Nursing &
Midwifery
Council

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 itself will be made available 48 hours in advance of the meeting in order that Council consider the most up to date version of the register.
Discussion	3	Since the Council last considered the risk register at its January 2013 meeting, a new top risk has been added relating to the implementation of recommendations in the Francis report conflicting with the NMC's current focus (T28). This risk is red and rated at 20.
	4	A new top risk has also been added relating to 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 (T29). This risk is red and rated at 20.
	5	The risk that the Francis report is critical of regulation (T9) has been closed following the publication of the report on 6 February 2013.
	6	The risk around the integrity of the register is up by five to a red rating of 20. This risk has therefore been moved to the top risks part of the register (T23).
	7	The risk around the loss of sensitive data is up by four to a rating of 20 (T24).
Public protection implications:	8	Public protection implications are considered when rating the impact of risks and determining action required to mitigate risks.
Resource implications:	9	Internal staff time has been accommodated as business as usual.
Equality and diversity implications:	10	Equality and diversity implications are considered when rating the impact of risks and determining action required to mitigate risks.
Stakeholder engagement:	11	The risk register is in the public domain.

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Risk implications:	12	The impact of risks is assessed and rated on the risk register. Future action to mitigate risks is also described.
Legal implications:	13	Legal implications are considered when rating the impact of risks and determining action required to mitigate risks.

Top risk

No	Entry date (approximate)	Ref	Type	Risk	Impact	Likelihood	Risk Rating	Movement	Mitigation	Future action	Owner	Review date	Target completion date
T9	Jan-12	CE	Reputation	**FRANCIS REPORT - MID-STAFFS INQUIRY** The risk that the report is critical of regulation, resulting in a possible increase in referrrals to FtP with consequent financial implications and/or damage to the NMC's reputation	4	5	20	CLOSED	• Cross directorate working group has mapped risks and identified learning • Plan for increase in referrals **RISK CLOSED BY DG 12 FEBRUARY 2013, FOLLOWING PUBLICATION OF FRANCIS REPORT ON 6 FEBRUARY 2013**	• Media strategy and action plan • Participating since Dec 2012 in working group on inter-regulatory collaboration initiated by CQC and GMC which is intended to develop, implement and monitor an operating framework for information sharing and collaboration around risk • New QA framework will be implemented in September 2013 with more emphasis on, and clarity about, the NMC's obligations and processes when it or another regulator identifies risks within a setting • Education strategy due to Council in July 2013 will capture the role of education in generating and responding to risk intelligence	Jackie Smith	31/01/2013	CLOSED
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	NEW RISK	• Plan for increase in referrals • Holding media response issued which publicly stated that we need time to consider the report and its implications for the NMC • First discussion at Council on 21 February	• Maintain close working relationship with DH • Provide a considered response to the Francis Inquiry Report outlining how we will address emerging issues alongside our current organisational priorities • Report on progress to every Council meeting • Continued participation in working group on inter-regulatory collaboration initiated by CQC and GMC which is intended to develop, implement and monitor an operating framework for information sharing and collaboration around risk • New QA framework will be implemented in September 2013 with more emphasis on, and clarity about, the NMC's obligations and processes when it or another regulator identifies risks within a setting • Education strategy due to Council in July 2013 will capture the role of education in generating and responding to risk intelligence	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	NEW RISK	• An overarching engagement strategy • Re-positioning of our role with key stakeholders following Strategic Review recommendations • Patient and Public Engagement Forums held quarterly	• A detailed engagement plan is being developed for consideration by the Council in April, including a proactive targeted approach to raising our profile through conferences and external speaking events	Lindsey Mallors	31/03/2013	31/03/2014

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

Risk register - February 2013.XLS

Top risk

No	Entry date (approximate)	Ref	Type	Risk	Impact	Likelihood	Risk Rating	Movement	Mitigation	Future action	Owner	Review date	Target completion date
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	• 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, first phase of review completed and on track to resume applications 1 March • Steering group set up to oversee this work	• Independent review will inform development of a new policy and process improvements linked to this	Katerina Kolyva	28/02/2013	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	Up 5	• Audit of register versus case management system completed September 2012 • Discrepancies 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	• 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	Katerina Kolyva	28/02/2013	30/06/2013
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	Up 4	• Security testing to identify areas of vulnerability completed (gap analysis) • Review undertaken for secure channels for transmitting sensitive data, with guidance and training updated • Annual compliance audit in place as part of internal audit programme • Importance of secure handling of data communicated to staff • Policies on data sharing updated • Information Governance Security Group in place with cross-organisational representation	• Business case approved for the implementation of an Information Security Improvement Programme, culminating in application for ISO 27001 award. Preferred supplier sourced and will commence in March 2013. • Set of business requirements for email encryption is being identified and a suitable supplier will deliver the selected solution • Suitable partner organisations being identified to develop information-sharing options based on secure portals or other technologies • Review of Information Security governance arrangements and lead accountabilities • Review of laptops encryption and implementation of new enhanced encryption solution • Implementation of new elearning module on information security to be launched in March • Mandatory training for all staff to be enforced	Mark Smith	31/03/2013	31/12/2014

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Top risk

No	Entry date (approximate)	Ref	Type	Risk	Impact	Likelihood	Risk Rating	Movement	Mitigation	Future action	Owner	Review date	Target completion date
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	• Project manager for appointment of new Council in post and working closely with Council services on transition planning	• 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	28/02/2013	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	• Meeting with DH on 14 January to determine timescales • Policy work now commenced to bring options to Council in April 2013	• 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 • Establishment of task and finish group to draft response to DH consultation when it is launched	Katerina Kolyva	28/02/2013	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	• HR support to managers to identify reasons for high turnover • Recognition scheme launched on 29 October 2012 • Reporting on each directorate to identify areas of concern and working with all levels of management to help them to understand their responsibilities in reducing staff turnover • Recruitment to remaining senior roles completed • Significant recruitment completed to fill FtP vacancies • Retention workshops held in Fitness to Practise • Corporate induction process amended	• Pay and grading review started January 2013 • Induction being reviewed • Further retention workshops to be held. • Implementation of full learning and development programme.	Mark Smith	31/03/2013	30/09/2013

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Balanced Scorecard
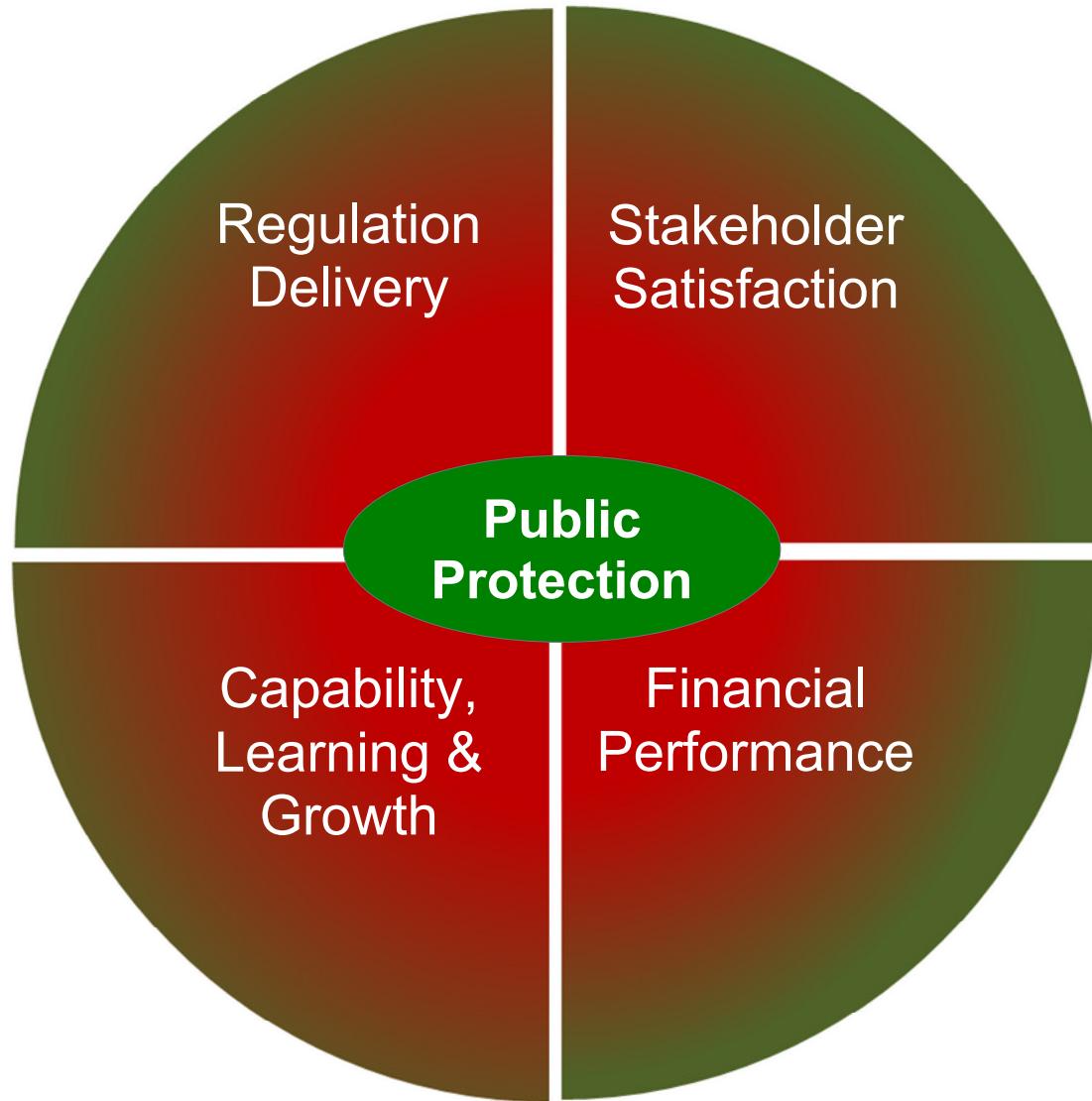
Key to the data tables:

Year to date	This rating is based on how the December 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	November	December	January	Year to date	Full year forecast
R1	Percentage of initial undisputed UK applicants registered within 5 days	95%	99.91	99.84	99.65	Green	Green
Comments 854 processed.							

KPI no.	Performance indicator	2012-13 Target	November	December	January	Year to date	Full year forecast
R2	Percentage of initial EU applicants registered within 5 days of satisfying the requirements of registration	95%	100	100	100	Green	Amber
Comments 274 processed. Whilst the January KPI for initial EU applicants was met, the overseas registration policy review may impact on EU decisions. As a result of this, there may be delays which would impact on the February and March KPI figures – to reflect this, the full year forecast has been noted as Amber.							

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

Comments

A review of the overseas registration policy and process has resulted in a temporary pause in the processing of new applications. We will resume the processing of applications from 1 March 2013. This will affect the KPI figures for February 2013. The full year forecast has been recorded as Red to reflect this.

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

Comments

A review of the overseas registration policy and process has resulted in a temporary pause in the processing of new applications. We will resume the processing of applications from 1 March 2013. This will affect the KPI figures for February 2013. The full year forecast has been recorded as Red to reflect this.

Whilst the January KPI for initial EU applicants was met, the overseas registration policy review may impact on EU decisions. As a result of this, there may be delays which would impact on the February and March KPI figures – to reflect this, the full year forecast has been noted as Amber.

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

Comments

A review of the overseas registration policy and process has resulted in a temporary pause in the processing of new applications. There are a number of applications that have not had a decision made due to this pause and this is reflected in the year to date rating which is Red. We will resume the processing of applications from 1 March 2013 and therefore this will affect the KPI figures for February 2013. The full year forecast has been recorded as Red to reflect the potential impact.

Whilst the January KPI for initial EU applicants was met, the overseas registration policy review may impact on EU decisions. As a result of this, there may be delays which would impact on the February and March KPI figures – to reflect this, the full year forecast has been noted as Amber.

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

Comments

743 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%	100	97.47	100	Green	Green

Comments
216 processed.

R9	Percentage of customer service calls answered within 20 seconds	60%	61.95	55.98	34.76	Red	Red

Comments
In January the Registrations Centre was offered 43,073 calls and answered 35,749. Thus 83% of calls were successfully answered. In January 2012 the centre was offered 34,710 so there has been an increase of over 8,000 calls.

The Registrations Centre is now taking FtP phone calls and resources were allocated accordingly, but early indications suggest that this level of resourcing is not adequate and this is impacting on the number of calls being answered within the target timescale of 20 seconds. A review is required to clarify all of the reasons behind the decrease in calls answered during the period of January and to enable us to resource effectively following the increase in FtP phone calls.

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	November	December	January	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							

PI no.	Performance indicator	2012-13 Target	November	December	January	Year to date	Full year forecast
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%	100%	Green	Green
Comments There were two new incidents reported in January that related to the areas that are already working with NMC. Both were triaged in line with the extraordinary review process within 10 working days.							

| 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 three 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	November	December	January	Year to date	Full year forecast
FTP1	Percentage of investigation decision letters sent within 5 days of the panel decision	100%	99%	26%	64%	Red	Amber
Comments The number of Investigating Committee decisions sent within 5 days has improved since December. However some letters sent in the first week of January were delayed due to insufficient resource planning exacerbated by increased levels of sickness absence during the Christmas holiday period. We expect to see this KPI back to acceptable levels in February.							
FTP2	Percentage of adjudication decision letters sent within 5 days of the panel decision	100%	99.3%	99%	80%	Red	Amber
Comments Performance against this KPI has dropped this month due to insufficient resource planning exacerbated by increased levels of sickness absence during the Christmas holiday period. We expect this KPI to be back to an acceptable level in February.							
FTP3	Percentage of complaint letters responded to within 20 working days	100%	86%	86%	86%	Red	Red
Comments Two letters were responded to outside of the 20 day KPI due to delays gathering information; both of these complaints were acknowledged within 5 days.							

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%	72.1%	69%	56%	Red	Red
Comments Performance against this KPI has dropped this month due to issues with scheduling caused by limited hearings capacity during the holiday period, delays gathering evidence and cases being adjourned upon application of the registrant.							

FTP6	Percentage of all (new and historic) cases progressed through the investigation stage within 12 months from receipt of referral	90%	78%	69%	81%	Amber	Red
Comments This month we have completed 81 percent of our investigations within 12 months and our average investigation time is 9 months. This is a major achievement for FtP.							

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%	63%	47%	42%	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%	84%	72%	69%	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	590	584	464	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. Of these cases:

No. historic cases scheduled: 243
No. historic cases awaiting confirmation: 35
No. historic cases actively being scheduled: 155
No. historic cases not ready for scheduling: 25

| FTP12 | Average number of substantive conduct and competence committee hearings held per day | 18 (Nov & Dec) | 18.89 | 19 | | Green | Green |
| | | 20 (from Jan 2013) | | | 20 | | |

Comments

FTP13	Number of adjudication cases completed with a final decision each month	168	141	73	132	Red	Red

Comments

FTP14	The percentage of cases that go part-heard	10%	19.6%	32%	25%	Red	Red

Comments
We have seen a slight improvement this month in the part-heard rate. To tackle the part-heard rate we have implemented a new policy of relisting cases within 28 days of the adjournment. We have written to all panel members outlining the new policy. Cases that are rescheduled outside of the policy will be 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	November	December	January	Year to date	Full year forecast
SS1	Percentage of coverage in mainstream media vs trade press.	75%	78.5%	94%	N/A	Green	Green
Comments These figures are received quarterly and we do not yet have the figures for January.							

SS2	Percentage of media coverage that is balanced, positive, neutral vs. negative	95%	92%*	92%*	N/A	Amber	Amber

Comments
*These are quarterly figures.

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

Comments
No events were held in January 2013.

SS4	Percentage of complaints receiving a substantive report within 20 working days	100%	95%	87%	97%	Amber	Amber

Comments
Out of the 34 complaints answered during the month of January 2013, one response was responded to outside of the 20 working day deadline.

SS5	Proportion of complaints which are upheld/partially upheld		40%* (17/43)	48% (11/23)	33% (13/33)		

Comments
*The increase in complaints which have been upheld or partially upheld in this period reflects an issue regarding the impact of our choice of postal service provider on the receipt of some registration renewal packs.

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	November	December	January	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.							

PI no.	Performance indicator	2012-13 Target	November	December	January	Year to date	Full year forecast
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%	3.24%	2.91%	2.92%	Green	Green

Comments

Sickness absence has continued to stay under target and at 6.42 days per employee for the year to 31 January 2013, below the CIPD average of 7.7 days per employee.

HR4	Percentage of FTE posts vacant	10%	23%	16%	13%	Amber	Green

Comments

Vacant FTE is steadily approaching our target of 10% and it is forecasted that we will meet this target next month.
Human Resources are continuing to work with directorates across the NMC to fill the vacancies that still exist.

HR5	Percentage turnover rate	23%	34%	32%	31%	Red	Red

Comments

The projected turnover rate for March is now 28% so the year to date RAG rating stays red.

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.

HR6	Percentage of employees with over one year's service (Stability Index)	80%	67%	69%	69%	Red	Red

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 RAG rating has changed to red as the forecasted stability for March is 71%.

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

Comments

Following the recent trend, 20 of the 40 of people who did not successfully complete their probation period in the year to 1 January 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 should increase.

During the same 12 months a total of 17 probations were extended. Of these, 12 eventually passed and the remaining five left the organisation before their extended probation ended. No individuals failed their probations.

HR8	Average training days or equivalent per employee	5	2.8	3.2	3.9	Red	Red

Comments

The full year forecast is 4 days, the shortfall against target being attributable to the suppression of the training programme during the 5 months restructuring period.

HR9	Percentage of statutory and mandatory training completed within target date	80%	85%	88%	85%	Green	Green

Comments

This has reduced slightly due to the transition from the old e-learning platform to a new one in January when staff did not have access to the modules. However the new site has gone live on 28 January and staff are now completing the modules that they need to do.

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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 January.
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 January.

Caseload and activity

3 The caseload decreased by 80 cases in January to a total caseload of 4321 cases.

4 We have seen a high level of activity at all stages of the FtP process. In particular in January:

4.1 The screening team closed 156 cases and progressed 284 cases to investigation.

4.2 The Investigating Committee closed 116 cases and 237 cases were referred for adjudication.

4.3 There were 132 cases completed to a final adjudication decision (three cases were substantive fraudulent entry cases concluded by the investigating committee).

5 In January we closed 54 more cases than we received despite having fewer hearing days and an increase in referrals.

Improving customer service

6 64 percent of investigation decision letters were sent in five days and 99.8 percent were sent in 10 days. Five letters were sent outside of ten days due to insufficient resource planning exacerbated by increase levels of sickness absence during the Christmas holiday period.

7 80 percent of adjudication letters were sent in five days and 100 percent were sent in 10 days.

8 We answered 86 percent (13 letters) of complaint letters in 20 days. Two letters were responded to outside the KPI, one in 22 days and one in 30 days. There was a delay in getting the information to respond to these complaints.

9 100 percent of adjudication notices complied with the statutory notice period of 28 days.

KPI performance

10 Our KPI for interim orders is to impose 80 percent of interim orders

in 28 days from receipt of referral.

11   We imposed 56 percent of IO's in 28 days in January. We did not meet the KPI due to difficulties with gathering evidence, scheduling and cases being adjourned by the panel on application from the registrant. Our average number of days to impose an IO in January was 29 days.

12   Our investigation KPI is to progress 90 percent of cases in 12 months.

    12.1   In January we achieved an average of 9 months for all investigation cases and 81 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 month adjudication KPI was 8.8 months for all adjudication cases and 42 percent progressed in six months. For new cases an average of 6 months and 69 percent progressed within the KPI.

14   We will not meet our adjudication KPI until December 2014.

Historic cases

15   There are currently 464 historic cases at the adjudication stage.

16   Some registrants have more than one case and some involve multiple registrants.

17   The 464 historic cases at the adjudication stage can be broken down as follows:

    17.1   243 cases are scheduled with confirmed hearing dates.

    17.2   35 cases are awaiting confirmation

    17.3   155 cases are currently being scheduled.

    17.4   25 cases are not ready for scheduling

18   All historic adjudication cases will be scheduled before 1 April 2013 and as discussed at the FtP Committee, all cases completed by 30 September 2013.

High court activity

19   In January we applied for 29 high court interim order extensions. The year to date total number of interim order extensions lodged is 300 between 1 April 2012 and 31 January 2013. Between 20 to 25 per cent of cases in the caseload are subject to an interim order and

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 often unavoidable.

20   There were three appeals and two judicial reviews lodged in January.

21   No appeals were heard in January.

PSA learning points

22   There were two PSA learning point letters received in January containing 87 learning points.

Dealing with adjournments and part-heard cases

23   In January 194 adjudication cases were listed for hearing and 48 cases went part-heard. That is a total of 25 percent of scheduled cases. This is a lower rate than in December but still represents one of the highest risk areas for FtP. The reasons for part-heard and adjourned cases are the subject of weekly management Information meetings.

24   We have analysed the cases in January that did not conclude in the scheduled time period to ascertain the reasons for cases going part-heard and therefore how we can improve our processes to reduce the number of part-heard cases.

25   To tackle the part-heard rate we have implemented a new policy of relisting cases within 28 days of the adjournment. We have written to all panel members outlining the new policy. Cases that are rescheduled outside of the policy will be discussed at weekly FtP Hearings Management meetings.

FtP improvement plan

26   The Fitness to Practise improvement plan is divided into three phases. Phase one was scheduled to take six months, phase two is due to take 12 months and phase three is scheduled to take 24 months. Phase one was due to be delivered by 31 January 2013.

27   Phase one of the FtP improvement plan was completed to deadline and was signed off by the Change Management Portfolio Board on 8 February 2013. It contained the following six improvement work streams:

27.1   Development of the disclosure and publication policy

27.2   Publishing FtP sanctions online

27.3   Voluntary removal

27.4   Case management and consensual panel determinations

27.5   In house investigations

27.6   Increase hearings accommodation

28   The first work stream delivered under phase one of the improvement plan was the development of the FtP publication and disclosure policy. The policy was approved in principle by Council in September subject to development of an IT solution. The final revised FtP publication and disclosure policy was approved by Chair's Action on 18 December 2012.

29   The aims of the publication and disclosure policy are:

29.1   to outline the NMC's approach to the routine publication of fitness to practise information

29.2   to outline the NMC's policy in relation to the routine disclosure of fitness to practise information to interested parties

29.3   to outline the NMC's stance in relation to individual requests for disclosure of fitness to practise information

29.4   to outline the NMC's approach to the disclosure and use of patient healthcare records.

30   The revised policy was delivered on time and came into effect on 3 January 2013.

31   The publication of FtP sanctions online provides changes to public online search facility that enables sanctions to displayed when a search is carried out by a member of the public. This came into effect on 14 January 2013. This work stream has increased transparency by providing the public with information it is entitled to access.

32   Case management and consensual panel determinations and voluntary removal were implemented on 14 January 2013. These work streams have improved our Fitness to Practise processes by encouraging early engagement by nurses or midwives, avoiding unnecessary full hearings which free up resources for other cases, improving customer service by ensuring that witnesses are not called to attend hearings unnecessarily and improving timeliness by enabling cases to be concluded quicker.

33   The biggest challenge of phase one was bringing investigations in house. The final in house investigation team was established on 2 December 2012; we delivered this work stream two weeks ahead of schedule. This work stream has improved our fitness to practise

process by reducing investigation costs, improving quality of our investigations, improving control over focus of investigation and improving customer care by reducing the number people involved in case work.

34 Finally our new accommodation at 20 Old Bailey became operational on 4 January 2013. This work stream has enabled us to increase our hearings activity which will improve timeliness of case progression. Furthermore the new hearing centre provides a high quality, fit for purpose environment for our hearings, which enables us to deliver an improved level of customer service.

Public protection implications:

35 There are no public protection implications to the operational changes, which will simply increase the number of cases where interim suspension orders are reviewed administratively at meetings.

Resource implications:

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

Equality and diversity implications:

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

Stakeholder engagement:

38 The format of this report has been agreed by the FtP action plan group.

Risk implications:

39 None.

Legal implications:

40 None.

Total caseload and workflow

Nursing & Midwifery Council

FtP total caseload graph

New matters January 352 → February 2013

New matters December 300 → January 2013

New matters November 331 → December 2012

New matters October 363 → November 2012

Total 4321

| Screening, 620 | 284 Jan → | Investigation, 1904 | 237 Jan → | Adjudication, 1797 | → Completed January 132** |

156 closed January

116 closed Jan

Adjourned: 15
Part Heard: 48
Postponed: 0
in January

Total 4401

| Screening, 825 | 153 Dec → | Investigation, 1862 | 183 Dec → | Adjudication, 1714 | → Completed December 73 |

83 closed December

132 closed Dec

Adjourned: 7
Part Heard: 37
Postponed: 0
in December

Total 4324

| Screening, 693 | 286 Nov → | Investigation, 2022 | 173 Nov → | Adjudication, 1609 | → Completed November 141 |

166 closed November

106 closed Nov

Adjourned: 8
Part Heard: 36
Postponed: 0
in November

Total 4401

| Screening, 778 | 259 Oct → | Investigation, 2072 | 195 Oct → | Adjudication, 1551 | → Completed October 113 |

89 closed October

129 closed Oct

Adjourned: 14
Part Heard: 41
Postponed: 1
in October

number of cases

(x-axis: 0, 1000, 1500, 2000, 2500, 3000, 4500)

month

* 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. This 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.

12 month moving total for new referrals

New referrals received vs. cases closed
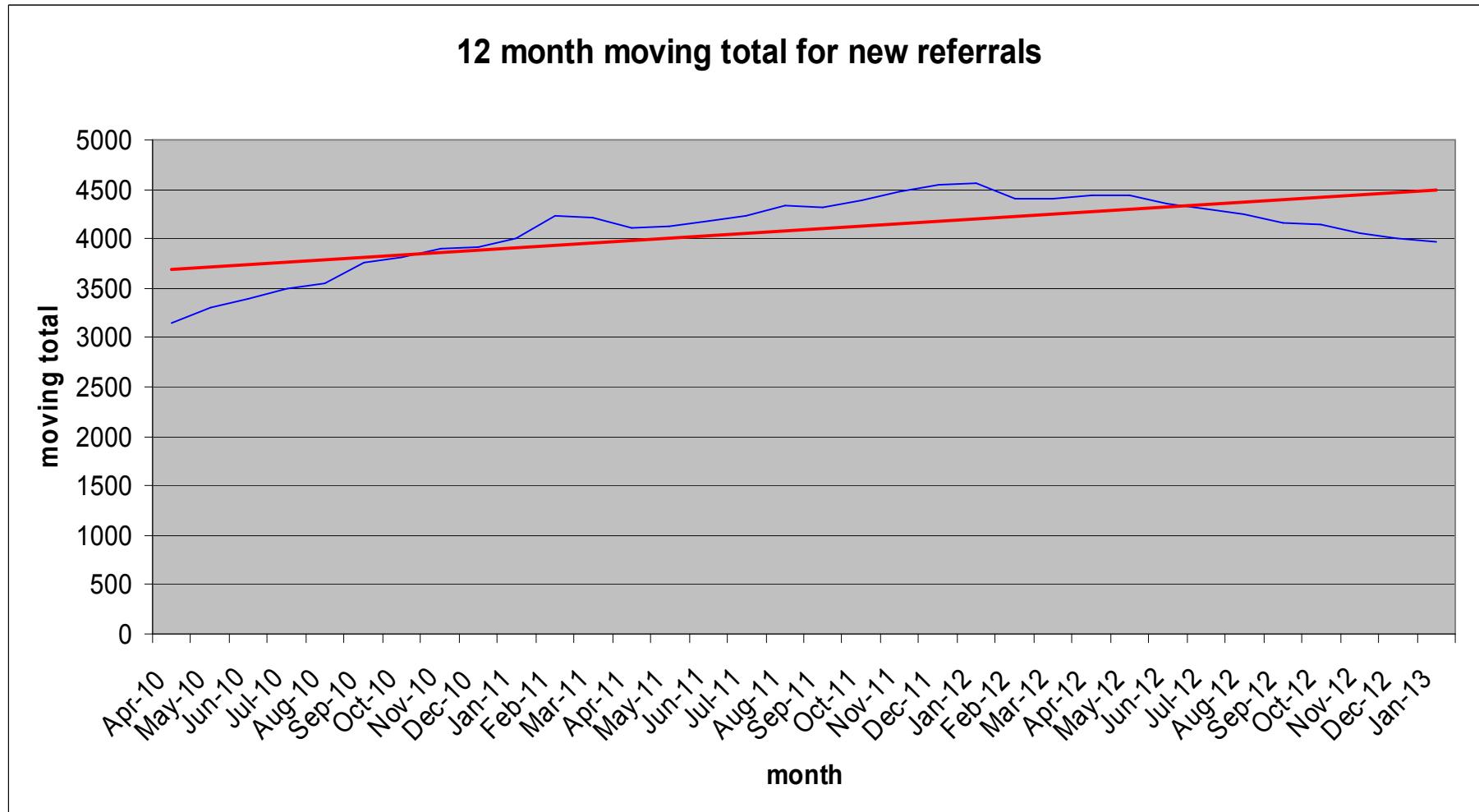
New referrals received vs. cases closed
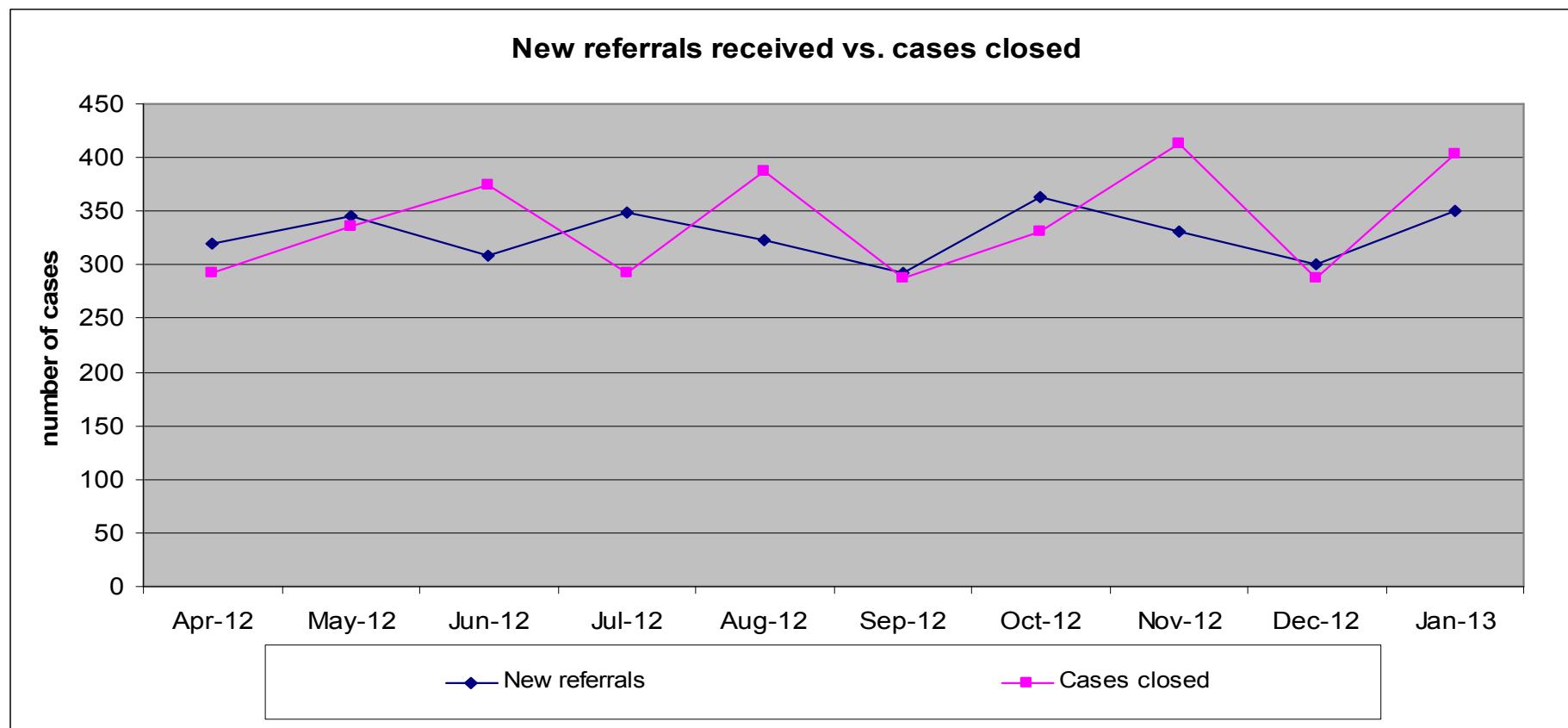
Month	New referrals	Cases closed	Difference
Oct-12	363	331	32+
Nov-12	331	413	-82
Dec-12	300	288	12+
Jan-13	350	404	-54

NMC Nursing & Midwifery Council

Decision letters sent in 5 days
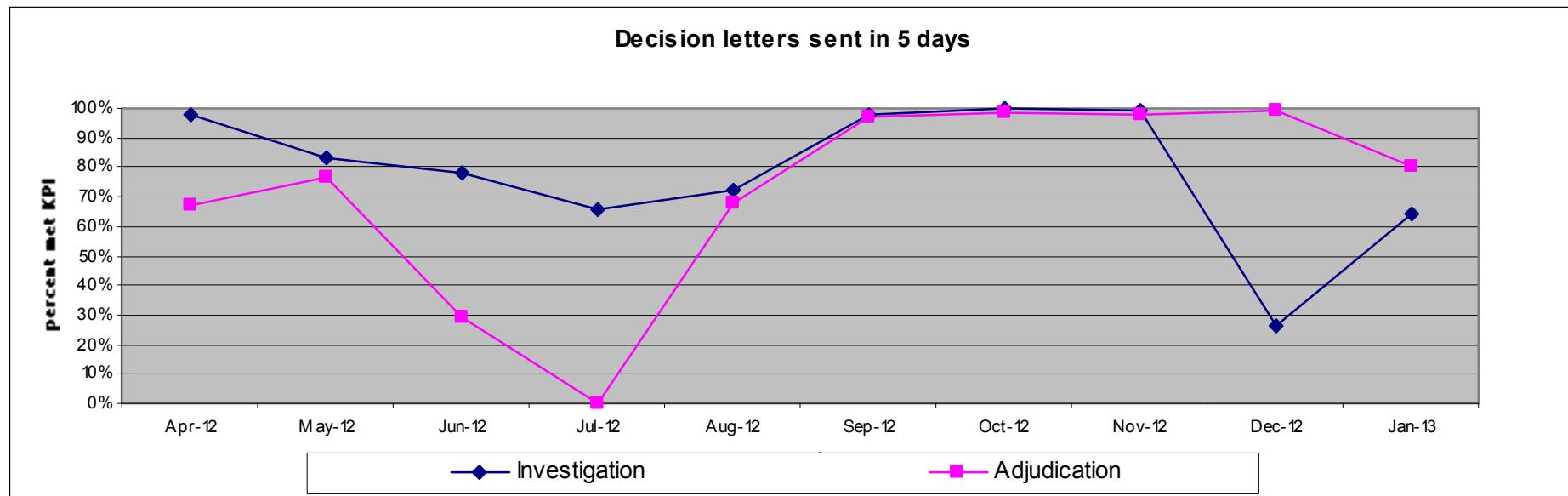
Decision Letters KPI % within 5 days		
Month	Investigation	Adjudication
Sep-12	98%	97%
Oct-12	99.7%	98.8%
Nov-12	99%	98%
Dec-12	26%	99%
Jan-13	64%	80%
Exceptions January 2013	Performance against this KPI has dropped due to insufficient resource planning exacerbated by increase levels of sickness absence during the Christmas holiday period. We expect to see this KPI back to acceptable levels in February.	

FtP complaints in 20 day KPI

**Nursing &
Midwifery
Council**
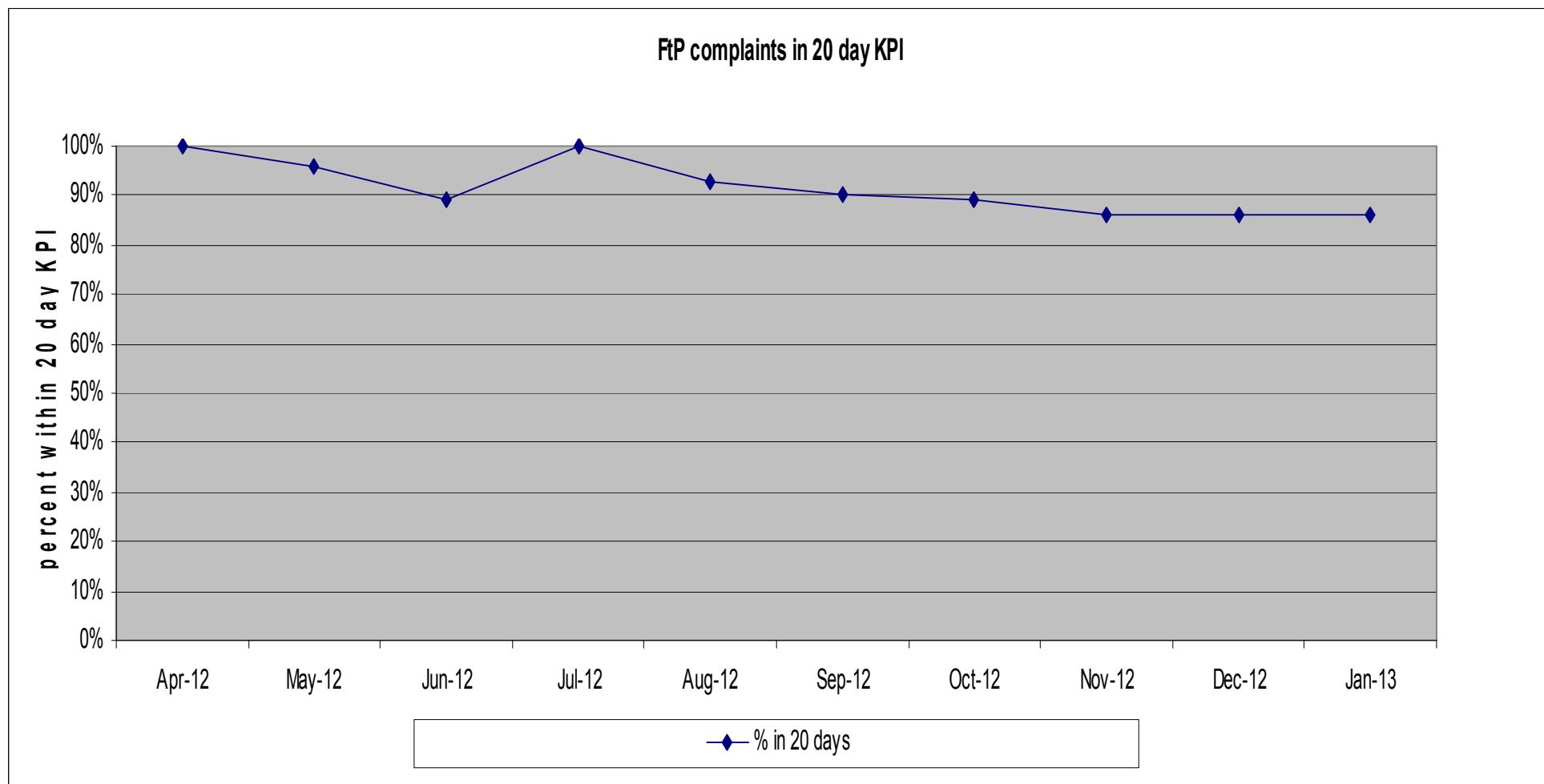
Council

Monthly financial monitoring – January 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 January 2013.

- Annexe 2: Actual results and forecast projections by month to January
  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   The graph at Annexe 3 will be extended in the next financial monitoring paper to include the revised projections to March 2016, based on the budget exercise currently under way.

Discussion   **Executive summary**
and options
appraisal: 4   The latest forecast projects that available free reserves at March 2013 will be £7.2 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 will be 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 marginally lower (by £0.1 million) than the prior month forecast. This takes into account January actual results and the ongoing review of requirements to 31 March.

7   Following the latest forecast, the year end free reserves are predicted to be £7.6 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 January 2013 increased month on month to the budgeted level of an average of 20 hearings per day.

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 now being considered by HMRC, the final amount is subject to negotiation, and HMRC processes take a considerable time.

Monthly results and forecasting process

10   The management accounts team held meetings with each directorate to go through the January 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   Cost centre managers are being involved with the current forecast and budget discussions under way.

Monthly management results

13   The management results to January 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 January 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 £174k. Other income is close to budget overall. There are slight shortfalls in overseas fees, 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 £7.7 million year to date.

14.3   FtP is £4.8 million underspent to date. The underspend is driven by:

14.3.1 Lower than budgeted hearing days which are 64 below the rebased budget (4,525 held against a budget of 4,589). The overall operational variance on hearings is in the region of £2.8 million. Approximately £0.1 million is driven by a volume variance with a positive price variance of approximately £2.7 million.

14.3.2 Net staff costs are below budget year to date (£1,019k) 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 £417k to date. This is partly due to an additional 38 cases sent out to date, which is expected to be gradually offset by reduced levels in the remainder of the year – 72 fewer cases than budget were sent in the period September to January 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 of education costs due to lower reviewer days being utilised and prior year credits.

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   Costs in HR/OD are lower than plan due to reduced training activity to date, although this is now ramping up following recruitment of new staff.

14.7   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.

14.8   The favourable variance in the Central Pool (£3,509k) 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).

14.9   Total free reserves at January 2013 are £16.97 million. The pension deficit at this point is £8.06 million; therefore available free reserves at January 2013 are £8.9 million. This is £7.5 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 million to £20 million).

14.10 Total cash is £74.19 million at January 2013. This is £20.97 million higher than budget, due to the payment of the £20m grant from the

Department of Health in January (which will be recognised in revenue in February) combined with lower expenditure than budget to date and lower deferred income 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 Department of Health 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 £0.1 million lower by March 2013 (£15.1 million now vs. £15.2 million in the previous forecast).

16.2.2 This is due to increased external case presenter costs (£0.1 million), increased temporary staff costs (£0.1 million) and increased shorthand writer costs (£0.1 million) in January in FtP. The FtP full year forecast has been increased by £0.5 million overall, reflecting these increased spends and a number of smaller items. This forecast increase is offset overall by reductions in QA of Education costs due to the reduction in extraordinary reviews and reduced follow up activity required this year (£0.1 million), and reduced costs in Facilities Management as the forecast was brought in line with the latest run rates for costs of leasehold properties including Old Bailey (£0.2 million).

16.2.3 Available free reserves at yearend are now projected to be £7.2 million versus the prior forecast of £7.3 million.

16.2.4 The yearend cash position is now forecast to be £77.1 million, vs. £77.3 million in the previous forecast, in line with the expenditure forecast.

16.2.5 The major items in potential bids to the Central Pool now are additional software licences (£0.15 million) due to the ongoing review of our software licence provision, 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 £7.6 million higher than budget by March 2013 (£15.1 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 £7.2 million vs. the budget of (£0.4 million).

16.3.3 The yearend cash position is now forecast to be £77.1 million, vs. £56.4 million budget, reflecting the receipt of the grant from the Department 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 Rent, service charges and depreciation on the Old Bailey are driving the increased Facilities Management and depreciation forecasts.

16.3.7 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.

16.3.8 The Central Pool potential bids position has been revised to £0.71 million, reflecting the allocation of funds during the year.

16.3.9 The capital expenditure forecast is £1.5 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 £7.2 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 monitored via the corporate risk register.

21.3 The financial strategy on which the fee level is based concentrated on our core regulatory functions and ensuring sufficient funds to deal appropriately with the current and ongoing FtP caseload. Recent developments may put pressure on our financial resource. These include the review of overseas registration, and recommendations arising from the Francis report of the public inquiry into the Mid Staffordshire NHS Foundation Trust, published on 6 February 2013.

Opportunities

22 There are a number of opportunities being kept under review 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. All unallocated funds are returned to reserves.

Legal implications: 23 None.

Actual, budget & forecast 2012-2013
£000's

2012/2013	Month of January Actual	Rebased budget	Prior Forecast	vs rebased budget	April to January Actual	Rebased budget	Prior Forecast	vs rebased budget	vs prior forecast	February to March Forecast	Rebased budget	Prior Forecast	vs rebased budget	vs prior forecast	Full Year Forecast	Rebased budget	Prior Forecast	vs rebased budget	vs prior forecast
Income from fee rise	0	174	0	(174)	0	174	0	(174)	0	90	834	90	(744)	0	90	1,008	90	(918)	0
Grant Income	0	0	0	0	0	0	0	0	0	20,000	0	20,000	20,000	0	20,000	0	20,000	20,000	0
Periodic Fee Income	4,281	4,278	4,278	2	42,661	42,683	42,659	(22)	2	8,589	8,589	8,589	0	0	51,250	51,272	51,248	(22)	2
Subsequent Registration Fee	2	3	3	(1)	47	30	47	17	(1)	6	6	6	0	0	53	36	53	17	(1)
Overseas Registration	0	3	3	(3)	29	30	31	(1)	(3)	6	6	6	0	0	35	36	37	(1)	(3)
Overseas Applications	2	17	17	(15)	145	170	160	(25)	(15)	34	34	34	0	0	179	204	194	(25)	(15)
Eu Assessment Fee	39	28	28	11	270	280	260	(10)	11	56	56	56	0	0	326	336	316	(10)	11
Recorded Qualifications	2	8	8	(6)	78	80	84	(2)	(6)	16	16	16	0	0	94	96	100	(2)	(6)
Verifications	14	16	16	(2)	118	160	119	(42)	(2)	32	32	32	0	0	150	192	151	(42)	(2)
Replacement Of Pin Card	0	0	1	0	3	0	4	3	(1)	1	0	1	1	0	4	0	5	4	(1)
Interest Income	107	100	100	7	1,040	1,000	1,033	40	7	200	200	200	0	0	1,240	1,200	1,233	40	7
Total Income:	**4,447**	**4,627**	**4,454**	**(181)**	**44,390**	**44,607**	**44,398**	**(217)**	**(8)**	**29,030**	**9,773**	**29,030**	**19,257**	**0**	**73,420**	**54,380**	**73,427**	**19,040**	**(8)**
Office of the Chair & Chief Executive	**46**	**50**	**48**	**4**	**386**	**502**	**388**	**117**	**2**	**94**	**101**	**95**	**7**	**2**	**479**	**603**	**483**	**123**	**4**
Communication	42	112	38	70	766	1,186	761	421	(4)	117	219	100	101	(17)	883	1,405	861	522	(22)
Council Services	31	20	39	(11)	254	331	262	78	9	82	69	94	(13)	12	336	400	357	65	21
Governance	74	40	82	(34)	855	437	862	(417)	8	206	87	206	(119)	1	1,060	524	1,069	(536)	8
Policy	25	25	29	(0)	257	270	261	13	4	62	57	64	(5)	3	319	327	325	9	6
Corporate Governance	**172**	**197**	**187**	**25**	**2,131**	**2,225**	**2,146**	**94**	**15**	**467**	**432**	**465**	**(35)**	**(2)**	**2,598**	**2,657**	**2,611**	**59**	**14**
Registration	287	245	305	(42)	2,413	2,332	2,432	(81)	19	664	485	700	(179)	36	3,077	2,816	3,132	(260)	55
Standards	125	288	130	164	1,653	2,417	1,658	764	6	267	604	394	337	127	1,920	3,020	2,052	1,101	133
Registration & Standards	**411**	**533**	**436**	**122**	**4,066**	**4,748**	**4,090**	**683**	**24**	**931**	**1,088**	**1,094**	**158**	**164**	**4,996**	**5,837**	**5,184**	**840**	**188**
ICT	340	292	347	(48)	3,333	3,517	3,340	184	7	748	764	785	16	37	4,081	4,281	4,125	200	44
Finance	151	132	149	(19)	1,496	1,363	1,494	(133)	(2)	352	290	324	(61)	(28)	1,848	1,654	1,818	(195)	(30)
Facilities Management	294	378	370	84	3,712	3,807	3,788	94	76	875	760	952	(115)	77	4,587	4,567	4,740	(21)	153
HR&OD	242	209	198	(33)	2,164	2,225	2,120	61	(44)	923	428	938	(496)	15	3,087	2,653	3,058	(435)	(29)
Corporate Services	**1,027**	**1,012**	**1,065**	**(16)**	**10,706**	**10,912**	**10,743**	**206**	**37**	**2,898**	**2,243**	**2,998**	**(656)**	**100**	**13,604**	**13,154**	**13,741**	**(450)**	**137**
Directors office	72	61	95	(10)	901	785	925	(117)	23	309	123	325	(186)	16	1,210	908	1,249	(303)	39
Screening	80	106	104	25	795	1,010	819	215	24	195	211	208	16	13	990	1,221	1,027	231	37
Case Investigations	92	10	84	(82)	4,935	188	4,927	(4,747)	(8)	153	21	156	(132)	3	5,088	209	5,083	(4,879)	(5)
Case Investigations - Edinburgh	44	33	42	(11)	217	239	215	22	(2)	89	66	89	(23)	0	306	305	304	(1)	(2)
Case Investigations - July	37	53	41	16	247	369	251	122	4	85	107	82	22	(2)	332	476	333	144	2
Case Investigations - October	33	40	40	6	110	158	117	49	7	83	79	81	(4)	(2)	193	238	197	45	5
Case Investigations - December	28	35	47	7	40	71	59	31	19	87	71	94	(16)	7	127	142	152	15	26
Investigations - IC	86	117	91	31	1,018	975	1,022	(42)	5	174	217	173	43	(1)	1,191	1,192	1,195	1	4
Case Management	110	161	120	51	1,402	1,699	1,412	296	9	224	322	239	98	15	1,626	2,021	1,651	395	25
Scheduling	59	40	56	(20)	448	355	445	(93)	(3)	120	79	127	(41)	6	568	435	572	(133)	3
Case Preparation	82	197	84	115	409	5,254	411	4,844	2	176	369	173	194	(2)	585	5,623	584	5,038	(1)
Admin / General	129	95	65	(33)	1,017	880	953	(136)	(64)	188	191	129	3	(58)	1,204	1,071	1,082	(133)	(123)
Adjudication	243	216	200	(27)	1,748	1,839	1,705	91	(43)	487	432	431	(55)	(56)	2,234	2,271	2,135	37	(99)
CCC	1,343	1,408	1,203	65	10,463	11,909	10,323	1,446	(141)	2,516	2,582	2,488	66	(28)	12,979	14,491	12,810	1,512	(169)
HC	98	132	101	34	726	1,104	729	378	3	183	241	184	59	2	909	1,346	913	437	4
Investigations - ICIO	337	500	285	164	2,335	4,163	2,283	1,828	(52)	519	911	519	391	(0)	2,854	5,073	2,802	2,219	(52)
Regulatory Legal Team	519	378	326	(141)	2,899	3,292	2,706	393	(193)	704	780	706	76	2	3,603	4,072	3,412	469	(191)
Panel support	3	54	9	51	462	515	468	53	6	66	108	66	42	0	528	623	534	95	6
Quality Assurance	12	24	11	12	106	239	106	133	(1)	23	48	22	25	(1)	129	287	128	158	(1)
FTP	**3,409**	**3,663**	**3,003**	**254**	**30,278**	**35,044**	**29,872**	**4,766**	**(406)**	**6,379**	**6,959**	**6,291**	**580**	**(88)**	**36,657**	**42,003**	**36,163**	**5,346**	**(493)**
Projects	64	106	72	42	430	997	437	568	7	176	211	159	36	(17)	606	1,209	596	603	(10)
Depreciation	230	223	270	(7)	2,169	2,227	2,210	58	41	541	445	541	(96)	0	2,710	2,672	2,751	(38)	41
NMC Corporate/General	27	10	43	(18)	1,259	117	1,274	(1,143)	15	9	19	19	10	10	1,269	136	1,293	(1,133)	25
Central pool	0	259	0	259	0	3,509	0	3,509	0	713	724	750	11	37	713	4,233	750	3,520	37
Revenue Spend	**5,387**	**6,051**	**5,123**	**665**	**51,425**	**60,281**	**51,161**	**8,857**	**(264)**	**12,207**	**12,221**	**12,412**	**14**	**205**	**63,632**	**72,503**	**63,573**	**8,871**	**(58)**
Surplus / (Deficit)	**(940)**	**(1,424)**	**(669)**	**484**	**(7,035)**	**(15,675)**	**(6,763)**	**8,640**	**(271)**	**16,823**	**(2,448)**	**16,618**	**19,270**	**205**	**9,788**	**(18,122)**	**9,854**	**27,910**	**(66)**
Capital	95	53	102	(42)	1,394	213	1,401	(1,181)	7	458	107	419	(351)	(39)	1,852	320	1,819	(1,532)	(32)
Total free reserves					16,974	9,435	17,279	7,539	(305)						15,043	7,492	15,182	7,551	(139)
Pension deficit					8,064	8,064	8,064	0	0						7,877	7,877	7,877	0	0
Available free reserves (excluding pension deficit & restricted funds)					8,910	1,371	9,215	7,539	(305)						7,166	(385)	7,305	7,551	(139)
Restricted funds					20	20	20	0	0						18,857	0	18,857	18,857	0
Cash at bank					74,190	53,219	57,543	20,971	16,647						77,111	56,374	77,250	20,737	(139)
Net inflow/(outflow) of funds					8,758	(12,213)	(7,889)	20,971	16,647						11,679	(9,058)	11,818	20,737	(139)
Substantive hearing numbers per day	20	20	20	0	16	16	16	(0)	0						17	17	17	0	0
Headcount	549	570	553	22											569	570	567	1	(2)

Actual and Forecast per month 2012-2013

£000's

	Apr-12 Actual	May-12 Actual	Jun-12 Actual	Jul-12 Actual	Aug-12 Actual	Sep-12 Actual	Oct-12 Actual	Nov-12 Actual	Dec-12 Actual	Jan-13 Actual	Feb-13 Forecast	Mar-13 Forecast	Full Year 2012-2013	Apr-13 Budget	May-13 Budget	Jun-13 Budget	Jul-13 Budget	Aug-13 Budget	Sep-13 Budget	Oct-13 Budget	Nov-13 Budget	Dec-13 Budget	Jan-14 Budget	2013-2014
Income from fee rise												90	90	244	348	428	494	594	686	956	1,055	1,166	1,260	7,231
Grant Income											20,000	0	20,000	0	0	0	0	0	0	0	0	0	0	0
Periodic Fee Income	4,229	4,255	4,274	4,249	4,243	4,243	4,297	4,303	4,286	4,281	4,280	4,309	51,250	4,235	4,249	4,266	4,269	4,271	4,271	4,285	4,280	4,278	4,278	42,683
Subsequent Registration Fee	6	2	(2)	2	1	5	21	6	3	2	3	3	53	3	3	3	3	3	3	3	3	3	3	30
Overseas Registration	0	3	7	4	3	2	4	3	3	0	3	3	35	3	3	3	3	3	3	3	3	3	3	30
Overseas Applications	17	15	11	21	20	16	13	17	11	2	17	17	179	17	17	17	17	17	17	17	17	17	17	170
Eu Assessment Fee	9	17	22	28	21	29	31	33	40	39	28	28	326	28	28	28	28	28	28	28	28	28	28	280
Recorded Qualifications	6	5	5	9	11	7	16	10	7	2	8	8	94	8	8	8	8	8	8	8	8	8	8	80
Verifications	10	13	13	14	10	9	16	13	6	14	16	16	150	16	16	16	16	16	16	16	16	16	16	160
Replacement Of Pin Card	1	1	1	0	0	0	(0)	0	0	0	0	1	4	1	1	1	1	1	1	1	1	1	1	10
Interest Income	87	131	95	106	100	96	106	104	107	107	100	100	1,240	100	100	100	100	100	100	100	100	100	100	1,000
Other Income	136	188	153	184	167	166	207	186	177	166	175	176	2,080	176	176	176	176	176	176	176	176	176	176	1,760
Total Income:	**4,365**	**4,442**	**4,427**	**4,433**	**4,410**	**4,409**	**4,504**	**4,489**	**4,463**	**4,447**	**24,455**	**4,575**	**73,420**	**4,655**	**4,774**	**4,869**	**4,939**	**5,041**	**5,133**	**5,417**	**5,511**	**5,620**	**5,715**	**51,674**
Office of the Chair & Chief Executive	**22**	**45**	**61**	**37**	**36**	**21**	**37**	**41**	**41**	**46**	**46**	**48**	**479**	**39**	**47**	**33**	**42**	**41**	**45**	**52**	**50**	**50**	**49**	**448**
Communication	105	147	88	178	90	(61)	44	50	81	42	50	68	883	64	101	54	50	94	107	119	62	111	61	822
Council Services	20	22	54	17	14	8	25	34	28	31	43	39	336	29	32	26	26	24	38	29	48	33	29	314
Governance	83	55	85	74	157	33	110	97	86	74	93	113	1,060	71	74	73	78	86	71	78	85	75	75	767
Policy	30	21	28	30	29	29	20	21	24	25	27	35	319	37	35	35	37	34	35	39	36	43	36	366
Corporate Governance	**238**	**246**	**255**	**299**	**291**	**10**	**199**	**202**	**219**	**172**	**212**	**255**	**2,598**	**202**	**242**	**186**	**191**	**238**	**250**	**264**	**231**	**263**	**201**	**2,269**
Registration	208	213	201	192	261	291	256	289	215	287	313	351	3,077	313	306	300	295	352	369	357	301	299	316	3,207
Standards	233	249	205	223	191	31	96	139	162	125	117	150	1,920	186	192	177	159	153	158	197	194	188	242	1,845
Registration & Standards	**442**	**463**	**406**	**414**	**452**	**322**	**352**	**428**	**376**	**411**	**430**	**501**	**4,996**	**498**	**498**	**477**	**453**	**506**	**526**	**553**	**494**	**486**	**558**	**5,052**
ICT	403	429	440	291	307	205	270	324	323	340	316	433	4,081	455	462	536	383	412	405	371	432	575	421	4,452
Finance	123	180	154	232	249	(119)	194	191	140	151	158	194	1,848	145	154	177	175	174	135	224	188	182	163	1,717
Facilities Management	348	325	301	393	386	422	408	418	418	294	391	484	4,587	384	353	350	425	350	376	408	404	425	436	3,911
HR&OD	169	185	158	244	201	290	297	176	202	242	202	722	3,087	150	170	162	230	175	263	200	247	245	228	2,070
Corporate Services	**1,043**	**1,120**	**1,053**	**1,160**	**1,144**	**798**	**1,168**	**1,109**	**1,083**	**1,027**	**1,066**	**1,832**	**13,604**	**1,134**	**1,139**	**1,225**	**1,213**	**1,110**	**1,179**	**1,203**	**1,272**	**1,427**	**1,248**	**12,149**
Directors office	129	163	22	119	75	63	91	78	91	72	61	248	1,210	79	79	79	79	79	79	79	79	79	79	785
Screening	87	97	90	88	75	66	68	75	68	80	95	100	990	109	109	109	109	109	109	109	109	109	109	1,092
Case Investigations	28	31	32	30	25	4,586	(264)	201	173	92	82	71	5,088	19	19	19	19	19	19	19	19	19	19	187
Case Investigations - Edinburgh	0	5	14	12	10	31	27	35	39	44	43	46	306	27	27	27	27	27	27	27	27	27	27	273
Case Investigations - July	0	0	0	27	44	32	32	37	38	37	42	42	332	43	43	43	43	43	43	43	43	43	43	426
Case Investigations - October	0	0	0	0	0	4	6	34	33	33	41	41	193	21	21	21	21	21	21	21	21	21	21	212
Case Investigations - December	0	0	0	0	0	0	0	0	12	28	43	43	127	13	13	13	13	13	13	13	13	13	13	127
Investigations - IC	66	108	110	71	99	82	112	184	100	86	87	87	1,191	67	67	72	80	75	75	80	75	62	77	731
Case Management	146	160	154	132	173	167	170	87	102	110	107	118	1,626	181	181	181	181	181	181	181	181	181	181	1,807
Scheduling	25	29	27	28	48	51	60	50	71	59	58	62	568	39	39	39	39	39	39	39	39	39	39	389
Case Preparation	654	864	1,073	1,000	698	(4,130)	35	54	80	82	88	88	585	179	179	178	178	178	178	178	178	178	178	1,784
Admin / General	88	117	68	110	102	113	88	129	74	129	86	101	1,204	94	94	94	94	94	94	94	94	94	94	937
Adjudication	125	152	145	151	161	138	205	203	225	243	268	218	2,234	202	202	202	202	202	202	202	202	202	202	2,024
CCC	902	1,065	1,050	969	1,090	1,055	1,190	1,314	483	1,343	1,112	1,404	12,979	1,191	1,191	1,235	1,398	1,290	1,290	1,398	1,290	1,019	1,344	12,645
HC	83	61	67	68	81	78	83	45	62	98	91	91	909	87	87	91	104	95	95	104	95	73	99	930
Investigations - ICIO	268	221	267	134	369	240	276	176	49	337	260	260	2,854	315	315	334	384	350	350	384	350	268	367	3,418
Regulatory Legal Team	287	313	246	191	262	277	202	336	265	519	326	378	3,603	372	372	387	404	393	393	404	393	365	399	3,883
Panel support	26	152	23	75	64	61	46	7	3	3	46	20	528	57	57	57	57	57	57	57	57	57	57	567
Quality Assurance	10	10	10	10	10	12	11	9	12	12	11	11	129	26	26	26	26	26	26	26	26	26	26	256
FTP	**2,924**	**3,548**	**3,397**	**3,216**	**3,388**	**2,926**	**2,436**	**3,056**	**1,980**	**3,409**	**2,949**	**3,430**	**36,657**	**3,120**	**3,119**	**3,206**	**3,456**	**3,289**	**3,289**	**3,456**	**3,289**	**2,873**	**3,373**	**32,471**
Projects	(5)	53	61	50	27	39	37	31	71	64	90	86	606	98	83	83	83	83	83	83	83	83	83	848
Depreciation	261	228	207	182	197	217	224	217	206	230	270	270	2,710	270	270	270	270	270	270	270	270	270	270	2,700
NMC Corporate/General	109	(75)	5	5	5	1,298	(152)	3	35	27	5	5	1,269	10	10	10	10	10	10	10	10	10	10	100
Central pool	0	0	0	0	0	0	0	0	0	0	0	713	713	83	83	83	83	83	83	83	83	83	83	833
Revenue Spend	**5,034**	**5,628**	**5,444**	**5,363**	**5,539**	**5,632**	**4,302**	**5,085**	**4,011**	**5,387**	**5,067**	**7,140**	**63,632**	**5,455**	**5,492**	**5,573**	**5,801**	**5,631**	**5,737**	**5,975**	**5,783**	**5,546**	**5,876**	**56,871**
Surplus / (Deficit)	**(669)**	**(1,185)**	**(1,018)**	**(929)**	**(1,129)**	**(1,222)**	**201**	**(596)**	**452**	**(940)**	**19,388**	**(2,565)**	**9,788**	**(800)**	**(719)**	**(704)**	**(863)**	**(590)**	**(604)**	**(558)**	**(272)**	**74**	**(161)**	**(5,197)**
Capital	**0**	**0**	**78**	**9**	**8**	**37**	**169**	**815**	**183**	**95**	**155**	**303**	**1,852**	**237**	**212**	**225**	**235**	**200**	**213**	**534**	**534**	**546**	**534**	**3,471**
Total free reserves	**22,686**	**21,787**	**20,906**	**20,163**	**19,233**	**18,200**	**18,467**	**17,284**	**17,769**	**16,974**	**17,069**	**15,043**		**14,846**	**14,757**	**14,669**	**14,413**	**14,463**	**14,488**	**14,237**	**14,273**	**14,643**	**14,789**	
Pension deficit	**8,906**	**8,813**	**8,719**	**8,626**	**8,532**	**8,438**	**8,345**	**8,251**	**8,158**	**8,064**	**7,970**	**7,877**		**7,783**	**7,690**	**7,596**	**7,502**	**7,409**	**7,315**	**7,222**	**7,128**	**7,034**	**6,941**	
Available free reserves (excluding pension deficit & restricted funds)	**13,780**	**12,974**	**12,187**	**11,537**	**10,701**	**9,762**	**10,122**	**9,033**	**9,612**	**8,910**	**9,099**	**7,166**		**7,063**	**7,067**	**7,073**	**6,910**	**7,054**	**7,172**	**7,016**	**7,145**	**7,608**	**7,848**	
Restricted funds	**110**	**100**	**90**	**80**	**70**	**60**	**50**	**40**	**30**	**20**	**19,429**	**18,857**		**18,286**	**17,715**	**17,144**	**16,573**	**16,002**	**15,431**	**14,860**	**14,289**	**13,718**	**13,147**	
Cash at bank	**63,364**	**60,680**	**59,497**	**58,571**	**56,868**	**60,241**	**59,255**	**58,148**	**56,364**	**74,190**	**76,952**	**77,111**		**74,668**	**73,508**	**71,937**	**71,246**	**72,203**	**77,338**	**77,243**	**77,112**	**75,560**	**74,278**	
Net inflow/(outflow) of funds - monthly	**(2,068)**	**(2,684)**	**(1,183)**	**(926)**	**(1,703)**	**3,373**	**(986)**	**(1,107)**	**(1,784)**	**17,826**	**2,762**	**158**	**11,679**	**(2,443)**	**(1,160)**	**(1,572)**	**(691)**	**957**	**5,136**	**(96)**	**(131)**	**(1,552)**	**(1,282)**	
Substantive hearing numbers per day	14	14	13	14	15	16	17	19	19	20	20	24	17	20	20	22	22	22	22	22	22	22	22	
Headcount	460	469	475	480	496	488	496	514	549	549	555	569		570	570	570	570	570	570	570	570	570	570	

January forecast vs financial strategy available free reserves for 2012-2013

Nursing &
Midwifery
Council
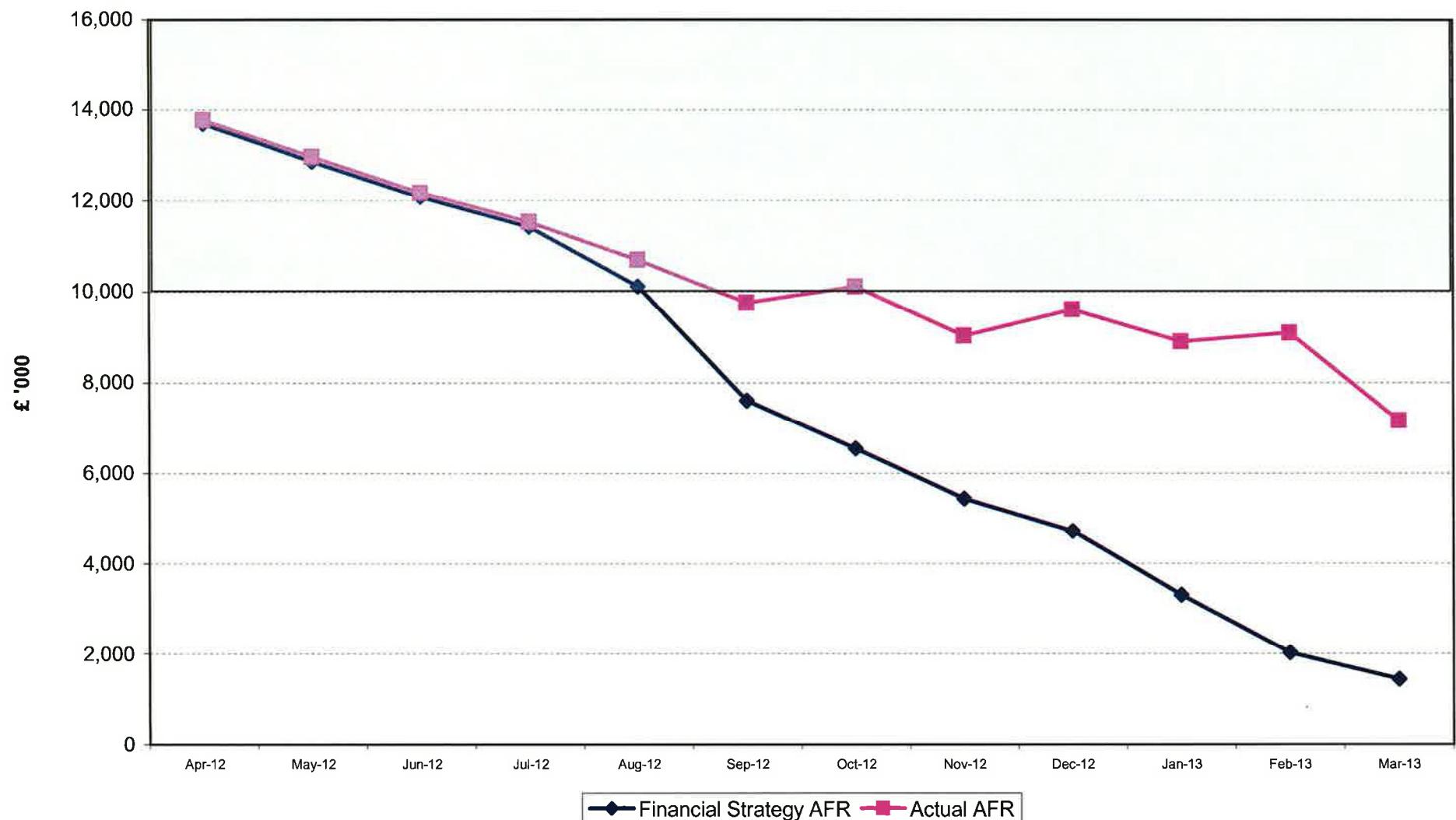
Council

Corporate Complaints

Action: For discussion.

Issue: The update on feedback about the NMC's services between October 2012 and January 2013; guidance sought from Council on how to categorise the outcome of complaints and the presentation of positive feedback.

Core regulatory function: Supporting functions.

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

Decision required: The Council is recommended to:

- consider the latest complaints handling report (paragraph 11)

- consider how to categorise the outcome of complaints in future reports (paragraph 14)

- advise on the presentation of positive feedback about NMC services (paragraph 16).

Annexes: The following annexe is attached to this paper:

- Annexe 1: Complaints handling statistics (October to December 2012)

- Annexe 2: selection of positive feedback received in the period (September to December 2012)

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

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Context:	1	This paper comprises the third report to Council of complaints activity in the 2012/2013 reporting period. Members are invited to consider the detailed information for this period which appears at annexe 1.
	2	Information on our responsiveness to complaints is one of our Key Performance Indicators (KPI). Our current KPI is responding to 100 percent of complaints within 20 working days. In this quarter, we responded to 93 percent of all complaints within this period. This means that we responded to 103 out of the 111 formal complaints within the agreed timescales.
	3	The NMC director team continue to review complaints information on a monthly basis at their meetings. Directors receive details of each complaint and the assessment of the outcome of the complaint.

Discussion and options appraisal:

Corporate complaints (October to December 2012)

4   FtP and Registrations accounted for all of the complaints received in the third quarter of the year.

5   A total of 108 complaints were received in this quarter: the largest total number of complaints received in a quarter since we started to combine the reporting of all corporate complaints in April 2012.

6   Of the complaints responded to during this period, 47 were upheld or partially upheld. Information on the areas where complaints were upheld is now included in the report.

7   Complaints about registrations services account for over 60 percent of the total number of complaints received in this period. The period covered by this report is notable for the number of complaints relating to postal issues in the autumn (and reported previously to Council) where registration renewal packs, or reminder letters were delayed, or not received at all.

8   Complaints about FtP focus on three areas: dissatisfaction with the hearing process, dissatisfaction with the FtP investigation and the decision to close a referral in screening.

9   At the meeting in January 2013, Council asked for more evidence that learning from complaints is considered as part of a more holistic approach involving other sources of evidence. At its most recent meeting, the audit committee considered a draft policy on how we report - and learn from - complaints, serious event reviews and data breaches. It is proposed that the outcome of complaints will feed into that process. This work will also encourage efforts to ensure that any changes resulting from complaints are embedded and monitored.

10 As part of this approach we will be considering the future resourcing of the complaints function and its interface with our developing approach to internal quality assurance following the recent appointment of the assistant director in this area.

11 **Recommendation: Council is recommended to consider the latest complaints handling report.**

12 In other developments, work is continuing on an 'unreasonable behaviour' policy. This will provide clarity for NMC service users – and staff – on acceptable behaviour when giving feedback or making complaints about NMC services. We are also planning a review of the available information on our website about how we handle complaints.

Categorising complaints outcomes

13 In January 2013, Council received a paper on complaints seeking agreement on the wording of the outcome of complaints. The paper was not discussed in detail and Council is invited to consider this matter at this meeting. Consequently, this paper still refers to complaints in this period as being 'upheld' or 'partially upheld'.

14 **Recommendation: Council is recommended to consider how to categorise the outcome of complaints in future reports.**

Reporting on positive feedback

15 At the September 2012 Council meeting, members discussed the reporting of positive feedback about NMC staff and services. A first attempt at reporting this information was shared in the January 2013 Council paper. The information appears again at annexe 2 to this paper. Members are asked to comment on how they would like this information to appear in future reports.

16 **Recommendation: Council is recommended to advise on the future presentation of positive feedback about NMC services.**

Public protection implications:

17 This paper has no direct public protection implications. However, members of the public and registrants would expect the NMC to have a robust process in place to dealing with the concerns that are raised about our ability to deliver a high-quality service.

Resource implications:

18 There are no direct resourcing costs contained within the paper other than those that are budgeted for as part of the usual course of business.

Equality and diversity implications:	19	An equality assessment impact assessment has not, to date, been undertaken in this area. This will be completed as part of the work to develop the proposed unreasonable behaviour policy.
Stakeholder engagement:	20	As part of the development of the unreasonable behaviour policy, we have sought the contribution of NMC staff colleagues who deal with complaints. We also sought the input of CHRE colleagues on the wording of the policy.
Risk implications:	21	None from this paper.
Legal implications:	22	None from this paper.

Total number of corporate complaints

1   This table shows the total number of complaints received broken down into each complaint stage.

Number of complaint received between: 1 October – 31 December 2012	
Stage 1	1
Stage 2	104
Stage 3	3
Total	**108**

Main subject areas of complaints

2   This table shows the total complaints broken down in to the areas which we have received complaints this quarter.

Reporting Period	Total Complaints	FtP	Registrations& Standards
1 - 31 October 2012	**52**	14	38
1 – 30 November 2012	**37**	17	20
1– 31 December 2012	**19**	11	8
Total	**108**	**42**	**66**

Main format of complaints

3   This table shows the total complaints received broken down in to what format they were received.

Reporting Period	Total Complaints	Letters	Emails	Fax	Verbal
1 – 31 October 2012	**52**	10	40	1	1
1 – 30 November 2012	**37**	7	30	0	0
1 – 31 December 2012	**19**	7	12	0	0
Total	**108**	**24**	**82**	**1**	**1**

KPI statistics – percentage of complaints responded to within 20 working days for the period 1 October – 31 December 2012

4   This table shows how we have performed against our KPI target of responding to all complaints within 20 working days (target 100%).

	1 – 31 October 2012	1 – 30 November 2012	1 – 31 December 2012	Total to date
Complaints responded to within the calendar month of:	96% (43/45)	93% (40/43)	87% (20/23)	**93% (103/111*)**

* Although 108 complaints were received in this quarter because of some late reporting of complaints from the previous quarter, we actually responded to 111 complaints in this quarter.

5   Table of complaints outcomes for responses answered within the period of 1 October – 31 December 2012

Outcome	FtP	Registration& Standards	Total*
Upheld	4	2	**6**
Partially upheld	9	32	**41**
Not upheld	32	32	**64**
Total	**45**	**66**	**111**

Complaint themes and outcomes

6   Main areas of complaint for complaints received between 1 October and 31 December 2012

Issue	FtP	Registrations& Standards	Total
Accuracy of recorded information	2	2	**4**
Confidentiality issues (incl. redaction, publishing charges on website)	2		**2**

Complaints handling		1	1
Case paper issues including service of documents	2		2
Delays	3	15	18
Dissatisfaction with FtP committee decision	3		3
Dissatisfaction with FtP hearing process	7		7
Dissatisfaction with FtP investigation process	4		4
Fees		1	1
FtP process (referrer)	3		3
FtP process (registrant)	1		1
FtP process (other)	1		1
Loss of information/documentation	1	12	13
Quality/lack of communication/information (oral & written)	3	23	26
Screening closure complaint (FtP)	4		4
Staff performance/behaviour	3	1	4
Other	3	11	14
Total	**42**	**66**	**108**

Selection of positive feedback to NMC staff (September to December 2012)

Since September 2012, NMC staff have shared 46 separate examples of positive feedback from service users.

These include:

- A number of instances where registration colleagues have been praised for their speedy and helpful resolution of issues, including the handling of registrants returning to practice.

- Thanks to FtP staff for their assistance during the preparation of a case and at a hearing.

- Several examples where service users have provided positive feedback on the handling of a complaint about NMC service.

- Appreciation of the external affairs colleagues responsible for organising an external stakeholder event.

- Thanks to NMC colleagues for their contribution to the annual QA reviewer event.

- Thanks from members of the public to the records and archives team for their help with handling FoI and DPA requests and historical research.

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NMC Engagement Strategy

Action:	For decision.
Issue:	This paper sets out the background to support the proposed engagement strategy for the period 2013-2018.
Core regulatory function:	Supporting functions.
Corporate objectives:	This paper supports the delivery of corporate objective 2: "We will have open and effective relationships that will enable us to work in the public interest".
Decision required:	The Council is recommended to:
	• Approve the draft Engagement Strategy and note next steps (paragraph 10).
Annexes:	The following annexe is attached to this paper:
	• Annexe 1: Draft NMC engagement strategy
Further information:	If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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Context: 1   This paper aims to provide a background and support for the high level engagement strategy by outlining:

           1.1   Some of the issues that provide the impetus for the strategy.

           1.2   Next steps.

Discussion: 2   The overarching engagement strategy is designed to address the issues that surround the NMC over the:

           2.1   Lack of clarity about its purpose.

           2.2   Inability to communicate its mission and values effectively.

           2.3   Perceived inability to work and share good practice with other regulators.

           2.4   Poor reputation amongst decision makers and influencers.

           2.5   Perceived lack of action to improve performance.

           2.6   Perceived poor customer service to both registrants and patients and the public.

    3   Anecdotal evidence clearly highlights these issues and evidence is seen in practice almost daily by how the NMC is portrayed in the local and national media. This includes being criticised for doing things, or not doing things, that are not our responsibility, being confused with the RCN, the CQC, the GMC, criticised by nurses and midwives about our customer service.

    4   In addition, the views of Robert Francis in his Report published in this month were critical of the NMC's lack of public profile and how that impedes the organisation in its priority role of patient protection.

    5   In his report Francis says:

           5.1   "The profile of the Nursing and Midwifery Council needs to be raised with the public, who are the prime and most valuable source of information about the conduct of nurses. All patients should be informed, by those providing treatment or care, of the existence and role of the Nursing and Midwifery Council, together with contact details. The Nursing and Midwifery Council itself needs to undertake more by way of public promotion of its functions".

           5.2   "While both the General Medical Council and the Nursing and Midwifery Council have highly informative internet sites, both need to ensure that patients and other service users are made aware at the point of service provision of their

existence, their role and their contact details".

6   In responding to the report the Prime Minister said:

6.1   "The Nursing and Midwifery Council and the General Medical
Council need to explain why, so far, no one has been struck
off. The Secretary of State for Health has today invited them
to explain what steps they will take to strengthen their
systems of accountability in the light of this report, and we are
going to ask the Law Commission to advise on sweeping
away the Nursing and Midwifery Council's outdated and
inflexible decision-making processes".

7   We also have feedback from our patient and public engagement
forum which comments:

7.1   "Patients and the public need a better understanding of what
the NMC does. There is particular confusion about the
different roles of regulators and the royal colleges. There is
also confusion over the core functions of a regulator which
needs to be clarified".

7.2   "The public need to know that the NMC is acting and
accountable…".

7.3   "The NMC needs to raise its profile… they (patients and
public) would benefit from more information….".

Next steps – delivering the strategy

8   The draft strategy is a high level, overarching document. Delivering it
requires a detailed engagement plan outlining how we will achieve
this and this is currently being developed in detail. In practical terms,
the supporting engagement plan will detail the actions we will take to
make the strategy a reality. It will map our stakeholders by spheres
of influence so that we can more effectively target who they are, how
and when we talk to them, what we say to them, how we will listen to
them, and what we want to achieve from these conversations. The
plan will outline what we have to do, who will do it and when we are
going to do it. It will show where we want to be at specific milestone
dates and it will outline how we will measure improvements annually.
The engagement plan will be presented to Council in April.

9   If the Engagement Strategy is delivered we will have achieved and
be able to evidence the following success factors:

9.1   The public and other stakeholders will know what the NMC
does and what it does not do.

9.2   The public and other stakeholders will understand that public
protection is at the heart of everything we do and have

confidence in us as the regulator of nurses and midwives.

9.3 Patients and the public will recognise that we work closely with other health regulators so that the complex environment in which we work is 'joined up' in the interests of public protection.

9.4 Our reputation will be for good customer service, efficient delivery and being a leader in good regulatory practice.

9.5 We will have visible processes in place to listen to stakeholders and use their views to inform our decision making to protect patients and the public.

10 Recommendation: Council is recommended to approve the draft Engagement Strategy and note next steps.

Public protection implications:	11	Engagement is not an end in itself, but a key enabler for our regulatory activities. Effective engagement supports our public protection activities.
Resource implications:	12	The costs associated with the engagement strategy will be subject to agreement through the normal budgeting process.
Equality and diversity implications:	13	Under the Equality Act 2010, we have a requirement to analyse the effect of our policies and practices and how they further the equality aims. With that in mind a full equality impact assessment (EqIA) will be required.
Stakeholder engagement:	14	Engaging with stakeholders is the subject of this paper.
Risk implications:	15	Robust stakeholder engagement aims to reduce risks by building confidence and trust in the organisation to carry out its purpose.
Legal implications:	16	None

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Education Committee – terms of reference and appointments

Action:	For decision.
Issue:	The Education Committee proposed several changes to its terms of reference at its meeting on 24 January 2013. This report advises members on the justifications for the amendments and seeks Council approval for those changes.
	At the Council meeting on 31 January, the Chair of the Education Committee asked for clarity on the member appointment process to the Committee.
Core regulatory function:	Supporting functions.
Corporate objectives:	Strategic objective 7: "We will develop effective policies, efficient services and governance processes that support our staff to fulfil their functions."
Decision required:	Council is asked to approve the updated version of the terms of reference of the Education Committee (as set out in Annexe 1) for inclusion in the NMC Standing Orders (paragraph 6) and to note the appointment process for additional members.
Annexes:	The following annexes are attached to this paper:
	• Annexe 1: The proposed terms of reference of the Education Committee (with tracked changes)
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 Education Committee was constituted by Council on 22 November 2012. The proposed terms of reference were presented to the first meeting of the Education Committee on 24 January 2013 as part of its agenda.

2 At the meeting, the Education Committee was keen to clarify its remit and ensure it had the means to maintain standards in nursing and midwifery effectively. In particular, the matter of overseas registration and cross referencing of standards to establish that qualifications were comparable across all countries, were raised as policy areas which needed inclusion within the Terms of Reference.

3 At present, the membership of the Education Committee stands at three Council members. These three members do not offer the coverage of the four constituent countries of the United Kingdom or valuable external representation.

Discussion: 4 The Education Committee considered the potential impact on standards as a result of the overseas registration review. This lead to the proposal to include standards for overseas registration in the terms of reference (section 1.11).

5 Other issues which have been reflected in the amended terms of reference are inter-regulatory educational activity, the evaluation of educational standards and the initial approval of educational standards.

6 **Recommendation: The amended terms of reference, as set out in Annexe 1 of this report, be adopted by Council for the Education Committee.**

7 The Education Committee is currently re-evaluating its membership to ensure it has any additional expertise it will need to fulfil its responsibilities. It will need to take account of the potential impact of the Francis Report on NMC education policy and recognise that the reconstitution of Council may also have an impact on the priorities of the Committee.

8 NMC Standing Orders require that independent committee members must be appointed by the Council through a formal recruitment and selection process. This will take time to implement. In the short term, the Committee may co-opt members with specific skills or expertise to support it. Co-opted members do not have a decision-making or voting power. However, co-option does allow the NMC to meet its immediate requirements for committee members, including four country representation, on a temporary basis until a formal recruitment and selection process is concluded. This process is now underway.

Public protection implications:	9	By ensuring that governance arrangements are clear and fit for purpose, Council will ensure that the NMC conducts business in a transparent and accountable way. This will help reinforce public protection and increase public confidence in the NMC's operations.
Resource implications:	10	The Committee which is the subject of this paper is already in place. Any additional work arising will be managed under existing resources.
Equality and diversity implications:	11	By improving the clarity of decision making within the NMC, the organisation will support increased access to decision making processes and the rationale for policies for all sections of the general public.
Stakeholder engagement:	12	The membership proposals made in points seven and eight are designed to ensure greater engagement with stakeholders.
Risk implications:	13	The Education Committee is proposing a work plan based on the need to cover all areas which could pose a risk to public protection.
Legal implications:	14	None.

Annexe 1 - Terms of Reference

Education Committee

The Education Committee, which is a committee established under the powers in Article 3(12), is responsible for advising the Council or any other committee on all matters relating to the quality assurance and quality enhancement of educational programmes and institutions approved by the Council which lead either to registration with the Council or to a record on the register that they comply with the requirements of the Council. Specifically under Article 15 (5) the Council shall ensure that the standards and requirements set for approved educational institutions (AEIs) in the United Kingdom, concerned with the education and training of nurses and midwives, are met. The Committee shall meet at least four times a year.

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1.   Remit

1.   The remit of the Education Committee is to advise Council on:

1.1   An education strategy which supports delivery of the NMC's role to protect the public.

1.2   The development, implementation, evaluation and monitoring of educational standards.

1.3   A quality assurance strategy for the routine monitoring of education providers and their programme delivery and initial approval of new programmes.

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1.4   Information relating to emerging inter-regulatory activity pertaining to education and quality assurance.

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1.5   The reception of extraordinary review reports and provide assurance to Council on the actions taken.

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1.6   The monitoring of quality assurance of education activity and reports.

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1.7   The review, with advice from the Midwifery Committee, of the annual LSA activity report and the implications for standards for education.

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1.8   The consideration of trends within the National Health Service (NHS), social care, independent and voluntary sectors, higher education and the wider policy arena which could affect the standards for education and quality assurance of education provision.

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1.9   The consideration of the impact of external quality assurance operations on standards for education and quality assurance of education including consideration of reports by the Quality Assurance Agency (QAA),

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Professional Standards Authority (PSA), Department of Health, devolved administrations and visitors or agents of the Council in order that any necessary amendments can be considered and achieved.

1.10 The effective management and reporting of education risks.

1.11 The impact of the EU and overseas registration policy on meeting educational standards.

2. The Committee will provide an annual report to Council.

3. Recording of information

3.1 The Committee will meet at least quarterly and report to the next meeting of Council on each of its meetings.

3.2 A member of the governance team shall act as secretary. Detailed papers provided to Committee members will be held by the Assistant Director of Governance and Planning and be available to any Council member.

3.3 A record of the meeting will be taken by the secretary. The secretary shall be entitled to be present during all parts of a meeting.

4. Membership

4.1 The Committee shall have representation from each of the four countries; England, Ireland, Scotland and Wales and shall consist as a minimum of three Council members and at least one registrant and one lay member. The Committee may also include partners with appropriate knowledge and experience appointed by the Council. The maximum number of members shall be 10.

4.2 The Committee may co-opt members who shall be entitled to attend and speak at meetings but not entitled to vote or count towards the quorum.

4.3 The Chair of Council shall be entitled to attend and speak, but not vote.

4.4 Quorum will be half the membership plus one.

4.5 Officer attendance will include the Chief Executive, Director of Registration and Standards and other directors as required.

5. Other

5.1 The Committee shall establish a process of performance review and, at least once a year, review its own performance, constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Council for approval. This will form part of the Committee's annual report.

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Transition planning for reconstituted Council

Action: For discussion and information.

Issue: The report sets out the issues and the NMC's approach for ensuring effective transition arrangements from the current Council to the reconstituted Council on 1 May 2013.

Core regulatory function: Supporting functions.

Corporate objectives: Corporate objective 3, Goal 7: Effective transition arrangements will help maintain continuity of governance over the delivery of NMC's business.

Decision required:
- None.

Annexes: The following are attached to this paper:

- Annexe 1: Transition to reconstituted Council: Issues and actions.

- Annexe 2: Generic potential issues and risks with governance transition programmes.

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 NMC will form a reconstituted Council on 1 May 2013.

2   An appointment process for new Council members is underway as well as a review of Council and committee governance structures.

3   This paper updates Council on the approach the NMC will adopt to ensure effective transition from the existing to the reconstituted Council.

Discussion and options appraisal:

4   Work to identify key issues that need to be addressed to ensure effective transition to the reconstituted Council is underway.

5   Work done to date includes:

    5.1   Forward planners of all committees have been prepared to identify work programmes and decision making points for each committee.

    5.2   Forward planners have been prepared and agendas drafted for March, April, May & June Council meetings.

6   Work in progress includes:

    6.1   Interviews with all committee chairs by the Governance Review team, which will have been undertaken by 20 February.

    6.2   A Council and committee governance discussion including transition management is scheduled for the March Council seminar.

7   A high level transition plan has already been developed and is set out in Annexe 1. The plan proposes actions to address the following key issues:

    7.1   Continuity in decision making.

    7.2   Inappropriate handover of current Council work to reconstituted Council.

    7.3   Insufficient levels of induction and training for reconstituted Council members to undertake role.

    7.4   Statutory committees to be rapidly established.

    7.5   Reconstituted Council members are needed to chair registrations appeal panels (a pool of 3 members).

    7.6   The NMC has no policy in place to inform the status of independent Council members in the reconstituted Council.

7.7 The reconstituted Council will need to make important decisions in the first few months of its leadership of the NMC.

8 Lessons learned from other organisations going through transition have also been considered in developing the transition plan. These include:

8.1 Disconnection with strategic, regulatory and statutory objectives.

8.2 Insufficient buy–in and ownership.

8.3 Poor planning and lack of grip when moving from one governance model to another and with new team members.

8.4 Need for relative flexibility.

9 Annexe 2 sets out NMC proposed actions to address these identified transition themes.

10 The work done to date identifies that to achieve effective transition the scope of issues that need to be captured and addressed are organisational wide and are not just within the remit of the Corporate Governance Directorate.

11 Directors' Group will build on the work done so far to identify all organisational wide issues that need to be addressed and continue to develop and implement a more detailed prioritised transition plan.

12 Progress will be reported at the next Council meeting.

Public protection implications: 13 If the reconstituted Council is not in place and able to work effectively the NMC's work will be at risk and the public not protected.

Resource implications: 14 Staff time to prepare and manage transition is within business as usual budgets.

Equality and diversity implications: 15 Not directly as a result of this report.

Stakeholder engagement: 16 Ongoing with Chair and committee chairs.

Risk implications: 17 The NMC is at risk of not being able to execute its core regulatory functions if there is an ineffective transition to the reconstituted Council.

| **Legal implications:** | 18 | The NMC is at risk of not being able to comply with its legal obligations under the *The Nursing and Midwifery Council (Constitution) (Amendment) Order 2012* if there is an ineffective transition to the reconstituted Council. |
| | 19 | In the short term these include approval and submission of the |

        19.1   Annual Report and Accounts

        19.2   Annual Governance Statements

        19.3   Annual Return to Charity Commission

Annexe 1: Transition to reconstituted Council: Issues and proposed actions

	Issue	Proposed actions	Who	When
1	Continuity in decision making.	• Current Council responsible for decisions until 25th April 2013 (last scheduled meeting of current Council) • Decisions delegated to Chair and Chief Executive for the period between 26th April 2013 up to 22nd May 2013 (decision making cover during transition to reconstituted Council). • Reconstituted Council responsible for decisions from 23 May 2013 (first scheduled formal meeting of reconstituted Council).	Council - operate as normal Council to agree at April meeting Reconstituted Council, May meeting	April and May Council meetings
2	Inappropriate handover of current Council work to reconstituted Council.	• Transition planning to be a standard item on every Council and committee agenda until NMC business is handed over to reconstituted Council. • Forward work plan agreed by directors and to be discussed with committee chairs. • Current Council and committees to refer to forward work plans and decide what work is to be taken forward to reconstituted Council. • Handover report for last committee meeting by Chair of committee - to report to current Council in open or confidential session as appropriate. • Reconstituted Council to review forward work plans in line with their priorities.	Director of Corporate Governance Directors and committee chairs Council and committee chairs Committee chairs Chair and Council	Each Council meeting End March End March April Council meeting May Council meeting

3	Insufficient levels of induction and training for reconstituted Council members to undertake role	• 2 days induction for all Council members before they start role.
		• Continuing induction after commencing role in Council seminar sessions for the following 6 months.
		• Personal training and development for individual Council Members based on training needs analysis and feedback from recruitment process.
		• First committee meeting to be used as induction to the committee business. Using forward planner, decision making to be avoided if possible in this meeting.
		• Supplement forward decision planner for the year ahead by developing supporting material for Council and committee members. e.g.
		   o Background to issues.
		   o Additional supporting reading material
			Director of Corporate Governance	1 and 2 May
				
				Ongoing seminar sessions
				
				Individual plans agreed by end June
				
				In line with committee meeting schedule
				
				In line with committee and Council meeting schedule

4	Statutory committees to be rapidly established	• Chair to identify suitable candidates to sit on Audit, Midwifery and Remuneration committees during the current recruitment and selection process for reconstituted Council. • These committees to receive priority induction and training if required.	Chair Director ofCorporate Governance	End of April
5	Reconstituted Council members are needed to chair registrations appeal panels (3 members).	• Priority induction and training if required to be delivered so new Council members are equipped to chair registration appeal panels.	Director of Registrations	End May

6	The NMC has no policy in place to inform the status of independent council members in the reconstituted Council.	• Identify termination dates of current independent council members • Reconstituted Council to agree policy and recruitment and selection process for independent Council members.	Director of Corporate Governance	End March End July
7	The reconstituted Council will need to make important decisions in the first few months of its leadership of the NMC e.g. • The NMC's response to the Francis report. • NMC Annual Report, Accounts, Charity Commission Annual Returns and Governance Statement need to be approved by Council.	• Reconstituted Council meetings to be scheduled so that key decisions can be taken at the right time.	Chair	End of April

Annexe 2: Potential issues/ risks with governance transition programmes

	Potential Issue/ Risk theme	Description	Mitigation Measures	NMC proposed action
01	Disconnection with strategic/ regulatory/ statutory objectives	• Risk that importing a governance model from elsewhere without understanding what role it plays in meeting. organisational objectives will fail. • Unclear strategic objectives.	• Checking that strategic/ regulatory/ statutory objectives are clear and understood. • Communicating how governance model will support strategic/ regulatory/ statutory objectives. • Regularly review that objectives and governance model are aligned.	• As part of the governance review we are seeking to identify the right governance model for the NMC so that there is strong fit with our strategic objectives.
02	Insufficient buy –in and ownership	• Changes being imposed without or with minimal consultation. • Case for change poorly argued. • Drift back to old ways of working. • Lack of commitment. • Delays in implementation.	• Leadership – visible ownership from the top. • Engagement with wider stakeholders.	• The governance review will build the case for change. • The new governance model will be presented and discussed with new council members at their induction.

03	Poor planning and lack of grip when moving from one governance model to another and with new team members	• Insufficient level of detail or overly complex plans. • Focus on new model distracts attention and resources from delivery of 'business as usual'	• Owning the plan in the organisation and holding people to account. • Appropriate oversight of transition planning – • Having a single point of accountability for each activity.	• NMC has a high- level transition plan in place and will continue to develop this.
04	Relative flexibility	• Overly inflexible governance model risks not being fit for purpose e.g. frequency of meetings • Risks associated with governance model in constant flux e.g. frequent changes to decision making which increases uncertainty and can result in inconsistency.	• Have clear set periods within transition to test model and revise as necessary. • Locate ownership of the governance model • Have regular reviews of the governance model planned in.	• Building in review points for the future. • Identifying metrics to review the effectiveness of the model. • Undertake reviews to check progress against governance model objectives.

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Mid Staffordshire NHS Foundation Trust Public Inquiry report

Action:	For information and discussion
Issue:	This paper provides a brief summary of the recommendations in the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry which may directly or indirectly affect the work of the NMC.
Core regulatory function:	Fitness to Practise, Registrations, Education, Standards
Corporate objectives:	The recommendations in the report are relevant to all the NMC's Corporate Objectives.
Decision required:	None
Annexes:	The following annexe is attached to this paper: Annexe 1: List of recommendations from the report which may directly or indirectly affect the work of the NMC
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 On Wednesday 6 February 2013 the report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (the report) was published. The Chair of the Public Inquiry was Robert Francis QC.

2 This paper provides a brief summary of the recommendations in the report which may directly or indirectly affect the work of the NMC.

3 The full report is in three volumes with an executive summary; it runs to 1782 pages and includes 290 recommendations. The recommendations are not prioritised but are grouped by theme and some of the recommendations are directed to different organisations to take forward.

4 Chapter 12 is concerned with Professional Regulation and includes details of the roles played by the NMC and the GMC. Chapter 21 deals with standards and values. Chapter 23 is about Nursing and covers issues of education, standards, training, management and whistle-blowing and Chapter 24 is concerned with leadership in healthcare.

Summary of key findings

5 The report states that, building on the report of the first inquiry, the story it tells is first and foremost of appalling suffering and that this was primarily caused by a serious failure on the part of the Trust Board. It did not listen to its patients and staff and it failed to tackle a negative culture.

6 All the other organisations involved receive some criticism. The plethora of agencies, scrutiny groups, commissioners, regulators and professional bodies, who were expected to provide checks and balances to prevent serious systematic care, failed to do so, despite numerous warning signs. '*This elaborate system failed dramatically in the case of Stafford*'. '*The system as a whole failed in its most essential duty – to protect patients from unacceptable risks of harm and from unacceptable, and in some cases inhumane, treatment that should never be tolerated in any hospital*'.

7 On the issue of whether Mid Staffs was a one-off or is happening everywhere - the Inquiry did not look at other incidences or organisations which may have had poor care, despite being asked to do so from members of the public. It concludes that it cannot say whether other instances have or do occur elsewhere, but points to other independent reports (CQC, Patients Association, Alzheimer's Society) that indicate this is not an isolated case.

8 The report also concludes that as the system failed to spot and stop Mid Staffs, and as other organisations indicate there may be other areas of poor care, it is possible that the events at Mid Staffs could be replicated. It follows that the recommendations it makes are

significant for the whole system.

9   The report does not seek to blame individuals but rather makes the point strongly that to do so would be to miss the point. '*To place too much emphasis on individual blame is to risk perpetuating the illusion that removal of particular individuals is all that is necessary. That is certainly not the case here. To focus…on blame will perpetuate the cycle of defensiveness, concealment, lessons not being identified and further harm*'.

Comments on the NMC

10   The report makes a number of specific comments about the role of the NMC including the following:

10.1   the NMC is largely reactive to individual complaints against identifiable individuals

10.2   there was a lack of referrals to the NMC from concerned professionals

10.3   there was no Trust policy for referrals to the regulators

10.4   there is a need to improve cross regulatory referrals and memorandums of understanding

10.5   there is a need for the NMC to develop a closer working relationship with CQC

10.6   there was a lack of patient awareness of NMC procedures

10.7   there was a failure by the NMC itself to properly define its role

10.8   the apparent complexity and time consuming nature of FTP processes

Overall Conclusion

11   The report reaches an overarching conclusion that "a fundamental culture change is needed' to put patients first, 'which can largely be implemented within the system that has now been created by the new reforms'.

12   The other main theme of the recommendations is a greater cohesion and culture across the system. The report concludes that 'This will not be brought about by yet further "top down" pronouncements but by the engagement of every single person serving patients'.

NMC's initial response

13   The NMC released a statement from Jackie Smith stating: "*We welcome today's landmark report. What happened at Mid*

Staffordshire NHS Foundation Trust was tragic and avoidable. We were part of a system which went badly wrong, and we sincerely apologise to those many people and their families who suffered."

14   The NMC also welcomed a commitment made by the Prime Minister in his Commons statement on the report to ask the Law Commission to advise on our regulatory framework. The statement also made clear that the NMC would take time to consider the report properly and to respond.

Fitness to practise investigations

15   The Council should also note that the NMC has a number of open fitness to practise investigations involving registrants working at the Trust during and after the period covered by the Inquiry. Many of these investigations were opened pro-actively by the NMC following publication of the first Francis report.

16   The new report will now be reviewed carefully and proper consideration will be given as to whether any new investigations need to be opened in relation to the actions or failures of any individuals on our register.

For Discussion

Summary of recommendations

17   The report contains a large number of recommendations that can be broadly summarised as covering the following themes:

17.1   Foster a common culture that puts patients first

17.2   Develop fundamental standards understood and accepted by patients and staff

17.3   Provide professionally endorsed and evidenced based compliance against these standards which staff agree with

17.4   Ensure openness, transparency and candour throughout the system about matters of concern

17.5   Ensure that the regulators police the standards

17.6   Make everyone who provides care – individuals and organisations – are accountable

17.7   Proper accountability for senior managers

17.8   Enhance recruitment, training, education and support, especially of nurses to include shared values and common culture

17.9   Continuous improvement of measuring and understanding

performance of individuals, teams and organisations

Specific recommendation relating to the NMC and nurses

18 A list of the recommendations from the Francis report which may directly or indirectly affect the work of the NMC is attached at Annexe 1. The most significant recommendations relating to the NMC are set out below.

19 In relation to our fitness to practise role the report recommends a more pro-active approach, with a raised profile with the public, direct involvement in the investigation of systemic concerns and a closer working relationship with CQC.

20 The report also recommends a system of revalidation for nurses similar to the revalidation model introduced by the GMC including responsible officers and employment liaison officers.

21 In relation to nursing, the report recommends a greater emphasis on practical training, ward nurse managers being out on ward not in office, values based recruitment and aptitude testing for compassion in recruitment and a key nurse for each patient

22 The report recommends a system of standards and registration for health care assistants run by the NMC, with a separate uniform and a code of conduct

23 The report also makes the following recommendations which may indirectly affect the work of the NMC:

23.1 the introduction of a statutory duty of candour policed by CQC

23.2 the merger of CQC and Monitor, to be carried out in a measured way by moving Monitor's current functions over to a stronger CQC

23.3 a split in the functions of the Royal College of Nurses.

23.4 greater involvement of the professions in standard setting so that the system standards are owned and supported by the professions

Timing and implementation

24 The report recommends that all organisations reflect on the report and its recommendations and that:

24.1 each individual organisation should announce at the earliest practicable time its decision on the extent to which it accepts the recommendations and implementation, and on at least an

annual basis, report on progress.

24.2 DH should publish an annual report on progress collating all the information as well.

24.3 the Health Select Committee should use progress on implementation as part of their reviews of organisations in their normal business.

Public protection implications:	25	This paper is for information only.
Resource implications:	26	This paper is for information only. Once initial decisions have been made about the possible actions the NMC wishes to take in response to these recommendations, then actual or estimated costs can be provided.
Equality and diversity implications:	27	Under the Equality Act 2010, we have a requirement to analyse the effect of our policies and practices and how they further the equality aims.
	28	This paper is for information only. Once initial decisions have been made by the Council about the possible actions the NMC wishes to take in response to these recommendations, then equality impact assessments can be undertaken before any final decisions are reached.
Stakeholder engagement:	29	This paper is for information only. Once initial decisions have been made by the Council about the possible actions the NMC wishes to take in response to these recommendations, then appropriate stakeholder engagement can be planned and undertaken.
Risk implications:	30	This paper is for information only. Once initial decisions have been made by the Council about the possible actions the NMC wishes to take in response to these recommendations, then the full risk implications can be assessed.
Legal implications:	31	None

Annexe 1 to Council paper: Mid Staffordshire NHS Foundation Trust Public Inquiry report

List of themes and recommendations from the Francis report which may directly or indirectly affect the work of the NMC

Number	Chapter in report	Recommendation	Potential impact on NMC work
Accountability for implementation of the recommendations **These recommendations require every single person serving patients to contribute to a safer, committed and compassionate and caring service.**			
1	Intro	It is recommended that: • All commissioning, service provision regulatory and ancillary organisations in healthcare should consider the findings and recommendations of this report and decide how to apply them to their own work; • Each such organisation should announce at the earliest practicable time its decision on the extent to which it accepts the recommendations and what it intends to do to implement those accepted, and thereafter, on a regular basis but not less than once a year, publish in a report information regarding its progress in relation to its planned actions; • In addition to taking such steps for itself, the Department of Health should collate information about the decisions and actions generally and publish on a regular basis but not less than once a year the progress reported by other organisations; • The House of Commons Select Committee on Health should be invited to consider incorporating into its reviews of the performance of organisations accountable to Parliament a review of the decisions and actions they have taken with regard to the recommendations in this report.	**All areas**
Putting the patient first **The patients must be the first priority in all of what the NHS does. Within available resources, they must receive effective services from caring, compassionate and committed staff, working within a common culture, and they must be protected from avoidable harm and any deprivation of their basic rights**.			
5	21	In reaching out to patients, consideration should be given to including expectations in the NHS Constitution that: • Staff put patients before themselves;	**Standards**

		• They will do everything in their power to protect patients from avoidable harm; • They will be honest and open with patients regardless of the consequences for themselves; • Where they are unable to provide the assistance a patient needs, they will direct them where possible to those • who can do so; • They will apply the NHS values in all their work.	**(the Code)**
Fundamental standards of behaviour **Enshrined in the NHS Constitution should be the commitment to fundamental standards which need to be applied by all those who work and serve in the healthcare system. Behaviour at all levels needs to be in accordance with at least these fundamental standards.**			
9 -12	21, 20 2	9 The NHS Constitution should include reference to all the relevant professional and managerial codes by which NHS staff are bound, including the Code of Conduct for NHS Managers. 10 The NHS Constitution should incorporate an expectation that staff will follow guidance and comply with standards relevant to their work, such as those produced by the National Institute for Health and Clinical Excellence and, where relevant, the Care Quality Commission, subject to any more specific requirements of their employers. 11 Healthcare professionals should be prepared to contribute to the development of, and comply with, standard procedures in the areas in which they work. Their managers need to ensure that their employees comply with these requirements. Staff members affected by professional disagreements about procedures must be required to take the necessary corrective action, working with their medical or nursing director or line manager within the trust, with external support where necessary. Professional bodies should work on devising evidence-based standard procedures for as many interventions and pathways as possible. 12 Reporting of incidents of concern relevant to patient safety, compliance with fundamental standards or some higher requirement of the employer needs to be not only encouraged but insisted upon. Staff are entitled to receive feedback in relation to any report they make, including information about any action taken or reasons for not acting.	**Standards**
A common culture made real throughout the system – an integrated hierarchy of standards of service **No provider should provide, and there must be zero tolerance of, any service that does not comply with fundamental standards of service.** **Standards need to be formulated to promote the likelihood of the service being delivered safely and effectively, to be clear about what has to be done to comply, to be informed by an evidence base and to be effectively measurable.**			

13-18	21	Standards should be divided into: • Fundamental standards of minimum safety and quality – in respect of which non-compliance should not be tolerated. Failures leading to death or serious harm should remain offences for which prosecutions can be brought against organisations. There should be a defined set of duties to maintain and operate an effective system to ensure compliance; • Enhanced quality standards – such standards could set requirements higher than the fundamental standards but be discretionary matters for commissioning and subject to availability of resources; • Developmental standards which set out longer term goals for providers – these would focus on improvements in effectiveness and are more likely to be the focus of commissioners and progressive provider leadership than the regulator. • All such standards would require regular review and modification. **NB Recommendations 14-18 are related to this.**	**Standards/** **FtP**
	9,11, 21		
Responsibility for, and effectiveness of, healthcare standards			
19ff	10	There should be a single regulator dealing both with corporate governance, financial competence, viability and compliance with patient safety and quality standards for all trusts.	**All areas**
28	21	Zero tolerance: A service incapable of meeting fundamental standards should not be permitted to continue. Breach should result in regulatory consequences attributable to an organisation in the case of a system failure and **to individual accountability where individual professionals are responsible**. Where serious harm or death has resulted to a patient as a result of a breach of the fundamental standards, criminal liability should follow and failure to disclose breaches of these standards to the affected patient (or concerned relative) and a regulator should also attract regulatory consequences. Breaches not resulting in actual harm but which have exposed patients to a continuing risk of harm to which they would not otherwise have been exposed should also be regarded as unacceptable.	**FtP**
35	9	Sharing of intelligence between regulators needs to go further than sharing of existing concerns identified as risks. It should extend to all intelligence which when pieced together with that possessed by partner organisations may raise the level of concern. Work should be done on a template of the sort of information each organisation would find helpful.	**All areas**
36	9	A coordinated collection of accurate information about the performance of organisations must be available to providers, commissioners, regulators and the public, in as near real time as possible, and should be capable of use by regulators in assessing the risk of non-compliance. It must not only include statistics about outcomes, but must take advantage of all safety related information, including that capable of being derived from incidents, complaints and investigations.	**All areas**

37ff	11	Trust Boards should provide, through quality accounts, and in a nationally consistent format, full and accurate information about their compliance with each standard which applies to them. To the extent that it is not practical in a written report to set out detail, this should be made available via each trust's website. Reports should no longer be confined to reports on achievements as opposed to a fair representation of areas where compliance has not been achieved. A full account should be given as to the methods used to produce the information. To make or be party to a wilfully or recklessly false statement as to compliance with safety or essential standards in the required quality account should be made a criminal offence.	**Standards**
43	6	**Media** Those charged with oversight and regulatory roles in healthcare should monitor media reports about the organisations for which they have responsibility.	**All areas**
52-54	11	**Re The Care Quality Commission (CQC)** 52 CQC should consider whether inspections could be conducted in collaboration with other agencies, or whether they can take advantage of any peer review arrangements available. 53 Any change to the CQC's role should be by evolution – any temptation to abolish this organisation and create a new one must be avoided. 54 Where issues relating to regulatory action are discussed between the CQC and other agencies, these should be properly recorded to avoid any suggestion of inappropriate interference in the CQC's statutory role.	**All areas**
59		Consideration should be given to the introduction of a category of nominated board members from representatives of the professions, for example, the Academy of Medical Royal Colleges, a representative of nursing and allied healthcare professionals, and patient representative groups.	
Effective complaints handling **Patients raising concerns about their care are entitled to: have the matter dealt with as a complaint unless they do not wish it; identification of their expectations; prompt and thorough processing; sensitive, responsive and accurate communication; effective and implemented learning; and proper and effective communication of the complaint to those responsible for providing the care.**			
109	3	Methods of registering a comment or complaint must be readily accessible and easily understood. Multiple gateways need to be provided to patients, both during their treatment and after its conclusion, although all such methods should trigger a uniform process, generally led by the provider trust.	**FtP, Education**
112	3	Patient feedback which is not in the form of a complaint but which suggests cause for concern should be the subject of investigation and response of the same quality as a formal complaint, whether or not the informant has indicated a desire to have the matter dealt with as such.	**FtP, Education**

Performance management and strategic oversight			
139-141	8	139 The first priority for any organisation charged with responsibility for performance management of a healthcare provider should be ensuring that fundamental patient safety and quality standards are being met. Such an organisation must require convincing evidence to be available before accepting that such standards are being complied with. 140 Where concerns are raised that such standards are not being complied with, a performance management organisation should share, wherever possible, all relevant information with the relevant regulator, including information about its judgement as to the safety of patients of the healthcare provider. 141 Any differences of judgement as to immediate safety concerns between a performance manager and a regulator should be discussed between them and resolved where possible, but each should recognise its retained individual responsibility to take whatever action within its power is necessary in the interests of patient safety.	**FtP, Standards, Education**
Medical training and education			
152-172	18	Various recommendations related to medical training and the role of the GMC which may have an indirect impact on the approach of the NMC to education and training.	**Education and Standards**
Openness, transparency and candour **Openness – enabling concerns and complaints to be raised freely without fear and questions asked to be answered.** **Transparency – allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators.** **Candour – any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.**			
173-4	22	173 Every healthcare organisation and everyone working for them must be honest, open and truthful in all their dealings with patients and the public, and organisational and personal interests must never be allowed to outweigh the duty to be honest, open and truthful. 174 Where death or serious harm has been or may have been caused to a patient by an act or omission of the organisation or its staff, the patient (or any lawfully entitled personal representative or other authorised person)	**Indirect impact - all areas**

		should be informed of the incident, given full disclosure of the surrounding circumstances and be offered an appropriate level of support, whether or not the patient or representative has asked for this information.	
176-7	22	176 Any statement made to a regulator or a commissioner in the course of its statutory duties must be completely truthful and not misleading by omission. 177 Any public statement made by a healthcare organisation about its performance must be truthful and not misleading by omission.	**Indirect impact - all areas**
181-3	22	181 A statutory obligation should be imposed to observe a duty of candour: • On healthcare providers who believe or suspect that treatment or care provided by it to a patient has caused death or serious injury to a patient to inform that patient or other duly authorised person as soon as is practicable of that fact and thereafter to provide such information and explanation as the patient reasonably may request; • On registered medical practitioners and registered nurses and other registered professionals who believe or suspect that treatment or care provided to a patient by or on behalf of any healthcare provider by which they are employed has caused death or serious injury to the patient to report their belief or suspicion to their employer as soon as is reasonably practicable. The provision of information in compliance with this requirement should not of itself be evidence or an admission of any civil or criminal liability, but non-compliance with the statutory duty should entitle the patient to a remedy. 182 There should be a statutory duty on all directors of healthcare organisations to be truthful in any information given to a healthcare regulator or commissioner, either personally or on behalf of the organisation, where given in compliance with a statutory obligation on the organisation to provide it. 183 It should be made a criminal offence for any registered medical practitioner, or nurse, or allied health professional or director of an authorised or registered healthcare organisation: • Knowingly to obstruct another in the performance of these statutory duties; • To provide information to a patient or nearest relative intending to mislead them about such an incident; • Dishonestly to make an untruthful statement to a commissioner or regulator knowing or believing that they are likely to rely on the statement in the performance of their duties.	**Indirect impact - all areas**
Nursing			
185	23	**Focus on culture of caring** There should be an increased focus in nurse training, education and professional development on the practical requirements of delivering compassionate care in addition to the theory. A system which ensures the delivery of proper standards of nursing requires: • Selection of recruits to the profession who evidence the:	**Education and Standards**

		− Possession of the appropriate values, attitudes and behaviours; − Ability and motivation to enable them to put the welfare of others above their own interests; − Drive to maintain, develop and improve their own standards and abilities; − Intellectual achievements to enable them to acquire through training the necessary technical skills; • Training and experience in delivery of compassionate care; • Leadership which constantly reinforces values and standards of compassionate care; • Involvement in, and responsibility for, the planning and delivery of compassionate care; • Constant support and incentivisation which values nurses and the work they do through: − Recognition of achievement; − Regular, comprehensive feedback on performance and concerns; − Encouraging them to report concerns and to give priority to patient well-being.	
186-7	23	**Practical hands-on training and experience** 186 Nursing training should be reviewed so that sufficient practical elements are incorporated to ensure that a consistent standard is achieved by all trainees throughout the country. This requires national standards. 187 There should be a national entry-level requirement that student nurses spend a minimum period of time, at least three months, working on the direct care of patients under the supervision of a registered nurse. Such experience should include direct care of patients, ideally including the elderly, and involve hands-on physical care. Satisfactory completion of this direct care experience should be a pre-condition to continuation in nurse training. Supervised work of this type as a healthcare support worker should be allowed to count as an equivalent. An alternative would be to require candidates for qualification for registration to undertake a minimum period of work in an approved healthcare support worker post involving the delivery of such care.	**Education and Standards**
188	23	**Aptitude test for compassion and caring** The NMC, working with universities, should consider the introduction of an aptitude test to be undertaken by aspirant registered nurses at entry into the profession, exploring, in particular, candidates' attitudes towards caring, compassion and other necessary professional values.	**Education and Standards**
189	23	**Consistent training** The NMC and other professional and academic bodies should work towards a common qualification assessment/examination.	**Education and Standards**
190	23	**National standards** There should be national training standards for qualification as a registered nurse to ensure that newly qualified nurses are competent to deliver a consistent standard of the fundamental aspects of compassionate care.	**Education and Standards**

191	23	**Recruitment for** values and commitment Healthcare employers recruiting nursing staff, whether qualified or unqualified, should assess candidates' values, attitudes and behaviours towards the well-being of patients and their basic care needs, and care providers should be required to do so by commissioning and regulatory requirements.	**Education and Standards**
192	23	**Strong nursing voice** The Department of Health and NMC should introduce the concept of a Responsible Officer for nursing, appointed by and accountable to, the NMC.	**All areas**
193-4	23	**Standards for appraisal and support** 193 Without introducing a revalidation scheme immediately, the NMC should introduce common minimum standards for appraisal and support with which responsible officers would be obliged to comply. They could be required to report to the NMC on their performance on a regular basis. 194 As part of a mandatory annual performance appraisal, each Nurse, regardless of workplace setting, should be required to demonstrate in their annual learning portfolio an up-to-date knowledge of nursing practice and its implementation. Alongside developmental requirements, this should contain documented evidence of recognised training undertaken, including wider relevant learning. It should also demonstrate commitment, compassion and caring for patients, evidenced by feedback from patients and families on the care provided by the nurse. This portfolio and each annual appraisal should be made available to the NMC, if requested, as part of a nurse's revalidation process. At the end of each annual assessment, the appraisal and portfolio should be signed by the nurse as being an accurate and true reflection and be countersigned by their appraising manager as being such.	**Standards,** **Revalidation**
197	23	**Nurse Leadership** Training and continuing professional development for nurses should include leadership training at every level from student to director. A resource for nurse leadership training should be made available for all NHS healthcare provider organisations that should be required under commissioning arrangements by those buying healthcare services to arrange such training for appropriate staff.	
198	23	**Measuring cultural health** Healthcare providers should be encouraged by incentives to develop and deploy reliable and transparent measures of the cultural health of front-line nursing workplaces and teams, which build on the experience and feedback of nursing staff using a robust methodology, such as the "cultural barometer".	
200	23	**Key nurses** Consideration should be given to the creation of a status of Registered Older Person's Nurse.	
201 203-6	23	**Strengthening the nursing professional voice** 201 The Royal College of Nursing should consider whether it should formally divide its "Royal College" functions and its employee representative/trade union functions between two bodies rather than behind internal "Chinese walls"	**Indirect effect only**

			– all areas
		203 A forum for all directors of nursing from both NHS and independent sector organisations should be formed to provide a means of coordinating the leadership of the nursing profession. 204 All healthcare providers and commissioning organisations should be required to have at least one executive director who is a registered nurse, and should be encouraged to consider recruiting nurses as non-executive directors. 205 Commissioning arrangements should require the boards of provider organisations to seek and record the advice of its nursing director on the impact on the quality of care and patient safety of any proposed major change to nurse staffing arrangements or provision facilities, and to record whether they accepted or rejected the advice, in the latter case recording its reasons for doing so. 206 The effectiveness of the newly positioned office of Chief Nursing Officer should be kept under review to ensure the maintenance of a recognised leading representative of the nursing profession as a whole, able and empowered to give independent professional advice to the Government on nursing issues of equivalent authority to that provided by the Chief Medical Officer.	
207-8	23	**Strengthening identification of healthcare support workers and nurses** 207 There should be a uniform description of healthcare support workers, with the relationship with currently registered nurses made clear by the title. 208 Commissioning arrangements should require provider organisations to ensure by means of identity labels and uniforms that a healthcare support worker is easily distinguishable from that of a registered nurse.	
209-10	23	**Registration of healthcare support workers** 209 A registration system should be created under which no unregistered person should be permitted to provide for reward direct physical care to patients currently under the care and treatment of a registered nurse or a registered doctor (or who are dependent on such care by reason of disability and/or infirmity) in a hospital or care home setting. The system should apply to healthcare support workers, whether they are working for the NHS or independent healthcare providers, in the community, for agencies or as independent agents. (Exemptions should be made for persons caring for members of their own family or those with whom they have a genuine social relationship.) **Code of conduct for healthcare support workers** 210 There should be a national code of conduct for healthcare support workers.	**All areas**
211-3	23	**Training standards for healthcare support workers** 211 There should be a common set of national standards for the education and training of healthcare support	

		workers.	**All areas**
		212 The code of conduct, education and training standards and requirements for registration for healthcare support workers should be prepared and maintained by the NMC after due consultation with all relevant stakeholders, including the Department of Health, other regulators, professional representative organisations and the public.	
		213 Until such time as the NMC is charged with the recommended regulatory responsibilities, the Department of Health should institute a nationwide system to protect patients and care receivers from harm. This system should be supported by fair due process in relation to employees in this grade who have been dismissed by employers on the grounds of a serious breach of the code of conduct or otherwise being unfit for such a post.	
Professional regulation of fitness to practise			
222-5	12	**General Medical Council (GMC)** Various recommendations related to the regulatory role of the GMC which may have an indirect impact on the approach of the NMC to the same issues.	**Indirect impact –all areas**
226-7	12	**NMC – investigation of systemic concerns** 226 To act as an effective regulator of nurse managers and leaders, as well as more front-line nurses, the NMC needs to be equipped to look at systemic concerns as well as individual ones. It must be enabled to work closely with the systems regulators and to share their information and analyses on the working of systems in organisations in which nurses are active. It should not have to wait until a disaster has occurred to intervene with its fitness to practise procedures. Full access to the Care Quality Commission information in particular is vital. 227 The NMC needs to have its own internal capacity to assess systems and launch its own proactive investigations where it becomes aware of concerns which may give rise to nursing fitness to practise issues. It may decide to seek the cooperation of the Care Quality Commission, but as an independent regulator it must be empowered to act on its own if it considers it necessary in the public interest. This will require resources in terms of appropriately expert staff, data systems and finance. Given the power of the registrar to refer cases without a formal third party complaint, it would not appear that a change of regulation is necessary, but this should be reviewed.	**All areas, especially Education and FtP**
228	12	**NMC - Administrative reform** It is of concern that the administration of the NMC, which has not been examined by	

		this Inquiry, is still found by other reviews to be wanting. It is imperative in the public interest that this is remedied urgently. Without doing so, there is a danger that the regulatory gap between the NMC and the Care Quality Commission will widen rather than narrow.	**All areas**
229	12	**NMC - Revalidation** It is highly desirable that the NMC introduces a system of revalidation similar to that of the GMC, as a means of reinforcing the status and competence of registered nurses, as well as providing additional protection to the public. It is essential that the NMC has the resources and the administrative and leadership skills to ensure that this does not detract from its existing core function of regulating fitness to practise of registered nurses.	
230	12	**NMC - Profile** The profile of the NMC needs to be raised with the public, who are the prime and most valuable source of information about the conduct of nurses. All patients should be informed, by those providing treatment or care, of the existence and role of the NMC, together with contact details. The NMC itself needs to undertake more by way of public promotion of its functions.	**All areas**
231	12	**NMC - Coordination with internal procedures** It is essential that, so far as practicable, NMC procedures do not obstruct the progress of internal disciplinary action in providers. In most cases it should be possible, through cooperation, to allow both to proceed in parallel. This may require a review of employment disciplinary procedures, to make it clear that the employer is entitled to proceed even if there are pending NMC proceedings.	**FtP**
232	12	**NMC - Employment liaison officers** The NMC could consider a concept of employment liaison officers, similar to that of the GMC, to provide support to directors of nursing. If this is impractical, a support network of senior nurse leaders will have to be engaged in filling this gap.	**All areas**
233	12	**NMC and GMC - For joint action** **Profile** While both GMC and NMC have highly informative internet sites, both need to ensure that patients and other service users are made aware at the point of service provision of their existence, their role and their contact details. **Cooperation with the Care Quality Commission** Both the GMC and NMC must develop closer working relationships with the Care Quality Commission – in many cases there should be joint working to minimise the time taken to resolve issues and maximise the protection afforded to the public. **Joint proceedings** The Professional Standards Authority for Health and Social Care (PSA) (formerly the Council for Healthcare	**Joint action – all areas**

		Regulatory Excellence), together with the regulators under its supervision, should seek to devise procedures for dealing consistently and in the public interest with cases arising out of the same event or series of events but involving professionals regulated by more than one body. While it would require new regulations, consideration should be given to the possibility of moving towards a common independent tribunal to determine fitness to practise issues and sanctions across the healthcare professional field.	
Information			
244-250	26	**Common information practices, shared data and electronic records** **Quality accounts** Various recommendations made for common information practices and electronic patient information services and for annual quality accounts information.	**Indirect impact – all areas**
252-3	26	**Access to data** 253 It is important that the appropriate steps are taken to enable properly anonymised data to be used for managerial and regulatory purposes. **Access to quality and risk profile** 254 The information behind the quality and risk profile – as well as the ratings and methodology – should be placed in the public domain, as far as is consistent with maintaining any legitimate confidentiality of such information, together with appropriate explanations to enable the public to understand the limitations of this tool.	**All areas**