

Meeting of the NMC Council

to be held at 9.30am on Thursday 21 March 2013 in the Council Chamber at 23
Portland Place, London W1B 1PZ

Agenda

Mark Addison CB
Chair of the NMC

Matthew McClelland
Assistant Director,
Governance and Planning
(Secretary to the Council)

- | | | |
|---|--|-----------|
| 1 | Welcome from the Chair | NMC/13/44 |
| 2 | Apologies for absence | NMC/13/45 |
| 3 | Declarations of interest | NMC/13/46 |
| 4 | Minutes of previous meetings | NMC/13/47 |
| | Minutes of the public session of the Council held on 21 February 2013 | |
| 5 | Summary of actions | NMC/13/48 |
| | An action list detailing matters arising from the minutes of the public session of the Council held on 21 February 2013 and outstanding actions from previous meetings | |
| 6 | Report of decisions taken by the Chair since the last Council meeting | NMC/13/49 |

Corporate reporting

- | | | |
|---|----------------------------------|---|
| 7 | Francis Report update | NMC/13/50 |
| | Chief Executive and Registrar | |
| 8 | Risk Register | NMC/13/51 |
| | Director of Corporate Governance | TO FOLLOW IN 48- hour PAPERS |
| 9 | Chief Executive's report | NMC/13/52 |
| | Chief Executive and Registrar | |

- | | | |
|-------------------------------|---|---|
| 10 | Fitness to Practise Performance report / Report from Fitness to Practise Committee Director of Fitness to Practise / Chair of Fitness to Practise Committee | NMC/13/53 TO FOLLOW IN 48-hour PAPERS |
| 11 | Monthly financial monitoring Director of Corporate Services | NMC/13/54 TO FOLLOW IN 48-hour PAPERS |
| Matters for decision | | |
| 12a | NMC 2013 – 16 Corporate Plan Director of Corporate Services | NMC/13/55 |
| 12b | NMC budget 2013 - 14 Director of Corporate Services | NMC/13/56 |
| 13 | Annual review of fees level and reviews policy Director of Corporate Services | NMC/13/57 |
| 14 | Amendments to the guidance on conditions of practice and conditions of practice library Director of Fitness to Practise | NMC/13/58 |
| 15 | Revisions to the guidance to panels on interim orders Director of Fitness to Practise | NMC/13/59 |
| 16 | Principles of Council engagement with Midwifery Committee Director of Registrations and Standards | NMC/13/60 |
| 17 | Standards for five year rule Director of Registrations and Standards | NMC/13/61 |
| 18 | Questions from observers | NMC/13/62 |
| LUNCH: (12.45 – 13.30) | | |

Matters for discussion

- | | | |
|----|--|------------------------------------|
| 19 | Report of the House of Commons Health Committee accountability hearing with the Nursing and Midwifery Council | NMC/13/63 |
| | Chief Executive and Registrar | |
| 20 | Feedback from committee chairs of meetings held since last Council: | NMC/13/64 |
| | Finance and IT Committee Chair of Finance and IT Committee | |
| 21 | Draft agenda for the Council meeting on 25 April 2013 | NMC/13/65 |
| | Director of Corporate Governance | |
| 22 | Overseas registration | NMC/13/66 |
| | Director of Registration and Standards | TO FOLLOW IN 48-hour PAPERS |

The next public session of the Nursing and Midwifery Council will be held on Thursday 25 April 2013 at 9.30am at the Nursing and Midwifery Council, 23 Portland Place, London W1B 1PZ.

Council

Risk register

Action: For discussion.

Issue: Embedding risk management across the NMC.

Core regulatory function: The risk register covers all of our core regulatory functions.

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

Decision required: No decision is required but the Council is invited to note the risk register and discuss changes and movements in the assessment of risks.

Annexes: The following annexe is attached to this paper:

Annexe 1: the risk register

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 A refreshed approach to how the NMC identifies and manages risk was approved by the Audit Committee in December 2012, subject to some agreed changes. At its meeting on 25 January 2013 the Audit Committee agreed a timetable for the new approach to be rolled out in April 2013. In the meantime, to avoid confusion, we are continuing to use the existing risk framework and risk register structure.
 - 2 Risk is scored on a 5 x 5 matrix, whereby all risks assessed at eight and lower are green, risks that are assessed between nine and 15 are amber and all risks assessed at 16 and above are red. All red risks are classified as top risks. All risks that are rated at 16 and above will be defined as top risks. The risk register is made available to Council 48 hours in advance of the meeting.
- Discussion**
- 3 Since the Council last considered the risk register at its February 2013 meeting, the 'mitigation' and 'future action' sections of the risk register have been updated where appropriate.
 - 4 A new general risk has been added relating to lack of financial resource arising from a combination of factors, including the Francis Inquiry Report and any resulting increase in referrals to Fitness to Practise (G39). This risk is amber and rated at ten.
 - 5 This new amber risk is shown on the top risks part of the register so that Council can see that its concerns around the risk of an increase in Fitness to Practise referrals are reflected. This risk will subsequently be moved to the general part of the risk register.
- Public protection implications:**
- 6 Public protection implications are considered when rating the impact of risks and determining action required to mitigate risks.
- Resource implications:**
- 7 Internal staff time has been accommodated as business as usual.
- Equality and diversity implications:**
- 8 Equality and diversity implications are considered when rating the impact of risks and determining action required to mitigate risks.
- Stakeholder engagement:**
- 9 The risk register is in the public domain.
- Risk implications:**
- 10 The impact of risks is assessed and rated on the risk register. Future action to mitigate risks is also described.
- Legal implications:**
- 11 Legal implications are considered when rating the impact of risks and determining action required to mitigate risks.

NMC RISK REGISTER

Top risk

| No | Entry date (approximate) | Ref | Type | Risk | Impact | Likelihood | Risk Rating | Movement | Mitigation | Future action | Owner | Review date | Target completion date |
|-----------|--------------------------|-----|--------------|---|--------|------------|-------------|----------|--|--|-----------------|-------------|------------------------|
| T28 | Feb-13 | CE | Strategic | FRANCIS REPORT - MID-STAFFS INQUIRY - The risk that implementation of recommendations in the Francis report is not aligned with the NMC's current focus and priorities | 4 | 5 | 20 | 0 | <ul style="list-style-type: none"> Support externally for retaining focus on our current improvement plan, especially from DH Council has considered Francis recommendations, in line with current priorities Organisational wide working group currently considering recommendations | <ul style="list-style-type: none"> Regular and continued close contact with DH via the Mid Staffs Forum Government response expected 26 March 2013 Council to approve budget for priorities planned for 2013 - 2014 Francis will be a standing item on Council agenda for the foreseeable future | Jackie Smith | 31/03/2013 | 31/03/2014 |
| T29 | Feb-13 | CG | Reputation | NMC PROFILE - The risk, highlighted in the Francis Report, that the NMC's lack of public profile impedes the organisation from carrying out its core function of public and patient protection | 4 | 5 | 20 | 0 | <ul style="list-style-type: none"> Engagement commitment ready to publish Re-positioning of our role with key stakeholders following Strategic Review recommendations Patient and Public Engagement Forums held quarterly | <ul style="list-style-type: none"> Present engagement delivery plan to Council in April | Lindsey Mallors | 31/03/2013 | 31/03/2014 |
| T27 (G19) | | R+S | Safeguarding | OVERSEAS APPLICANTS FRAUDULENTLY REGISTERED -The risk that the overseas registration policy and related processes are not sufficiently robust to ensure that all applicants satisfy the conditions of the NMC Order and Registration Rules when registered, thus undermining the integrity of the register | 5 | 4 | 20 | 0 | <ul style="list-style-type: none"> Early Warning Guide produced for Registrations staff Current independent review of the overseas registration process. From 1 February 2013, no new overseas applications being processed until the review is completed. Planned start date for consideration of applications on 2 April 2013. Press release issued on 11 March 2013 outlining key areas of the review. | <ul style="list-style-type: none"> Independent review will inform development of a new policy and process improvements linked to this. | Katerina Kolyva | 31/03/2013 | 30/06/2013 |
| T23 (G32) | | R+S | Safeguarding | INTEGRITY OF THE REGISTER - The risk that the register is not accurate and therefore does not give information which safeguards the public | 5 | 4 | 20 | 0 | <ul style="list-style-type: none"> Discrepancies between register and CMS reconciled through agreed internal audit process (ongoing) Daily update reports being run and checked Training being delivered to FtP staff Standard operating procedures in place Independent review of overseas application process underway. Due to report in April 2013. Registration review due to commence in 2013 - will review strategic aims of the register and policies and processes in registration. | <ul style="list-style-type: none"> Internal quality control checks to continue. Daily update reports to be further refined. Report of recent independent audit to Audit Committee in January 2013. Recommendations accepted and work has begun on implementation. Registration review in 2013 will review policies and processes relating to registration. | Katerina Kolyva | 31/03/2013 | 30/06/2013 |

Key
 CE - Chief Executive
 CG - Corporate Governance
 CS - Corporate Services
 FtP - Fitness to Practise
 R+S - Registration and Standards

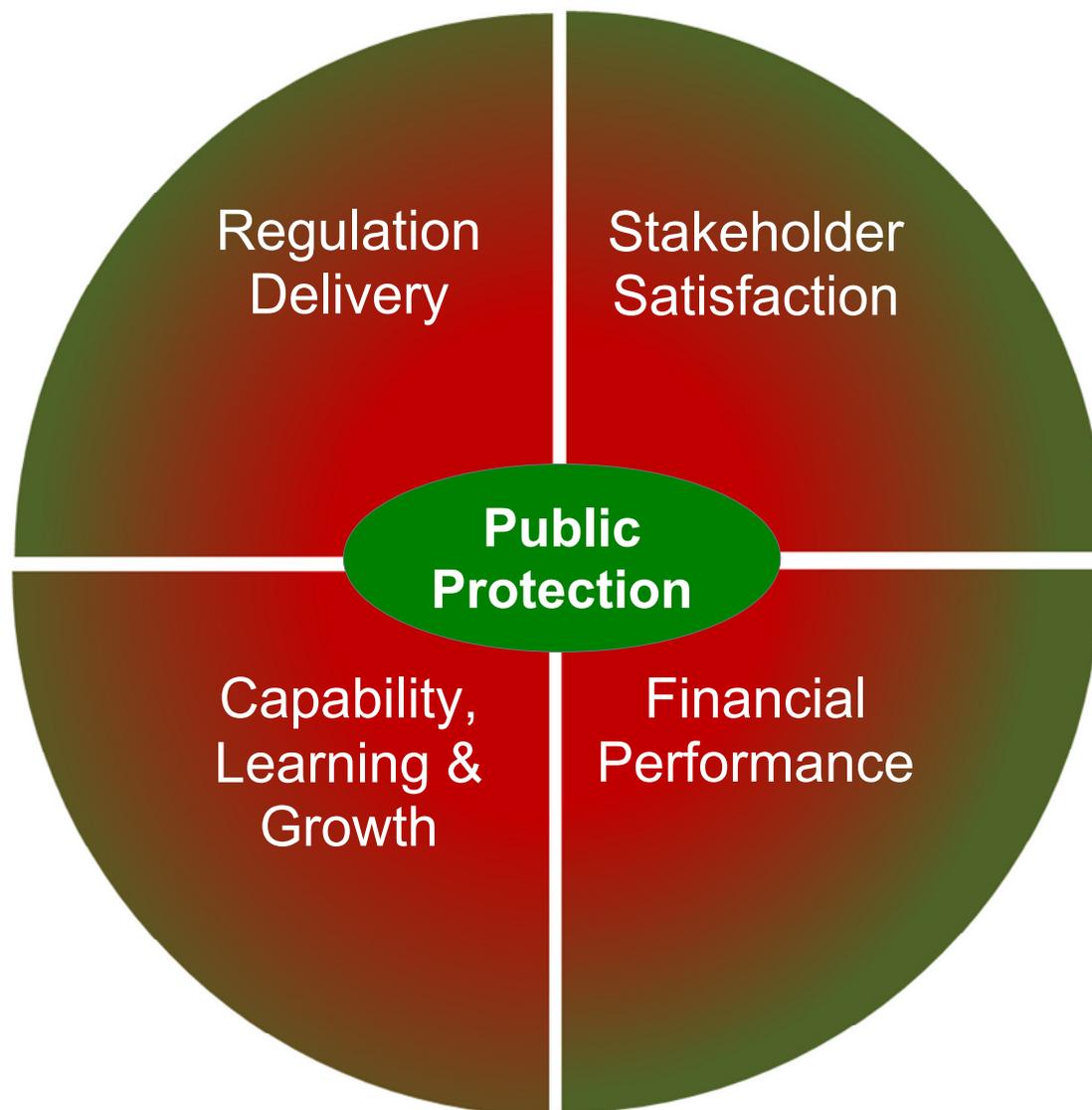
NMC RISK REGISTER

Top risk

| No | Entry date (approximate) | Ref | Type | Risk | Impact | Likelihood | Risk Rating | Movement | Mitigation | Future action | Owner | Review date | Target completion date |
|-------------------|--------------------------|---------|--------------|---|--------|------------|-------------|----------|---|--|-----------------|-------------|------------------------|
| T24 | Oct-12 | CS (IT) | Safeguarding | LOSS OF SENSITIVE DATA - There is a risk that we fail to safeguard sensitive data or there are further breaches of security due to inadequate controls or processes resulting in legal penalties and/or loss of public confidence. | 5 | 4 | 20 | 0 | <ul style="list-style-type: none"> Comprehensive, prioritised and risk assessed action plans developed to address gaps. Information Governance Security Group in place with cross-organisational representation Information security improvement programme defined and being implemented. Improved communications to staff and policies updated. | <ul style="list-style-type: none"> Implementation of the Information Security Improvement Programme, tackling highest risk areas as priority. Laptops encryption and implementation of new enhanced encryption solution Mandatory training for all staff to be enforced | Mark Smith | 31/05/2013 | 31/12/2014 |
| T17 (G33 and G37) | Aug-12 | CG | Governance | RECONSTITUTED COUNCIL - The risk of corporate memory loss at Council level due to the reconstituted Council not being familiar with the corporate agenda and therefore not able to make decisions effectively | 5 | 4 | 20 | 0 | <ul style="list-style-type: none"> Project manager for appointment of new Council in post and working closely with Council services on transition planning | <ul style="list-style-type: none"> Induction programme being designed for delivery on 1 and 2 May 2013, to include coverage of trustee responsibilities, role of members, understanding of NMC business and business cycle Paper on transition planning process and timelines being prepared for February Council Each committee is looking at work planning, with particular focus on transition | Lindsey Mallors | 31/03/2013 | 01/05/2013 |
| T26 | Jan-13 | R+S | Safeguarding | PROFESSIONAL INDEMNITY INSURANCE - The risk that the NMC fails to implement the PII requirement by the DH deadline of October 2013 | 4 | 4 | 16 | 0 | <ul style="list-style-type: none"> Policy work now commenced to bring options to Council - policy and presentation to be reviewed by Council in April 2013. | <ul style="list-style-type: none"> Establishment of a project plan and risk register Planning for policy and process options to be brought to Council for a decision in April 2013 Preparation of business case to make necessary changes to WISER Recruitment of project manager in progress Scoping of policy options underway Task and finish group established to draft response to DH consultation - due May 2013 | Katerina Kolyva | 31/03/2013 | 25/10/2013 |
| T25 | Oct-12 | CS (HR) | Staff | STAFF TURNOVER - The risk that high turnover destabilises the organisation with high costs in terms of lost productivity and recruitment and loss of organisational knowledge. | 4 | 4 | 16 | 0 | <ul style="list-style-type: none"> HR and Organisational Development Plan in place and being implemented. Improved employee engagement in place, focused on face to face communication. Workshops undertaken in specific risk areas e.g. FtP. | <ul style="list-style-type: none"> Implement Pay and grading review and Pensions and ensure enhanced level of engagement. Develop and implement a full learning and development programme for 2013-2016. Raise focus of Organisational Development Programme as key element of change programme. | Mark Smith | 31/03/2013 | 30/09/2013 |
| G39 | Mar-13 | CS | Financial | LACK OF FINANCIAL RESOURCE - The inherent risk of budgetary pressures from a combination of crystallising factors including; the recommendations in the Francis Report and any resulting increase in referrals over and above what is in our plan; the Health Select Committee report, and; failure to deliver budgeted efficiencies as set out in our Minimum Reserves Policy | 5 | 2 | 10 | NEW RISK | <ul style="list-style-type: none"> Financial planning on 3-5 year basis to predict need. Close modelling work with Fitness to Practise on volumes and throughput. Close alignment of Corporate Plan and budget. FtP operational delivery is guided and overseen by the FtP Committee. Budgetary assumptions include prudent estimates and provisions. Risk factors set out in review of reserves. | <ul style="list-style-type: none"> Close monitoring of FtP performance and budgeted efficiency savings. Monthly budget meetings with all operational areas. Development of workforce planning tool. | Mark Smith | 31/05/2013 | 31/03/2015 |

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Balanced Scorecard



Key to the data tables:

| | |
|--------------------|---|
| Year to date | This rating is based on how the February figure compares to the 2012-2013 target figure. |
| Full year forecast | This rating is based on the anticipated figure for March 2013, i.e. end of the financial year. This rating is reviewed monthly. |
| Green rating | Where a figure compares favourably with the target. |
| Amber rating | Where there is a difference of 10% or less, against the target. |
| Red rating | Where there is a difference of greater than 10%. |

Regulation delivery

Corporate plan Goal 1

Public protection will be at the centre of all of our activities. Our work will be designed around and measured against the benefits we can bring to the public.

Objective 1

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

Registration

| KPI no. | Performance indicator | 2012-13 Target | December | January | February | Year to date | Full year forecast |
|--|---|----------------|----------|---------|----------|--------------|--------------------|
| R1 | Percentage of initial undisputed UK applicants registered within 5 days | 95% | 99.84 | 99.65 | 99.91 | Green | Green |
| Comments 1089 processed. | | | | | | | |
| R2 | Percentage of initial EU applicants registered within 5 days of satisfying the requirements of registration | 95% | 100 | 100 | 52.24 | Red | Amber |
| Comments 469 processed:- 245 within five days. The pause in overseas registrations has now been extended until 2 April 2013. This has impacted on our ability to process all EU applications within the KPI. Resource is being targeted at the EU cases to ensure that they are processed, where possible, within the KPI. The full year forecast has been rated as amber to reflect the current situation. | | | | | | | |

| | | | | | | | |
|----|---|-----|-----|-----|-----|-----|-----|
| R3 | Percentage of initial non-EU applicants registered within 5 days of satisfying the requirements of registration | 95% | 100 | N/A | N/A | Red | Red |
|----|---|-----|-----|-----|-----|-----|-----|

Comments

The temporary pause in overseas registrations has now been extended until 2 April 2013. This has impacted on our ability to meet this KPI in February into March 2013. Resource will be targeted at these cases to ensure that they are processed as quickly as possible. The full year forecast and year to date ratings are red to reflect the current situation.

| | | | | | | | |
|----|--|----------------|-------|-----|-----|-------|-------|
| R4 | Percentage of overseas/EU applications to the register acknowledged within 30 days and advised of any further information required | 95% - Overseas | 99.03 | N/A | N/A | Red | Red |
| | | 95% - EU | 100 | 100 | 100 | Green | Amber |

Comments

EU:- 38 processed.

The temporary pause in overseas registrations has now been extended until 2 April 2013. This has impacted on our ability to meet the overseas KPI in February and into March 2013. The full year forecast and year to date ratings are red to reflect the current situation.

Whilst the February KPI for initial EU applicants remains at 100%, the current pause in overseas applications may impact on EU processing and as such is recorded as amber for the full year forecast.

| | | | | | | | |
|----|--|----------------|-------|-----|-----|-------|-------|
| R5 | Percentage of complete overseas/EU applications are issued with a decision letter within 30 days | 90% - Overseas | 100 | N/A | N/A | Red | Red |
| | | 90% - EU | 98.46 | 100 | 100 | Green | Amber |

Comments

EU:- 41 processed.

The temporary pause in overseas registrations has now been extended until 2 April 2013. This has impacted on our ability to meet the overseas KPI in February into March 2013. The full year forecast and year to date are rated as red to reflect the current situation.

Whilst the February KPI for initial EU applicants remains at 100% the current pause in overseas applications may impact on EU processing and as such is recorded as amber for the full year forecast.

| | | | | | | | |
|----|---|-----|-----|-------|-----|-------|-------|
| R6 | Percentage of notifications of detail changes dealt within 5 days | 85% | 100 | 99.73 | 100 | Green | Green |
|----|---|-----|-----|-------|-----|-------|-------|

Comments

631 processed.

| | | | | | | | |
|----|--|-----|-----|-----|-----|-------|-------|
| R7 | Percentage of declarations of cautions and convictions in renewals and applications determined in 3 months | 75% | 100 | 100 | 100 | Green | Green |
|----|--|-----|-----|-----|-----|-------|-------|

Comments

| | | | | | | | |
|-----------------|---|-----|-------|-----|-----|-------|-------|
| R8 | Percentage of decisions on re-admission applications taken within 30 days | 95% | 97.47 | 100 | 100 | Green | Green |
| Comments | | | | | | | |
| 209 processed. | | | | | | | |

| | | | | | | | |
|--|---|-----|-------|-------|-------|-----|-----|
| R9 | Percentage of customer service calls answered within 20 seconds | 60% | 55.98 | 34.76 | 49.78 | Red | Red |
| Comments | | | | | | | |
| <p>36,765 calls offered and 32,814 answered (89.33%). Whilst the Registration centre was able to answer 89% of all calls received, this percentage dropped to 50% when calls answered within 20 seconds were analysed.</p> <p>A review of our performance in recent months against the target of 20 seconds has highlighted the requirement for additional staff in the team to enable us to respond to increased call volumes. This resource is currently being formalised.</p> | | | | | | | |

Objective 2

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

Education

| PI no. | Performance indicator | 2012-13 Target | December | January | February | Year to date | Full year forecast |
|-----------------|--|----------------------------------|----------|---------|----------|--------------|--------------------|
| E1 | Public protection is assured through the delivery of the agreed specifications of the outsourced contract for quality assurance of education | >75% of SLA indicators are green | 100% | 100% | 100% | Green | Green |
| Comments | | | | | | | |

| | | | | | | | |
|--|--|--|------|------|-----|-------|-------|
| E2 | Public protection is assured by invoking the extraordinary review triage within 10 working days of an incident being reported to the NMC | 100% of incidents are triaged within 10 working days | 100% | 100% | N/A | Green | Green |
| Comments | | | | | | | |
| There were no new incidents reported to the NMC in February in relation to extraordinary activity. | | | | | | | |

| | | | | | | | |
|----|--|--|------|------|------|-------|-------|
| E3 | Public protection is assured by ensuring that all agreed follow up actions and outcomes following extraordinary review activity are achieved to agreed timelines | 100% of action plans are proceeding as agreed by the NMC | 100% | 100% | 100% | Green | Green |
|----|--|--|------|------|------|-------|-------|

Comments

There are four cases which remain open and all stakeholders continue to work in partnership with the NMC as part of the agreed follow up activity.

Objective 3

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

Fitness to practise

| PI no. | Performance indicator | 2012-13 Target | December | January | February | Year to date | Full year forecast |
|-----------------|---|----------------|----------|---------|----------|--------------|--------------------|
| FTP1 | Percentage of investigation decision letters sent within 5 days of the panel decision | 100% | 26% | 64% | 100% | Green | Amber |
| Comments | | | | | | | |
| FTP2 | Percentage of adjudication decision letters sent within 5 days of the panel decision | 100% | 99% | 80% | 96% | Amber | Amber |
| Comments | | | | | | | |
| FTP3 | Percentage of complaint letters responded to within 20 working days | 100% | 86% | 86% | 100% | Green | Red |
| Comments | | | | | | | |

| | | | | | | | |
|------|---|------|------|------|------|-------|-------|
| FTP4 | Percentage of substantive hearing notices sent at least 28 days prior to the hearing start date | 100% | 100% | 100% | 100% | Green | Green |
|------|---|------|------|------|------|-------|-------|

Comments

| | | | | | | | |
|------|---|-----|-----|-----|-----|-----|-----|
| FTP5 | Percentage of interim orders (IO) imposed within 28 days of receipt of referral | 80% | 69% | 56% | 63% | Red | Red |
|------|---|-----|-----|-----|-----|-----|-----|

Comments

37 interim orders were imposed in February.

10 out of the 37 are not reported as part of the KPI performance as they are exceptions (third party).

17 out of 27 which were not exception cases were imposed in 28 days.

| | | | | | | | |
|------|---|-----|-----|-----|-----|-------|-----|
| FTP6 | Percentage of all (new and historic) cases progressed through the investigation stage within 12 months from receipt of referral | 90% | 69% | 81% | 80% | Amber | Red |
|------|---|-----|-----|-----|-----|-------|-----|

Comments

| | | | | | | | |
|------|--|-----------------------|--|--|--|--|--|
| FTP7 | Percentage of new cases (received after 11 January 2011) progressed through the investigation stage within 12 months from receipt of referral. | No longer applicable. | | | | | |
|------|--|-----------------------|--|--|--|--|--|

Comments

| | | | | | | | |
|------|--|-----------------------|--|--|--|--|--|
| FTP8 | Number of historic cases (received prior to 11 January 2011) currently in the investigation stage. | No longer applicable. | | | | | |
|------|--|-----------------------|--|--|--|--|--|

Comments

| | | | | | | | |
|------|---|-----|-----|-----|-----|-----|-----|
| FTP9 | Percentage of cases progressed through the adjudication stage to the first day of a hearing or meeting within 6 months. | 90% | 47% | 42% | 40% | Red | Red |
|------|---|-----|-----|-----|-----|-----|-----|

Comments

We do not expect to meet this KPI until December 2014.

| | | | | | | | |
|-------|---|-----|-----|-----|-----|-----|-----|
| FTP10 | Percentage of new cases (received after January 2011) progressed through the adjudication stage to the first day of a hearing or meeting within 6 months. | 90% | 72% | 69% | 59% | Red | Red |
|-------|---|-----|-----|-----|-----|-----|-----|

Comments

We do not expect to meet this KPI until December 2014.

| | | | | | | | |
|-------|--|---|-----|-----|-----|-----|-----|
| FTP11 | Number of historic cases (received prior to January 2011) currently in the adjudication stage. | 0 | 584 | 464 | 416 | Red | Red |
|-------|--|---|-----|-----|-----|-----|-----|

Comments

The targeted progression for all historic cases is to have all cases completed by September 2013.

Of the historic cases currently in adjudication, some registrants have more than one case and some involve multiple registrants.

| | | | | | | | |
|-------|--|-----------------------|----|----|------|-------|-------|
| FTP12 | Average number of substantive conduct and competence committee hearings held per day | 18 (Nov & Dec) | 19 | 20 | 21.4 | Green | Green |
| | | 20 (from Jan 2013) | | | | | |

Comments

| | | | | | | | |
|-------|---|-----|----|-----|-----|-----|-----|
| FTP13 | Number of adjudication cases completed with a final decision each month | 168 | 73 | 132 | 145 | Red | Red |
|-------|---|-----|----|-----|-----|-----|-----|

Comments

We have seen an improvement towards meeting our target for completing adjudication cases this month despite having few cases considered at meetings.

| | | | | | | | |
|-------|--|-----|-----|-----|-----|-----|-----|
| FTP14 | The percentage of cases that go part-heard | 10% | 32% | 25% | 20% | Red | Red |
|-------|--|-----|-----|-----|-----|-----|-----|

Comments

We have seen a slight improvement this month in the part-heard rate. Cases that are adjourned part-heard are discussed at weekly FtP Hearings Management meetings.

Stakeholder satisfaction

Goal 2

We will have open and effective relationships that will enable us to work in the public interest.

Objective 5

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

Objective 6

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

| PI no. | Performance indicator | 2012-13 Target | December | January | February | Year to date | Full year forecast |
|--|---|----------------|----------|---------|----------|--------------|--------------------|
| SS1 | Percentage of coverage in mainstream media vs trade press. | 75% | 94% | N/A | N/A | Green | Green |
| Comments These figures are received quarterly and we do not yet have the figures for February. | | | | | | | |
| SS2 | Percentage of media coverage that is balanced, positive, neutral vs. negative | 95% | 92%* | N/A | N/A | Amber | Amber |
| Comments *These are quarterly figures. | | | | | | | |

| | | | | | | | |
|-----|--|-----|-----|-----|------|-------|-------|
| SS3 | Positive feedback from event delegates – percentage satisfied with event | 85% | 97% | N/A | 100% | Green | Green |
|-----|--|-----|-----|-----|------|-------|-------|

Comments

One event was held in February 2013.

| | | | | | | | |
|-----|--|------|-----|-----|------|-------|-------|
| SS4 | Percentage of complaints receiving a substantive report within 20 working days | 100% | 87% | 97% | 100% | Green | Amber |
|-----|--|------|-----|-----|------|-------|-------|

Comments

For the month of February, all of the 28 complaints received were responded to within the 20 working day deadline.

| | | | | | | | |
|-----|--|--|----------------|-----------------|---------------|--|--|
| SS5 | Proportion of complaints which are upheld/partially upheld | | 48% (11/23) | 33% (13/33)* | 32% (9/28) | | |
|-----|--|--|----------------|-----------------|---------------|--|--|

Comments

*34 complaints were responded to in January 2013. One complaint was submitted late to the complaints log.

Capability, learning, growth

Goal 3

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

Objective 7

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

Objective 8

We will build a culture of excellence by attracting, retaining and developing high quality staff to deliver our services.

| PI no. | Performance indicator | 2012-13 Target | December | January | February | Year to date | Full year forecast |
|--------|---|----------------|----------|---------|----------|--------------|--------------------|
| HR1 | Staff capability and capacity – percentage of staff scoring a 2 or above in their PDR | 85% | 96% | 96% | 96% | Green | Green |

Comments

The PDR process for 2012/13 has now closed, so this will remain at 96%, which is an excellent figure when compared with other organisations.

| | | | | | | | |
|-----|---|-----|-----|-----|-----|-------|-------|
| HR2 | Percentage of PDRs completed within target date | 85% | 93% | 93% | 93% | Green | Green |
|-----|---|-----|-----|-----|-----|-------|-------|

Comments

The PDR process for 2012/13 has now closed, so this will remain at 93%, which is an excellent figure when compared with other organisations.

| | | | | | | | |
|-----|-----------------------|-----|-------|-------|-------|-------|-------|
| HR3 | Sickness absence rate | <4% | 2.91% | 2.92% | 2.85% | Green | Green |
|-----|-----------------------|-----|-------|-------|-------|-------|-------|

Comments

Sickness absence has continued to stay under target and at 6.26 days per employee for the year to 28 February 2013, below the CIPD average of 7.7 days per employee.

| | | | | | | | |
|-----|--------------------------------|-----|-----|-----|-----|-------|-------|
| HR4 | Percentage of FTE posts vacant | 10% | 16% | 13% | 10% | Green | Green |
|-----|--------------------------------|-----|-----|-----|-----|-------|-------|

Comments

The HR team has worked extremely hard, recruiting 166 new employees, to bring the level of vacant positions at the NMC down from 36% in September 2012 to 10%.

| | | | | | | | |
|-----|--------------------------|-----|-----|-----|-----|-----|-----|
| HR5 | Percentage turnover rate | 23% | 32% | 31% | 33% | Red | Red |
|-----|--------------------------|-----|-----|-----|-----|-----|-----|

Comments

The projected turnover rate for March is now 30% so the year to date rating stays red. The increase in turnover is a result of an increase in resignations in January (11) and February (13).

HR and OD are continuing to work with directorates to bring down turnover through the implementation of the actions to support the HR and OD strategy, in particular the pay and grading review. Recruitment to the senior management team is now complete. Following a period of stability and organisational change, the NMC should move over 2013/14 to a much lower turnover rate.

| | | | | | | | |
|-----|--|-----|-----|-----|-----|-----|-------|
| HR6 | Percentage of employees with over one year's service (Stability Index) | 80% | 69% | 69% | 71% | Red | Amber |
|-----|--|-----|-----|-----|-----|-----|-------|

Comments

Stability continues to remain below target. This is partially a result of high levels of new starters across the NMC. As the large numbers of new starters over the past twelve months begin to build their service length and start hitting the one year service mark, stability will increase.

The year to date rating has changed to amber as the forecasted stability for March is 72%.

| | | | | | | | |
|-----|---|-----|-----|-----|-----|-------|-------|
| HR7 | Percentage of successful probationary periods completed within 6 months | 80% | 78% | 79% | 79% | Amber | Green |
|-----|---|-----|-----|-----|-----|-------|-------|

Comments

Following the recent trend, 22 of the 39 of people who did not successfully complete their probation period in the year to 28 February 2013 resigned or were made redundant within six months, before their probation period was completed. As length of service increases, the percentage of successful completion will increase.

During the same 12 months a total of 16 probations were extended. Of these, 13 eventually passed and the remaining three left the organisation before their extended probation ended. No individuals failed their probations.

| | | | | | | | |
|-----|--|---|-----|-----|-----|-------|-------|
| HR8 | Average training days or equivalent per employee | 5 | 3.2 | 3.9 | 4.3 | Amber | Green |
|-----|--|---|-----|-----|-----|-------|-------|

Comments

Given the training plan in place for March we would expect to meet the KPI for the full year.

| | | | | | | | |
|---|---|-----|-----|-----|-----|-------|-------|
| HR9 | Percentage of statutory and mandatory training completed within target date | 80% | 88% | 85% | 73% | Amber | Green |
| <p>Comments</p> <p>The compliance rate has fallen slightly for two reasons. Firstly we have had a significant number of new starters and they have not all completed the e-learning. Secondly, there has been a delay in the launch of the information security module.</p> <p>HR and OD are investigating the implementation of an automatic email reminder to new starters and managers about completing their statutory and mandatory training within the target dates.</p> | | | | | | | |

Council

Fitness to Practise performance report

Action: For information.

Issue: This document provides an update to Council on the Fitness to Practise (FtP) caseload and performance for the month of February.

Core regulatory function: Fitness to Practise

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

Decision required: None

Annexes: The following annexes are attached to this paper:

- Annexe 1: Total caseload and workflow chart
- Annexe 2: New referrals trend analysis
- Annexe 3: New referrals received vs. cases closed
- Annexe 4: FtP decision letter KPI
- Annexe 5: FtP complaints KPI

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 data contained in this report is sourced from the case management system and other systems maintained by FtP managers.
- Discussion** 2 This report contains information about FtP caseloads and activity for the month of February.
- Caseload and activity**
- 3 The caseload increased by 29 cases in February to a total caseload of 4350 cases.
- 4 This was due to a number of factors including a smaller number of cases being closed at Screening and at the Investigations stage.
- 5 Overall in February we closed 28 fewer cases than we received. For the months of January and February combined we closed 26 more cases than we received.
- Improving customer service**
- 6 There was very positive overall performance across the customer service indicators:
- 6.1 100 percent of investigation decision letters were sent in five days
- 6.2 96 percent of adjudication letters were sent in five days and all letters were sent in within ten days.
- 7 We answered 100 percent (16 letters) of complaint letters in 20 days and 100 percent of adjudication notices complied with the statutory notice period of 28 days.
- KPI performance**
- 8 Our KPI for interim orders (IOs) is to impose 80 percent of interim orders in 28 days from receipt of referral.
- 9 We imposed 63 percent of IOs in 28 days in February. Our average number of days to impose an IO in February was 28 days.
- 10 There were 37 IOs imposed in February, of these:
- 10.1 10 are exceptions.
- 11 Of the 27 IOs imposed that we have reported on :
- 11.1 17 interim orders imposed met the 28 day KPI
- 11.2 10 were outside the 28 day target, 7 were imposed within 39

days and the delays were largely due to delays in obtaining critical information for the hearing from employers and third party agencies.

- 11.3 There were 3 IOs imposed between 49 and 70 days. The delays were due to operational failings in Screening which have been addressed.
- 12 Our investigation KPI is to progress 90 percent of cases in 12 months.
 - 12.1 In February we achieved an average of 9 months for all investigation cases and 80 percent progressed in 12 months.
- 13 Our adjudication KPI is to progress cases to the first day of the final hearing in six months.
 - 13.1 Our performance against our six months adjudication KPI was 8.4 months for all adjudication cases and 40 percent progressed in six months. For new cases an average of 6.1 months and 59 percent progressed within the KPI.
- 14 We do not expect to meet our adjudication KPI until December 2014.

Historic cases

- 15 There is a progression plan in place to manage the remaining historic cases which is being monitored by the FtP Committee.

Forecasting future activity

- 16 We have modelled our FtP activity over the next two years so that we can track progress towards achieving our adjudication KPI.
- 17 Key targets are to have cleared all historic Conduct and Competence Committee (CCC) and Health Committee (HC) cases by September 2013, and to be achieving the main adjudication KPI of bringing 90% of cases to a hearing within six months of their referral from the investigating committee by December 2014.
- 18 We have had to make a number of simplifying assumptions in pulling together this model because there is a range of different variables which have an impact on how far and how quickly a case progresses through the system. A different set of assumptions would lead to a different set of results, but we are comfortable with those that we have used and feel that they reflect what is currently happening.
- 19 We have discussed the methodology with the FtP Committee and will report our detailed progress against a set of agreed quarterly milestones.

High Court activity

20 In February we applied for 32 high court interim order extensions.

20.1 Of these 5 were cases subject to third party delays

21 The year to date total number of interim order extensions lodged is 332 between 1 April 2012 and 28 February 2013.

22 Until we have succeeded in clearing all the historic adjudication cases, there will continue to be a high number of extension applications being made. Historic cases subject to an interim order are given the highest priority in scheduling but due to the age of these cases, an extension is unavoidable.

23 There were 7 appeals lodged in February.

23.1 There were two appeals heard in February, one decided in the NMC's favour (Court of Appeal) and one statutory appeal where the decision was found against the NMC. There is an appeal pending on this decision.

Public protection implications:

24 This paper is for information only and details FtP activity. Where the information contained in this report does highlight any potential public protection issues these are monitored and acted upon to mitigate for any such impact on public protection.

Resource implications:

25 As this is a statistical report on FtP management information and activity there are no resource implications.

Equality and diversity implications:

26 As this is a statistical report on FtP management information and activity there are no equality and diversity implications.

Stakeholder engagement:

27 None.

Risk implications:

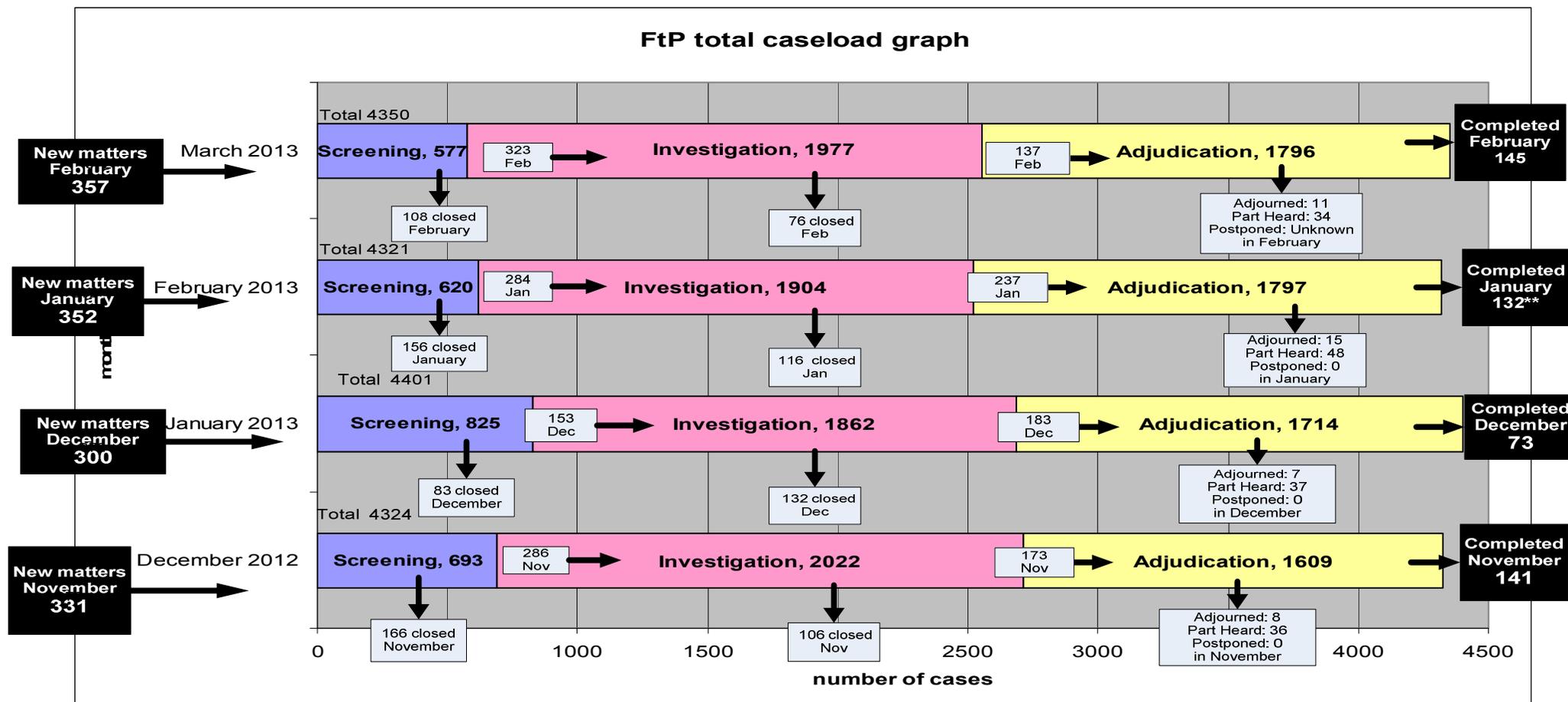
28 None.

Legal implications:

29 None.

Annexe 1

Total caseload and workflow



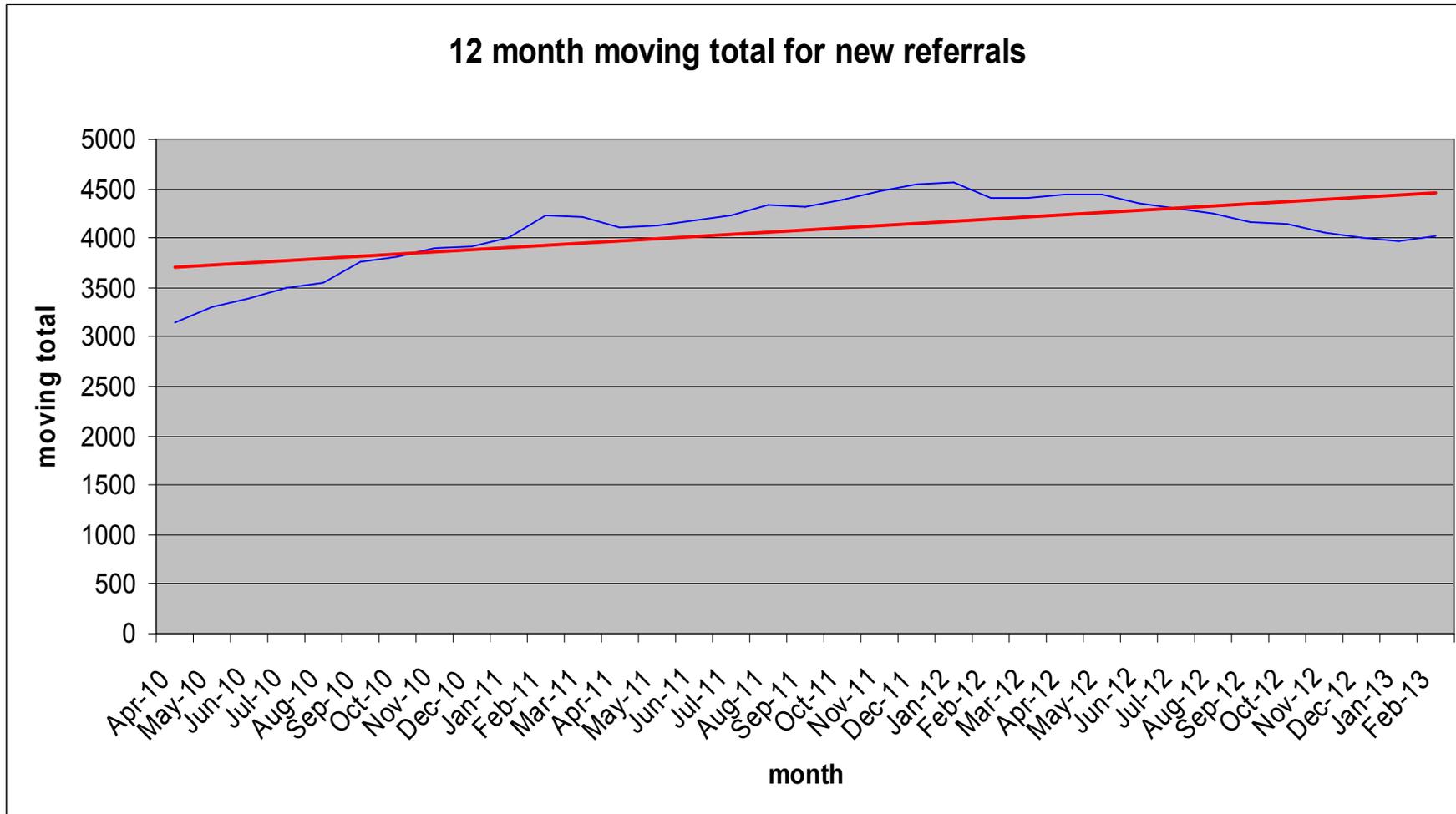
* The figures in this chart are not directly comparable. The total caseload number is the static number of cases opened in our case management system at 9am on 6 February 2013. The new matters received and cases closed at each stage represent workflow in the month. Some cases may be received and closed in the

same period others will be closed by panels but will remain open in the case management system for a period of up to 5 days after the panel decision explains why the numbers do not correlate to the graph at page 9 of 11.

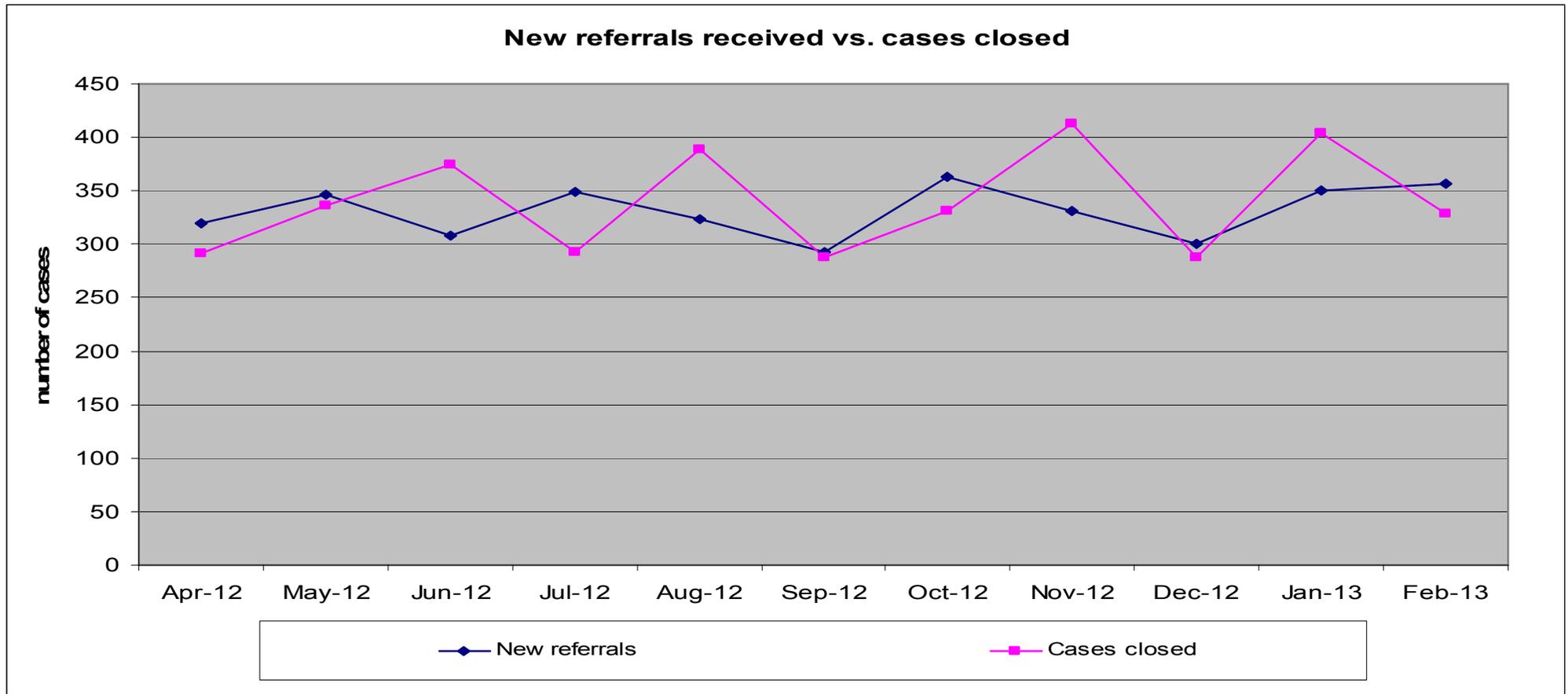
** 3 cases were substantive fraudulent entry cases concluded by the Investigating Committee.

Annexe 2

New referrals trend analysis

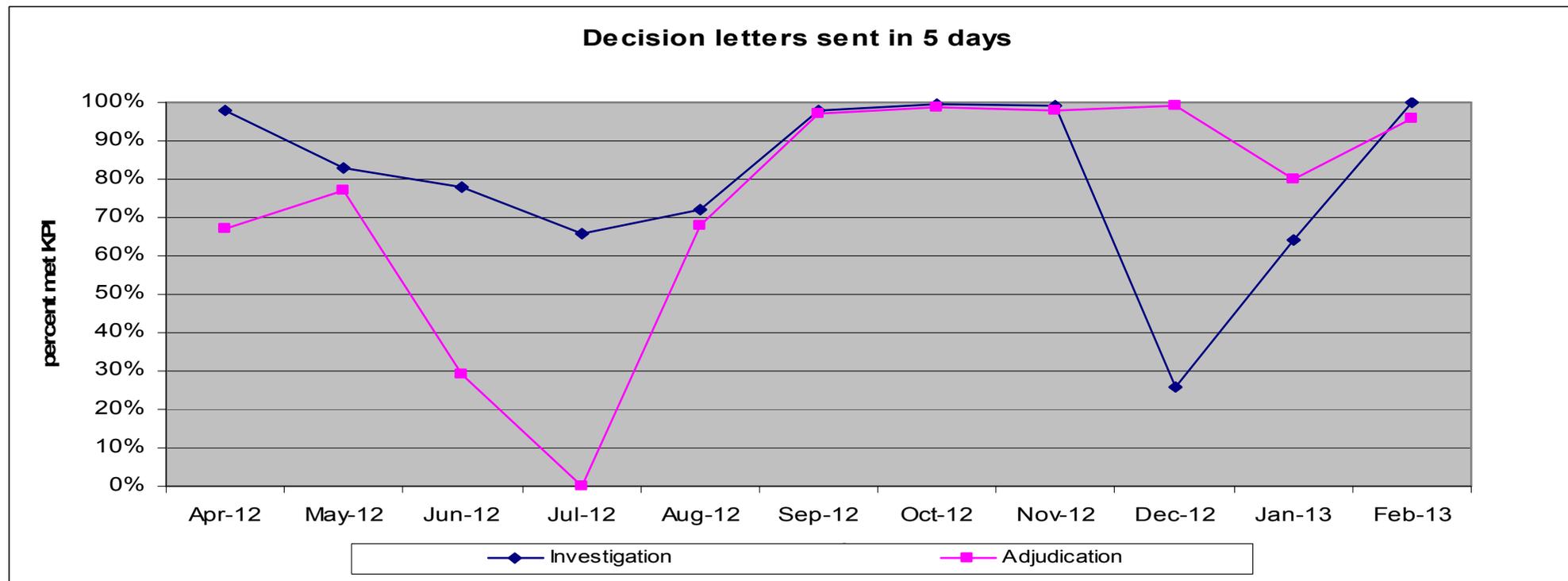


Annexe 3
 New referrals received vs. cases closed



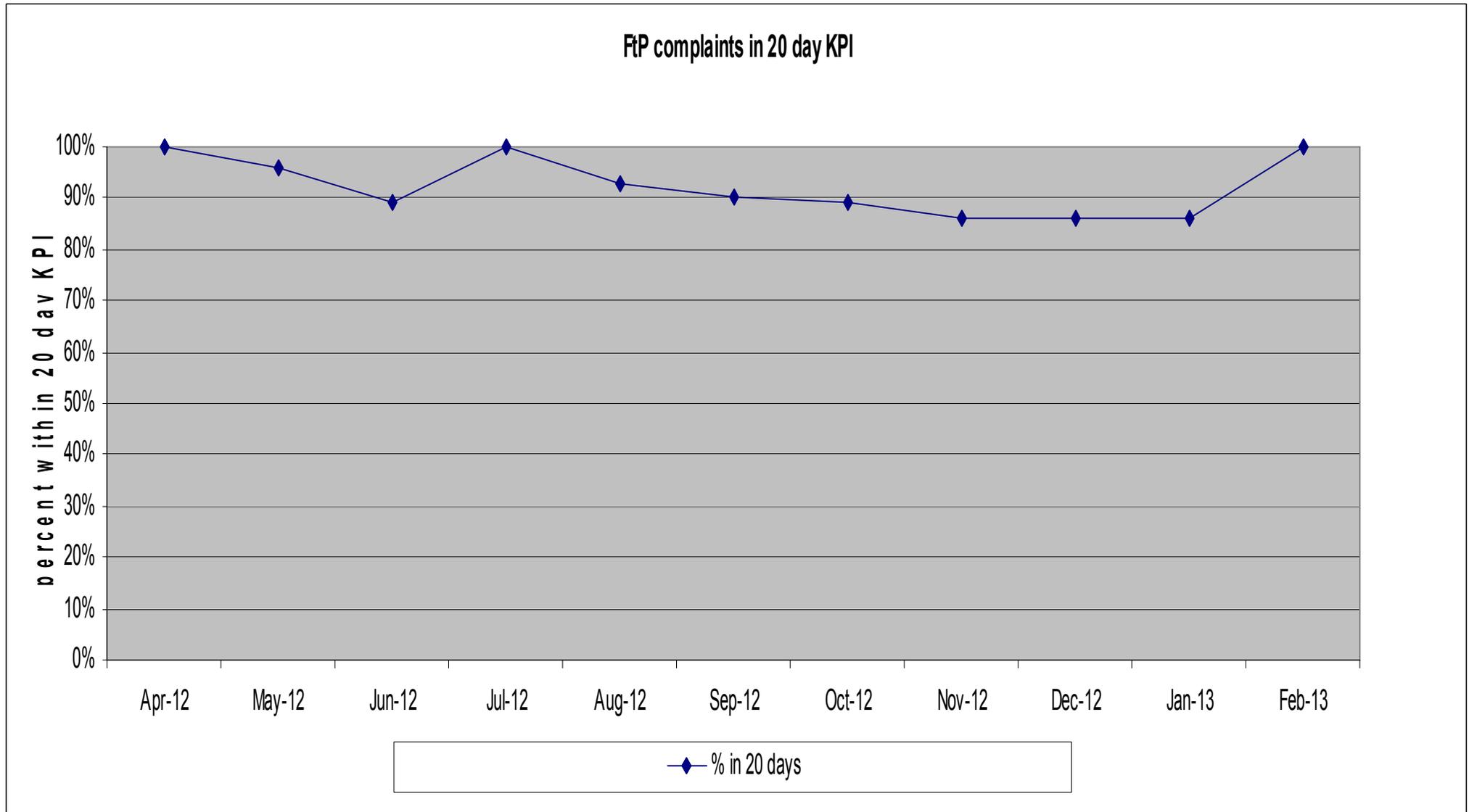
| Month | New referrals | Cases closed | Difference |
|--------|---------------|--------------|------------|
| Nov-12 | 331 | 413 | -82 |
| Dec-12 | 300 | 288 | 12+ |
| Jan-13 | 350 | 404 | -54 |
| Feb-13 | 357 | 329 | 28+ |

Annexe 4
FtP decision letter KPI



| Decision Letters KPI % within 5 days | | |
|--------------------------------------|--|--------------|
| Month | Investigation | Adjudication |
| Oct-12 | 99.7% | 98.8% |
| Nov-12 | 99% | 98% |
| Dec-12 | 26% | 99% |
| Jan-13 | 64% | 80% |
| Feb-13 | 100% | 96% |
| Exceptions February 2013 | All adjudication letters were sent in 10 days. | |

Annexe 5
FtP complaints KPI



Council

Monthly financial monitoring – February 2013 results

Action: For information.

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

Core regulatory function: Supporting functions.

Corporate objectives: The recommendations in this paper are consistent with Objective 7 of the Corporate Plan for 2012-2015, namely 'We will develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions'.

Decision required: None.

Annexes: The following annexes are attached to this paper:

- Annexe 1: Management results for 2012-2013 by month and year to date, latest and current draft status of 'year to go' and full year projection, for February 2013.
- Annexe 2: Actual results and forecast projections by month to February 2014.
- Annexe 3: Graph showing forecast available free reserves versus the financial strategy available free reserves for 2012-2013

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

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Context: Financial information

- 1 The budget information used throughout these reports is based on the rebased budget approved by Council on 20 June 2012.
- 2 Detailed monthend reporting packs are produced for the Executive Team, showing results by directorate, cost centres and projects, together with summary reports, commentary and an update of the Central Pool position. An abridged version is circulated to each member of the Finance and IT Committee on a quarterly basis.
- 3 A graph of progress towards meeting our available free reserves target is at Annexe 3.

Discussion and options appraisal: Executive summary

- 4 The latest forecast projects that available free reserves at March 2013 will be £6.8 million. This is well below the £10 million minimum target of available free reserves.
- 5 The forecast reflects the £20 million grant funding from the Department of Health. The £20 million is recognised as 'restricted' revenue this year, and £571k is now being released to available free reserves each month over the 35 months from February 2013 to December 2015, reflecting the fact that the grant is a contribution towards our work in delivering the FtP KPIs and restoring reserve levels over that period.
- 6 The forecast free reserves at 31 March 2013 are £0.4 million lower than the prior month forecast. This is primarily as a result of slightly lower revenue forecast (principally reduced overseas revenue due to the temporary deferment of application processing), higher capital expenditure as some elements of the ICT strategy are coming through sooner than expected, and a reduced depreciation forecast following review (which increases the net fixed asset position and therefore reduces free reserves).
- 7 Following the latest forecast, the year end free reserves are predicted to be £7.2 million better than budget. This is due primarily to:
 - 7.1 slower than expected staff recruitment across the NMC (£1.5 million),
 - 7.2 operational efficiencies and lower operational costs achieved during the year (£4 million) for instance via tighter control over witness expenses, and the recruitment day initiative in FtP, and
 - 7.3 credits in relation to prior year activity (£1.3 million).
- 8 FtP Conduct and Competence Committee (CCC) activity in February 2013 increased month on month to an average of 21 hearings per days.
- 9 It should be noted that we are currently negotiating with HMRC in relation

to the repayment of income tax and National Insurance paid on FtP panellist expenses in prior years. Our current estimate of repayment is now between £1.5 million and £2 million. This has not yet been factored into the forecast. Although we have 'in principle' agreement for repayment, the detailed submission is being drawn up at present, the final amount is subject to negotiation, and HMRC processes take a considerable time. We have agreed with our auditors that this will be treated as a contingent asset in the year end accounts.

Monthly results and forecasting process

- 10 The management accounts team held meetings with each directorate to go through the February results and to do a detailed reforecast for the current financial year. The forecast in the attached reports is the result of these discussions.
- 11 The forecast exercise concentrates on the remainder of this financial year. Directors are also asked to provide a view of cost trends into the next financial year, to inform the 'rolling forecast'. This is included at Annexe 2.
- 12 The current round of training for cost centre managers is complete, and discussions are underway to hold regular training sessions going forward.

Monthly management results

- 13 The management results for February 2013 are set out at Annexe 1. These reports include variances against the prior month's forecast. This helps Council to monitor our ability to understand, assess and plan our activity and expenditure requirements.

Actual results versus budget

- 14 The highlights at February year to date against budget are:
 - 14.1 In the rebased budget approved by Council in June 2012, it was assumed that the fee would rise to £120 from January 2013; this is now confirmed as a £100 fee from March 2013 leading to a variance against budget of £500k. There are slight shortfalls in periodic fees, overseas applications, EU assessment fees and verifications at this stage, offset by a positive variance on interest income.
 - 14.2 Compared to the budget for revenue and capital expenditure, there is a net underspend of £8.3 million year to date.
 - 14.3 FtP is £5.0 million underspent to date. The underspend is driven by:
 - 14.3.1 Lower than budgeted hearing days which are 64 below the rebased budget (5,043 held against a budget of 5,107). The overall operational variance on hearings is in the region of £2.9 million. Approximately £0.1 million is driven by a volume variance with a positive price variance of approximately £2.8

million.

- 14.3.2 Net staff costs are below budget year to date (£1,138k) due to slippage in recruitment.
- 14.3.3 The release of accruals from the prior year (£1,186k), including the writeback of a legal accrual following successful conclusion of negotiations.
- 14.3.4 Additional budgeted expenditure in relation to the Olympics which was not required to the extent expected (approx £150k).
- 14.3.5 Offsetting the above underspends, external investigation fees are overspent by approximately £369k to date. This is partly due to the complexity of the cases sent for external investigation. In addition, 15 cases more than budget have been sent out to date, which is expected to be offset by reduced levels in March – 95 fewer cases than budget were sent in the period September to February 2013. In addition, the budget was understated by £100k for a proportion of external case costs relating to cases sent in February and March.
- 14.4 Costs in Standards are lower than plan due to staff savings and lower QA costs due to lower reviewer days being utilised, prior year credits and fewer follow up visits being required.
- 14.5 Costs in ICT are lower due to the timing of the case management system maintenance release as a consequence of a change in business requirements, therefore the release has been delayed until further business analysis has been completed.
- 14.6 Projects are underspent due to the effective and efficient manner in which the recruitment and equipping of the additional FtP staff was undertaken, therefore the budget for recruitment and equipment has not been utilised as expected.
- 14.7 The favourable variance in the Central Pool (£3,768k) is offset to an extent by actual spend over budget in other departments and in capital expenditure, representing costs that are being funded by the Central Pool (for instance £1,364k of redundancy costs relating to the restructure, costed to NMC General).
- 14.8 Total free reserves at February 2013 are £16.8 million. The pension deficit at this point is £7.97 million; therefore available free reserves at February 2013 are £8.8 million. This is £8.3 million better than budget at this point, but outside the reserves policy envelope agreed by Council in September 2012 (i.e. the risk based element of reserves to be in a target range of £10 to £20 million).
- 14.9 Total cash is £73.6 million at February 2013. This is £20.1 million

higher than budget, due to the payment of the £20m grant from DoH combined with lower expenditure to date and lower creditors (deferred income and trade creditors) than budget.

Latest forecast

- 15 The full year forecast for 2012-2013 is based on the detailed reforecast by directors in February.
- 16 The highlights are as follows :
 - 16.1 The forecast includes the recognition of the DH grant. The £20 million is recognised as 'restricted' revenue this year, and £571k is released to available free reserves each month over the 35 months from February 2013 to December 2015, reflecting the fact that the grant is a contribution towards our work in delivering the FtP KPIs and restoring reserve levels over that period.
 - 16.2 The principal differences between the latest full year forecast and the prior forecast are :
 - 16.2.1 Total free reserves are projected to be £0.4 million lower by March 2013 (£14.7 million now vs. £15.1 million in the previous forecast). This is primarily as a result of slightly lower revenue forecast (principally reduced overseas revenue due to the temporary deferment of overseas application processing), higher capital expenditure as some elements of the ICT strategy are coming through sooner than expected, and a reduced depreciation forecast following review (which increases the net fixed asset position and therefore reduces free reserves).
 - 16.2.2 Available free reserves at yearend are now projected to be £6.8 million versus the prior forecast of £7.2 million.
 - 16.2.3 The yearend cash position is now forecast to be £76.7 million, vs. £77.1 million in the previous forecast.
 - 16.2.4 The FtP forecast has been increased by £0.16 million overall, reflecting the recruitment of new panel chairpersons (£0.1 million) which is principally taking place in March.
 - 16.2.5 The major items in the potential bids now are additional software licences (£0.15 million) and the retention of a contingency (£0.25 million).
 - 16.3 The principal variances between the latest full year forecast and the budget are :
 - 16.3.1 Total free reserves are projected to be £7.2 million higher by March 2013 (£14.7 million now vs. £7.5 million budget). This is due primarily to slower than expected staff recruitment

across the NMC (£1.5 million), operational efficiencies and lower operational costs achieved during the year (£4 million), and credits in relation to prior year activity (£1.3 million).

- 16.3.2 Available free reserves at yearend are now projected to be £6.8 million vs. the budget of (£0.4 million).
- 16.3.3 The yearend cash position is now forecast to be £76.7 million, vs. £56.4 million budget, reflecting the receipt of the grant from the Dept of Health, and reduced expenditure for the year. This is offset by lower deferred income levels than budget due to the 'slippage' in the planned implementation date and reduction in the proposed fee amount.
- 16.3.4 The income forecast is £19 million higher than budget, reflecting the £20 million restricted grant income, offset by two months' worth of 'slippage' in the implementation date of the proposed fee increase (from 31 December to 28 February), and the reduction in the proposed new fee level itself from £120 to £100.
- 16.3.5 The Fitness to Practise forecast reflects the reductions in expenditure to date and a reduced 'run rate' in several expenditure categories for the remainder of the year, plus reductions in staff costs following a rephasing of the headcount, a reduction in venue costs to reflect the use of the Old Bailey premises instead of external venues, and the writeback of a legal accrual following successful conclusion of negotiations.
- 16.3.6 Forecasts in other directorates have been adjusted to reflect staff savings against the rebased budget, due to the current level of vacancies and assumptions made regarding the restructure in the rebased budget.
- 16.3.7 The Central Pool potential bids position has been revised to £0.59 million, reflecting the allocation of funds during the year.
- 16.3.8 The capital expenditure forecast is £1.6 million higher than budget due to the spend on the Old Bailey (£1.4 million) and the stabilisation phase of the ICT strategy (£0.2 million), both approved during this financial year.

Public protection implications:

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

Resource implications:

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

- Equality and diversity implications:** 19 An EQIA is not required in relation to this paper.
- Stakeholder engagement:** 20 We consulted extensively with stakeholders on fees.
- Risk implications:** 21 There are a number of risks which should be considered on an ongoing basis when reviewing the financial position.
- 21.1 Council agreed a new reserves policy in September 2012 based on an assessment of the financial impact of our major risks, plus pension deficit, with available free reserves to be held in a target range of £10 million to £20 million. Following the latest reforecast, our available free reserves will be £6.8 million by March 2013, which is in breach of our reserves policy. A reduction in reserves from the policy level should only be authorised by trustees where there is a clear and robust plan to rebuild reserves. The assumption is that in our case, the plan to rebuild reserves is via the fee increase.
- 21.2 The above risk has been captured and is being monitored via the corporate risk register.

Opportunities

- 22 The expenditure requirements for the year are based at present on a cautious assessment of activity levels and outcomes. There are a number of opportunities being explored to increase funding or realise savings against projections, as follows:
- 22.1 It is possible that we will be able to negotiate the return of tax paid in prior years in relation to PAYE and NI on panellists' expenses. This is discussed at paragraph 9.
- 22.2 The corporate efficiency board is tasked with identifying and implementing efficiencies. These are being actively considered and may result in earlier than planned cost reductions.
- 22.3 Requests for funding from the Central Pool may be lower than projected. Unallocated funds are returned to reserves.

- Legal implications:** 23 None.

Council

Overseas registration

Action: For discussion.

Issue: Members are asked to consider the update on overseas registration policy.

Core regulatory function: Registration.

Corporate objectives: Objective 1: "We will safeguard the public's health and well-being by keeping an accessible accurate register of all nurses and midwives who are required to demonstrate that they continue to be fit to practise."

Decision required: No decision required. The Council is recommended to note progress with the overseas registration review.

Annexes: None

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

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Context:

- 1 On 1 February 2013 we announced externally a review of our overseas policy. In light of the review we have stopped processing current applications and accepting new applications from overseas trained applicants. We continue to process applications to the register from EU trained applicants.
- 2 On 11 March 2013 we stated publicly through a press release two issues that we identified as part of our review. These related to training requirements from four countries (Australia, Canada, New Zealand and the USA) and validating identity information.
- 3 Council approved at its February meeting a set of high level principles that will lead to the development of the internal policy and guidance for staff. These were in accordance with the *Principles of Better Regulation* and compliant with any relevant legislation to include relevant EU directives, the NMC order and rules and the equality act.
- 4 The NMC will resume overseas registrations on 2 April 2013 with consistent policies and procedures that will apply to all overseas trained applicants to the register.
- 5 This is necessarily a short term review aimed at addressing deficiencies to stabilise the current process. A more fundamental review will take place in due course as part of our corporate change programme.
- 6 We do not intend to undertake a formal consultation as the purpose of the review is to stabilise our process by strengthening our operations, using our existing standards and complying with relevant legislation.

Discussion

- 7 Following Council approval of the high level principles, the review team consisting of staff from registration, policy and communications and external experts have developed and completed:
 - 7.1 A set of Standard Operating Procedures (SOPs) that set in detail in a clear and consistent manner the overseas registration process
 - 7.2 Guidance and training to the overseas teams to ensure consistent decision making and clarity in terms of escalation of decisions
 - 7.3 Clear criteria and thresholds in terms of mapping qualifications and training from overseas applicants that will provide consistency in decision making
 - 7.4 A lean review of the application forms that will provide clarity to the applicants and will avoid duplication.

| | | |
|---|----|---|
| Public protection implications | 8 | Maintaining an accurate register of nurses and midwives who are capable of safe and effective practice is core to our public protection remit. |
| Resource implications: | 9 | The review has involved staff input from overseas registration staff and our policy, media and communications teams. External experts have supported the review in terms of developments of standard operating procedures (SOPs), mapping of standards and training and legal analysis. |
| Equality and diversity implications: | 10 | It is essential that our policies and procedures in registration are fair and free from discrimination. The high level principles stress the importance of fair and consistent decision making and the underlying guidance and SOPs will have to provide for decision making that is free from discrimination. |
| Stakeholder engagement: | 11 | We have been open and transparent about the review and issues we have identified as part of this work. We have worked collaboratively with key stakeholders in particular the Council of Deans, NHS Employers, RCN, RCM, Unison and Unite. |
| | 12 | In preparation of the principles and internal guidance and procedures we have engaged with the Equality and Human Rights Commission, the nursing regulator in the Republic of Ireland and the General Medical Council in the UK. We continue to engage through teleconferences with the nursing regulators in Australia, Canada, New Zealand and the USA. |
| Risk implications: | 13 | Failure to assess an applicant for registration properly and putting someone on the register when they are not capable of safe and effective practice is a fundamental and severe risk to public protection and the reputation of the NMC. |
| Legal implications: | 14 | Compliance with legislation forms an important part of the review. |

