy thinking is being developed.</p>

	Corporate plan commitment 2016-17	Current status	Forecast status (Mar 2017)	Q2 update (July-September 2016)
	policy and process for additional powers for Case Examiners and the Investigating Committee, and the development of systems and processes to support the changes.			We are working towards building detailed process maps for the operationalisation of S60 as well as requirements for the CMS system. The consultation went live on 24 October 2016.
7	<p>Registration</p> <p>Monitor the operational effectiveness of revalidation in its first full year of implementation and ensure continuous improvement to the process and our systems.</p>	Green	Green	<p>75,513 nurses and midwives revalidated between July and September. This means that over 110,000 nurses and midwives have now completed revalidation. Revalidation rates across the four UK countries are extremely positive with around 94% of those due to revalidate doing so successfully. The proportion of nurses and midwives renewing their registration is in line with previous years and the pattern of revalidation is consistent between UK countries and between registration types.</p> <p>An internal audit review concluded that there is a good operational control framework in place but has made some recommendations for improvement which we are now addressing.</p>
8	<p>Registration</p> <p>Make it easier for nurses and midwives to pay their registration fee by rolling out the facility to make payments in quarterly instalments.</p>	Green	Green	<p>Quarterly phased payments were introduced in June 2016. Since then 29,394 registrants have signed up to pay by quarterly instalments (this equates to 4.3% of our total registrant base).</p> <p>The ability to pay by instalments continues to be implemented in a phased manner in accordance with the plan.</p>
9	<p>FtP and Registration</p> <p>Maintain and continue to improve our regulatory performance (as measured by corporate KPIs) throughout transformation.</p>	Green	Green	<p>Although there have been issues with our call centre reporting, our performance against our registrations corporate KPIs was strong throughout the quarter, with all corporate KPIs being met.</p> <p>With regard to FtP measures, we met the target for KPI 2 (interim orders) and performance remained consistent at 78% in the final month of the quarter against KPI 3 (15 month end to end).</p>

	Corporate plan commitment 2016-17	Current status	Forecast status (Mar 2017)	Q2 update (July-September 2016)
	Use of intelligence (strategic priority 2)			
10	<p>Develop our strategic capability to enable us to articulate our data and intelligence requirements.</p> <p>Determine what research we should invest in, and use the outcomes to inform our work.</p>	Red	Red	<p>We have now procured external support to assist in the development of a strategic approach to intelligence, with the report expected in December 2016. This work is also looking at the data requirements and approach that will need to be part of transformation.</p> <p>The replacement of current systems brought about by transformation provides the opportunity to make the fundamental progress required. All data held in future will be capable of being analysed and reported against to support evidence-led decisions. In the meantime there is further work to apply reporting tools to our current data and the tactical work on coding of allegations and employer information is progressing as planned.</p> <p>Research continues to be predominantly focused on supporting corporate commitment delivery and evaluation. Again this function is expected to be built as part of transformation which designs in the research and analysis capability to supplement the modernised systems and powerful analytical tools.</p> <p>As written, this commitment will not be achieved in this year. However progress is being made towards improving current data analysis and designing future transformation requirements. Therefore, a change is proposed for this commitment. Midyear review proposed change:</p> <p>Revise the commitment to say: "Develop a high level strategic approach to inform the transformation programme, which will then implement this approach building in the capability and tools as part of the future design."</p>
11	Be in a position by March 2017, for our Employer Link Service to begin to analyse data from FtP referrals and employer settings to enable wider risk based	Amber	Green	<p>Work to improve our ability to make use of the data we collect has progressed as planned. Development is underway to make the necessary system changes.</p> <p>Simple analytical reports on the numbers of referrals from HSC Boards in Northern</p>

	Corporate plan commitment 2016-17	Current status	Forecast status (Mar 2017)	Q2 update (July-September 2016)
	interventions at an earlier stage to enhance public protection.			<p>Ireland and Health Boards in Wales have been shared with relevant systems regulators and we are now regularly sharing reports with Health Improvement Scotland.</p> <p>The current status is rated amber because a risk remains around delivery of supporting CMS functionality at the end of November. The forecast status is green because, even allowing for some slippage in CMS delivery, we expect to meet our commitment by the end of the year.</p>
Communication and collaboration (strategic priority 3)				
12	Improve our access to the views of patients and the public through new public and patient networks in each of the four countries and use this to shape and inform our work.	Amber	Amber	<p>This is rated amber to reflect progress to date.</p> <p>Following discussion with the Council in February 2016, we took forward proposals to pilot a 'hub' approach to engaging with patients and the public.</p> <p>Further to an initial event Belfast in May, we held further events to establish hubs in Wales and Scotland in September and October. We now need to confirm plans to establish a hub in England by March 2017.</p> <p>We have agreed with the General Medical Council to co-deliver an event for patient and public groups. This event is anticipated to take place in early 2017 and will provide us with an additional mechanism for gaining public feedback on the future of healthcare regulation.</p> <p>As requested by the Council, a seminar session is planned for early 2017 to discuss how we currently ensure our work is informed by patient and public expectations and how this can be done better in future and what capabilities might be needed.</p>

Registration and Revalidation performance report

Operational performance summary

There were 114,372 registrants due to complete their Annual Retention in September. These registrants were successfully sent a reminder in August. However we normally send a further email before the end of the month their fee is due. Due to a manual error the second reminder email was not sent out. This error was not detected until after month end, and therefore a number of registrants had allowed their registration to lapse. Moving forward these reminders will be automated (as of November 2016).

In addition the directorate encountered a number of IT issues at the beginning of October which meant that staff could not access systems and some customers could not get through to our call centre.

The combination of these two issues meant that the call centre struggled with demand for the first week in October and although performance was quickly recovered there was an impact on the overall October call centre performance. Due to ongoing IT issues, we cannot currently confirm our call centre performance figures. Based on manual calculation, we believe it is likely that the call centre performance for October will be in the 80-85% range of call attempts answered. We do however believe we can still achieve target performance for the full year.

An increased volume of complaints and our low customer satisfaction scores also reflect the issues seen at the beginning of October.

Budget status – 31 October		£'000	Figures in () represent an overspend			
Budget YTD	Variance YTD £	Variance YTD %	Budget year end	Forecast variance £	Forecast variance %	Narrative
3,672	(55)	(1%)	6,145	(232)	4%	Unexpected legal costs and higher number of appeals in the first half of the year than forecasted.

Corporate plan commitment for 2016-17 (see detailed updates at annex 1b)	Current status	Forecast status (year end)
Monitor the operational effectiveness of revalidation in its first full year of implementation and ensure continuous improvement to the process and our systems.	Green	Green
Make it easier for nurses and midwives to pay their registration fee by rolling out the facility to make payments in quarterly instalments.	Green	Green
Maintain and continue to improve our regulatory performance (as measured by corporate KPIs) throughout transformation.	Green	Green

Registration and Revalidation performance report – corporate KPIs

Time period: Aug - Oct 2016

KPI 1a - Percentage of UK initial registration applications completed within 10 days

Average for 2015–16	August 2016		September 2016		October 2016		Year to date avg	Year end average target	
	No.	As a %	No.	As a %	No.	As a %			
97.4%	1,258	99.1%	3,471	99.4%	7,753	99.3%	98.7% (Green)	95% within 10 days	Primary target
98.7%	1,263	99.5%	3,483	99.8%	7,787	99.8%	99.5% (Green)	99% within 30 days	Secondary target

Commentary:

We have successfully achieved both parts of this KPI for the second month in a row despite the significant challenges that the IT issues have presented and as well as processing more than double the volume of applications compared with the previous month.

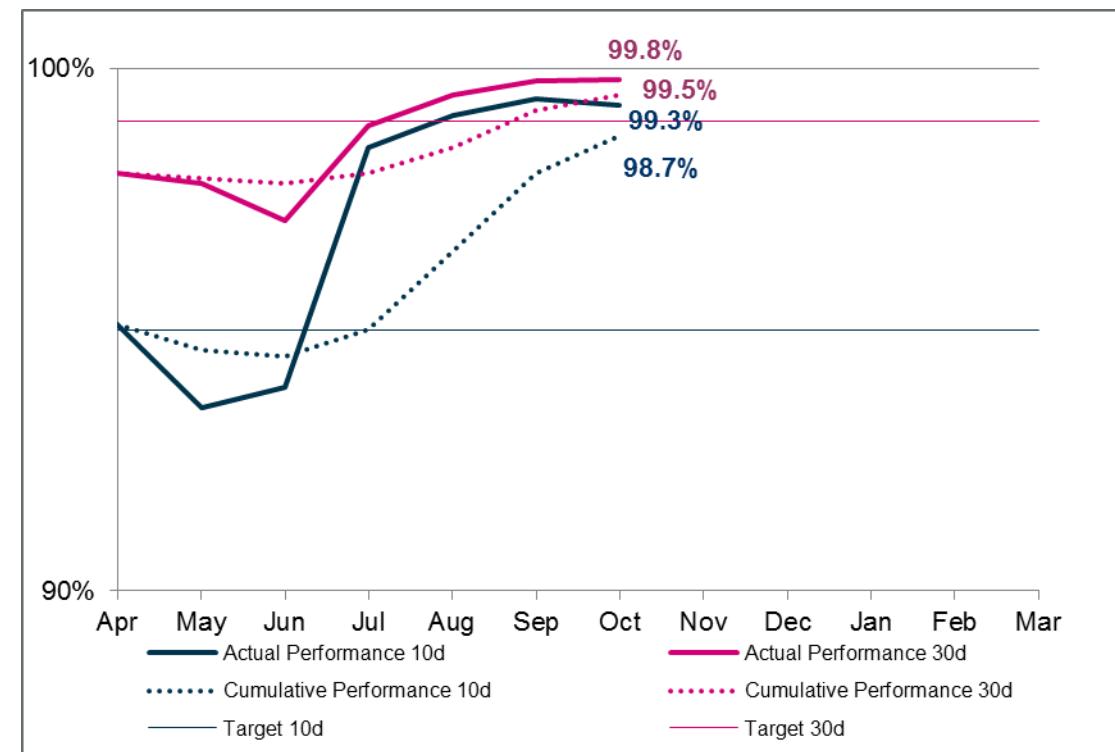
The UK Registration and RAST team are continuing to review the processes that influence this target to ensure they are efficient and customer focused.

Primary target Red/Amber/Green rating:

Green – figure is greater than or equal to 95% target, Amber – between 90% and 94.9%, Red – 89.9% or lower.

Secondary target Red/Amber/Green rating:

Green – figure is greater than or equal to 99% target, Amber – between 94% and 98.9%, Red - 93.9% or lower.



KPI 1b - Percentage of EU/overseas registration applications assessed within 68 days

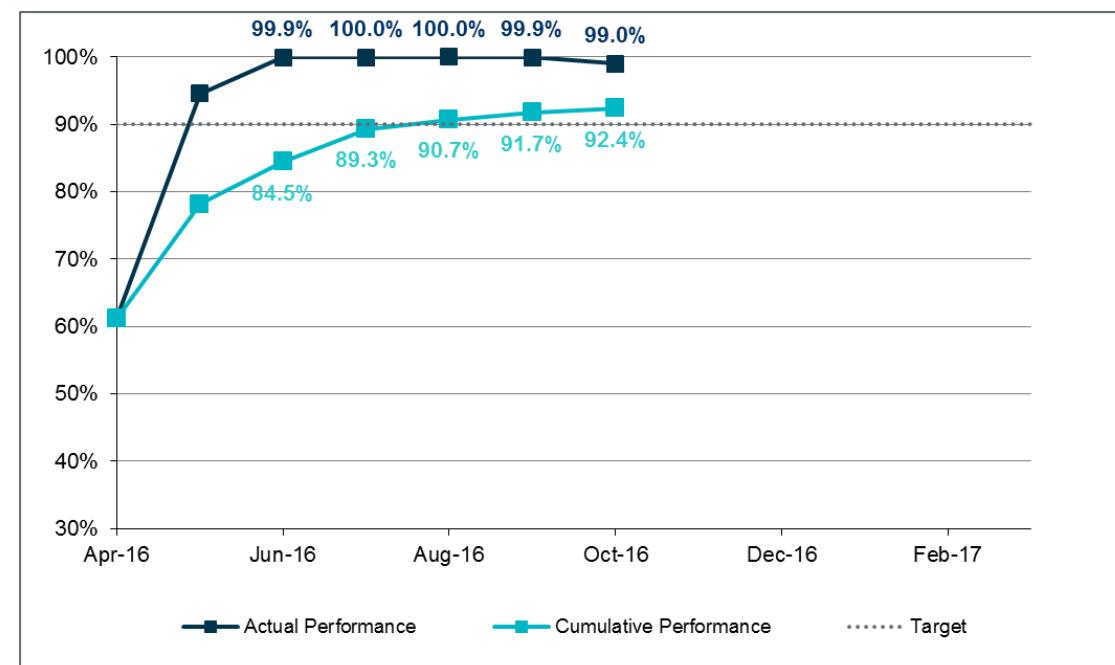
August 2016		September 2016		October 2016		Year to date avg	Year end average target
No.	As a %	No.	As a %	No.	As a %		
1,490	100%	1,439	99.9%	1,254	99.0%	92.4% (Green)	90%

Commentary:

We continue to achieve excellent performance against this target.

Red/Amber/Green rating:

Green - figure is greater than or equal to 90% target, Amber - between 85 and 89.9%, Red - 84.9% or lower.



Registration and Revalidation performance report – supplementary information

Time period: Aug – Oct 2016

Percentage of calls answered

Full year 2015–16	August 2016	September 2016	October 2016	Year to date
86.4%	97.7%	96.5%*	%	%
34,128/815 answered/abandoned	36,398/1,352* answered/abandoned	/ answered/abandoned		

*September data runs from 01/09/2016 to 29/09/2016. Due to system issues, we do not yet have the data for 30/09/2016.

Commentary:

Due to ongoing system issues, we do not have the data required to calculate this KPI performance accurately. According to manual daily data collection, we believe we missed the target on 6 business days, achieving or surpassing it on 15. Based on this, we believe that we have not achieved the 90% target for October. We hope to be able to calculate this accurately once planned IT fixes have been implemented. We expect performance to be in the 80-85% range. We believe that we will still achieve KPI target for the year.

During the first week of the month, we received a very high call volume, largely from registrants who had lapsed unintentionally having not paid.

Percentage of customers rating their overall experience as 'good' or 'very good', and percentage of customers who felt we had answered their query

Measure	August 2016	September 2016	October 2016	Year to date
Overall experience	80.5%	74.2%	58.6%	75.2%
Query resolution	79.2%	75.2%	62.6%	77.6%

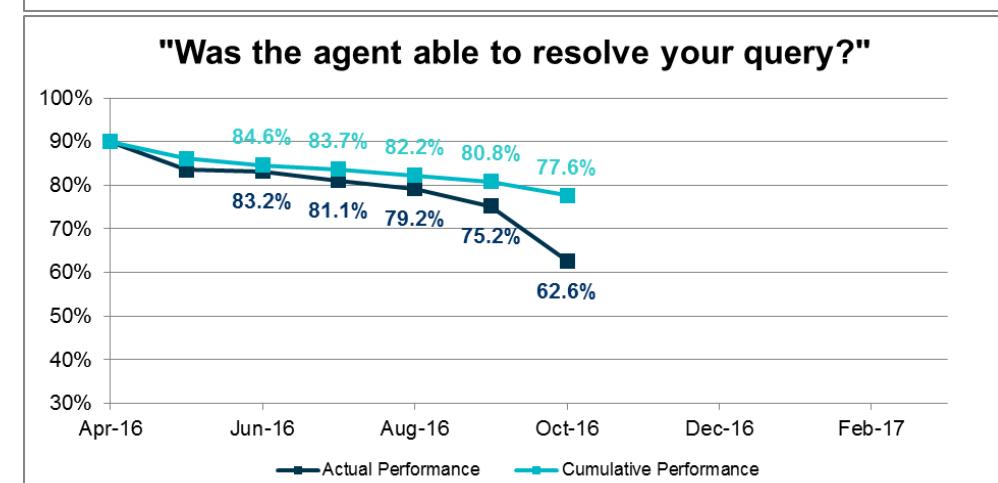
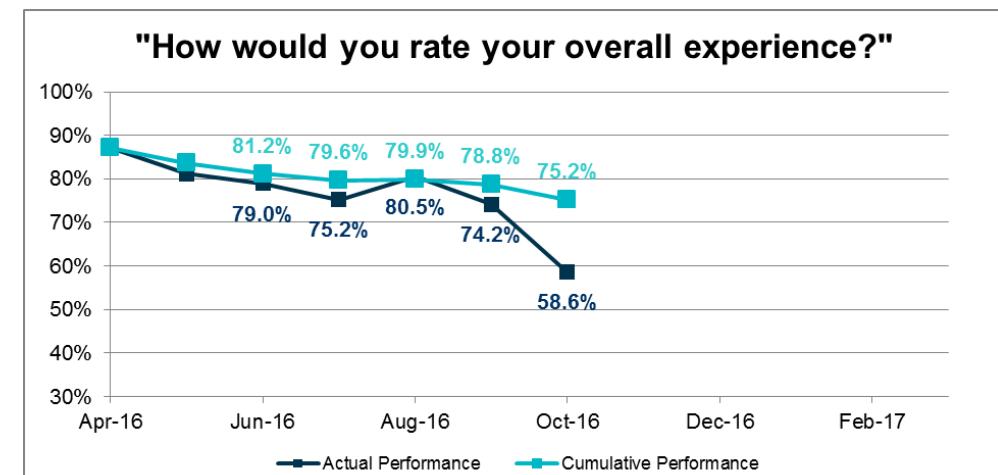
Commentary:

We are extremely disappointed with this result.

We are working actively with external stakeholders to improve our communication with registrants particularly around lapsing.

We are investigating automated methods for analysing our survey responses to help us improve our customer's experience.

For the reporting period, the majority of dissatisfaction expressed related to the requirement for lapsed registrants to undergo the readmissions process.



Fitness to Practise performance report

Operational performance summary

As outlined below, we remain on track to deliver our three corporate commitments by the end of the year. There is some risk associated with the delivery of CMS changes to support enhanced data analysis; however, we still expect to meet our commitment to begin to analyse data from FtP referrals and employers by the end of the financial year.

Performance against our KPIs, as outlined on the next page, has remained consistent. Our interim order performance (KPI 2) has exceeded the 80% target. Our performance against our 15 month target (KPI 3) remains consistent at 78%.

Our overall caseload has gone up slightly because we had a record number of referrals in October. As indicated in the Chief Operating Officer's report, we reviewed our performance at the midyear point and expect to end the year broadly in line with original expectations, although we have adjusted some of our planning assumptions. We have achieved our expected Screening closure rate but have reduced the expected Case Examiner closure rate in line with performance over the last 12 months. However, more positively throughput at the Case Examiners stage increased in September and October as staffing levels in the Investigation teams stabilise. We expect this level of performance to be maintained for the remainder of the year.

Following the mid-year review, we have increased the volume of hearing activity to ensure we achieve the planned level of substantive adjudication decisions by the end of the year. As a result, there is an overspend of £0.4m against budget year to date. By year end, we are currently forecast to be £0.6 million above budget (which includes £2.9m of assumed efficiency savings). We will keep this under close review as vacancies are filled and hearing activity is re-profiled into the remainder of the year. Areas of risk for the remainder of the year are sustaining investigations performance; clearing older cases; and maintaining a high volume of hearings activity.

Budget status – 31 October		£'000	Figures in () represent an overspend					
Budget YTD	Variance YTD	Variance YTD %	Budget year end	Forecast variance	Forecast variance %	Narrative		
22,296	(418)	(2%)	39,051	(602)	(2%)	Increased hearing activity YTD and forecast for the remainder of the year		
Corporate plan commitment for 2016-17								
(see detailed updates at annex 1b)							Current status	Forecast status (year end)
Prepare a detailed plan so that we are ready to implement the significant changes to our legislation to ensure that we can resolve fitness to practise cases in the right way at the right time. This will include developing policy and process for additional powers for Case Examiners and the Investigating Committee, and the development of systems and processes to support the changes.							Green	Green
Maintain and continue to improve our regulatory performance (as measured by corporate KPIs) throughout transformation.							Green	Green
Be in a position by March 2017, for our Employer Link Service to begin to analyse data from FtP referrals and employer settings to enable wider risk based interventions at an earlier stage to enhance public protection.							Amber	Green

Fitness to Practise performance report – corporate KPIs

Time period: Aug – Oct 2016

KPI 2 – Percentage of interim orders (IO) imposed within 28 days of opening the case					KPI 3 - Percentage of FtP cases concluded within 15 months of being opened				
Average for 2015–16 (March 2016)	August 2016	September 2016	October 2016	Year end average target	Average for 2015–16 (March 2016)	August 2016	September 2016	October 2016	Year end average target
89%	91%	91%	92% (Green)	80%	78%	79%	78%	78% (Amber)	80%

Red/Amber/Green rating: Red - cumulative average for previous 12 months is less than 72%, Amber - between 72% and 80%, Green - greater than or equal to 80%

FtP Performance Dashboard - April to October 2016



Operational performance summary

Key commitments are being delivered in line with the plan and reflecting the developing Transformation programme. The exception to this is the five percent stretch target which, whilst significant elements are being delivered, it was agreed at September Council not to monitor. Instead we are focusing efforts on the wider Transformation programme which will deliver significant efficiencies, and to the development of a more comprehensive directorate performance indicator framework that will monitor key process unit costs.

Corporate KPI 4 measuring Available Free Reserves is in line with budget at £20.8m and within the agreed range of £10-30 million. Corporate KPI 5 shows staff turnover at 25%, in line with recent performance.

The location workstream has been established and the Estates team is working on a tender for additional support following on from the initial work undertaken to enable a decision to be made in March 2017. The People Strategy is in draft form and Council will have the opportunity to provide comment, interviews are underway for additional Organisation Development resources. An employee forum has been set up to and will feed into the engagement plans for the period of the programme. A draft communication and engagement plan has been developed and roll out of the top level target operating model is ongoing. This has been delivered by assistant directors based on material from the Communications team and has had positive feedback from the teams.

Budget status – 31 October		£'000	Figures in () represent an overspend				
Budget YTD	Variance YTD £	Variance YTD %	Budget year end	Forecast variance £	Forecast variance %	Narrative	
6,366	179	3%	12,464	1,211	10%	Below budget due to procuring cheaper temporary accommodation than planned and due to forecasting less repairs and maintenance than budgeted.	

Corporate plan commitment for 2016-17 (see detailed updates at annex 1b)	Current status	Forecast status (year end)
Develop a People Strategy that sets out the skills, capabilities and culture that the organisation will need now and for the future. This will address how we will attract, retain, support and reward people to meet our priorities.	Amber	Amber
Produce a detailed plan to drive the achievement of the People Strategy and deliver outputs in accordance with that plan once agreed.		
Complete a pilot management training programme to build management capability in our first level managers. We will then evaluate its effectiveness and the potential for full roll out.		
Develop a full accommodation business case setting out costed options to enable us to make decisions on future accommodation and location by March 2017.	Amber	Amber
In parallel, produce a transition plan to implement the recommended option in the accommodation business case.	Amber	Amber
Deliver a stretch target of five percent against the approved budget (excluding funds allocated for transformation) to drive value for money, which we will monitor and report against.	Red	Red

Resources performance report – corporate KPIs

Time period: August - Oct 2016

All information on this page relates to the organisation and not the directorate.

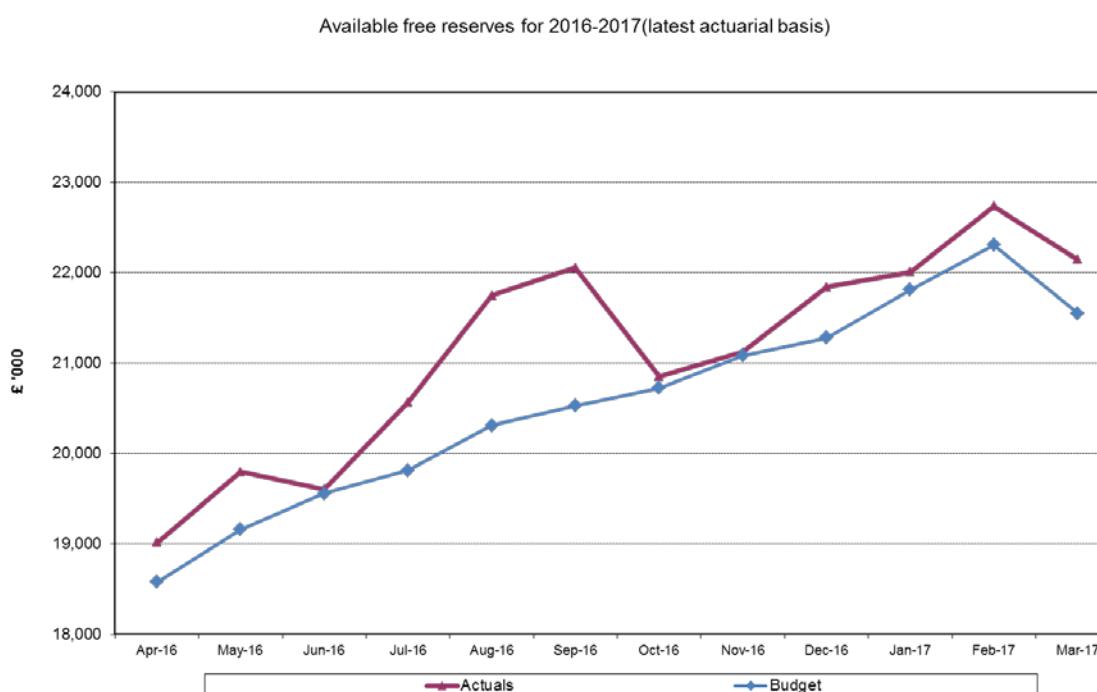
KPI 4 – Free reserves

2015–16 year end 31 March 2016	August 2016	Sept 2016	Oct 2016	Forecast 31 March 2017	Budget 31 March 2017
1. Available free reserves using latest actuarial estimate of pension deficit (in line with audited financial statements)					
17.9	21.7	22.1	20.8	22.1	21.5
2. Available free reserves using existing cash commitments to address pension deficit					
22.7	26.6	26.9	25.6	27.0	26.4

Commentary:

Available free reserves are forecast to be in line with budget. A key risk to this forecast lies in the actuarial valuations being undertaken with respect to the Defined Benefit pension scheme. These are the Triennial review for the pension fund itself and for the annual accounts in March. To the extent that the deficit changes up, or down, this will impact on the calculation of the AFR.

Red/Amber/Green rating: Year end forecast vs Year end target
Figures in £ million.



KPI 5 – Staff turnover rate

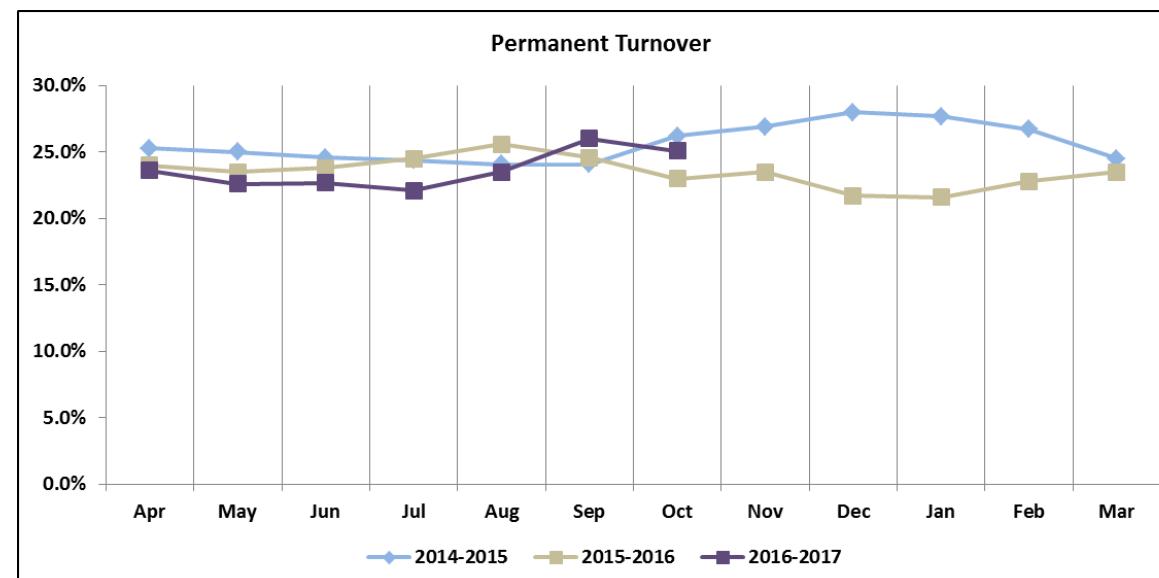
Historic figure (March 2016)	August 2016	September 2016	October 2016
23.5%	23.5%	26%	25.1%

Commentary:

Staff turnover in October decreased slightly to 25.1%.

There were 8 permanent leavers in October, 7 were voluntary resignations and 1 redundancy. Fitness to Practise had 6 leavers, of which 2 had service of less than 12 months. Business Delivery and Technology Services had 2 leavers, of which 1 had service of less than 12 months.

Permanent headcount in September increased by 13 staff to 646.



No target has been set for 2016-17. It would be difficult to set a meaningful target due to unpredictability over the size of the permanent workforce over the year and the uncertainty around the longer term structure and location of NMC functions. Instead, performance is being monitored and includes reference to longer historic trends.

Education, Standards and Policy performance report

Operational performance summary

Our work for the education programme is on track and we continue to work within the agreed budget. A full update is included in the separate Council agenda item.

Our QA annual report has been completed and is on the Council agenda for November 2016.

Additional external resource to support work on the education framework project and keep it on track has been secured. The cost is within our overall budget, utilising our earlier underspend resulting from the resource shortfall.

Staff vacancies in the education and standards teams have now been recruited to. There are two vacancies in the policy team which are currently being recruited to due to recent resignations.

Budget status – 31 October		£'000	Figures in () represent an overspend				Narrative
Budget YTD	Variance YTD £	Variance YTD %	Budget year end	Forecast variance £	Forecast variance %		
2,870	644	22%	4,697	224	5%		

Corporate plan commitment for 2016-17 (see detailed updates at annex 1b)	Current status	Forecast status (year end)
Draft new standards setting out the skills and competencies required of the future nurse, ready for consultation which will complete in 2017–2018.	Green	Green
Engage with stakeholders through the work we are doing to develop new standards.		
Commission an independent fundamental review of how nursing and midwifery education could be quality assured in the future, resulting in a set of options by March 2017. This review will take into account the changing arrangements for quality assurance in the higher education sector more generally.	Green	Green
Continue to support successful transition of midwifery supervision in all four countries of the UK.	Amber	Amber
Develop and implement a comprehensive communication plan to ensure that stakeholders have a clear understanding of regulation after the legislative change.		
Update our own policies, systems and processes to ensure we are ready for the consequences of legislative change in midwifery regulation.		

Business Delivery and Technology Services (BD and TS) performance report

Operational performance summary

The Datacentre transition was the major piece of work during this period. While overall it went relatively well there were significant challenges in the immediate short term due to the fragility of some of our systems. This meant we had some considerable periods of down time which impacted on performance across the NMC – particularly affecting Ftp and Registrations. The transitional after effects lasted for approximately two weeks and impacted across the NMC. We have now resolved the majority of issues. We will be undertaking a detailed lessons learnt on the exercise as it did provide considerable insight into some of our application and system issues which we will need to be aware of in the wider transformation.

We had a further loss of service incident during this period which was due to an external supplier undertaking a wrong piece of work which led to loss of work for Ftp at our Aldwych office and also impacted on the phone lines. We are pursuing action with the external supplier to ensure this is compensated and safeguards are put in place to prevent re-occurrence. We have had some further incident with the network lines at Portland Place. However because of the Datacentre transition we were able to switch to the secondary lines with minimum interruption (approximately $\frac{1}{2}$ hour) to our customers.

We have had a number of ongoing issues at Hanover Square and other sites relating to printers and scanners. Investigation found that we have some outdated software and network issues. The network issues relating to the printers have now been resolved, however the out of date software is part of a continuous improvement plan as we review and update our processes and look to replace our technology.

We continue to find a 'fix' for the call centre reporting issue. We are working with our supplier to find the root cause and ensure it will not reoccur.

As an example of the volume of work our current systems generate, our IT Service Desk receives an average of 3,000 calls a month. We resolve 75% of these calls at first point of contact. These figures do show however the need for radical transformation.

We have also recently finalised the restructure of the directorate to strengthen both our Programme Management capability and Enterprise Architecture, all of which is to underpin the transformation programme. We are also redesigning our programme management reporting and methods approach to provide more robust oversight across our portfolio.

Budget status – 31 October		£'000	Figures in () represent an overspend				
Budget YTD	Variance YTD £	Variance YTD %	Budget year end	Forecast variance £	Forecast variance %	Narrative	
5,524	188	3%	9,005	260	3%	Broadly in line with budget however does not reflect forecast overspend on ICT capital projects of £0.9 million.	

BDTS are not directly responsible for the delivery of any Corporate Plan commitments however, as a supporting function, BDTS enables delivery of some of these such as the Education and Section 60 programme work.

Operational performance summary

The programme is developing pace and considerable work is underway on the transitional/enabling elements which will ensure we are in the right place for Council approval at March 2017. This includes all the financial, people and accommodation workstreams.

There have been considerable challenges in capacity and capability during this time period. This has been addressed by a restructure of the BDTS directorate together with a comprehensive overhaul of the approach to transformation. Tenders are underway to bring in additional support in Programme Management and an IT Strategic Partner. Revised governance is in place with a refreshed Programme Board and the establishment of the Contact Centre workstream (including digital front end).

The Contact Centre workstream (including digital front end) and the team are working on the plan for 2017/18. This includes all the technology, data, people, financial aspects. We have a customer engagement piece of work underway to give us feedback from our registrants and to help further development.

As part of the longer term element of Insight and Intelligence, preliminary work has begun on exploring the data that we can extract from current systems and mapping requirements for future applications.

Budget status – 31 October		£'000	Figures in () represent an overspend				Narrative
Budget YTD	Variance YTD £	Variance YTD %	Budget year end	Forecast variance £	Forecast variance %		
1,582	110	7%	2,849	10	0%	Forecast to spend budget.	

Corporate plan commitment for 2016-17 (see detailed updates at annexe 1b)	Current status	Forecast status (year end)
Plan, resource and initiate our transformation programme. The programme will cover all aspects of our organisation, people and location, as well as improving the experience of our customers.	Red	Amber
By October 2016, have defined what the organisation shape, size and business processes should be, and have published our transformation roadmap.	Red	Amber

References to the corporate plan commitments in relation to the people strategy and our accommodation/location can be found in annexe 1b and the Resources directorate report.

Corporate KPI figures: Summary table for year to date 2016-2017

This information is provided for reference.

KPI		2015-2016			2015-2016 Average	2016-2017												Target
		Jan	Feb	Mar		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec				
1a	% of UK reg applications completed within 10 days	92.8%	96.3%	98.4%	97.4%	95.1%	93.5%	93.9%	98.5%	99.1%	99.4%	99.3%					95%	
1a	% of UK reg applications completed within 30 days	96.5%	97.6%	99.5%	98.7%	98.0%	97.8%	97.1%	98.9%	99.5%	99.8%	99.8%					99%	
1b	% of EU/OS reg applications assessed within 68 days^	53.4%	64.8%	63.7%	87.5%	61.2%	94.6%	99.9%	100%	100%	99.9%	99%					90%	
2	% of interim orders imposed within 28 days of opening the case	88%	89%	89%	89%	89%	90%	90%	91%	91%	91%	92%					80%	
3	Proportion of FtP cases concluded within 15 months of being opened	78%	78%	78%	78%	78%	78%	78%	78%	79%	78%	78%					80%	
4	Free reserves ^	£21.4m	£22.8m	£22.7m*	£22.7m*	£23.7m	£24.4m	£24.5m	£25.4m	£26.6m	£26.9m	£25.6m					£26.4m	
5	Staff turnover	21.6%	22.8%	23.5%	23.5%	23.6%	22.6%	22.7%	22.1%	23.5%	26.0%	25.1%					n/a	

*spot figure not an average

^ calculated using existing cash commitments, to ensure consistency across the whole period. Please refer to annex 1f for figures based on actuarial estimate of pension deficit from April 2016 onwards. RAG ratings are based on that month's year end forecast vs the March 2017 budget/target

Corporate risk summary

Ref	Date of entry	Corporate risks	Risk rating	Movement Since Sept Council	Status <i>Recent developments, planned mitigations</i>
CR26	April 2016	Education – training must provide nurses and midwives with the right skills and competencies to meet the needs of patients and the public now and in the future.	A	↔	<p>This risk will be mitigated by the delivery of our Education Strategic Plan. It is likely to remain amber for some time.</p> <p>The midwifery aspect of this risk is to be addressed in line with the recently agreed timetable for the development of midwifery standards (agreed by the Council in September 2016).</p>
CR27	April 2016	We may register, or we may have registered, people who do not meet our requirements or standards.	A	↔	<p>The Registration and Revalidation directorate is undertaking a series of process reviews to enhance and improve internal processes, to help mitigate this risk.</p>
CR28	April 2016	FtP outcomes – we must take appropriate action to protect the public in relation to a nurse or midwife's fitness to practise. We must also engage with stakeholders to improve understanding of our FtP work and prevent misconceptions.	A	↔	<p>Work to improve the functionality of our FtP case management system has been delayed to Q3 but will have an impact once carried out. There is ongoing engagement and communications to convey key messages to stakeholders about the purpose of our FtP processes. Longer term, the implementation of Section 60 legislative changes will improve our FtP function and reduce this risk.</p>
CR29	April 2016	We must effectively gather and use intelligence, including the insight we have into the external environment, to enable us to identify and respond to risks and to anticipate, influence and	R	↔	<p>The rating for this risk remains red: it reflects the considerable work to be done and the potential impact on the achievement of our strategic aims. We have procured specialist support to make best use of our current data and to start work towards an</p>

Ref	Date of entry	Corporate risks	Risk rating	Movement Since Sept Council	Status <i>Recent developments, planned mitigations</i>
		respond appropriately to external changes that impact our regulatory work.			intelligence strategy. This will be ongoing and will form part of the transformation programme.
CR25	Feb 2016	Midwifery transition and strategic communication - we must engage and communicate effectively with the sector about the changes.	A		As mitigation, we are implementing a communications plan covering all stakeholders and undertaking work on key reference documents to be used with stakeholders. We are awaiting DH response to the section 60 consultation, and will review this risk once known.
CR30 a	Oct 2016	In undertaking our major multi-year programme of change, we may not be sufficiently responsive, flexible or alert to external impacts and the need to respond accordingly in order to deliver the desired benefits of transformation leading to better regulation.	R	New risk	The previous larger risk around transformation (CR30) has been split into two, and this risk focuses specifically on delivery of transformation. The red rating reflects the early stage of the Transformation programme and the scale and complexity of the work involved.
CR30 b	Oct 2016	The impact of the transformation programme may adversely affect our delivery of business as usual and regulatory change.	R	New risk	This second risk stemming from CR30 focuses on the potential impact on business as usual and regulatory change (such as our section 60 work). It is being actively monitored and managed via monitoring mechanisms, the development of the transformation programme and as part of corporate business planning. The red rating reflects that the bulk of transformation is yet to occur.
CR31	April 2016	We may not have the right organisational structure, culture and capabilities in place to deliver the corporate	A		The development of a People Strategy is a key mitigation that will address this risk, alongside reviews of roles and skills and training.

Ref	Date of entry	Corporate risks	Risk rating	Movement Since Sept Council	Status Recent developments, planned mitigations
		strategy, which includes transformation, core business and regulatory change.	A		
CR32	April 2016	We must manage our financial resources in the most efficient and sustainable way and communicate our approach in a transparent and articulate manner.	A	↔	A financial strategy was discussed by Council in July and September 2016 and is being reviewed on an ongoing basis, given the change programmes happening. Our transformation programme is being put in place to deliver longer term efficiencies.
CR23	July 2015	We must ensure we are prepared in the event of actions giving rise to a loss of business continuity.	A	↔	Key planned mitigations for Q4 are completion of a business continuity policy, framework and further training.

Key to the risk ratings

The rating table below provides a summary of what the red / amber / green ratings mean. The following scoring tables demonstrate how the scores and therefore ratings are determined. Each risk is assessed and given a likelihood and an impact score.

Rating definitions

Red	A high likelihood that the risk could happen and a huge impact on public protection and the achievement of our objectives if the risk happened.
Amber	A medium to high likelihood that the risk could happen and/or moderate to major impact on public protection and the achievement of our objectives if the risk happened.
Green	A low likelihood that the risk could happen and a low impact on public protection and the achievement of our objectives if the risk happened.

Key to arrows

- ↔ No movement of risk rating since previous Council meeting.
- ↑ Risk rating has increased since previous Council meeting.
- ↓ Risk rating has reduced since previous Council meeting.

Risk scoring

1. Rating the likelihood

Likelihood of risk occurring		
Term	Score	Guidance
Very high	5	There is strong evidence (or belief) to suggest that the risk will occur during the timescale concerned. Typical likelihood of 81-100%
High	4	There is some evidence (or belief) to suggest that the risk will occur during the timescale concerned. Typical likelihood of 51-80%
Medium	3	There is some evidence (or belief) to suggest that the risk may occur during the timescale concerned. Typical likelihood of 21-50%
Low	2	There is little evidence (or belief) to suggest that the risk may occur during the timescale concerned. Typical likelihood of 6-20%
Very low	1	There is no evidence (or belief) to suggest that the risk may occur at all during the timescale concerned. Typical likelihood of 0-5%

2. Rating the impact (consequence)

Impact if risk occurs		
Term	Score	Guidance
Critical	5	Critical impact on the achievement of business, project and public protection objectives, and overall performance. Huge impact on public protection, costs and/or reputation. Very difficult to recover from and long term consequences.
Major	4	Major impact on costs and achievement of objectives. Affects a significant part of the business or project. Serious impact on output, quality, reputation and public protection. Difficult and expensive to recover from and medium to long term consequences.
Moderate	3	Significant waste of time and resources. Impact on operational efficiency, output and quality, hindering effective progress against objectives. Adverse impact on public protection, costs and/or reputation. Not easy to recover from and medium term consequences.
Minor	2	Minor loss, delay, inconvenience or interruption. Objectives not compromised. Low impact on public protection and/or reputation. Easy to recover from and mostly short term consequences.
Insignificant	1	Minimal loss, delay, inconvenience or interruption. Very low or no impact on public protection, costs and/or reputation. Very easy to recover from and no lasting consequences.

3. Scoring likelihood against impact

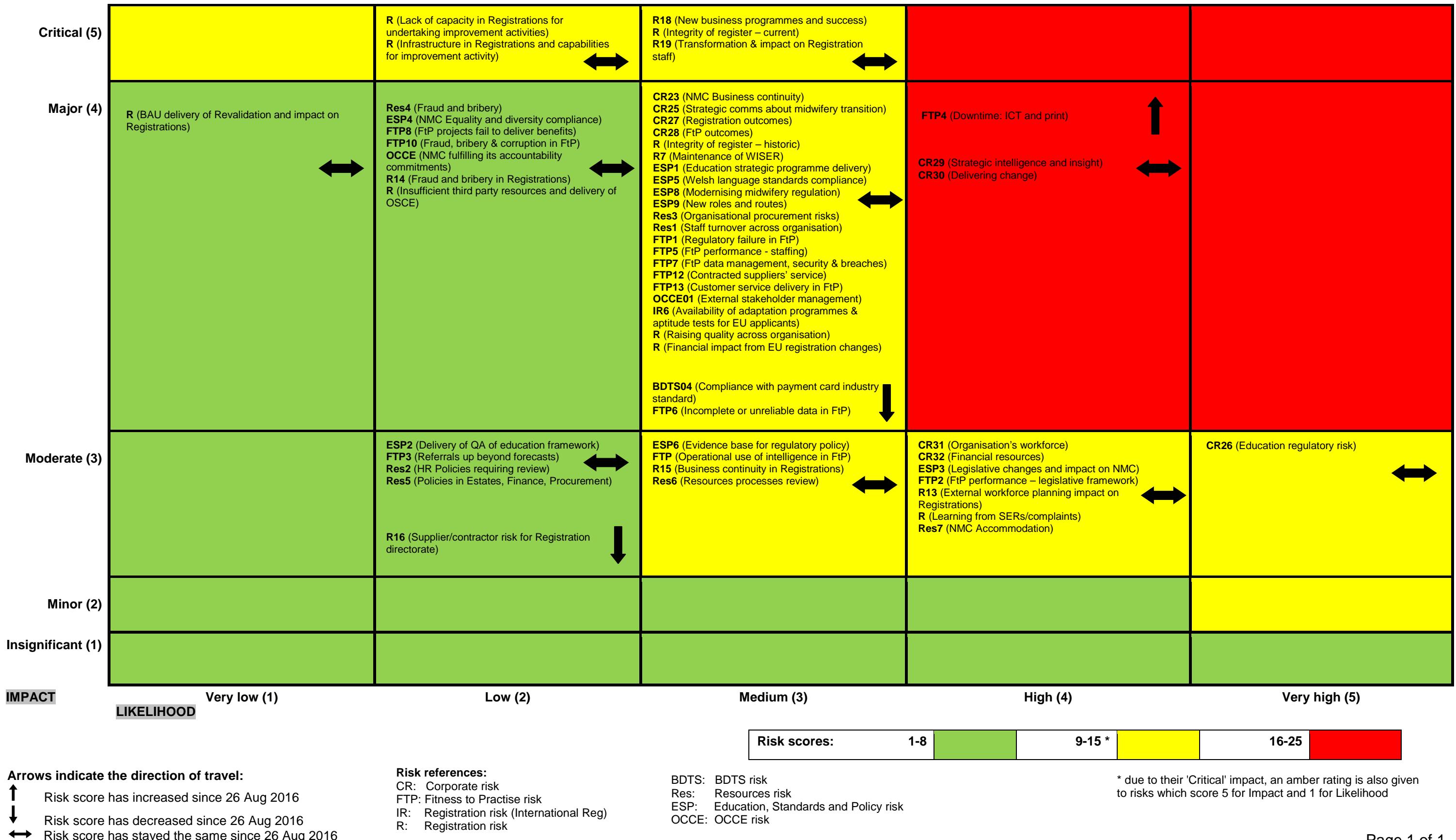
Impact	CRITICAL	5	5	10	15	20	25
	MAJOR	4	4	8	12	16	20
	MODERATE	3	3	6	9	12	15
	MINOR	2	2	4	6	8	10
	INSIGNIFICANT	1	1	2	3	4	5
	Score	1	2	3	4	5	
		VERY LOW	LOW	MEDIUM	HIGH	VERY HIGH	
Likelihood							
Risk scores: 1-8 Green 9-15* Amber 16-25 Red							

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

Risk heat map of corporate and directorate risks as at 14 November 2016

This map presents changes in post-mitigation scores for corporate and directorate risks. It is not a comprehensive map of all our risks. Following the risk register refresh exercise by each directorate, we are reviewing which risks would be useful for the Council to have sight of and should appear on future risk heat maps within corporate reporting.

The direction of travel reflects changes since 26 August 2016 (preparation of September 2016 Council papers).



Council

Financial monitoring report to 31 October 2016

Action: For discussion and decision.

Issue: Provides financial performance information for the year to date and forecasts for the year end.

Core regulatory function: Supporting functions.

Strategic priorities: Strategic priority 4: An effective organisation.

Decision required: None.

Annexes: The following annexe is attached to this paper:

- Annexe 1: October 2016 financial results.

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

Author: Richard Wilkinson
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- Context:**
- 1 A financial monitoring report is presented to Council at each meeting.
 - 2 Over the past four years the NMC has been moving from a position of financial insecurity to one of stability. This progress is continuing.
 - 3 Full financial stability will allow us to fulfil our responsibilities as a dynamic regulator in accordance with the NMC Strategy, whilst at the same time giving excellent value for the fees that our registrants pay. It will also enable the NMC to support the transformation programme with the objective of improving effectiveness and efficiency.

Discussion: **Year to date (YTD) results and full year forecast (Annexe 1)**

Income

- 4 At £49.7 million year to date with a forecast £84.8 million by year end, income is broadly in line with that planned in the budget.

Expenditure

- 5 At this stage in the year, spend is £0.5 million below budget. This is expected to reduce to an estimated £0.3 million by year end. In particular:

- 5.1 Office of Chair and Chief Executive (OCCE) is £0.1 million below budget year to date. This is forecast to be £0.2 million below budget by year end.
- 5.2 Registration & Revalidation (R&R) is £0.1 million above budget year to date due and is forecast to be £0.2 million above budget by year end due to additional staffing requirements to accommodate core activity during peak periods.
- 5.3 Following a mid-year review, FTP has increased the volume of hearing activity to ensure the planned level of substantive adjudication decisions is achieved by the end of the year. As a result, there is an overspend of £0.4m against budget year to date. By year end, FTP is currently forecast to be £0.6 million above budget (which includes £2.9m of assumed efficiency savings). This is being kept under review as vacancies are filled and hearing activity is re-profiled into the remainder of the year.
- 5.4 Education Standards & Policy (ES&P) is £0.6 million below budget year to date due to the slower than planned recruitment to new roles to support the Education Strategic

programme. By year end ESP is forecast to only £0.2 million below budget due to engaging consultants to expedite this work alongside ESP staff.

- 5.5 Business Delivery & Technology Services (BD&TS) is £0.2 million below budget year to date, and is forecast to remain so through to year end, due to a higher proportion of project work being capital in nature than planned. The current programme of work has been reviewed and the forecast has been updated to reflect this. This is offset by IT capital works which is forecast to be £0.9 million over budget by year end, as reflected in the discussion of capital in paragraphs 6 and 7 below.
- 5.6 Transformation is £0.1 million below budget year to date and is forecast to be in line with budget by year end.
- 5.7 Resources is £0.2 million below budget year to date and is forecast to be £1.2 million below budget by year end due to procuring cheaper temporary accommodation than planned and due to forecasting significantly less repairs and maintenance than budgeted.
- 5.8 Corporate is £0.3 million above budget year to date and is forecast to be £0.7 million above budget by year end. This reflects higher than budgeted depreciation of NMC software which follows a review of projects completed in 2015-2016 identifying that a higher amount of assets were created and need to be depreciated.

Capital

- 6 Capital spend is £0.6 million above budget at this stage. This is as a result of IT capital projects being delivered ahead of schedule and, as reflected in paragraph 5.4 above, since a higher proportion of project work year to date has been capital in nature than budgeted.
- 7 By year end it is anticipated that capital spend will be £0.4 million above budget as work on core systems draws to a close. The forecast over spend of £0.9 million on IT capital projects is offset by not spending a budgeted capital provision of £0.5 million for works on 23 Portland Place.

Overall picture

- 8 Currently, a revenue underspend of £0.3m is expected at year end with increases in activity in FTP and ESP directorate being offset by the underspend in Resources. Overall expenditure, including Capital, is £0.2 million above budget year to date, and is expected to be in line with budget by year end.

Cashflow

- 9 Cash is broadly in line with budget. To 31 October 2016, starting in June 2016, 36,295 (5%) of registrants have opted to pay by phased payments. The impact on cash flow to date is, therefore, limited however will be continued to be monitored together with the number of registrants opting to pay quarterly.

Efficiencies 2016-2017

- 10 Embedded efficiencies of £4.6 million were built into the 2016-2017 budget. These efficiencies are expected to be delivered to the extent we achieve core activity whilst remaining within budget. FTP is forecast to achieve £2.3m of the £2.9m of embedded efficiencies in its budget. As discussed at September Council the 5% stretch target will not be achieved in full.

Efficiencies 2017-2018 and later

- 11 The focus of our current effort is to develop NMC's approach to delivering and demonstrating efficiency in 2017-2018 and beyond. As part of the current planning and budgeting process we are taking a more systematic and robust approach to measuring efficiencies. Directorates are identifying directorate performance indicators (DPIs) which will help to inform their efficiency of performance. Measures will include a variety of appropriate indicators for example unit cost of core activity.

Public protection implications:	12 The monitoring of financial results and forecasts enables the NMC to ensure it has sufficient resources to deliver continued public protection.
Resource implications:	13 The key financial indicators for current and projected levels are discussed in this paper.
Equality and diversity implications:	14 None.
Stakeholder engagement:	15 None.
Risk implications:	16 Risks in relation to forecasting and financial resourcing are set out in directorate and corporate risk registers.
Legal implications:	17 None.

Actual, budget & forecast 2016-2017
£000

ANNEXE 1

INCOME AND EXPENDITURE		April to October			Full Year		
2016/2017		Actual	Budget	Variance	Forecast	Budget	Variance
Total Income		49,700	49,791	(92)	84,783	84,875	(92)
OCCE		2,127	2,273	146	3,803	3,999	196
Registration & Revalidation		3,727	3,672	(55)	6,376	6,145	(232)
FTP		23,345	22,926	(418)	39,653	39,051	(602)
Education Standards & Policy		2,225	2,870	644	4,474	4,697	223
Business Delivery & Technology Services		5,336	5,524	188	8,745	9,005	260
Transformation		1,473	1,582	110	2,839	2,849	10
Resources		6,187	6,366	179	11,253	12,464	1,211
Corporate (see note 1)		3,242	2,925	(317)	5,736	5,014	(722)
Total Expenditure		47,661	48,137	477	82,878	83,223	345
Income less Expenditure		2,039	1,654	385	1,905	1,652	253
Business Delivery & Technology Services		1,893	1,313	(580)	2,633	1,750	(883)
Estates		0	0	0	0	500	500
Capital		1,893	1,313	(580)	2,633	2,250	(383)

1. Corporate current budget includes depreciation (£3,214k); PSA levy (£1,743k)

Actual, budget & forecast 2016-2017

BALANCE SHEET INDICATORS	Oct-16			31 March 2017		
	Actual	Budget	Variance	Forecast	Budget	Variance
Net assets	55,775	55,390	385	55,641	55,388	253
less: Fixed assets	22,897	22,637	260	21,893	22,235	(342)
Total free reserves before pensions deficit	32,878	32,754	125	33,747	33,153	595
less: Pension deficit (latest actuarial basis)	12,031	12,031	0	11,606	11,606	0
Available free reserves (latest actuarial basis)	20,847	20,723	125	22,141	21,546	595
less: Pension deficit (cash committed basis)	7,167	7,167	0	6,743	6,743	0
Available free reserves (cash committed basis)	25,711	25,587	125	27,005	26,410	595

Cash summary	Oct 2016
Investments (up to 12 month deposits)	62,500
Current account	27,677
Total cash	90,177

Investments	Oct 2016	Lloyds	Barclays	HSBC
Less than 12 month deposits	16,500	4,000	12,500	
12 month deposits	46,000	29,000	17,000	
Total Investments	62,500	33,000	29,500	0
Current Account				27,677
Total Cash	90,177	33,000	29,500	27,677
% Split		37%	33%	31%

Council

Audit Committee Report

Action: For information.

Issue: Reports on the work of the Audit Committee.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: No decision is required.

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.

Secretary: Fionnuala Gill
Phone: 020 7681 5842
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Chair: Marta Phillips

- Discussion**
- 1 In keeping with good practice, Committee members met the Head of Internal Audit without the Executive team present. The Head of Internal Audit was able to report that they receive appropriate cooperation when carrying out their internal audit work, although sometimes there are minor scheduling issues in arranging meetings. There are no issues of concern to report.
 - 2 As only two members were able to attend the meeting on 25 October 2016, the Committee was not quorate. However it was decided to proceed as most agenda items were for advice and/or comment. Members present were able to give views, rather than make formal recommendations, where necessary.

Internal audit recommendations

- 3 Committee members present at the meeting are pleased to report that good progress has been made on clearing internal audit recommendations from previous audits, with 27 recommendations recommended for closure. Progress on the seven remaining outstanding overdue recommendations will continue to be monitored by the Audit Committee.
- 4 The current process for closing a recommendation requires internal audit to review and sign off all recommendations, before they are then put to the Audit Committee. This approach was originally requested by the Committee due to the number of outstanding recommendations and the need to provide additional assurance on improvements.
- 5 Committee members were satisfied that given the progress made, the Executive should now take responsibility for signing off recommendations as having been completed. In keeping with good practice internal audit will, from time to time, follow up its recommendations and report to the Audit Committee.

Internal audit work programme

- 6 Members present considered an update on progress on the internal audit work programme 2016–2017, including a verbal update on the completed internal audit reviews of Transformation and Revalidation, which it will discuss fully at its next meeting.
- 7 Members present were pleased to note the progress made against the Finance Improvement programme. All controls due for completion by October 2016 were complete and further improvements were in hand.
- 8 While some progress had been made against the Procurement Improvement programme, there is still considerable work to do to

fully implement the outstanding recommendations. This area remains a key focus for the Executive to ensure that improvements are delivered and embedded. Internal audit will be undertaking further review of this area towards the end of the calendar year.

Assurance map

- 9 Members present commented on a draft revised format of the Assurance map, which had been developed taking into account established practice in other organisations and best practice thinking. The Assurance map is designed to provide visibility and an assessment of the mechanisms and processes in place that give Audit Committee confidence in the level of assurance activity in place. It also highlights those areas where further work is necessary to develop the required level of assurance.
- 10 Members present found the proposed format helpful and made a number of comments on it, and asked that the current draft be circulated to members who were not at the meeting to enable them to comment before further significant work was done. Comments made by members will be incorporated in a further revision of the Assurance map.

Annual review of internal audit effectiveness

- 11 Members present considered the annual review of the effectiveness of the Internal Audit service, reflecting performance in the year to 31 March 2016. The review had been conducted by survey questionnaires, one for Audit Committee members and one for the Chief Executive and directors. Key areas for improvement, both for internal audit and the Executive, had been identified and would be addressed.

Review of Financial Regulations

- 12 Members present commented on draft revised Financial Regulations, which have been significantly rewritten since the version approved at the March 2016 Council meeting. The revised regulations are shorter and more strategic. Supplementary guidance is being developed for use by staff.
- 13 Members present noted that comments made would be taken into account and the draft regulations would be discussed further with the Chair and Chief Executive (as Accounting Officer), prior to submission to Council for approval.

Public protection implications:

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

Resource implications: 15 No resource implications arising directly from this report.

Equality and diversity implications: 16 No direct equality and diversity implications resulting from this report.

Stakeholder engagement: 17 None.

Risk implications: 18 No risk implications arising directly from this report.

Legal implications: 19 None identified.

Council

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

Action: For information.

Issue: Reports actions taken by the Chair of the Council since 28 September 2016 under delegated powers in accordance with Standing Orders.

There has been two Chair's actions:

1. Appointment to the Midwifery Committee.
2. Appointment of legal assessors.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: None.

Annexes: The following annexe are attached to this report:

- Annexe 1: Chair's action – Appointment of Ms Angela Cunningham as a member of the Midwifery Committee from 1 October 2016 until the Midwifery Committee is disestablished by legislation or for two years whichever is the shorter period.
- Annexe 2: Chair's action – Appointment of 43 new legal assessors with immediate effect and appointment of 107 legal assessors for a further term from 1 January 2017.

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

Chair's Action

Under NMC Standing Orders, the Chair of the Council has power to authorise action on minor, non-contentious or urgent matters falling under the authority of the Council (Scheme of Delegation, paragraph 4.6). Such actions shall be recorded in writing and passed to the Secretary who maintains a record of all authorisations made under this paragraph. The Chair is required to report in writing, for information, to each Council meeting the authorisations which have been made since the preceding Council meeting.

Each Chair's action must set out full details of the action that the Chair is requested to authorise on behalf of the Council.

Requested by: Fionnuala Gill, Secretary to the Council	Date: 27 September 2016
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Appointment to the Midwifery Committee

1. There is currently a vacancy on the Midwifery Committee for a practising midwife from Scotland. Although there is specific legislative provision which allows the Committee to continue to operate with a vacancy, given the regulatory changes ahead, it would be beneficial for the Committee to have access to a registrant perspective to bring knowledge and understanding of the Scottish health and social care regulatory context.
2. Given forthcoming legislative proposals to remove the statutory Midwifery Committee, it was not considered fair or appropriate to conduct a full competitive recruitment process to fill the vacancy for a limited period. Various options were explored and with the help of the Chief Nursing Officer (Scotland) a suitable candidate identified.
3. In accordance with the Council's scheme of delegation (paragraph 4.2.5), the Chair is asked to appoint Ms Angela Cunningham as a member of the Midwifery Committee:
 - 3.1. From 1 October 2016 until the Midwifery Committee is disestablished by legislation or for two years whichever is the shorter period.
 - 3.2. Subject to the conditions that Remains a practising midwife, as defined in the Nursing and Midwifery Order; and continues to live, or work, wholly, or mainly, in Scotland.

Signed



(Chair)

Date 27 September 2016

Chair's Action

Under NMC Standing Orders, the Chair of the Council has power to authorise action on minor, non-contentious or urgent matters falling under the authority of the Council (Scheme of Delegation, paragraph 4.6). Such actions shall be recorded in writing and passed to the Secretary who maintains a record of all authorisations made under this paragraph. The Chair is required to report in writing, for information, to each Council meeting the authorisations which have been made since the preceding Council meeting.

Each Chair's action must set out full details of the action that the Chair is requested to authorise on behalf of the Council.

Requested by: Sarah Page Director of Fitness to Practise	Date: 14 November 2016
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At the Appointments Board meeting on 20 October 2016, the Board considered the outcome of a recent recruitment exercise for legal assessors to the fitness to practise committeees. The Board recommended the appointment of 43 new legal assessors to Council to begin a three year term from 1 January 2017. The date was chosen to tie in with the date of re-appointment of the existing cohort whose terms all expire at the end of December 2016.

Due to a change in operational requirements we wish to bring forward the date of appointment for the 43 new legal assessors so that we are able to instruct Legal Assessors from this group immediately. The Appointments Board has been advised of the change of requirement and has confirmed it is content for the appointments to be brought forward to 15 November 2016.

The Board also recommended the appointment of 107 existing legal assessors for a further term from 1 January 2017.

Full details of the individuals for appointment can be found in the attached paper (annexe 1).

Signed

(Chair)

Date 14 November 2016

Annexe 1: For Chair's Action

Legal assessor appointments and reappointments

Action: For decision.

Issue: Appointment of 43 new legal assessors and the appointment of 107 current legal assessors for a further term.

Core regulatory function: Fitness to Practise.

Strategic priority: Strategic priority 1: Effective regulation.

Strategic priority 4: Effective organisation.

Decision required: The Chair is recommended to:

- Appoint the 43 new legal assessors with immediate effect, as set out at Annexe 1; and
- Appoint 107 current legal assessors for a further term from 1 January 2017.

Annexes: The following annexe is attached to this paper:

- Annexe 1: Appointment as a Nursing and Midwifery Council legal assessor.

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	There is a requirement under Article 34 of the Nursing and Midwifery Order 2001 for legal assessors to be appointed by the Council. Article 34(5) states that a legal assessor must have 10 years' experience as a barrister, solicitor or advocate. Legal assessors are approved on the basis of their, qualification, experience, and suitability in accordance with Article 34(5).
Discussion:	2	In February 2016 the NMC reviewed and discussed with the Appointments Board the operational requirements for legal assessors. Following this, a recruitment campaign for new legal assessors commenced along with the collection of performance information relating to all current legal assessors.
	3	To ensure that the NMC attracted a high quality and diverse range of candidates, a role analysis was completed prior to the role being advertised by an external recruitment partner.
	4	The role analysis was carried out using a combined approach of interviews, focus groups and observations which were conducted on a broad stakeholder group of current legal assessors, NMC staff and practice committee members.
	5	The role was advertised in a wide range of online media along with specialty publications focused on groups which are currently under represented in the legal assessor pool including women and people from BAME backgrounds.
	6	The Appointments Board scrutinised the details of the recruitment strategy and the monitoring data from each stage of the campaign and recommends to Council the appointment of the 43 new Legal Assessors.
	7	The Board also recommends the re-appointment of 107 existing legal assessors who following a rigorous assessment of performance, have been identified as meeting the required standards, for a term of three years, from 1 January 2017.
	8	Recommendation: The Chair is recommended to: <ul style="list-style-type: none"> • Appoint the 43 new legal assessors with immediate effect, as set out at Annex 1; and • Appoint 107 current legal assessors for a further term from 1 January 2017.
Public protection implications:	9	Legal assessors provide legal advice to the practice committees which contribute to decisions which protect the public.
Resource implications:	10	No direct resource implications. Legal assessor costs are included in existing budgets.

- Equality and diversity implications:** 11 The NMC is committed to increasing diversity in the legal assessor pool.
12 Steps taken to increase diversity amongst applicants are outlined above.
- Stakeholder engagement:** 13 All parties have been engaged in the process.
- Risk implications:** 14 Failure to appoint sufficient legal assessors will prevent the NMC from sustaining current hearings activity.
- Legal implications:** 15 The appointment of legal assessors is a matter for the Council under Article 34(5) of the Order.

Annexe 1 – Appointment as a Nursing and Midwifery Council legal assessor

The following 150 lawyers have declared they are qualified for appointment as a legal assessor according to the criteria set out in Article 34 of the Nursing and Midwifery Order 2001.

Following the recommendation from the Appointments Board, the Council is asked to appoint the following legal assessors for the terms specified below.

No.	Surname	Forename	Start of term date	End of term date	Type of Appointment
1	Tyson	Richard	1 January 2017	31 December 2019	Re-appointment
2	Smith	Christopher	1 January 2017	31 December 2019	Re-appointment
3	Rea	Karen	1 January 2017	31 December 2019	Re-appointment
4	Swinstead	David	1 January 2017	31 December 2019	Re-appointment
5	Clapham	David	1 January 2017	31 December 2019	Re-appointment
6	Lal	Sanjay	1 January 2017	31 December 2019	Re-appointment
7	Caudle	John	1 January 2017	31 December 2019	Re-appointment
8	Parry	Nigel	1 January 2017	31 December 2019	Re-appointment
9	Miliken-Smith	Mark	1 January 2017	31 December 2019	Re-appointment
10	Sutton	Mark	1 January 2017	31 December 2019	Re-appointment
11	Heaney	Conor	1 January 2017	31 December 2019	Re-appointment
12	Cornell	Kate	1 January 2017	31 December 2019	Re-appointment
13	Ashworth	Megan	1 January 2017	31 December 2019	Re-appointment
14	Khan	Hassan	1 January 2017	31 December 2019	Re-appointment
15	Gogarty	Alain	1 January 2017	31 December 2019	Re-appointment
16	Rowley	Jane	1 January 2017	31 December 2019	Re-appointment
17	Harris	Iain	1 January 2017	31 December 2019	Re-appointment
18	McKay	Christopher	1 January 2017	31 December 2019	Re-appointment

19	Sampson	Graeme	1 January 2017	31 December 2019	Re-appointment
20	Ayling	Tracy	1 January 2017	31 December 2019	Re-appointment
21	Hughes	Angela	1 January 2017	31 December 2019	Re-appointment
22	Waite	John-Paul	1 January 2017	31 December 2019	Re-appointment
23	Dodd	Margaret	1 January 2017	31 December 2019	Re-appointment
24	Young	Andrew	1 January 2017	31 December 2019	Re-appointment
25	Searle	Barrie	1 January 2017	31 December 2019	Re-appointment
26	Hartley	Caroline	1 January 2017	31 December 2019	Re-appointment
27	Marshall	David	1 January 2017	31 December 2019	Re-appointment
28	Sharpe	David	1 January 2017	31 December 2019	Re-appointment
29	Smith	Duncan	1 January 2017	31 December 2019	Re-appointment
30	Moore	Fiona	1 January 2017	31 December 2019	Re-appointment
31	Ross	Iain	1 January 2017	31 December 2019	Re-appointment
32	Gibbon	Juliet	1 January 2017	31 December 2019	Re-appointment
33	Gau	Justin	1 January 2017	31 December 2019	Re-appointment
34	Ranaghan	Michael	1 January 2017	31 December 2019	Re-appointment
35	Jennings	Peter	1 January 2017	31 December 2019	Re-appointment
36	Barlow	Philip	1 January 2017	31 December 2019	Re-appointment
37	Miller	Richard	1 January 2017	31 December 2019	Re-appointment
38	Kendal	Timothy	1 January 2017	31 December 2019	Re-appointment
39	Curtis	Charles	1 January 2017	31 December 2019	Re-appointment
40	Hadfield	Charlotte	1 January 2017	31 December 2019	Re-appointment
41	Readings	Douglas	1 January 2017	31 December 2019	Re-appointment
42	Goldman	Linda	1 January 2017	31 December 2019	Re-appointment
43	Leach	Robin	1 January 2017	31 December 2019	Re-appointment
44	Jones	Rupert	1 January 2017	31 December 2019	Re-appointment
45	Bradbury	Tim	1 January 2017	31 December 2019	Re-appointment
46	Jones	Trevor	1 January 2017	31 December 2019	Re-appointment
47	Widdup	Jeffrey	1 January 2017	31 December 2019	Re-appointment
48	Epstein	Michael	1 January 2017	31 December 2019	Re-appointment
49	Mercer	Neil	1 January 2017	31 December 2019	Re-appointment

50	Ashford-Thom	Ian	1 January 2017	31 December 2019	Re-appointment
51	Reid	Andrew	1 January 2017	31 December 2019	Re-appointment
52	Bell	Michael	1 January 2017	31 December 2019	Re-appointment
53	Parsley	Charles	1 January 2017	31 December 2019	Re-appointment
54	Jacobs	Alexander	1 January 2017	31 December 2019	Re-appointment
55	Hogg	Douglas	1 January 2017	31 December 2019	Re-appointment
56	Wise	Oliver	1 January 2017	31 December 2019	Re-appointment
57	Partridge	Ian	1 January 2017	31 December 2019	Re-appointment
58	Sullivan	Mark	1 January 2017	31 December 2019	Re-appointment
59	Leviseur	Nicholas	1 January 2017	31 December 2019	Re-appointment
60	Davey	Toby	1 January 2017	31 December 2019	Re-appointment
61	Crossin	Patricia	1 January 2017	31 December 2019	Re-appointment
62	Wilcox	Nicholas	1 January 2017	31 December 2019	Re-appointment
63	MacPherson	Angus	1 January 2017	31 December 2019	Re-appointment
64	Stephenson	Ben	1 January 2017	31 December 2019	Re-appointment
65	Holdsworth	James	1 January 2017	31 December 2019	Re-appointment
66	Hosford-Tanner	Michael	1 January 2017	31 December 2019	Re-appointment
67	Granville-Stafford	Andrew	1 January 2017	31 December 2019	Re-appointment
68	Hammond	Sean	1 January 2017	31 December 2019	Re-appointment
69	Pascoe	Nigel	1 January 2017	31 December 2019	Re-appointment
70	Dalgleish	Graeme	1 January 2017	31 December 2019	Re-appointment
71	Wilson	Lachlan	1 January 2017	31 December 2019	Re-appointment
72	Coll	Gerard	1 January 2017	31 December 2019	Re-appointment
73	Moir	John	1 January 2017	31 December 2019	Re-appointment
74	Barnett	Jeremy	1 January 2017	31 December 2019	Re-appointment
75	Barnett	Fiona	1 January 2017	31 December 2019	Re-appointment
76	Bassett	John	1 January 2017	31 December 2019	Re-appointment
77	Piercy	Mark	1 January 2017	31 December 2019	Re-appointment
78	Simon	Michael	1 January 2017	31 December 2019	Re-appointment
79	Whittle-Martin	Lucia	1 January 2017	31 December 2019	Re-appointment
80	Hoskins	William	1 January 2017	31 December 2019	Re-appointment

81	King	Gelaga	1 January 2017	31 December 2019	Re-appointment
82	Hughes	Leighton	1 January 2017	31 December 2019	Re-appointment
83	Ince	Robin	1 January 2017	31 December 2019	Re-appointment
84	Burnett	Iain	1 January 2017	31 December 2019	Re-appointment
85	Helmi	Hala	1 January 2017	31 December 2019	Re-appointment
86	Gilmore	Marian	1 January 2017	31 December 2019	Re-appointment
87	Ingram	Nigel	1 January 2017	31 December 2019	Re-appointment
88	Mitchell	Nigel	1 January 2017	31 December 2019	Re-appointment
89	Walsh	Simon	1 January 2017	31 December 2019	Re-appointment
90	Charbit	Valerie	1 January 2017	31 December 2019	Re-appointment
91	Apthorp	Charles	1 January 2017	31 December 2019	Re-appointment
92	Clarke	Maria	1 January 2017	31 December 2019	Re-appointment
93	Palmer	Suzanne	1 January 2017	31 December 2019	Re-appointment
94	Frazer	Robert	1 January 2017	31 December 2019	Re-appointment
95	Donnelly	John	1 January 2017	31 December 2019	Re-appointment
96	Hester	Paul	1 January 2017	31 December 2019	Re-appointment
97	Monaghan	Susan	1 January 2017	31 December 2019	Re-appointment
98	Levy	Michael	1 January 2017	31 December 2019	Re-appointment
99	Bromley-Davenport	John	1 January 2017	31 December 2019	Re-appointment
100	Katrak	Cyrus	1 January 2017	31 December 2019	Re-appointment
101	Alliott	George	1 January 2017	31 December 2019	Re-appointment
102	Conway	Charles	1 January 2017	31 December 2019	Re-appointment
103	Ferry-Swainson	Richard	1 January 2017	31 December 2019	Re-appointment
104	Henderson	Graeme	1 January 2017	31 December 2019	Re-appointment
105	Morgan	Adrienne	1 January 2017	31 December 2019	Re-appointment
106	Hay	Robin	1 January 2017	31 December 2019	Re-appointment
107	Hamer	Kenneth	1 January 2017	31 December 2019	Re-appointment
108	Abbott	Christine	15 November 2016	31 December 2019	First appointment
109	Killen	Marian Frances	15 November 2016	31 December 2019	First appointment
110	Coaster	Anita	15 November 2016	31 December 2019	First appointment
111	Gilmore	Breige	15 November 2016	31 December 2019	First appointment

112	Jones	Gareth	15 November 2016	31 December 2019	First appointment
113	Marshall	Anne	15 November 2016	31 December 2019	First appointment
114	McEvoy	Mark	15 November 2016	31 December 2019	First appointment
115	Mooney	Stephen	15 November 2016	31 December 2019	First appointment
116	Barcello	Andrew	15 November 2016	31 December 2019	First appointment
117	Bates	Clare	15 November 2016	31 December 2019	First appointment
118	Blair	Lesley	15 November 2016	31 December 2019	First appointment
119	Erroch	Bruce	15 November 2016	31 December 2019	First appointment
120	Maguire	Caroline	15 November 2016	31 December 2019	First appointment
121	Ruffell	Mark	15 November 2016	31 December 2019	First appointment
122	Smyth	Moira	15 November 2016	31 December 2019	First appointment
123	Tuck	Rebecca	15 November 2016	31 December 2019	First appointment
124	Burne	Anna	15 November 2016	31 December 2019	First appointment
125	Golding	Sonja	15 November 2016	31 December 2019	First appointment
126	Lewis	Andrew	15 November 2016	31 December 2019	First appointment
127	Whitfield	Jonathan	15 November 2016	31 December 2019	First appointment
128	Clark	David	15 November 2016	31 December 2019	First appointment
129	Davidge	Justine	15 November 2016	31 December 2019	First appointment
130	Davies	Lee	15 November 2016	31 December 2019	First appointment
131	Dunipace	Colin	15 November 2016	31 December 2019	First appointment
132	Goudie	Martin	15 November 2016	31 December 2019	First appointment
133	MacLeod	Ceit-Anna	15 November 2016	31 December 2019	First appointment
134	Salt	Jayne	15 November 2016	31 December 2019	First appointment
135	Wilson	Attracta	15 November 2016	31 December 2019	First appointment
136	Afzal	Fayyaz	15 November 2016	31 December 2019	First appointment
137	Bowman	Sarah	15 November 2016	31 December 2019	First appointment
138	Brown	Anne	15 November 2016	31 December 2019	First appointment
139	Davies	Angharad	15 November 2016	31 December 2019	First appointment
140	Hawken	Gillian	15 November 2016	31 December 2019	First appointment
141	Howe	Penny	15 November 2016	31 December 2019	First appointment
142	McLean	David	15 November 2016	31 December 2019	First appointment

143	McLeese	Daniel Stuart	15 November 2016	31 December 2019	First appointment
144	Walker	Judith	15 November 2016	31 December 2019	First appointment
145	Ellin	Nina	15 November 2016	31 December 2019	First appointment
146	Hanlon	Michael	15 November 2016	31 December 2019	First appointment
147	McGill	Laura	15 November 2016	31 December 2019	First appointment
148	McLuckie	Peter Alexander	15 November 2016	31 December 2019	First appointment
149	Daley-Campbell	Monica	15 November 2016	31 December 2019	First appointment
150	Paul	Housego	15 November 2016	31 December 2019	First appointment