NMC Nursing & Midwifery Council

Meeting of the Council

To be held from 09:30am on Wednesday 22 May 2019
at 23 Portland Place, London W1B 1PZ

Agenda

Philip Graf   Fionnuala Gill
Chair   Secretary

1	**Welcome and Chair's opening remarks**	NMC/19/29	**09:30**
2	**Apologies for absence**	NMC/19/30	
3	**Declarations of interest**	NMC/19/31	
4	**Minutes of the previous meeting**	NMC/19/32	
	Chair		
5	**Summary of actions**	NMC/19/33	
	Secretary		
6	**The Executive report**	NMC/19/34	09:40
	Chief Executive and Registrar/Executive		
7	**Professional Standards Authority annual performance review 2017–2018**	NMC/19/35	10:40
	For discussion		
	Chief Executive and Registrar		
	Coffee		**10:55**

8	**Changing our Approach: Ensuring registrants, patients and the public are at the heart of what we do**	NMC/19/36	11:15
	8a. Progress report: new strategic direction for fitness to practise **8b. Public Support Service**		
	For discussion		
	Director of Fitness to Practise/Head of Public Support Service		
	8c. Lessons Learned review: Ensuring patients and the public are at the heart of what we do		
	For discussion		
	Chief Executive and Registrar/Director of Registration and Revalidation		
9	**Midwifery standards and update**	NMC/19/37	12:25
	For decision		
	Director of Education and Standards		
10	**Update on post-registration standards**	NMC/19/38	12:40
	For decision		
	Director of Education and Standards		
11	**Investment Policy**	NMC/19/39	12:55
	For decision		
	Interim Director of Resources		
12	**Appointment of Assistant Registrars**	NMC/19/40	13:05
	For decision		
	Director of Fitness to Practise		
13	**Questions from observers**	NMC/19/41 **(Oral)**	13:10
	Chair		

Matters for information

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

14   Audit Committee Report   NMC/19/42

Chair of the Audit Committee

15   Council meeting dates 2020–2021   NMC/19/43

Secretary

16   Chair's action taken since the last meeting   NMC/19/44

Chair

CLOSE and LUNCH   **13:30**

Item 4
NMC/19/32
22 May 2019

Meeting of the Council
Held on 27 March 2019 at 23 Portland Place, London, W1B 1PZ

Minutes

Present

Members:

Philip Graf	Chair
Sir Hugh Bayley	Member
Karen Cox	Member
Maura Devlin	Member
Claire Johnston	Member
Robert Parry	Member
Marta Phillips	Member
Derek Pretty	Member
Stephen Thornton	Member
Lorna Tinsley	Member
Ruth Walker	Member
Anne Wright	Member

NMC Officers:

Andrea Sutcliffe	Chief Executive and Registrar
Emma Broadbent	Director of Registration and Revalidation
Andy Gillies	Interim Director of Resources
Matthew McClelland	Director of Fitness to Practise
Jane Pound	Head of Human Resources
Ric Sheldon	Interim Director of Technology and Business Innovation
Geraldine Walters	Director of Education and Standards
Edward Welsh	Director of External Affairs
Clare Padley	General Counsel
Fionnuala Gill	Secretary to the Council
Pernilla White	Senior Governance and Committee Manager

Minutes

NMC/19/14   **Welcome and Chair's opening remarks**

1.   The Chair welcomed all attendees to the meeting, including Jane
            Pound, Head of Human Resources, attending her first meeting.

NMC/19/15   **Apologies for absence**

1.   Apologies had been received from Sarah Daniels, Director of People
            and Organisational Development.

NMC/19/16   **Declarations of interest**

1.   The following declarations were recorded:

            a) In relation to **NMC/19/19 – The Executive's report**: Ruth Walker
               declared an interest as an employer of registrants. This was not
               considered material as she was not affected any more than other
               registrants.
            b) In relation to **NMC/19/20 – Standards for Return to practice**: All
               registrant members and Geraldine Walters declared an interest.
               This was not considered material as the individuals were not
               affected any more than other registrants.
            c) In relation to **NMC/19/21 – 8a. Financial Strategy & Investment
               Policy and 8b. Annual corporate plan and budget**: All registrant
               members and Geraldine Walters declared an interest in relation to
               fees. All staff declared an interest in the staff pay award; this was
               not considered material as staff were not involved in decisions.
            d) In relation to **NMC/19/23 – Nursing associates: implementation
               update**: All registrant members and Geraldine Walters declared
               an interest. This was not considered material as the individuals
               were not affected any more than other registrants.
            e) In relation to **NMC/19/09 – Midwifery update**: Lorna Tinsley
               declared an interest as a midwife. Ruth Walker declared an
               interest as an employer of midwives. This was not considered
               material as the individuals were not affected any more than other
               registrants.

NMC/19/17   **Minutes of the previous meeting**

1.   The minutes of the meeting on 29 January 2019 were agreed as an
            accurate record.

NMC/19/18   **Summary of actions**

1.   The Council noted progress on action from the previous meetings.

2.   Arising from **NMC/19/06 – Apprenticeships**: a briefing on nursing and midwifery apprenticeships had been shared with Council members.

3.   Arising from **NMC/19/11 – Safeguarding**: Emma Broadbent, the Director of Registration and Revalidation had been confirmed as the safeguarding lead for the NMC.

4.   In relation to the Gosport Independent Panel report, we had not yet received the information necessary for us to progress our investigations. Discussions had taken placed with the police and with the Department of Health and Social Care (DHSC). DHSC had undertaken to progress matters with the Gosport Transition Team with the aim of ensuring the information was provided by the end of April.

5.   The NMC remained keen to engage with the families affected, most of whom had never been in contact with the NMC. It was therefore welcome that the Bishop of Liverpool who had chaired the inquiry had now confirmed that the NMC and other regulators would be invited to a meeting with the families in July. The Council requested ongoing updates on Gosport.

6.   It was important to acknowledge the wider issue of the difficulties and delays the NMC experienced in obtaining crucial evidence from other agencies. This had an impact on our ability to progress with investigations and maintain the public's trust and confidence. Efforts had been made over a number of years to secure a Memorandum of Understanding with the National Police Chiefs' Council but had not come to fruition. Further work was being done on how information was requested and how best to use our legal powers to obtain necessary evidence. A full update would be provided in May. This was welcome as it was important for both the Council and the public to understand the challenges and the reasons for delays.

7.   Arising from **NMC/19/09 – Midwifery update**: The outcomes of the future midwife consultation would be shared with the Council when available and would also be shared with the Midwifery Panel.

8.   Arising from **NMC/19/12 – Questions from observers**: The issue of mental health nurses and PAD compliance had been discussed with the Mental Health Nurse Academics UK. The NMC was not responsible for the development of the PAD documents, but was seeking to support this work. The forthcoming review of the Specialist Community Public Health Nursing (SCPHN) would include school and community nursing. In future, the Chief Executive and Registrar would meet with UNITE quarterly.

Action:	**i. Provide ongoing updates to the Council on Gosport; ii update the Council on approach to requesting information from other agencies**
For:	**Director of Fitness to Practise**
By:	**22 May 2019**
Action:	**Share the future midwife consultation outcomes report with the Council**
For:	**Director of Education and Standards**
By:	**24 July 2019**

NMC/19/19   **Executive report**

1.   The Council considered the new style Executive report which combined the previous Chief Executive's and performance and risk reports. It also included the full corporate risk register.

2.   The Council welcomed the appointment of Candace Imison as Director of Strategy Development for 12 months to lead work on the 2020–2025 strategy.

3.   The following points were noted in discussion:

Executive report
a) The new Executive report was welcomed; it represented a team effort and a collective responsibility for the delivery of work and ownership of risks.
b) A more thematic approach was planned for future reports, to ensure that objectives set out in the Corporate Plan could be monitored and in the future linked to the new five year strategy. This would enable the Council to better hold the Executive to account.
c) Engagement with the Professional Standards Authority (PSA) was ongoing and a good meeting had recently taken place with the new Chief Executive at the PSA.
d) An internal Brexit steering group was meeting on a weekly basis to prepare for all possible scenarios. An update for registrants had been published on the NMC website.
e) The reduction in charges for the test of competence was welcome. The Council was assured that the reduction in charges would not affect the quality or the running of the test.
f) Workforce issues had been the subject of considerable focus, including through membership of the Workforce implementation steering group in England. The Executive was cognisant of the similar pressures in Wales, Scotland and Northern Ireland.
g) The NMC had invested a significant amount of effort over the past year on language standards, international registration, the introduction of Nursing Associates and return to practice procedures, all of which should assist with the current workforce

pressures facing health and care services. It was important to ensure that the focus on regulation and ensuring standards of education and registration were such as to ensure that patients and people using services received safe and effective care. The Council was assured that the Executive was clear about expectations around safety and the standards of care that people should rightly expect.

4. ***Delivery plan progress update***

h) The first applications for approval under the new Education Quality Assurance (QA) framework were being progressed. Some educational institutions were finding the new process more difficult than expected, due to the need to gather a range of initial baseline data and help was being provided.

i) The technology support for the new Education QA model was slightly behind timetable but the Director confirmed that the staff and resources needed were available to deliver by the July deadline.

5. ***Lessons Learned programme***

j) The Public Support Steering Group membership was drawn from across the four countries and comprised a range of patient and public representatives, those with expertise in representing patients and the public, as well as staff members. The Witness Support Service had been incorporated into the Public Support Service.

k) The review of the Complex and High Profile team had now became a more wide ranging review of our approach to case management more generally, which was why this was taking longer than originally envisaged. This should now be completed by early May.

l) Work on values and behaviour was ongoing and it was important that this was continually reinforced. A recent meeting with a member of the public who did not have a good experience had been turned into a blog for staff to reflect and learn from in teams. The values and behaviours would be looked at further as part of the strategy development for 2020–2025.

m) There would be a separate progress 'one-year on' report on the Lessons Learned programme in May 2019, including what difference the work had made to the public, patients and registrants. The Council urged the Executive to consider how this could be brought to life.

6. ***Financial performance***

n) The current underspend in the budget was mainly due to staff vacancies and turnover.

o) Within Fitness to Practise, a number of things had been done in order to address turnover including: more outsourcing of investigations in order to bring the volume of case work down; and

a refocus of the work of the investigations team. The budget for 2019–2020 included an additional 10–12 posts in the investigation team. The Council was assured that outsourced work was subject to a thorough QA process in-house.

p) It was important that work was not compromised on the Lessons Learned programme as a result of the underspend. The Council was assured that this was still a top priority for the whole organisation.

q) In part the underspend was the product of an unwillingness to overspend and an overoptimistic expectation of what could be achieved. Training would be provided to budget holders to promote better budget management.

7. ***FtP performance dashboard February 2019***

r) There was an oversupply of cases at the investigation stage as previously discussed: some of this work would carry forward into 2019–2020 budget in terms of more hearings.

s) A review of referral rates had shown no seasonal variations or other identifiable patterns.

8. ***Corporate risk register for 2018–2019***

t) The full corporate risk register was now being presented in the public meeting rather than a summary as previously. This was good practice in terms of transparency but it may be helpful to add some introductory commentary to help people understand and interpret the risk register.

u) Overall the risk position was stable.

v) IT remained a red risk, mainly the legacy of previous underinvestment. The Executive assured the Council that the necessary resources and staff were available to address the issues but this would not be a quick fix. Responsibility for addressing the risk was dependent on all Directors being able to contribute sufficient staff input and effort to the IT programmes underway.

w) In relation to risk REG18/02 which had been rated as ten with a mitigation of ten, it would normally not be the best use of resources to keep mitigating a risk where the target had been reached, however in this particular instance, it was important to reinforce activity in this area as it was a moving landscape.

x) It would be helpful to add dates when changes were made to the register as well as for proposed mitigations. The Council was assured that the Executive reviewed the corporate risk register monthly.

Action:	**Consider future structure of Executive report to aid the Council in holding the Executive to account.**
For:	**Interim Director of Resources/Chief Executive and Registrar**
By:	**22 May 2019**

Action:	i. Add explanatory commentary to the corporate risk register ii ensure changes include dates.
For:	Interim Director of Resources
By:	22 May 2019

NMC/19/20 **Standards for return to practice**

1. The Director of Education and Standards introduced the Standards for Return to practice (RTP) report. In discussion, the following points were noted:

   a) There had been a good response to the public consultation on the draft standards. The outcomes were summarised at annexe 1.
   b) The proposed approach for mixed cohorts on return to practice programmes reflected the agile and dynamic nature of the NMC as a regulator, and the NMC's ability to be flexible.
   c) The Test of Competence was more likely to be suitable for people who had been out of the profession for a short time, whilst a fuller programme may suit those who had been out of the profession for a longer time. The issue for returnees was often one of confidence rather than competence.
   d) Given that there were not many RTP programmes, for example only two in London, the opportunity to earn and learn was welcome.
   e) Health Education England was about to launch a campaign encouraging return to practice, so the changes were timely.
   f) Implementation of the programmes depended on how quickly education institutions sought programme approval. The Test of Competence route was expected to be available in November 2019.
   g) Consideration would be given to how to evaluate the new approach. A view on how best to evaluate would be taken once a picture was available of the numbers of people going through and take-up of the different routes. Council requested regular feedback on developments.

2. **Decision – The Council:**
   - **Approved the Standards for Return to Practice programmes.**
   - **Agreed the use of the NMC Test of Competence as an additional option to the current Return to Practice programme for returning to the register or renewing registration after a period of time away from practice.**
   - **Approved the new Return to Practice standards.**

Action:	Provide regular feedback to the Council on developments and proposals for evaluation
For:	Director of Education and Standards
By:	3 July 2019

NMC/19/21   **8a. Financial Strategy and Investment Policy**

Financial Strategy

1.   The Interim Director of Resources introduced the financial strategy. In discussion the following points were noted:

a) The Council welcomed the financial strategy and welcomed the aim to maintain the registration fee at £120 for as long as financially possible. Consideration was being given to how we could explain to registrants how their fees were used similar to the approach taken with Council tax bills.

b) Deficits budgets could be accepted over the short term, provided that this was to invest and there were clear plans for the overall budget to return to balance in the medium and long term were in place.

c) It was important for the finances to be sustainable that the budget for recurrent, operating or 'business as usual' (BAU) expenditure did not exceed operating income.

d) The inclusion of a clear approach to outsourcing was welcomed. There should also be clarity about use of consultants and short-term contractors to avoid over-reliance, by ensuring that external consultancy was used only for a limited time where internal capacity or capability was not available or needed. This would be incorporated into operational guidance and the Executive had taken note of the Council's expectations.

e) The Council requested additional work be undertaken on efficiencies and the timeframe for this.

f) Income was expected to be relatively stable with a 1 percent growth of the register predicted. However, this would be kept under close review given the need to bear in mind inflation predictions.

g) Given the regular income from fees, unlike other charities who relied on fundraising or grants, a lower reserves target level was acceptable. By reducing the target minimum level of free reserves the NMC was able to make better use of available resources. The key was to ensure tight control and rigorous oversight of cashflow.

2.   **Decision: The Council approved:**
- **The target minimum level of free reserves of zero.**
- **The target maximum level of free reserves of £25 million.**
- **The minimum level for the aggregate forecast cash and investments for the coming financial year of £20 million.**

Action:	**Ensure that the principles around the use of consultants and temporary contractors are captured in operational guidance**
For:	**Interim Director of Resources**
By:	**22 May 2019**

Action:	**Undertake additional work on efficiencies and update Council on progress**
For:	**Interim Director of Resources**
By:	**TBC 2019**
Action:	**Undertake work on how we tell registrants how we spend their money**
For:	**Interim Director of Resources/Director of External Affairs**
By:	**22 May 2019**

Investment Policy, including ethical policy

3. The Interim Director of Resources introduced the investment policy. In discussion the following points were noted:

    a) The Investment policy was intended to ensure that the NMC made best use of the cash available in a way which did not allow its value to dissipate but generated the best return. This was in line with the ambition to keep the fee at £120 as long as possible.
    b) It was intended to take a cautious approach and spread risks, however, as with any investments there would always be a risk of capital loss. The risk would be closely monitored through good financial forward planning and refreshment of this planning as the financial landscape changes.
    c) The Investment Committee was seeking to appoint external members with current and relevant expertise to assist.
    d) The policy included an ethical policy and there was a need to be mindful of investing in line with the NMC's values and charitable and statutory objectives.
    e) Overall, the investment policy supported the objective of keeping fee level as low as possible and make more efficient and effective use of resources.

4. **Decision – The Council approved the investment policy, including the ethical investment policy.**

    8b. Corporate plan and budget

5. The Chief Executive and Registrar thanked the Interim Director of Resources and the Executive for the work that had gone into the development of the draft Corporate plan and budget. In discussion the following points were noted:

6. *Draft Corporate plan and KPIs*

    a) In the corporate plan FTP section reference to 'punishment' should be removed as it implied that this was an objective in the past which had never been the case.
    b) In terms of the wider picture, it was important to note that the

rising demand for care was both as a result of ageing and technology.

c) The comprehensive Registration KPIs were welcome. There was no Revalidation KPI as it was felt this may not be the best way to report on Revalidation. A report on the proposed future approach to revalidation would be provided in May.

d) Minor corrections to some of the KPI targets were noted.

e) The Council would discuss post registration standards in April.

f) The Council questioned the lack of a KPI or other monitoring information about capturing public satisfaction and confidence including qualitative evidence. This would be further discussed with the Council in April following the outcomes of the research and stakeholder perception audit.

g) The people target relating to the turnover of new starters within 6 months of joining of 20 percent, may not be stretching enough and seemed like a high figure for new starters.

7.   ***Budget***

h) As previously indicated, the budget was predicated on keeping the fee at £120.

i) The budget included provision for a 2.5 percent cost of living award for all employees. Provision was also included to invest in changes to the staff pay and grading arrangements, which had not changed since 2014.

j) The budget was set at a level to deliver the proposed corporate plan commitments. If more resources were needed, the Executive should bring this back to the Council.

8.   **Decision – Subject to the comments made, the Council approved:**
- **the corporate plan for 2019–2020**
- **the KPIs and targets for 2019–2020**
- **the annual registration fee for all registrants to remain at the current level of £120**
- **the cost of living award of 2.5 percent for all employees to be paid with effect from 1 April 2019**
- **the budget for 2019–2020.**

Action:	**i. Take account of the Council's comments in finalising the corporate plan and KPIs; ii. Reconsider if the target of 20 percent turnover of new starters within 6 months of joining is appropriate.**
For:	**i. Interim Director of Resources; ii Director of People and Organisational Development**
By:	**22 May 2019**

NMC/19/22   **Appointment and removal of panel members and legal assessors**

1.   The Chair noted that this item included a recommendation for the former NMC Chief Operating Officer to be appointed as an FtP Investigating Committee member. Council members were restricted from serving as FtP members for five years but there was no comparable policy in place for former Executive members. The Council agreed to withdraw consideration of the recommendation so the Executive could review this and come back with proposals. The Chair made clear, that this was no reflection on the individual named who had been put through a rigorous selection process, but a matter of principle that needed to be clarified.

2.   The Council agreed that the recommendations should be rephrased as 'acceptance' of the recommendations of the Appointments Board.

3.   **Decision –.The Council accepted the recommendation of the Appointments Board to:**
            • **remove the panel members listed in Annexe 1 from the practice committees.**
            • **remove the legal assessors in Annexe 2 from the approved list.**

Action:	**Develop a policy governing the appointment of former senior staff members to NMC roles.**
For:	**Director of People and Organisational Development**
By:	**22 May 2019**
Action:	**Ensure that future recommendations be rephrased as an 'acceptance' of the recommendation of the Appointments Board.**
For:	**Director of Fitness to Practise**
By:	**22 May 2019**

NMC/19/23   **Nursing associates: update on implementation**

1.   The Director of Education and Standards introduced the report on progress with the regulation of nursing associates. In discussion, the following points were noted:

            a) This would be the final specific report on nursing associates, apart from a one year on update in January 2020, or any reports by exception if necessary. Future reporting would be part of our Executive report.
            b) To date 192 non-EU applications had been received, this included applications from people trained in India and the Philippines. Only one application had been received from within the EU.
            c) Guidance on safe deployment of nursing associates had been issued by NHS Improvement and the Care Quality Commission.
            d) As yet, no new institutions had sought approval to run Nursing

Associate programmes.

e) Once there were substantial matters to report on relevant to supernumerary and protected learning time, this would be included in the Executive report.

NMC/19/24   Midwifery update

1.   The Council offered congratulations to Professor Jacqueline Dunkley-Bent as the first Chief Midwifery Officer for England.

2.   The Director of Education and Standards introduced the midwifery update. In discussion, the following points were noted:

a) The workshops across the four countries on the draft midwifery standards had been successful events with contributions both from practitioners and those using midwifery services.
b) As previously indicated, the report analysing the Future Midwife consultation outcomes would be shared with the Council and Midwifery Panel.
c) Subject to approval by the Council, the future midwife standards would be published in November.
d) The Midwifery panel would be involved in the development of the new Strategy 2020–2025.

NMC/19/25   Audit Committee report

1.   The Chair of the Audit Committee introduced the Audit Committee report. In discussion, the following points were noted:

a) The Committee had considered the NMC modern slavery statement 2019 and this has been published on the website. Further work was being done on how to ensure suppliers of all sizes took account of this.
b) The Committee had been pleased to see reasonable assurance in two recent internal audit reports relating to financial controls.
c) The Committee continued to monitor progress on the Modernisation of Technology Services (MOTS) programme and take a keen interest in cyber security.
d) The external auditor and NAO audit plans for the accounts for the year ending 31 March 2019 had been approved.
e) There were no whistleblowing incidents to report. The Committee sought to ensure that there was appropriate means of gauging both staff awareness of the policy and willingness to raise concerns.
f) The current external auditors had been extended for another year. They had been with the NMC for a significant period of time, however there had been rotation within the firm of the audit partner and manger to ensure independence. It was important to explore ways to encourage a wider field of bidders.

Action:	**Consider further how to ensure suppliers of all sizes adhere to the modern slavery expectations and update the Audit Committee.**
For:	**Interim Director of Resources**
By:	**1 May 2019**

NMC/19/26   **Questions from observers**

1.   The Chair invited questions and comments. The following comments were made:

   a) The NMC was satisfied that approval of all AEIs and education programmes against the new standards over the next two years was on track and that there would be enough 'visitor' capacity to meet need.
   b) The financial strategy was welcomed.
   c) In relation to the Standards for Return to practice, the introduction of the test of competence was supported as well as an evaluation of impact, including retention in due course. A plea was made that consideration be given to provision of Test of Competence testing centres in Wales and Scotland.
   d) Greater transparency in the Council's business was evident in relation to the discussions on KPI targets and the corporate risk register. More information on external measures such as customer feedback, complaints and adverse events would be welcome.
   e) In relation to Nursing Associates, it was important to be careful in use of terminology: there was no Nursing Associates 'training' in the devolved countries.

NMC/19/27   **Governance: Council appointments and Committee membership 2019–2019**

1.   The Council noted the paper confirming Council appointments and Committee membership 2019–2020.

NMC/19/28   **Chair's action taken since the last meeting**

1.   There had been no Chair's action taken since the last meeting.

The next meeting of the Council in public will be held on Wednesday 22 May 2019 at the NMC, 23 Portland Place.

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

SIGNATURE: ....

DATE: ....

Item 5
NMC/19/33
22 May 2019

Nursing & Midwifery Council

Council

Summary of actions

Action:	For information.
Issue:	Summarises progress on completing actions from previous Council meetings.
Core regulatory function:	Supporting functions.
Strategic priority:	Strategic priority 4: An effective organisation.
Decision required:	None.
Annexes:	None.
Further information:	If you require clarification about any point in the paper or would like further information please contact the author below.

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

Summary of outstanding actions arising from the Council meeting on 27 March 2019

Minute	Action	Action owner	Report back date	Progress to date
NMC/19/18	**Fitness to Practise** i. Provide ongoing updates to the Council on Gosport ii. Update the Council on approach to requesting information from other agencies	Director of Fitness to Practise	22 May 2019	i. We have now received some information from the Gosport Independent Panel Transition Team and are cross checking this against information from the Trust and our register. On 30 April 2019, the police announced they were opening a full investigation. We are attending a meeting with the families in July 2019 to provide an update on our investigations. ii. An update on our draft disclosure escalation policy has been included in the Executive's report on the agenda.
NMC/19/18	**Midwifery update** Share the future midwife consultation outcomes report with the Council	Director of Education and Standards	24 July 2019	The consultation closed on 9 May and the responses will be analysed and shared with the Council by the end of July 2019.
NMC/19/19	**Executive report** Consider future structure of Executive report to aid the Council in holding the Executive to account.	Interim Director of Resources/Chief Executive and Registrar	22 May 2019	The Executive report on the agenda provides year end results against our 2018–2019 plan. As such we have maintained the current format of the 4 pillars of the delivery plan for this period.

Minute	Action	Action owner	Report back date	Progress to date
				We are considering how the report could be restructured to cover the 2019–2020 reporting period (first report due July 2019).
NMC/19/19	**Executive report** ***Corporate risk register for 2018–2019*** i. Add explanatory commentary to the corporate risk register ii ensure changes include dates.	Interim Director of Resources	22 May 2019	i. An explanation of the different aspects of the corporate risk register has been included in annexe 1 of the Executive report. ii. Dates have been added for changes to the register. We will include dates for planned actions for the next register submission to the Council in July 2019, clarifying milestones for longer term items.
NMC/19/20	**Standards for return to practice** Provide regular feedback to the Council on developments and proposals for evaluation	Director of Education and Standards	3 July 2019	Not yet due.
NMC/19/21	**8a. Financial Strategy and Investment Policy** Ensure that the principles around	Interim Director of Resources	22 May 2019	Not yet done. New target date: 3 July 2019.

Minute	Action	Action owner	Report back date	Progress to date
	the use of consultants and temporary contractors are captured in operational guidance			
NMC/19/21	**8a. Financial Strategy and Investment Policy** Undertake additional work on efficiencies and update Council on progress	Interim Director of Resources	3 October 2019	Not yet due.
NMC/19/21	**8a. Financial Strategy and Investment Policy** Undertake work on how we tell registrants how we spend their money	Interim Director of Resources/Director of External Affairs	22 May 2019	Development work is underway and we aim to finalise design and content by July 2019.
NMC/19/21	**8b. Corporate plan and budget** i. Take account of the Council's comments in finalising the corporate plan and KPIs; ii. Reconsider if the target of 20 percent turnover of new starters within 6 months of joining is appropriate.	i. Interim Director of Resources ii. Director of People and Organisational Development	22 May 2019	i. The Council's comments have been reflected in the final corporate plan and budget. ii. The figure of 20 percent has been revised down to 18 percent for turnover of employees with less than six months service to reflect our aim to reach a more challenging target.
NMC/19/22	**Appointment and removal of**	Director of Fitness to	3 July 2019	A draft policy relating to FTP panel

Minute	Action	Action owner	Report back date	Progress to date
	panel members and legal assessors Develop a policy governing the appointment of former senior staff members to NMC roles.	Practise		member appointments will be considered by the Appointments Board in June 2019.
NMC/19/22	**Appointment and removal of panel members and legal assessors** Ensure that future recommendations be rephrased as an 'acceptance' of the recommendation of the Appointments Board.	Director of Fitness to Practise	22 May 2019	This has been communicated to the Panel Support Team and will be adopted for future appointments.
NMC/19/25	**Audit Committee report** Consider further how to ensure suppliers of all sizes adhere to the modern slavery expectations and update the Audit Committee.	Interim Director of Resources	22 May 2019	We will consider this and report back to the Audit Committee in June 2019.

Summary of outstanding actions arising from the Council meeting on 29 January 2019

Minute	Action	Action owner	Report back date	Progress to date
NMC/19/07 NMC/18/83	**Public Support Service** Update the Council on the progress of broadening out to the organisation, the person centred approach being taken in the PSS work Provide an update on themes emerging from the work of the Public Support Service	Director of Fitness to Practise	22 May 2019	An update on the work of the Public Support Service is on the agenda.
NMC/19/07	**FtP external work** Provide an update to Council on the outcomes of the two external pieces of work in FtP (i.e. referrals from members of the public and initial thresholds)	Director of Fitness to Practise	22 May 2019	Both reviews have been completed and we are considering how best to implement the learning.
NMC/19/07	**Complaints and customer dashboard** i. Provide a deeper analysis of why people are highly dissatisfied and/or strongly disagree, whether this relates to particular areas, and what	Director of Registrations and Revalidation	i–iii 27 March 2019 22 May 2019	i. Our new Enquiries and Complaints function is now in place. The team will review how we can improve our collection and analysis of customer feedback and address the views of customers more meaningfully.

Minute	Action	Action owner	Report back date	Progress to date
	we are doing to address ii. Include a picture of positive feedback in the analysis. iii. Include the numbers as well as well as percentages in the Complaints and Customer Service dashboard, including for Freedom of Information requests.			ii. and iii. have been addressed in the latest dashboard which is included in the Executive's report on the agenda.
NMC/19/09	**Midwifery update** Provide feedback on the findings of the online survey to Council and Midwifery Panel as well as outcomes of wider communications and engagement activities with women and families	Director of Education and Standards	27 March 2019	The feedback is included in the Midwifery report on the agenda.

Summary of outstanding actions arising from the Council meeting on 28 November 2018

Minute	Action	Action owner	Report back date	Progress to date
NMC/18/101	**Future midwife** Consider how the impact of the final midwifery standards can be evaluated once implemented and report back to Council on a timeframe for such evaluation	Director of Education and Standards	3 October 2019	Not yet due.

Summary of outstanding actions arising from the Council meeting on 26 September 2018

Minute	Action	Action owner	Report back date	Progress to date
NMC/18/88	**Annual equality, diversity and inclusion report 2017–2018** Consider: i. how future reports can provide more information about trends over time and ii. the scope to improve analysis of the data to derive better understanding and intelligence	Director of Registration and Revalidation	3 July 2019	Not yet due. The next annual report to Council will take these points into account.

Minute	Action	Action owner	Report back date	Progress to date
NMC/18/89	**Welsh language scheme** **Access to services** Consider how to ensure services are accessible to all members of the population in a way that meets their needs	Director of External Affairs/Director of Registration and Revalidation	3 July 2019	Not yet due. The next annual report to Council will take these points into account.

Item 6
NMC/19/34
22 May 2019

Council

Executive report

Action:	For discussion.
Issue:	The Council is invited to consider the Executive's report on key strategic developments since March 2019, and year end progress against our 2018-19 corporate plan.
	The paper includes the corporate risk register for discussion, at **annexe 2**.
Core regulatory function:	All regulatory functions.
Strategic priority:	All.
Decision required:	None.
Annexe:	The following annexe is attached to this paper:

- Annexe 1: Performance and risk report.

- Annexe 2: Corporate risk register at April 2019

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

Author: Roberta Beaton
Phone: 020 7681 5243
Roberta.Beaton@nmc-uk.org

Director: Andy Gillies
Phone: 020 7681 5641
Andrew.Gillies@nmc-uk.org

Author: Kim Butler
Phone: 020 7681 5822
Kim.Butler@nmc-uk.org

Discussion: 1 The period covered by this report includes launch of the preliminary work on the development of the NMC's 2020-2025 strategy.

2 This report covers key developments in the external environment, key strategic engagement activity up to April 2019 and provides a progress update against the NMC corporate plan up to 31 March 2019.

A. Executive Summary

3 Our major focus since May 2018 has been implementing the recommendations from the Professional Standards Authority's (PSA) Lessons Learned review. We put in place a robust programme to respond to the 13 recommendations made by the PSA, and we close the year having made significant changes to our approach such as establishing the Pubic Support Service to support those who make referrals. This work was delivered in addition to our 2018–2019 corporate plan commitments and funded from our contingency budget. A detailed progress update is provided separately on the agenda.

4 We made positive progress against all nine of our corporate commitments for 2018–2019 despite some capacity pressures. This included opening our register for nursing associates, issuing our new pre-registration nursing standards, and launching our new quality assurance framework for approved education institutions. Several commitments will continue during 2019–2020 reflecting that programmes would be delivered over multiple years.

5 Our management accounts show a surplus for the year of £11m, which is £15.1m ahead of budget. This has been driven by higher than anticipated income and lower than planned expenditure on programmes and projects. (Financial performance at annexe 1, section 3).

6 We met or exceeded targets for our five corporate KPIs covering UK and EU/Overseas registration, the issuing of interim orders, and conclusion of cases within 15 months. (Non financial performance at annexe 1, section 4).

7 Performance of our contact centre dipped below target due to telephony issues, higher than expected call volumes, and capacity pressures. We are confident that the issues faced in 2018–2019 have been addressed, and that the 2019–2020 target will be met.

8 Employee turnover has reduced, but this remains an area we are actively managing. (People data at annexe 1, section 5).

B. Strategic Context

Workforce and workforce planning

9   A key theme for all four UK countries is the health and social care workforce and workforce planning, and this is a focus of our external engagement.

10   Across the UK we coordinated the announcement of a package of new measures to support the nursing and midwifery workforce. We wrote to a range of key stakeholders, including employers and educators in each country and released a video of the Chief Executive which outlined the significance of the new nursing standards and how these will support the health and social care workforce moving forward.

11   These measures include new return to practice standards which will make it easier for professional to return to the register, and a reduction in the test of competence fee which will reduce the cost for those applying to join the register from overseas.

12   In May the Chief Executive hosted a dinner with key senior stakeholders across the UK to discuss the future of the nursing and midwifery workforce. The purpose of this event was to share priorities and identify solutions to the current workforce challenge and feed this back to government and policymakers.

13   In England we continue to engage with sector leaders regarding the Workforce Implementation Plan and Long Term Plan. Key activity since March 2019 was:

  13.1   Attending a discussion of the national workforce steering group about the Long Term Plan.

  13.2   A meeting between the Chief Executive and the Deputy Director of Professional Regulation at the Department of Health and Social Care to discuss the Long Term Plan.

  13.3   The Chief Executive writing to the leadership of the Workforce Implementation Plan steering group outlining our thinking on the priority areas of focus for the plan. Priority areas are the importance of supporting continuing professional development and placement capacity, our work on improving access to the register for overseas nurses, and the challenges in the social care sector.

14   In April the Chief Executive and the Director of Registration and Revalidation met the National Audit Office (NAO) study team looking at the NHS nursing workforce to discuss their work on a report into whether the NHS has sufficient nurses with the right skills and capabilities to deliver high quality, safe and sustainable care. The

NAO team are meeting a range of stakeholders in the health and higher education sectors to explore and they expect to publish their findings early in 2020.

Brexit

15   We remain focused on the risks presented by a 'no-deal' Brexit. Our work on scenario planning has covered all areas of activity across NMC's work including our regulatory functions, procurement, data sharing and communications and has been communicated widely across the organisation and to key stakeholders.

16   A separate operational group was temporarily convened, focusing on the potential exit day of 12 April 2019: we identified actions to implement on the proposed exit day and in the short, medium and long term. In March we updated our website with targeted information for EU applicants and registrants.

17   Our 'no deal' planning is on hold but we will continue to monitor external developments carefully and prepare for other scenarios that might emerge.

Sector voice

18   Since the last Council meeting, we have responded to the following public consultations:

   18.1   The Northern Ireland Department of Health's consultation on introducing a statutory duty of candour for healthcare organisations and the individuals who work within them.

   18.2   The Scottish Government's consultation on changes to Scottish Charity Law.

   18.3   The Department of Health and Social Care's (DHSC) consultation on proposals to introduce mandatory learning disability and autism training for health and care staff.

19   We have also commented on the draft guidance prepared by the Academy of Medical Royal Colleges on clinicians acting as expert witnesses and on clinicians moving into senior leadership roles prepared by the Faculty of Medical Leadership and Management.

C. Progress against our corporate plan for 2018–2019

Changing our approach

A new approach to fitness to practise

20   A detailed update regarding next steps is provided separately on the agenda.

Revised approach to disclosure and information requests (FTP)

21   Timely disclosure of information and evidence from third parties is essential to our role in protecting patients and the public. We have experienced delays on a number of cases where there is non-compliance with our disclosure requests and this is not escalated effectively.

22   We have taken steps to improve our internal processes for requesting information from other organisations. Where an organisation does not comply with our disclosure requests steps we may take include (i) obtaining a court order; (ii) escalating the issue to government officials or ministers; (iii) reporting publicly to the Council on organisations which have not complied. We will report back to the Council in November 2019 on progress.

Lessons Learned

23   A detailed update regarding next steps is provided separately on the agenda.

Core business and new initiatives

Future Nurse Standards

24   At the Chief Nursing Officer's (CNO) summit in Birmingham in March 2019, the first since the new CNO for England took up post earlier this year, the Chief Executive took part in a session about the implementation of the future nurse standards and was supported by the Director of Education and Standards. Overall, there was enthusiasm for the new standards and questions about the preparations for their implementation.

Future midwife

25   A detailed update is included separately on the agenda.

Education

26   We have updated our website with additional supporting information on learning environments and experiences, as well as distinct

guidance on student empowerment. To promote this new guidance, we coordinated the preparation of two blogs that were published on our website and which were promoted through our social media channels: one on the new roles of academic and practice assessors and a second on the difference between a nurse and nursing associate. The blogs have been positively received on social media.

27   Following successful completion of a competitive tender process, Mott MacDonald was announced as the service delivery provider for education quality assurance from September 2019. Education institutions are progressing with their applications to be approved against the new standards and the first institutions have reached the approval stage. We are working closely with stakeholders and have made improvements to the new gateway process in response to feedback. We expect a peak of activity this summer as all institutions progress towards seeking approval against the new standards.

28   We are also progressing with the development of the new data driven approach to monitoring and the next steps will include further development of the use of intelligence from other organisations. We facilitated a joint workshop with the Council of Deans of Health to receive their members' feedback on our new approach to data driven monitoring of our quality assurance function. More than 25 members attended the workshop which was also addressed by the Chief Executive.

Return to Practice Standards

29   Following analysis of the consultation and approval by Council in March 2019, the new return to practice standards were finalised ready for publication in May 2019. We will be raising awareness of the increased flexibility of the new programme standards and the opportunity for employers to develop new "earn and learn" routes for returners using supported periods in practice and the test of competence.

30   The new alternative route for returning to practice using a test of competence will be launched later this year. We will be evaluating the new standards to ensure that the changes enable more people to return to practice whilst still ensuring regulatory assurance.

Nursing associates

31   Following on from the launch of the register for nursing associates, and the transition of this work into business as usual, we have continued to place proactive media items to support the new role. This includes interviews for a case study in the Guardian supplement to tie in with National Apprenticeship Week, as well as a case study in Care Home Management magazine. The Chief Executive attended a celebratory event for new nursing associates in London held on

3 April 2019.

32   The system to enable nursing associates who trained outside England to submit their full registration application was released at the beginning of April. We remain on track to release the remaining functionality for nursing associates in mid-May.

Overseas registration

33   We are on track to launch the new overseas pages on our website and the pre-application checklist which will support applicants through the full nursing associate process. The new reduced prices for the test of competence have now been successfully introduced.

34   We are currently evaluating the tenders received for the delivery of the Computer Based Test. We have met with the three current Objective Structured Clinical Examination (OSCE) providers to discuss variations to the existing contracts to enable future delivery and to embed the interim improvements already introduced.

35   In April 2019, we began a series of events across the UK to introduce our proposed new online process and further support for applicants and employers. We will be seeking input from our wide range of stakeholders to help us shape these improvements.

Revalidation

36   The first full three year cycle of revalidation is now complete. We will be publishing our evaluation in July 2019. As part of a review of our supporting materials for revalidation, in March we updated documents and templates. This was based on feedback from our stakeholders.

Professional Standards Authority (PSA)

37   The PSA published their review of our performance in 2017–2018 on 23 April 2019. This is covered separately on the agenda.

Enhancing our capability and infrastructure

People

38   Employee engagement continues to improve as we work closely with the NMC's Employee Forum. In 2018 employees completed our annual benchmark survey and we saw an increase in engagement from 64 percent in 2017 to 67 percent in 2018.

39   To enable us to collect regular feedback we have changed our survey platform so we can access real time employee feedback. Our first 'pulse survey' launches in spring 2019 and will provide regular opportunities for employees to provide feedback and for us take

action on key issues.

40   Our pay and benefits structure is outdated and remains one of the top reasons given by employees for leaving. In 2018–2019 we reviewed and developed new pay options which were presented to Council for their feedback and investment. In 2019–2020 we plan to consult with our employees regarding the new pay framework and at a later date about the rewards they most value. This is a significant piece of work and implementation will be in phases up to 2021 and should result in improvements in attraction and retention of employees.

41   The work we are doing on pay includes our commitment to improving our gender pay gap which remained steady with a marginal increase in median of 1.04 percent (2017: 3.73 percent 2018: 4.77 percent) and decrease of mean by 0.3 percent (2017: 1.9 percent 2018: 1.6 percent). We are absolutely committed to the principle of equal opportunities for all of our employees and this of course includes a fair rate of pay for women. For the second year running, we remain below the national average in terms of gender pay gap, but there is much more we can and will do. As we review our pay framework in 2019-2020 our plan is to drive down our gender pay gap with results being seen in 2020 and our 2021 reports.

42   Our improving communications with colleagues and the articulation of our plans for the future has maintained turnover with a marginal decrease of 0.3 percent (2017–18 was 21.9 percent compared to 2018–19 at 21.6 percent). Based on trends, at the midpoint during the year we had forecast that our turnover would reduce to 20.5 percent. However, our impending office move to Stratford has begun to result in short term turnover. We are taking action to manage that and reduce the potential impact.

Equality, Diversity and Inclusion

43   We have also promoted equality, diversity and inclusion across the NMC by sharing details of activities about International Women's Day, mental health and work to diversify our FtP panels with colleagues. We are also taking forward plans to be represented again at the annual Pride celebrations in London in July 2019.

Accommodation move

44   The leases for our FtP offices in central London are expiring later in 2019 and we are moving those teams to a new office in Stratford. We expect to sign the contract with the fit-out contractor shortly.

Technology

45   Our transformation of corporate systems and Digital Workplace programmes address issues around the age and stability of our IT

and telephony infrastructure. Council has asked for regular updates on progress. Detailed milestones are provided in annexe 1, section 1.

46   The first phase of transforming our corporate systems seeks to mitigate the highest corporate risk around the stability of our IT, by replacing the systems that support our register (Wiser) and case management (CMS), which are approaching end-of-life. It will also deliver new solutions for nursing associates (NA), Overseas Registration and Educational Standards Quality Assurance (QA).

47   Our most recent success was a further release in March 2019 to expand the functionality for the processing of NA Overseas applications. We will build on this to deliver an end-to-end technical solution for Overseas registration as a whole, by July 2019.

48   Due to slippages in the Overseas and Education Standards quality assurance build timelines, the current status for phase 1 is amber whilst we bring the programme back on track. Mitigations are being put in place in the short to medium term including the Director of TBI managing both the Overseas and Education Standards QA workstreams directly to ensure delivery in line with published commitments.

49   Many registrations employees continue to be closely involved in the development of new systems as part of the MOTS programme. Credit is due to the teams for delivering against the key targets whilst involved in this additional work.

Digital workplace programme

50   Key elements of our hardware, WiFi etc. are either past their useful life or out of support and present a risk to ongoing operations, also impacting workforce agility.

51   In response to this, we have started work to create a 'digital workplace' at the NMC, using TBI operating budget. This will replace and upgrade these core services.

52   Having successfully upgraded our telephony platform in late February 2019, we are now well progressed with upgrading the WiFi in each of our sites and preparing to roll out a fleet of laptops across the organisation, to replace ageing desktops and enable agile working.

Digital communications

53   The major campaigns we have run across our digital channels are the #futureNMC and #Futuremidwife campaigns. We also ran a campaign on our annual publication of NMC register data and campaigns for International Day of the Midwife and International Nurses' Day. We also launched our Return to Practice standards across our digital channels in early May.

54 During the first quarter of 2019 there are better quality conversations through the NMC's Twitter activity than a year ago, mainly stimulated by the Chief Executive (on Twitter as @Crouchendtiger7) working in tandem with @nmcnews. While we have produced fewer Tweets in Q1 than last year (391 v. 527), mentions and messages have risen from 5,928 to 8,308, and likes from 9,000 to 10,200.

55 The most popular Tweet was our initial post supporting International Women's Day. Referrals from all social media channels to our website have increased 88 percent from 18,587 in Q1 last year to 35,125 in Q1 this year. During Q1 2019 we have focused on publishing video content on Twitter as a way of making our content more engaging. We published 29 videos which have been viewed 75,553 times.

Strategy development 2020-2025

Launch and development phase

56 We have conducted a range of scoping and planning activity that will inform the next twelve months of work. This includes giving the strategy its own distinctive brand identity and messaging and ensuring that we co-produce the new strategy, working with a wide range of partners.

57 On 8 April 2019, the new Director of Strategy Development began work on the twelve-month project to lead on the research, design and development of the NMC's ambitious new five year strategy, which is being developed in partnership with professionals, the public and the NMC's partners across the UK.

58 On 9 April 2019, the Chief Executive officially launched the strategy in her speech at the Unison 2019 Health Conference in Bournemouth. This included exhibition space and handing out postcards asking for views on the future of the NMC. We will continue to promote these postcards with stakeholders.

59 We launched the strategy development process with NMC employees, via emails, the intranet, posters across our offices and the Chief Executive delivering presentations and Q&A sessions to employees at all office locations.

60 Engaging key stakeholders since March 2019:

60.1 The Chief Executive met with Baroness Watkins of Tavistock to discuss our ongoing programmes, including strategy development. Baroness Watkins is one of a number of our external stakeholders who we have invited to write a blog for the input phase on her aspirations for the new strategy.

60.2 We engaged with the Professional Strategic Advisory Group to alert them to the launch of the strategy development and

presented a number of ways that they and other stakeholders can feed into the process. This key group included representatives from other regulators, the NHS, the Royal Colleges, Higher Education Institutions and many others.

60.3   The Chief Executive met Baroness Jolly, Liberal Democrat Spokesperson for Health in the Lords, to discuss our plans for developing the NMC Strategy for 2020–2025, fitness to practise work and the future midwife consultation.

60.4   The Chief Executive met Caroline Dinenage MP, Minister of State for Care, to discuss our plans to develop the NMC Strategy 2020–2025.

60.5   As detailed in the separate midwifery update, we also engaged with the Midwifery Panel.

Research into stakeholder values and beliefs

61   During 2018–2019 we conducted two key pieces of research to understand people's perceptions of the NMC, and research into professional regulation. The findings will be used to inform our programme of strategic communications in the next year which will help us to build trust in professional regulation.

62   In March we hosted an event for our colleagues from the other professional healthcare regulators to present the findings of the research. The event explored the values and beliefs that shape perceptions of standards and regulation in the health and care sector among patients, the public, nurses, midwives and nursing associates. The rich data gathered in this research will be a key input as we develop our strategy.

D. Conclusions

63   Despite some significant challenges during 2018–2019 such as the lessons learned review, we have ended 2018–2019 in a far stronger position. We can celebrate key achievements such as nursing associates joining the professions, establishing the public support service, welcoming our new Chair and permanent Chief Executive, the release of modern standards such as future nurse standards, and the continuing work to improve our infrastructure.

64   There is still much more we can do and we look forward to the year ahead where we will continue to develop our future plans and grow our impact across the sector.

Public Protection   65   Public protection implications are considered when reviewing performance and the factors behind poor or good performance.

Resource implications:	66	Performance and risk reporting are a corporate requirement and are resourced from within BAU budgets. No external resources have been used to produce this report.
Equality and diversity implications:	67	Equality and diversity implications are considered in reviewing our performance and risks.
Stakeholder engagement:	68	Not applicable.
Risk implications:	69	The impact of risks is assessed and rated within our corporate risk register.
Legal implications:	70	None.

Item 6: **Annexe 1**
NMC/19/34
22 May 2019

NMC Performance and risk report for 2018–2019

Report period: March 2019

Table of Contents

Section 1: Progress against our 2018–2019 Corporate Plan
Annual review of corporate commitments

Maintaining core regulatory performance

1. **What we said we would do**: Maintain strong performance across the business, including against our key targets.

2. **What we achieved**: Performance against our 5 corporate KPIs for registrations and revalidation and FTP all ended the year above target. Call answering rates on our helpline ended the year marginally below target. Employee turnover improved but remains a risk that we will monitor.

Education Programme

3. **What we said we would do:**

   3.1.   **Nursing:** Implement the new pre-registration nurse standards.

   3.2.   **Midwifery:** Draft new midwifery standards in readiness for public consultation.

   3.3.   **Nursing and midwifery education quality assurance***:* Implement our new approach to quality assurance of education.

4. **What we achieved:**

   4.1.   **Nursing:** The new pre-registration nursing standards were formally launched in January 2019.

   4.2.   **Midwifery:** The new midwifery standards have been drafted and our consultation opened in February 2019. The consultation closed on 9 May 2019.

   4.3.   **Nursing and midwifery education quality assurance***:* Our new quality assurance framework launched September 2018. Approvals against the new standards began in November 2018 with a 2 year programme to assure all 900 programmes from 80 approved education institutions.

Nursing Associates Programme

5. **What we said we would do:** Be ready to register the first nursing associates by January 2019.

6. **What we achieved:** We successfully launched the register for nursing associates in January 2019.

Fitness to Practise Change Programme

7. **What we said we would do**: Develop and pilot our proposals to:

   7.1.   Resolve cases at the earliest opportunity

7.2.   Reduce the number of full hearings held

8. **What we achieved:** We piloted operational changes in five key areas to improve our approach to FtP. The pilots finished in March 2019 and we reviewed the outcomes in early April 2019. Between April and June 2019 we are planning our implementation phase, with implementation starting from June 2019.

Overseas registration programme

9. **What we said we would do**: Review and start to introduce an updated policy and process for all overseas applicants.

10. **What we achieved**: The review of the current process has been completed and in Summer 2018 we began to introduce a series of changes to improve the process. These changes have been very well received by applicants and those supporting them.

ICT Strategy

11. **What we said we would do**: Invest in replacing outdated IT systems, including the register.

12. **What we achieved:** We launched our 3 year programme to replace legacy systems and develop modern technology services. Our first major milestone was successfully delivering the technology solution to register nursing associates from January 2019.

People Strategy

13. **What we said we would do:** Strengthen organisational capacity and capability through improvements to:

13.1.   Recruitment

13.2.   Induction

13.3.   Management development

13.4.   Employee engagement

14. **What we achieved:**

14.1.   To improve employee engagement we held an annual employee conference to focus on values, behaviours and how we are changing to become a person-centred organisation. We also launched our new employee engagement survey and delivered our annual employee engagement survey. Results showed that we improved in a number of areas.

14.2.   We have utilised the last 12 months to lay the foundations for implementing our People Strategy, including pay and reward. We also built capacity and capability in our People and Organisational Development Directorate to implement the strategy from 2019 onwards.

14.3.	We also launched a new rewards provider 'Perkbox' to improve employee benefits.

Accommodation Strategy

15. **What we said we would do:** Develop our Accommodation Strategy to better utilise our estate and deliver long term cost savings.

16. **What we achieved:** We secured new office space for our FTP employees in Stratford, East London, to replace two central London locations from Summer 2019. The new offices will save £1 million a year in rent and service charges.

Equality, diversity and inclusion

17. **What we said we would do:** Continue to fulfil our commitments to equality, diversity and inclusion (EDI) as set out in our strategic framework and action plan.

18. **What we achieved:**

18.1.	We agreed EDI priorities for the year to focus on the areas that will have the greatest impact based on evidence of need. The priorities included improving how we interact with disabled people, using our diversity data more, engaging with diverse groups and using our influence to promote fair referrals.

18.2.	We completed external benchmarks and increased our communications and engagement on EDI. We rose 141 places from 357 to 215 in Stonewall's UK Workplace Equality Index.

18.3.	We integrated EDI compliance and best practice into our annual business planning process, primarily through EDI workshops in January 2019 with our business planning leads, and engaging employees in discussion about how to make our EDI priorities part of our everyday business.

18.4.	We launched our annual EDI Report at an event which shared high level analysis about the diversity of the nursing and midwifery professions, and explained our progress against the EDI objectives we set.

18.5.	We continue to equality impact assess our key programmes of work including establishing the nursing associates role, our review of revalidation, and our education standards implementation.

Section 2: Traffic light summary of performance to 31 March 2019

Income and expenditure to March 2019	Current status
Income (March outturn: £92.2 million / 7% over budget)	Green
Expenditure (March outturn: £84.7 million / 6% under budget. The size of the underspend may indicate risk of slippage in delivery against plans)	Amber

Registration & Revalidation performance metrics at March 2019	Current status
% of UK registrations applications completed within 10 days – (corporate KPI)	Green
% of UK registrations applications completed within 30 days – (corporate KPI)	Green
% of EU/OS registrations applications assessed within 60 days – (corporate KPI)	Green
% of calls answered by the call centre	Amber

Fitness to Practise performance metrics at March 2019	Current status
% of interim orders imposed within 28 days of opening the case – (corporate KPI)	Green
Proportion of FtP cases concluded within 15 months of opening – (corporate KPI)	Green

People and Organisational Development performance metrics at March 2019	Current status
Overall staff turnover (12 month rolling)	Reduce
Staff turnover within six months of joining	Reduce

Section 3: Financial performance data
a. Actuals to 31 March 2019

Nursing and Midwifery Council Financial Monitoring Report Year ended 31 March 2019	Actual £'m	Budget £'m	Forecast £'m	Var. to budget £'m	Var. to budget %
Income					
Registration fees	83.2	82.3	83.3	0.9	1%
Other	6.8	1.4	6.5	5.4	382%
Nursing Associates funding	2.3	2.7	2.3	(0.4)	(16%)
Total Income	**92.2**	**86.4**	**92.1**	**5.8**	**7%**
Expenditure					
Directorates BAU					
Fitness to Practise	38.2	38.2	37.8	(0.0)	(0%)
Resources	10.4	10.3	9.8	(0.1)	(1%)
Technology and Business Innovation	6.1	6.4	6.1	0.3	5%
Registration and Revalidation	6.1	6.6	6.1	0.5	7%
OCCE	2.7	3.1	2.8	0.3	11%
Education and Standards	2.7	3.0	2.8	0.4	12%
People & Organisational Development	2.4	2.4	2.4	0.0	0%
External Affairs	1.8	1.8	1.8	0.0	0%
Total Directorate BAU	**70.4**	**71.7**	**69.7**	**1.3**	**2%**
Corporate					
Depreciation	2.8	2.7	2.9	(0.1)	(3%)
PSA Fee	1.8	1.8	1.8	0.0	0%
Other	0.2	0.2	0.1	0.0	0%
Contingency	0.0	0.8	0.0	0.8	100%
Total Corporate	**4.8**	**5.4**	**4.8**	**0.6**	**11%**
Total BAU Expenditure	**75.2**	**77.1**	**74.5**	**1.9**	**2%**
Surplus/(Deficit) excluding Programmes	**17.0**	**9.3**	**17.6**	**7.7**	**82%**
Programmes & Projects					
Modernisation of Technology Services	2.4	3.5	2.6	1.1	31%
Nursing Associates	2.3	2.7	2.3	0.4	16%
Education Programme	1.6	1.7	1.5	0.2	9%
Overseas Programme	0.5	1.4	0.5	0.9	64%
Lessons Learned Programme	0.6	1.2	0.6	0.6	54%
Accommodation Project	0.6	1.0	0.6	0.4	41%
FtP Change Strategy	0.8	0.9	0.8	0.0	3%
People Strategy	0.4	0.5	0.4	0.1	13%
Other Projects	0.3	0.4	0.3	0.0	8%
Strategic Projects Reserve	0.0	0.1	0.0	0.1	100%
Total Programmes/Projects	**9.5**	**13.4**	**9.7**	**3.9**	**29%**
Total Expenditure	**84.7**	**90.5**	**84.2**	**5.8**	**6%**
Surplus/(Deficit)	**7.4**	**(4.1)**	**7.9**	**11.6**	
Capital	**3.6**	**0.0**	**3.6**	**(3.6)**	
Surplus/(Deficit) excluding CAPEX	**11.0**	**(4.1)**	**11.5**	**15.1**	
Free Reserves	**32.5**	**18.3**	**33.2**	**14.2**	**78%**

b. Balance sheet at 31 March 2019

BALANCE SHEET	Mar-18	Mar-19	Change	Change
	£'m	£'m	£'m	(%)
Fixed assets				
Tangible assets	18.9	19.7	0.7	4%
Current assets				
Cash	16.7	28.8	12.1	73%
Debtors	4.1	4.3	0.3	6%
Investments	65.5	66.0	0.5	1%
Total current assets	**86.3**	**99.1**	**12.9**	**15%**
Total assets	**105.2**	**118.8**	**13.6**	**13%**
Liabilities				
Creditors	(50.9)	(55.0)	(4.2)	(8%)
Provisions	(1.4)	(1.2)	0.2	16%
Total liabilities	**(52.3)**	**(56.2)**	**(3.9)**	**(8%)**
Net assets (excl pension liability)	**52.9**	**62.6**	**9.7**	**18%**
Pension liability	(11.7)	(10.4)	1.3	11%
Net assets	**41.2**	**52.2**	**11.0**	**27%**
Reserves	**41.2**	**52.2**	**11.0**	**27%**

1. Where totals and variances do not calculate exactly this is due to rounding.
2. Results do not include any adjustments that will come from the year-end actuarial review for 2018-2019 of the defined benefit pension scheme for the statutory accounts. This may result in an increase or decrease in the valuation of the net pension liability and a corresponding charge or credit to the statement of financial activities in the statutory accounts.

c. Detailed financial commentary

Year to date financial performance

Overview: At year end we have recorded a surplus of £11.0m, subject to accounts finalisation, audit, and the annual revaluation of the pension liability. This is due to a combination of higher income than expected and lower than planned spend on BAU activities and programmes.

	Full Year Actual to March 2019 £'m	Budget to March 2019 £'m	Variance to budget %
Income	92.2	86.4	7% above
Expenditure	84.7	90.5	6% below

Note: "Expenditure" includes capital spend. Capital is excluded in calculating the surplus.

Income

Full year (FY): Income is £5.8m (7%) above budget partly due to a £2.1m refund from HMRC for income tax and National Insurance payments on FtP Panelists in previous years. The number of nurses and midwives on the register has been higher than anticipated so registration fees are £0.9m above budget, as are some other smaller sources of income. Nursing associates income reflects cost of the NA implementation project being refunded by the Department of Health and Social Care. Variances from NA income budget are, therefore, matched by the variance in cost.

Expenditure on business as usual (BAU) activities

FY spend on directorate BAU is £1.3m (2%) below budget. Broadly this is due to lower staff costs resulting from vacancies across a number of directorates and slightly lower than anticipated Quality Assurance activity within the Education and Standards directorate.

Risks:

— Although FtP spend is in line with budget in 2018–2019, this reflects underspends due to lower than planned hearing activity, being offset by higher than planned investment in investigations. A possible implication of fewer than planned FtP hearings is that there are more during 2019–2020, increasing associated expenditure. This may be mitigated through improvements we are piloting as part of the FtP Strategy.

— Any delayed activities will be taken forward into 2019–2020. The risks arising from the delays are manageable within 2019–2020.

Expenditure on strategic programmes and projects

Full Year (FY) spend on Strategic Programmes and Projects is £3.9m (29%) below budget.

Programmes with significant underspends include:

- **Modernisation of Technology:** FY spend is £1.1m (31%) below budget partly due to staff costs being lower than planned as a result of using fewer external contractors than anticipated, slippage of activities and the transfer of a portion of systems costs to the nursing associates programme.

- **Overseas Programme:** FY spend is £0.9m below budget mainly due to some activities being deferred into next financial year.

- **Lessons Learned Programme:** Cautious early stage cost estimates have resulted in a smaller draw from contingency of £0.6m.

- **Accommodation project:** FY spend is £0.4m below budget mainly due to a delay in fitting out the new offices and lower than expected rent and rates. The overall delivery of the project remains on track.

Section 4: Non-financial performance data

4.1. Corporate KPIs

a. Year end status at 31 March 2019

5 **Currently above target** *(R&R = 3; FTP = 2)*	**1** **Marginally below target** *(R&R = Contact centre)*	**0** **Significantly below target**

b. Registration and Revalidation commentary and metrics

Registrations and Revalidation
KPI 1 (UK initial registrations completed within 10) (graph 5.01.): Year end results show that our average completion rate was 97.6% against a target of 95%. The two months where we dipped below target (in June and November) were due to seasonal peaks in applications where increased demand impacts our workflow. During the final quarter for the year (Jan-Mar 2019) our completion rate averaged 99%.   **KPI 2** (UK initial registrations completed in 30 days) (graph 5.02.): Year end results show that our average completion rate was 99.6% against a target of 99%. We achieved consistently high performance over 12 months hitting our target every month. For four months of the year we achieved 100% completion rates.   **KPI 3** (Overseas registration assessed within 60 days) (graph 5.03): Year end results show that our average assessment rate continued to remain well above target at 100% compared to our 90% target. This is despite an increase in overseas applications since the change to our English language requirements announced in December.   **Call centre** (registration call centre – calls answered) (graph 5.04): Year end results show that the average call answering rate was 88.4% against a target of 90%. The second half of the year was impacted by a number of previously reported issues such as telephony outages, increased demand, and employee capacity. Mitigations have been progressed to improve the situation such as a telephony upgrade implemented in January 2019.   **Customer dashboard:** the full year customer dashboard is at graph 5.08. As referenced in the executive report, the establishment of the new corporate enquires and complaints function means that we will be undertaking a review of the customer dashboard to provide improved insights regarding customer satisfaction. Pending this review which starts in May, we will not provide additional commentary on factors affecting satisfaction until a new report is delivered later in 2019.

Section 5: Performance against the corporate business plan (at March 2019)
Registration and Revalidation performance metrics

5.01 KPI 1 - UK Initial Registration Completed (10 days)

5.02 KPI2 - UK Initial Registration Completed (30 days)

5.03 KPI3 - Overseas Registration Assessed (60 days)

5.04 Registration Call Centre - calls answered

5.05 R&R FTEs in post (actual vs target)

5.06 R&R BAU Expenditure (YTD Actual v Budget) (£m)
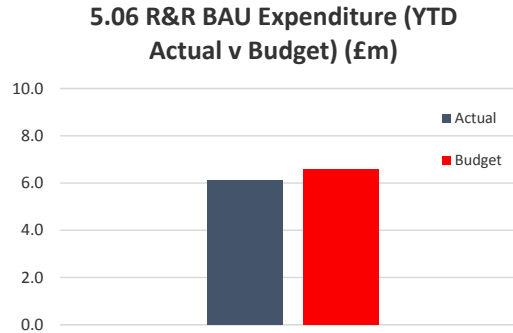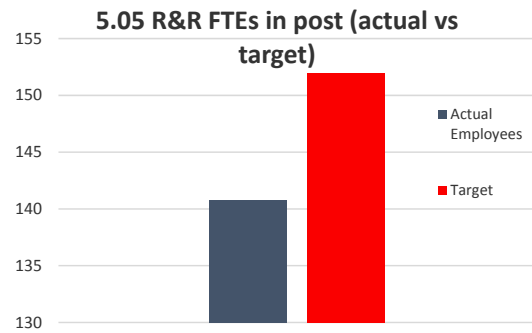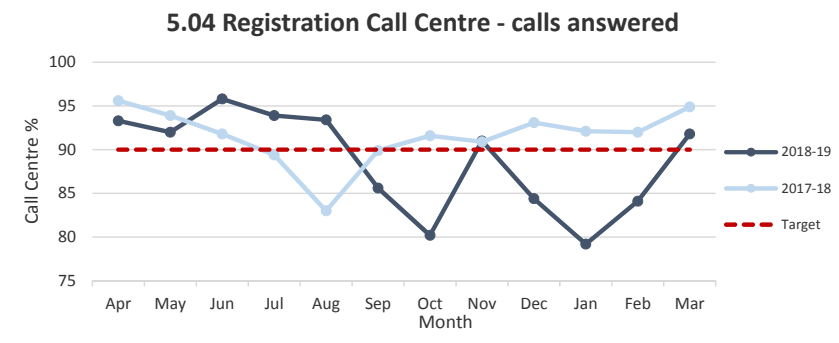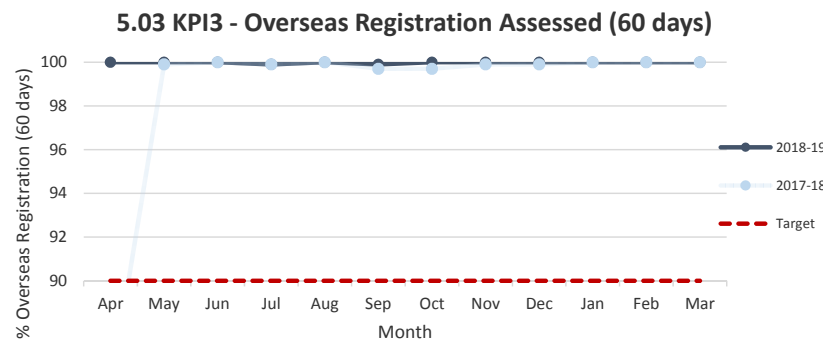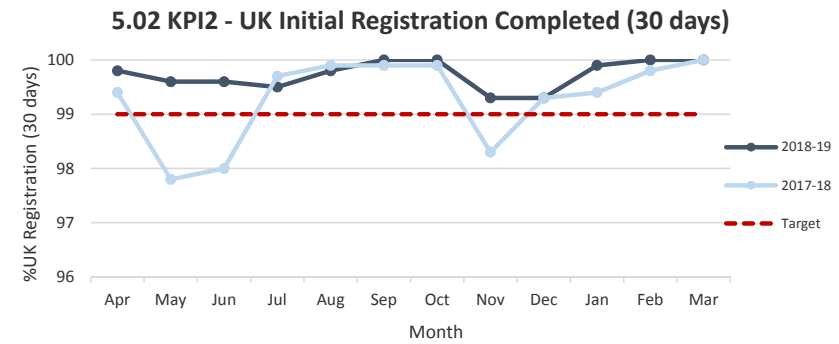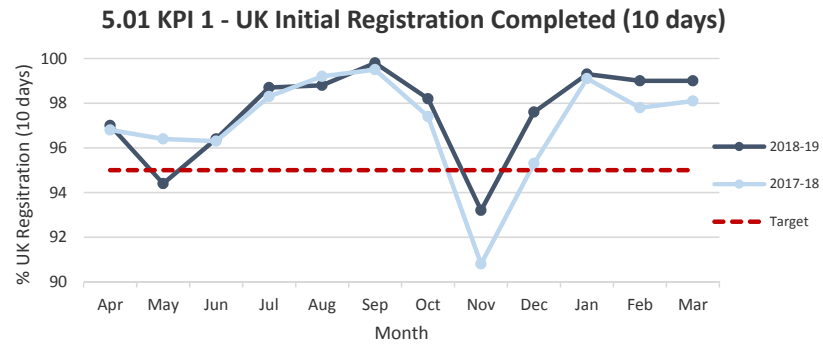
5.07 Corporate risk (current status)

REG18/01: Risk that we fail to maintain an accurate register of people who meet our standards

Likelihood	Impact	L X I	Trend	Response
4	5	20	Increasing	Tolerate

Directorate Engagement Score = 5.8

5.08 Customer Feedback Dashboard (1 April 2018 - 31 March 2019)

NMC Nursing & Midwifery Council

Corporate Complaints Themes

- Customer Service (75)
- Data Protection (33)
- Processes (352)
- Miscellaneous (169)
- Timeliness (65)

11% 5% 51% 24% 9%
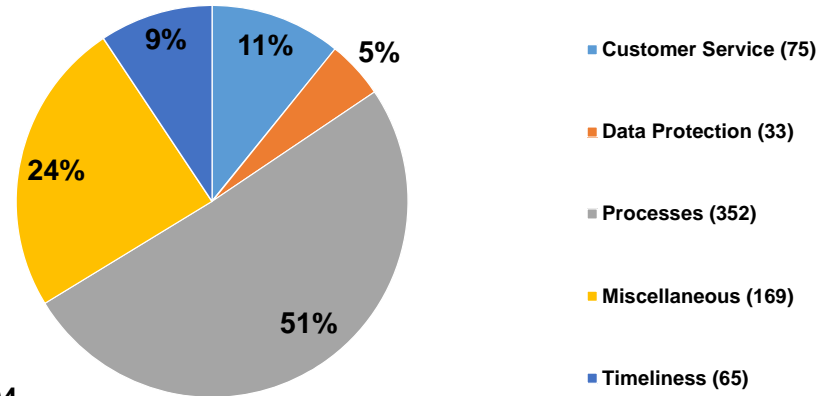
Sample size: 694

Number of Corporate Complaints received in 2018/19

759

The main themes arising from complaints received from 2018/2019 were:

Processes – this includes concerns about the administration of our process and how long they take, particularly initial registration processes, revalidation and readmission. Customers have also expressed concerns about the quality of investigations within FtP, specifically us not reviewing or not stating that we have reviewed all evidence.

Customer service – these complaints predominantly relate to communication, including failure to provide updates and respond to emails and providing incorrect information about our services.

Freedom of Information Themes

- Registration Stats (144)
- FtP Request (56)
- FtP Stats (48)
- E&S Request (22)
- Registrations Request (42)
- POD Request (12)
- Other (51)

38% 15% 13% 6% 11% 3% 14%

Sample size: 375

Number of Information Requests received in 2018/19

Freedom Of Information Requests - 375

Subject Access Requests - 657

Registrant related statistics – number of applications/ nurses and midwives on the Register, qualifications, numbers of applicants undertaking the Objective Structured Clinical Examination, location related data (country/ county), nationality and numbers joining / leaving the Register.

Fitness to Practise related requests – document requests, particularly about referrals.

Fitness to Practise statistics – number of cases and case outcomes.

Education and Standards requests – requests for documents or information about our standards.

Registration related requests – requests for nurses and midwives' registration status or for historic information about registration status.

POD Request - role information, staff numbers and salary

We received 759 corporate complaints in 2018/19 compared to 938 complaints received in 2017/18.

This is a 19% decrease

We received 1032 information requests in 2018/19 compared to 838 in 2017/18.

This is a 23% increase

Customer Service Feedback (R&R and FtP)

How satisfied were you with the customer service you received today?

- Highly Satisfied (1824)
- Satisfied (1100)
- Dissatisfied (312)
- Highly Dissatisfied (344)
- Neither Satisfied or Dissatisfied (309)

8% 47% 28% 8% 9%
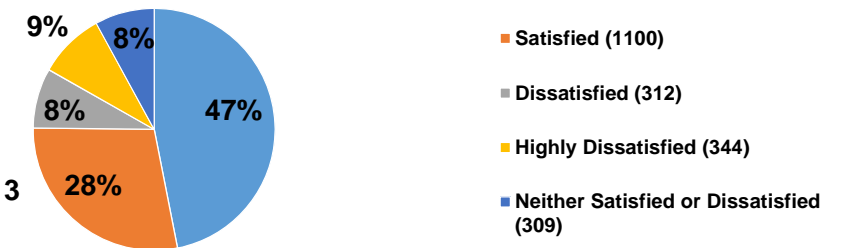
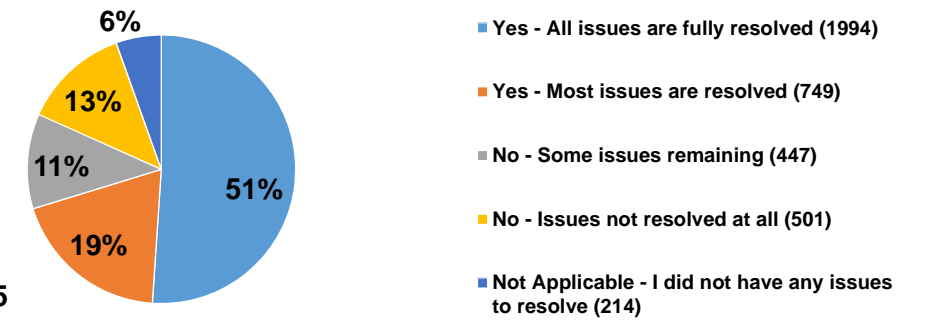**Sample size: 3,913**

Please select to which extent you agree with this statement: The NMC made it easy to manage my issue/ query

- Strongly Agree (1896)
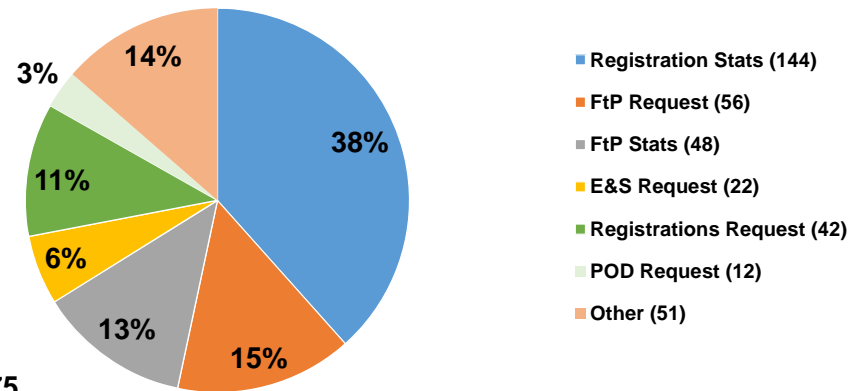- Somewhat Agree (863)
- Disagree (264)
- Somewhat Disagree (212)
- Strongly Disagree (385)
- Neither Agree nor Disagree (291)

7% 49% 22% 7% 5% 10%
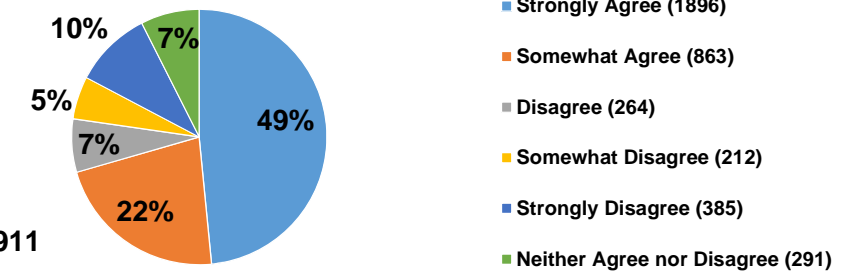
Sample size: 3,911

Has the contact you had with us helped to resolve the issues you contacted us about today?

- Yes - All issues are fully resolved (1994)
- Yes - Most issues are resolved (749)
- No - Some issues remaining (447)
- No - Issues not resolved at all (501)
- Not Applicable - I did not have any issues to resolve (214)

6% 51% 19% 11% 13%

Sample size: 3,905

Number of Customer Feedback Surveys completed in 2018/19

3933

3933 customer surveys is a decrease on the 6558 surveys completed in 2017/18.

Customer satisfaction in 2018/19 remains high at 75%. 76% of the survey participants in 2017/18 confirmed they were satisfied by the NMC customer service.

Most of our customers were satisfied that we had resolved their issues/ queries in 2018/19. 70% agreed we had solved or partially solved the issues/queries.

71% of our customers agreed that the NMC made it easy to manage their issues/ queries.

17% of customers confirmed they were dissatisfied with our service in 2018/19. Feedback relates to issues with timeliness, data protection and poor customer service.

- Timeliness (for example, delays in applications being processed)
- Data protection (for example, registrants' concerns about our FtP publication policy for strike off decisions).
- Customer service (for example, registrants receiving conflicting advice)

We received 103 compliments in 2018/19. For example, a nurse who was referred and was cleared after an investigation stated 'my experience with NMC in regards to the investigation procedure has been very good and positive' and registrant whose registrant had lapsed stated 'the customer service on the phone

c. Fitness to Practise commentary and metrics

Fitness to Practise performance summary

- Performance against our two FTP corporate KPIs was consistent with recent trends:

  - **KPI 4** (Interim Orders within 28 days of opening case) (graph 5.09): Our year end results show that we achieved an average rate of 84% against a target of 80%. We were above target for every month of the year.

  - **KPI 5** (cases concluded within 15 months) (graph 5.10): Our year end results show that we achieved an average 86% completion rate against a target of 80%. We were above target for every month of the year.

  - Operating performance remained stable throughout the year, although throughput at the investigations stage was slower than expected. We put in place plans to improve this and these resulted in improved performance. We ended the year with a slightly higher caseload than originally planned, but this was predicted and did not cause any significant impact to the overall caseload.

Notes on the dashboard

1. Graph A1 shows the historical caseload data for comparison. Caseload has reduced significantly over the last three years.

2. Graph A2 shows the caseload trend for 2018–2019. This has remained broadly stable during the year.

3. Graph A3 shows the referral rate; a high number of referrals were received in January 2019, offset by lower numbers in February 2019.

4. Graphs B1 to B3 show the median ages of cases in the caseload and at the key decision points.

5. Graphs C1, C2, C3, and C4 reflect the ages of the cases at each stage of the process, split between active cases and cases on hold because of third party proceedings. The dotted lines reflect the timeliness pathway: we are aiming not to have any active cases older than the dotted line at each stage. Achieving the timeliness pathway is largely dependent on improving output at the investigation stage.

Section 5: Performance against the corporate business plan (at March 2019)
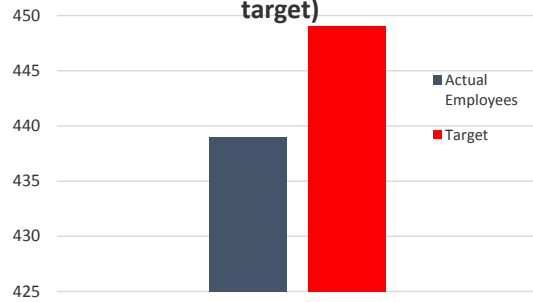## Fitness to Practise - performance metrics

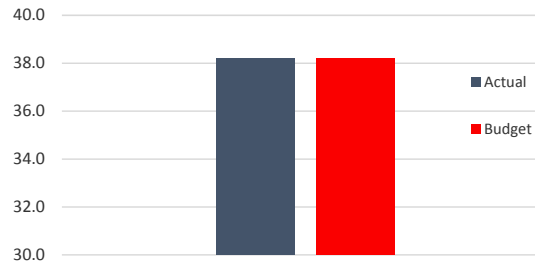### 5.09 KPI 4 - Orders within 28 days of opening case
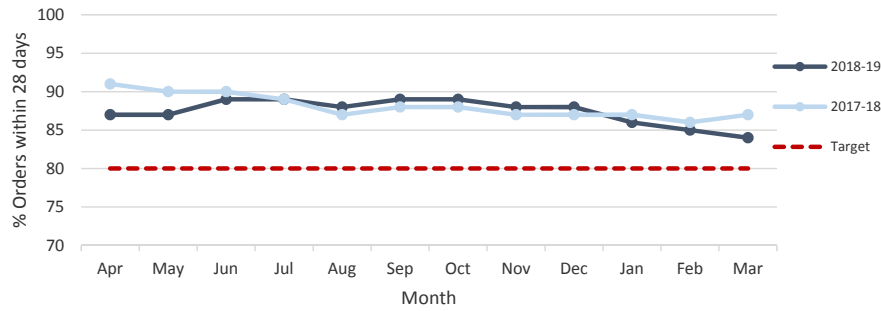
5.10 KPI 5 - FtP Cases concluded within 15 months
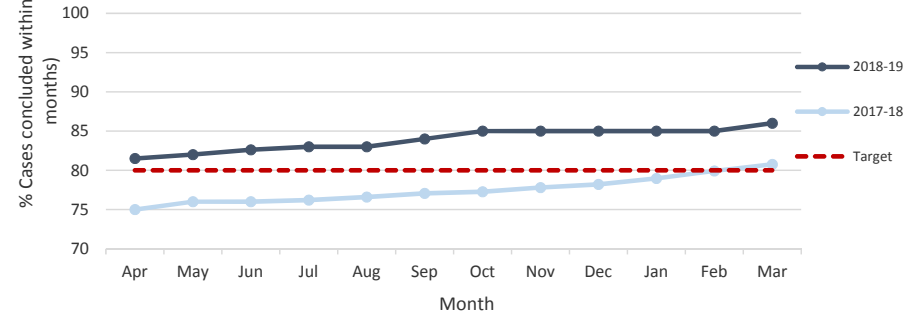
5.11 FtP FTEs in post (actual vs target)

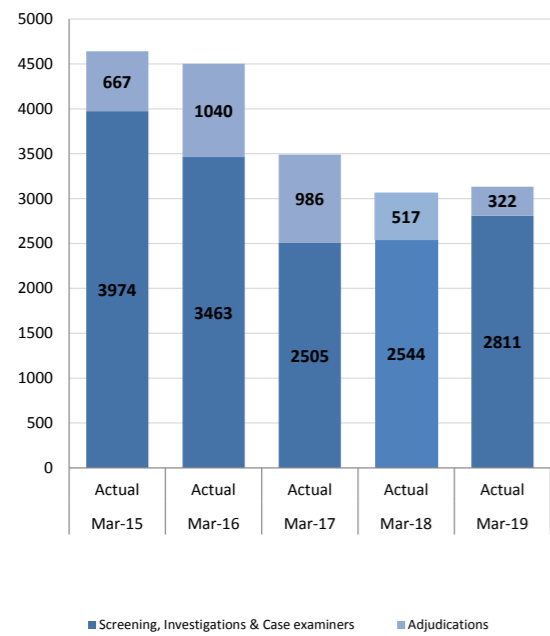### 5.12 FtP BAU Expenditure (YTD Actual v Budget) (£m)

5.13 Corporate risk (current status)

REG18/02: Risk that we fail to take appropriate action to address a regulatory concern

Likelihood	Impact	L X I	Trend	Response
2	5	10	Stable	Tolerate

Directorate Engagement Score = 5.9

FtP Performance Dashboard April 2019

A1 — Historic Caseload

	Screening, Investigations & Case examiners	Adjudications
Actual Mar-15	3974	667
Actual Mar-16	3463	1040
Actual Mar-17	2505	986
Actual Mar-18	2544	517
Actual Mar-19	2811	322

A2 — FtP Caseload

	Screening	Investigations	Case examiners	Adjudications
Actual Apr 2019	850	1,822	277	329
Planned Jun 2019	724	1,813	218	382
Planned Sep 2019	724	1,999	161	387
Planned Dec 2019	724	2,047	294	354
Planned Dec 2019	724	2,047	266	406
Planned Mar 2020	724	1,953	266	427

A3 — New Referrals

Referrals per month: 412, 502, 450, 461, 490, 460, 514, 438, 383, 481, 431, 465, 437, 507, 414, 428, 401, 387, 503, 516, 350, 503, 454, 484, 483 (Apr-17 to Apr-19)

Legend: Referrals per month — Monthly forecast rate — 2014/2017 average

B1 — Median age at Screening

Legend: Median caseload age — Median age at decision
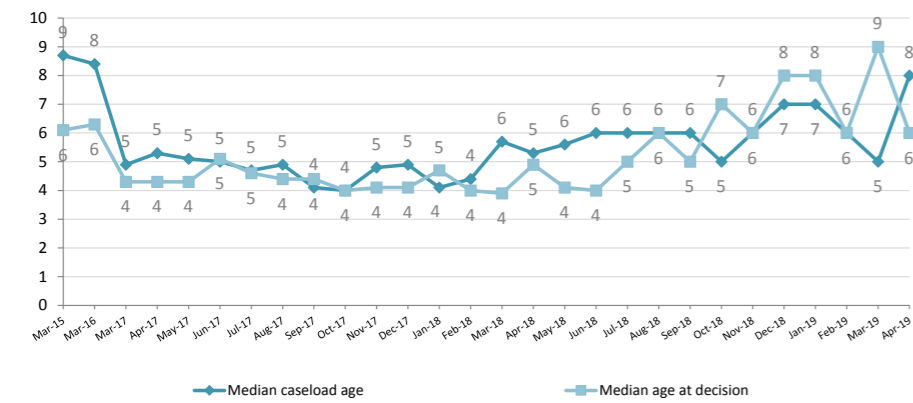
B2 — Median age at Investigations and Case Examiners

Median caseload age: 33, 32, 26, 27, 27, 28, 27, 27, 26, 26, 26, 27, 27, 28, 29, 29, 26, 30, 31, 32, 34, 36, 37, 38, 39

Median age at decision: 48, 54, 59, 37, 40, 41, 42, 39, 38, 43, 42, 42, 39, 41, 43, 39, 43, 42, 43, 43, 45, 41, 43, 50, 53, 54, 50, 52

Legend: Median caseload age — Median age at decision
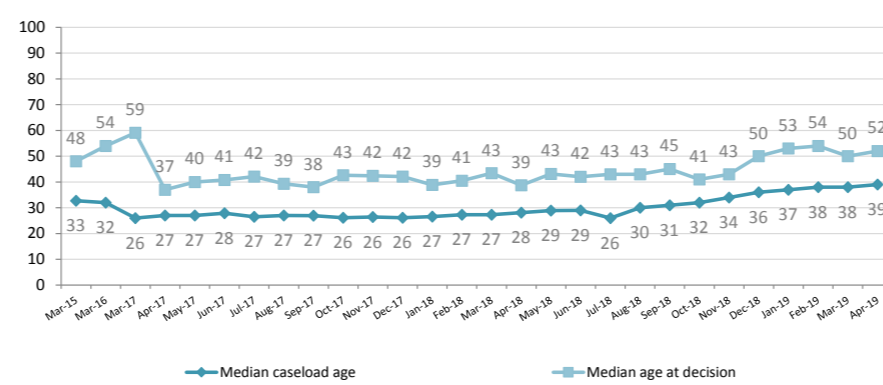
B3 — Median age at Adjudications

Median caseload age: 73, 77, 76, 75, 77, 77, 76, 75, 76, 74, 70, 71, 73, 74, 76, 74, 74, 72, 74, 77, 76, 74, 72, 75, 81, 84, 86, 82

Median age at decision: 76, 85, 81, 80, 77, 82, 86, 89, 82, 84, 82, 82, 75, 74, 75, 75, 86, 80, 82, 86, 83, 79, 84, 86, 86

Legend: Median caseload age — Median age at decision

C1 — Screening Caseload

Band	Third party	Not third party
40 weeks plus	60	15
33 to 39 weeks	14	6
21 to 32 weeks	38	33
9 to 20 weeks	56	61
5 to 8 weeks	21	169
0 to 4 weeks	3	374
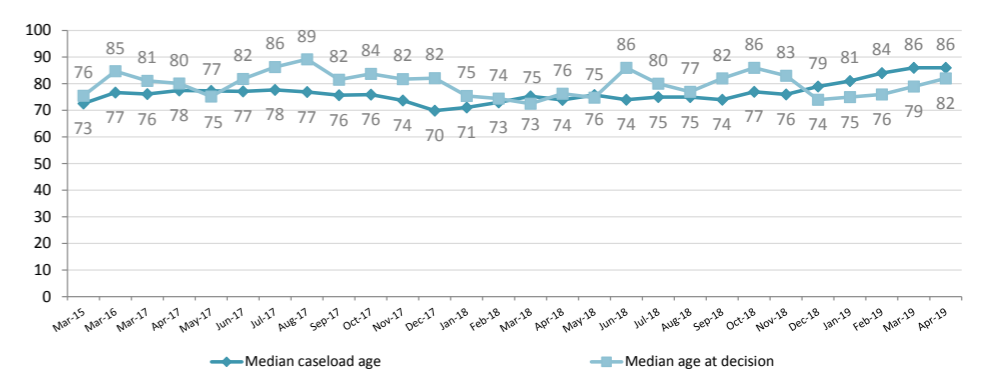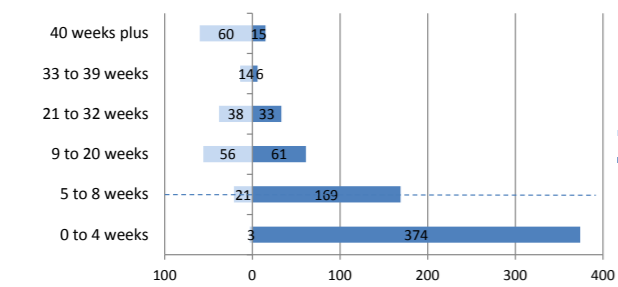
C2 — Investigations Caseload

Band	Third party	Not third party
66 weeks plus	204	141
53 to 65 weeks	61	95
40 to 52 weeks	61	220
34 to 39 weeks	30	132
21 to 33 weeks	41	323
9 to 20 weeks	13	359
8 weeks and under	0	142
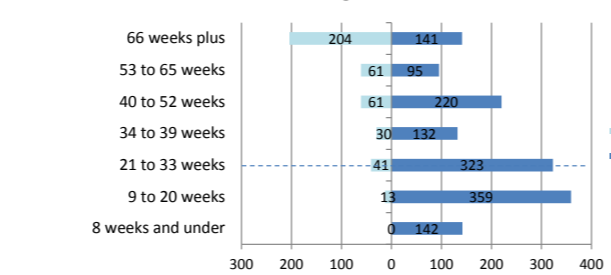
C3 — Case Examiner Caseload

Band	Third party	Not third party
66 weeks plus	34	43
53 to 65 weeks	6	47
40 to 52 weeks	14	90
33 to 39 weeks	1	19
33 weeks and under	2	21
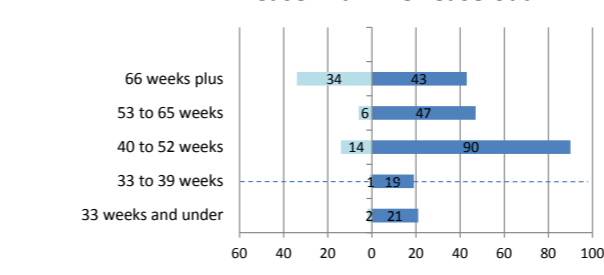
C4 — Adjudication Caseload

Band	Third party	Not third party
152 weeks plus	27	16
104 weeks plus	13	49
66 weeks plus	18	113
53 to 65 weeks	6	42
40 to 52 weeks	2	29
39 weeks and under	1	13
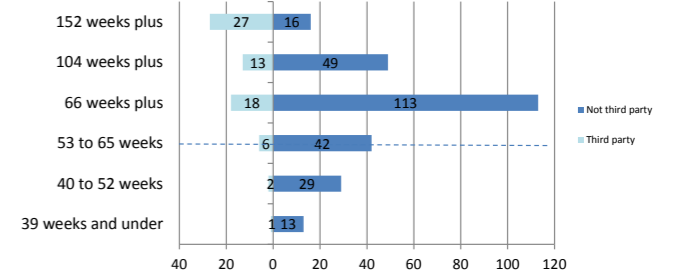
Caseload Movement Summary

- Opening caseload 3,143
- 483 cases received
- 355 cases closed
- 3,278 Closing caseload

Section 5: People data

People

Measure 1: Overall employee turnover (12 month rolling)   Target: Reduce

Turnover
Our year end results show that employee turnover stands at 21.6% against a target of 24% (graph 6.1).

- Compared to March 2018 (the previous year) this is a reduction of 0.3%.

- Compared to February 2019 (the previous month) this is a reduction of 0.7%.

- We recognise that our accommodation move to Stratford from Holborn and Aldwych could result in higher employee turnover in the short term. We are mitigating this through a number of targeted actions to limit both the likelihood and reduce the impact.

- We aim to reduce turnover to 20% during 2019–2020 (next year).

Leavers
The number of people leaving the organisation (graph 6.3) slowed during the previous six months. There was an average of 15 employees leaving each month during Q1 and Q2 compared to 11 for Q3 and Q4.

The number of leavers providing exit interviews has increased, with 42% of exiting employees now providing feedback compared to 24% last year.

The main reasons provided were:

- Career progression (20 leavers / 30%): Lack of career pathways and lack of opportunity for employees is now the main reason given for leavers of the NMC.

- Pay (11 leavers / 17%): Leavers state that pay was too low and not competitive to market. These leavers had were leaving for higher paid roles.

- Relocation (11 leavers / 17%): FTP employees informed us that the move from Kemble Street to Stratford prompted them to look for employment elsewhere due to commuting cost and time concerns.

Measure 2: Employee turnover within 6 months of service (Probation)

Target: Reduce

Year end results show that employees leaving within 6 months of service has significantly reduced and stands at 19.6% (19 leavers) (graph 6.2)

- Compared to March 2018 this is a reduction of 8.3% from 27.8%.

- Compared to February 2019 this is a reduction of 2.2%.

- We aim to reduce this to 18% during 2019-2020.

- There have been a total of 187 joiners since April 2018.

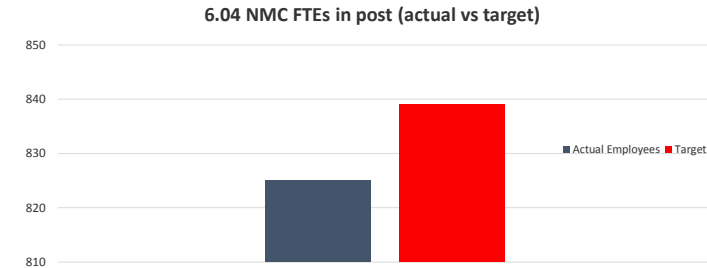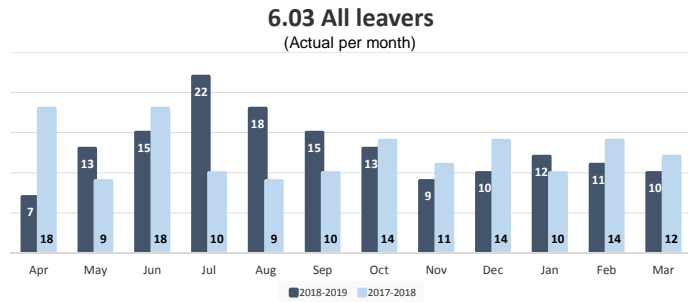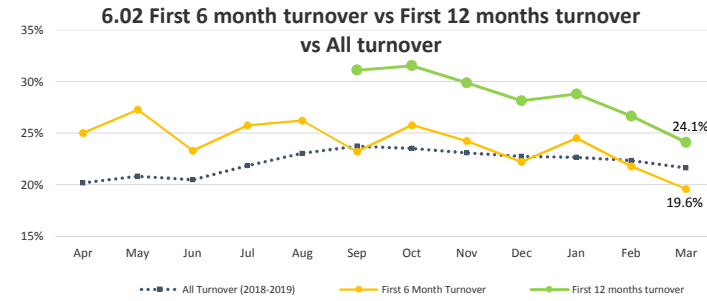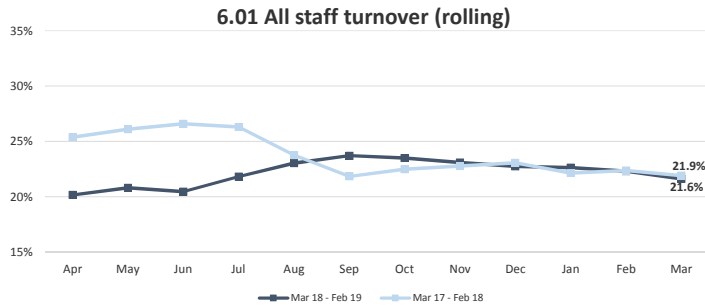**Measure 3:** Staff turnover within the first year of service **(new measure)**

During 2018–19 the Council asked for a further comparison of turnover to understand the number of employees leaving within a year of service. Graph 6.2 presents results since September 2018.

Over the last six months turnover of employees with less than 12 months service has reduced to 24.1% (45 leavers) at March 2019 from 31.1% (56 leavers) in September 2018, a reduction of 7%.

Next steps: We expect that the overall package of initiatives which will be delivered by the People Strategy should to reduce turnover. This is reflected by the reduction in our targets for 2019–2020 to 20%.

Conclusions: The People Strategy will seek to positively influence through the following programmes: reward strategy, employee engagement action plans, induction programmes in departments, career pathways, wellbeing action plans and equality, diversity and inclusion action plan. Implementation of these programmes continues to be supported by the P&OD business partner model to support the organisation.

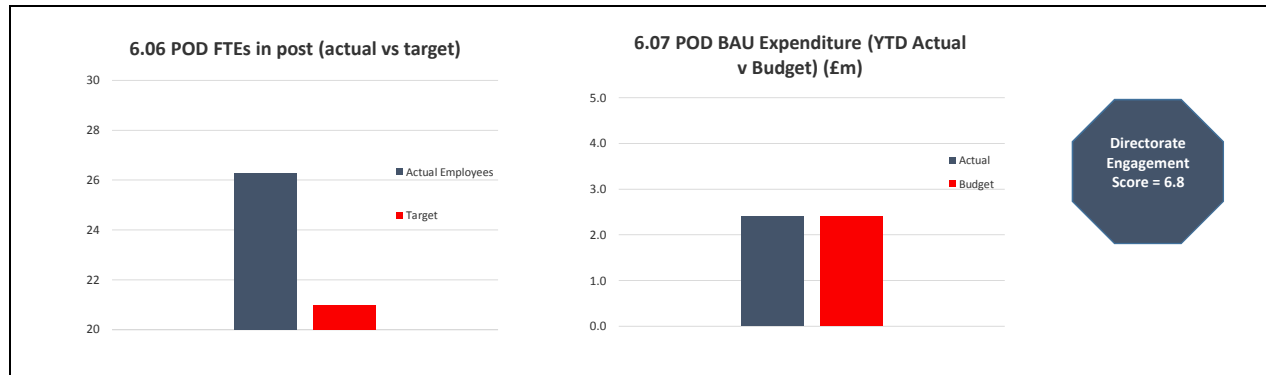## Section 6: People (at March 2019)
Corporate metrics

6.01 All staff turnover (rolling)

Mar 18 - Feb 19 — 21.6%
Mar 17 - Feb 18 — 21.9%

6.02 First 6 month turnover vs First 12 months turnover vs All turnover

All Turnover (2018-2019)
First 6 Month Turnover — 19.6%
First 12 months turnover — 24.1%

6.03 All leavers
(Actual per month)

2018-2019
2017-2018

6.04 NMC FTEs in post (actual vs target)

Actual Employees
Target

6.05 Corporate risk (current status)

PEO18/01: Risk that we fail to recruit and retain an adequately skilled and engaged workforce (permanent and temporary staff, contractors, and third parties)

Likelihood	Impact	L X I	Trend	Response
4	3	12	Increasing	Treat

Directorate Metrics

6.06 POD FTEs in post (actual vs target)

Actual Employees
Target

6.07 POD BAU Expenditure (YTD Actual v Budget) (£m)

Actual
Budget

Directorate Engagement Score = 6.8

Section 6: Progress to 30 April 2019 against our Delivery plan

Key deadline	Activity	Progress up to 30 April 2019	Commentary
1. Changing our approach			
FtP Strategy (Matthew McClelland)			
Apr-19	Assess the pilots and develop an implementation plan	Green	**On track** We have now completed our pilot phase and feedback about our new approach is generally supportive. We assessed the outcomes of the pilots assessed on 3 April, and our next key milestone is to develop an implementation plan during April for wider rollout of our new approach for FTP.
Lessons Learned Review (Emma Broadbent)			
Apr-19	New approach to complaints, enquires and information requests agreed and launched	Green	**On track** A new corporate enquires and complaints function was launched as of 1 April. The new function has started to deliver an improved approach to handling complaints and FOIs. The next stage is to embed this new approach across the organisation over the coming months.
2. Core business and new initiatives			
Education (Geraldine Walters)			
Apr-19	Return to Practice standards published	Green	**On track** Draft standards were approved by Council in March 2019. However, publication on the website is scheduled for May 2019.
Corporate (All)			
Apr-19	PSA publishes annual review	Green	**On track** 22 out of 24 Standards of Good Regulation have been met for 2017–2018. The report recognises the significant progress we've since the last review and that we continue to ensure that people are at the

Key deadline	Activity	Progress up to 30 April 2019	Commentary
			heart of what we do. The areas of learning identified are taken forward.
			We have issued a statement on our website with further information at https://www.nmc.org.uk/news/news-and-updates/nmcs-performance-review-for-2017-2018-published/
3. Enhancing our capability and infrastructure			
People and OD (Sarah Daniels)			
Apr-19	Implement new employee pay and reward strategy	Green	**On track** The Council approved a cost of living increase for employees which has been implemented from April 2019. The Council also agreed the proposed principles of our three year reward strategy and confirmed the budget available. The next stage is to model a new pay structure and its overall impact. This will be reviewed by the Executive Board and Council in May
Digital Workplace (Ric Sheldon)			
Apr-19 (Previous deadline: Mar 19; Revision date: April 19)	WiFi Upgrade (implementation phase)	Green	**On track** We now expect to complete the implementation of our new solution in April 2019. As there are no immediate business imperatives/ hard deadlines for this piece of work, and we are delivering it with our own staff, this change in timings does not affect the status
Apr-19	Laptop fleet (procurement)	Green	**On track** To support agile working in the new Stratford office (and our other sites), as well as replacing our ageing desktops, we have tendered for a fleet of 650 laptops (and peripherals – docking stations etc.) We intend to complete procurement in April 2019 and start the rollout in June 2019 onwards, starting with the FtP Directorate, as per the next item.

Key deadline	Activity	Progress up to 30 April 2019	Commentary
4. Developing our strategy for 2020-2025			
Apr -19	Launch process to develop our strategy	Green	**On track** We appointed a director of strategy development in April 2019 who has begun a 12 month project to lead the research, design and implementation of our new strategy for 2020-2025. The chief executive officially launched the strategy development phase (Shaping our future) at her speech to the Union 2019 Health Conference in Bournemouth. She has also promoted the process internally with employees through a series of meetings across our offices, and begun conversations with key stakeholders. We have invited feedback online via our website and twitter: https://www.nmc.org.uk/about-us/shaping-the-future/ The new director has also brought together key people from across NMC to support the project with the first meeting of this team in April 2019.

Section 7: Forecast progress until 2020 against our delivery plan

(Reflecting expected progress against our corporate plan for 2019–20)

Key deadline	Activity	Forecast progress for 2019–20	Status commentary
2. Core business and new initiatives			
Education (Geraldine Walters)			
Jan-20	Publish new midwifery standards and proficiencies	Green	**On track** Draft standards published for consultation (consultation open until 9 May 2019).
Sep-20	All nursing and midwifery programmes to be approved against new standards	Green	**On track** First applications for approval are in progress.
3. Enhancing our capability and infrastructure			
Accommodation (Andy Gillies)			
Jun-19	Decant from Aldwych	Amber	**Some challenges exist to delivery** Because of the delay in signing the lease and the knock on delay in procuring the fit out, the new Stratford office will not be ready until the end of August. We originally planned that colleagues in the Aldwych and Kemble Street buildings would move directly from there to the new Stratford office in June and July respectively.
Jul-19	Decant from Kemble St	Amber	Since the lease was signed, we have been planning for the move into Stratford to take place in August. We expect that the move out of Aldwych will be delayed till July and colleagues at Aldwych will need to be accommodated in Kemble Street prior to moving to Stratford, and that the move from Kemble Street to Stratford will take place at the end of August. The leases on Aldwych and Kemble Street end in September and December 2019 respectively and we need to carry out dilapidation works.

Key deadline	Activity	Forecast progress for 2019–20	Status commentary
Replacing core technology (MOTs) (Ric Sheldon)			
May-19 (Previous deadline: Apr 19; Revision date: April 19)	Education Standards QA (IT Workstream)	Amber	**Some challenges exist to delivery** The status is amber due to build slippages, with the delivery date having been revised to May 2019 for the initial soft launch. Mitigation strategies are in place to ensure the July 2019 deadline for the Education Programme overall are met, and contingencies have been developed in the event that timescales slip beyond July 2019.
May-19	NA Overseas – systems	Amber	**Some challenges exist to delivery** The status is amber to reflect that the delivery date of the second half of the application process has been revised from March 2019 to May 2019. This has been driven by a better understanding of requirements needed.
Jul-19	Overseas nurses and midwives registration - systems	Amber	**Some challenges exist to delivery** Development is scheduled to start after successful completion of NA overseas (above), as it will leverage the same solution. Delivery timelines could potentially be impacted by the slippages NA overseas which reflects the revised status to red. Mitigation strategies are being put in place to ensure the deadline is met. The Director of TBI is managing this workstream directly to ensure it completes on time. Although reported the Audit Committee as red in May, mitigations have been implemented reducing which reduces the risk to amber.
Nov-19 (Previous deadline: Sep 19; Revision date: April 19)	Wiser replacement	Amber (Pending agreement that the milestone date is re-programmed to Nov 19)	**Some challenges exist to delivery** Following completion of implementation planning, we have reprogrammed delivery from July to November 2019. This does not represent a risk to the overall programme and we will report back once development has progressed. We expect to implement a number of quick wins in the short term which will start to materially reduce the risks related to Wiser. The registrants payments aspect of the new solution (particularly the processing of Direct Debits, which we expect to outsource) has defined the critical path and deadline for delivery.

Key deadline	Activity	Forecast progress for 2019–20	Status commentary
Mar-20	Case Management	Green	**On track** We have started work earlier than planned on this part of the MOTS scope, which will also include work on our corporate complaints and enquiries processes, with the intention of delivering a proof of concept for the latter in July 2019. Timelines for overall delivery will be confirmed once planning is completed at the end of quarter one. Our expectation is that we will deliver this by March 2020, as per the commitment in the original business case. Discovery work continues to progress well.
Digital Workplace (Ric Sheldon)			
Jul-19	Telephony enhancements (planning phase)	Green	**On track** Building on the software delivered by the recent upgrade, we will implement a second phase of enhancements which will benefit the Call Centre in particular. We expect to complete our planning for this in July 2019 and will present proposed implementation timings at this point.
May-19 (Previous deadline: Apr 19; Revision date: April 19)	Collaboration tools	Green	**On track** We are progressing well with the replacement for our corporate Intranet (Workplace by Facebook) and intend to implement this in late May 2019.
Jun-19 (Previous deadline: Apr 19; Revision date: April 19)	Backup phone lines	Amber	**Some challenges exist to delivery** After the major outages in September and October 2018, we intend to implement a backup phone line solution, to allow us to recover more quickly and independently of our primary telephony supplier. We have revised the deadline date to reflect challenges experienced with agreeing the correct approach with our lead infrastructure partner and the involvement of a third party supplier. The status is amber to reflect this change to plan.
Aug-19	Office Move	Green	**On track** We have started the implementation of Windows 10, laptops and telephony, with the aim of being complete in time for the FtP office move in August 2019.

Glossary
Performance Traffic Light Definitions

Red	Significant challenges that put successful delivery at risk
Amber	Challenges to delivery exist but management action is being taken to bring on track
Green	On track

Income and Expenditure Traffic Light Definitions

	Income	Expenditure	Actions
Red	2% or more below budget	☐ 2% or more over budget ☐ 10% or more under budget	• Escalate to Council • Check whether underspend have affected delivery of the corporate plan • Re-prioritise corporate business plan
Amber	1-2% or more below budget	☐ 1-2% over budget ☐ 5-10% under budget	☐ Managed by Executive Board ☐ Check whether underspends have affected delivery of corporate plan ☐ Adjust the budget to manage variances
Green	Under 1% below budget	☐ Less than 5% under budget	☐ No action

Corporate Risk Traffic Light Definitions

Red	☐ High likelihood with high impact
Amber	☐ Medium to low likelihood but high impact ☐ High likelihood but moderate to minor impact
Green	☐ Low likelihood but moderate to minor impact ☐ High likelihood but minor to insignificant impact

Programme Traffic Light Definitions

Red	Progress between 1% - 49% against milestones or benefits
Amber	Progress between 50% - 79% against milestones or benefits
Green	Progress between 80% - 100% against milestones or benefits

Item 6: **Annexe 2**
NMC/19/34
22 May 2019

Nursing & Midwifery Council

Corporate Risk Register at 30 April 2019

Executive Summary

1   The Executive most recently reviewed the risk register in April, and have concluded that our overall risk exposure has remained stable since March 2019. One of nine risks are rated as red with an additional red risk at May 2019 (Risk INF18/02 [Stability of ICT] as red).

2   Items of note are:

2.1   **Stability of IT infrastructure (INF18/02):** As reported above, various initiatives are underway to deliver long term actions to mitigate this risk. The risk remains tolerable in the short term whilst we take time to deliver key milestones to transform our corporate systems.

2.2   **NMC workforce (PEO18/01)**: The overall the risk remains amber and under close review. Taking action to reduce overall staff turnover continues to be a major focus area for the Executive both in the short to medium term and in the longer term via our People Strategy. Our accommodation move in August 2019 is likely to put pressure on turnover within FTP in the short term, to mitigate this we've assigned dedicated HR resources to limit the impact.

2.3   **External Expectations (EXP18/01)**: We have made a number of updates to the risk register to reflect the progress of current activities and planned future actions. The Lessons Learned programme was formally closed in April 2019 (item 6, May 2019 open Council), with the delivery of major milestones significantly reducing this risk during 2018–19.

3   Work continues to review and refine our controls and mitigations, with changes to the register since March 2019 reflected in red text. Further work to include more clarity about when planned actions will be delivered will be incorporated into the next version of the risk register due in July 2019 (denoted with delivery or next milestone dates).

4   The Council and Executive will undertake a joint session to consider major risks for delivery of our corporate business plan for 2019-2020. Any new or emerging risks or changes to current risk exposure will be reflected on the July 2019 register.

Guidance for understanding NMC's corporate risk register

Term	Description
Risk Reference Number	NMCs unique identifier assigned to the risk. The reference tells you the type of risk, the year the risk was raised, and assigned number. E.g. REG18/01
Risk Description	Describes: • what the risk is • the potential impact it could have on NMC • our risk appetite
Contributing factors / causations	Provides details about what could cause the risk to happen. Essentially, these are risk factors within the main risk where some or all may need to occur for the risk to happen.
Inherent risk rating (before controls)	Provides a risk rating for likelihood and impact before any risk reducing controls have been applied. Understanding inherent risk levels demonstrates the level of risk if our controls fail. Likelihood and impact are scored using a scale of 1 to 5, with 5 being the most severe (detailed description below)
Mitigations and controls (in place)	Mitigations and controls we have put in place to reduce the inherent risk level. These includes actions to reduce the likelihood of risk occurring, actions which reduce the impact of the risk to make it more tolerable, or contingency measures to minimise the impact if a risk does occur.
Current rating (with controls)	1. Provides the current level of risk once mitigations and controls which are in place are taken into account. Again, likelihood and impact are scored using a scale of 1 to 5. 2. Highlights our intended risk response: • Treat – take action to reduce the likelihood of occurrence or to reduce the impact • Tolerate – accept the risk at its current level but continue that controls and mitigations are appropriate • Transfer – either share or transfer the risk (e.g. via insurance) • Terminate – stop the activities causing the risk 3. Risk trend details whether the risk has increased, decreased or remained stable since the risk was last reported to the Council. Comments are provided when the trend changed.
Planning mitigations and controls	Mitigations and actions that we will put in place to reduce the level of risk further.
Target rating (after planned actions)	1. The expected reduction in the risk levels once planned actions and controls have been delivered. Scored for likelihood and impact. 2. Expected date the target rating should be achieved. 3. Any supporting commentary.
Executive Lead	The assigned internal lead from the Executive who provides oversight for the

Term	Description
	risk, ensuring that risk treatments (mitigations, controls, contingency plans) are still appropriate and being progressed.

Risk scores	
5	• **Likelihood: Almost certain** (likelihood of 81-100%) • **Critical impact** on the achievement of business, project and public protection objectives, and overall performance. Huge impact on public protection, costs and/or reputation. Very difficult to recover from and long term consequences.
4	• **Likelihood**: **Likely** (likelihood of 51-80%) • **Major impact** on costs and achievement of objectives. Affects a significant part of the business or project. Serious impact on output, quality, reputation and public protection. Difficult and expensive to recover from and medium to long term consequences.
3	• **Likelihood: Possible** (likelihood of 21-50%) • **Moderate impact** which results in significant waste of time and resources. Impact on operational efficiency, output and quality, hindering effective progress against objectives. Adverse impact on public protection, costs and/or reputation. Not easy to recover from and medium term consequences.
2	• **Likelihood: Unlikely** (likelihood of 6-20%) • **Minor** loss, delay, inconvenience or interruption. Objectives not compromised. Low impact on public protection and/or reputation. Easy to recover from and mostly short term consequences.
1	• **Likelihood: Remote** (likelihood of 0-5%) • **Insignificant impact** of minimal loss, delay, inconvenience or interruption. Very low or no impact on public protection, costs and/or reputation. Very easy to recover from and no lasting consequences.

*Likelihood is scored for the period covering April 2019 – March 2020

Corporate risk register for 2019-20 (May 2019)

Reference	Risk	Current Rating
REG18/0	Risk that we fail maintain an accurate register of people who meet our standards	AMBER
REG18/0	Risk that we fail to take appropriate action to address a regulatory concern	AMBER
PEO18/0	Risk that we fail to recruit and retain an adequately skilled and engaged workforce	AMBER
INF18/01	Risk that we fail to recover from adverse infrastructure incidents	AMBER
COM18/0	Risk that we fail to prevent a significant data loss or we experience an information security breach	AMBER
COM18/0	Risk that we fail to recover from legal and compliance breaches	AMBER
EXT18/0	Risk that we may lack the right capacity and capability to influence and respond to changes in the external environment	AMBER
EXP18/0	Risk that we fail to meet external expectations affecting stakeholders' trust in our ability to regulate	AMBER
INF18/02	Risk that ICT failure impedes our ability to deliver effective and robust services for stakeholders or value for money	RED

Risk Ref. Number	Risk Description	Contributing Factors / Causation	Inherent Risk (without controls) L	I	L X I	Mitigations and Controls (In place)	Current Rating (with controls) L	I	L X I	Planned Mitigations and Controls	Target Rating (after planned actions are delivered) L	I	L X I	Executive Lead (responsible for assuring risk treatment)
REG18/01	Risk that we fail to maintain an accurate register of people who meet our standards i) Potential Impact: - Public are not protected - Loss of confidence in NMC - Undermines public trust ii) Appetite: **Averse:** but always some residual risk	a. We register people that don't meet our standards due to processing errors, fraudulent applications, or Approved Education Institutions (AEIs) providing the wrong details or qualifications. b. AEIs do not continue to deliver programmes of education and training that meet our standards. Increased risk as the new Quality Assurance (QA) model is implemented and we enter a transition period where we reassess 80+ AEIs and 900+ programmes between now and September 2020. c. Selection and admissions of students onto NMC approved programmes by AEIs may not meet our standards for education and training. d. We fail to reflect a Fitness to Practise (FtP) outcome on the register due to errors or processing gaps. e. Overseas process does not assess risk or map to our current standards. f. A failure of core registration systems (Wiser and Case Management System (CMS))	5	5	25	a, e. Identity and quality checks for UK, EU and Overseas initial registrations, and renewals and readmissions to limit fraudulent entry and human errors. a. Revalidation ensures the details of registrants are kept up to date and that their fitness to practise is confirmed. a, e. Self serve and Wiser improvements provide automation of core processes to reduce errors. a, b. Staff training and induction in required standards and core processes. a, b, e. Risk based quality assurance approach of AEIs. The new QA Framework for Education of Nurses, Midwives and Nursing Associates includes a requirement for annual self reporting, including an annual declaration from AEIs that they continue to comply with our standards. This is supported by thematic reporting and analysis, additional requirements for programmes under enhanced scrutiny, and data driven monitoring with action taken when concerns emerge. d. Daily reconciliation processes to reconcile FtP outcomes and International Market Information (IMI) alerts which are added to register. a, d. Serious Event Reviews, complaints and assurance controls. f. Business continuity processes in place to manage system down time. f. Implementation of lessons learned from Wiser incident serious event reviews (2018) with Audit Committee oversight. (Complete)	3	5	15 **Risk Response:** Tolerate **Trend:** Stable	a, b, f. Ongoing data, systems and registration process improvement work to resolve gaps and improve robustness. This includes developing analytical tools which will provide trend insights that enable us to spot risk areas. a, b, c. Updated guidance to Higher Education Institutions (HEIs) to clarify their obligations regarding approval of programmes and requirements when uploading students' qualifications for application to the register. a, b c. In rolling out our new education standards and QA framework, we will: - actively monitor programmes in line with our new QA framework. - approve programmes against our new standards before September 2020 (2021 for midwifery) a and f. Modernising our Technology (MOTS) programme will deliver core systems replacement for Wiser and CMS and improved case management. Implementation started from November 2018. (see risk INF18/02). e. Overseas review during 2019. f. See risk INF18/01 (business continuity and disaster recovery)	2	5	10 **Date change expected:** March 2020 **Comments:** Maintain controls and monitor outcomes for any changes. Implementation of new systems via MOTS will reduce the potential for processing errors, and data governance controls will be put in place as part of the work. We anticipate the risk will reduce by March 2020 once these systems have bedded in.	Director, Registrations and Revalidation

Risk Ref. Number	Risk Description	Contributing Factors / Causation	Inherent Risk (without controls)			Mitigations and Controls (In place)	Current Rating (with controls)			Planned Mitigations and Controls	Target Rating (after planned actions are delivered)			Executive Lead (responsible for assuring risk treatment)
			L	I	L X I		L	I	L X I		L	I	L X I	
REG18/02	Risk that we fail to take appropriate action to address a regulatory concern i) Potential Impact: - Public are not protected - Loss of confidence in NMC - Undermines public trust ii) Appetite: **Averse:** but always some residual risk	a. We fail to action referrals in a timely or appropriate way. b. We fail to process FtP cases effectively or make the wrong decision about a case outcome. c. Intelligence and insights are not escalated, used effectively, or shared with key stakeholders. d. FtP, Registrations and Education functions work in silos or fail to communicate effectively resulting in process gaps and inaccurate data sharing. e. We do not engage effectivity with members of public.	5	5	25	a, b. Lessons Learned Programme implemented during 2018-2019 which addressed PSA recommendations. An assurance process is in place to monitor the improvements (mitigation added April 2019) a, d. Existing FtP, Registrations and Education policies and processes. a. Monthly monitoring of FtP timeliness pathway. Council/public visibility via KPIs presented at open Council meetings. a, b. Extended powers for case examiner disposals (from 31 July 2017) to manage FtP cases more quickly and effectively. a, b, c. Targeted recruitment for high turnover roles and staff induction, training and L&D. c. Collaboration and data sharing with external stakeholders and partners. d. Routine information sharing regarding processes and risks between FtP, Registrations and Education and Standards. a. c. Employer Link Service supports early engagement with employers and relevant stakeholders to improve knowledge of FtP processes. e. Public Support Service provides tailored support to patients, families and parents (from October 2019)	2	5	10	a, b. Implementation of the Lessons Learned programme during 2018-2019. (See risk EXP18/01) a. Embedding outcomes from Lessons Learned programme. Outstanding actions include further work on employee values and behaviours (delivered as part of our People Strategy) and bedding in our corporate enquires and complaints team which was established in April 2019 (action added April 2019) a - e. Pilots in 4 key areas are being tested between October 2018 - March 2019. The new model for FtP will be implemented from April 2019. c - d. Regulatory Intelligence Unit will continue to develop our capabilities in trend analysis and risk assessment, and we will enhance processes sharing information with internal and external stakeholders. (3 year expansion programme from March 2019) d. Continue to deliver process improvements between FtP and Registrations and Revalidation to ensure more consistency in regulatory actions and approach. FtP and Education and Standards working together to develop new data driven approach to QA.	2	5	10	Director, Fitness to Practise
						Risk Response: Tolerate **Trend:** Stable					**Date change expected:** N/A **Comments:** Maintain controls and monitor outcomes for any changes. Planned mitigations are focused on exploiting opportunities rather than to reduce likelihood further. Impact is unlikely to decrease as a failure could impact public safely.				
PEO18/01	Risk that we fail to recruit and retain an adequately skilled and engaged workforce (permanent and temporary staff, contractors, and third parties) i) Potential Impact: - Reduced capacity - Inadequate skills - Low staff engagement / resilience - Increased costs - Delays or failure to deliver commitments ii) Appetite: **Open:** willing to consider all potential delivery options	a. Weak recruitment and high vacancies. b. Poor retention and high turnover. c. Low resilience and poor engagement including over reliance on key individuals / teams and high staff sickness. d. Failure to embed a high performance and development culture. e. Gaps in BAU capacity resulting from staff being redeployed to deliver programmes and projects. f. Our workforce does not keep pace with the capacity and / or capability needed to deliver our corporate plan g. High turnover of Executive Team leads to destabilised leadership and lost skills and knowledge and diverts attention from the plan (two interim directors and a new CEO and Registrar) h. Short term capacity risks posed by accommodation moves from OKS and 61 Aldwych i. Turnover increase due to accommodation move	5	4	20	a. Targeted recruitment and procurement of specialist advertising partner for hard to recruit to roles. a-f. Focused People Directorate which facilitates business partnering, provides targeted people insights (monthly directorate dashboard), and provides focused analysis and solutions for high risk areas. a-c. HR policies, procedures and L&D. HR polices review during 2018-19 continues. b, d. Rolling leadership development programme majoring on performance management from March 2018. a-d. People strategy with 3 year plan covering attraction, recruitment and retention and reward. a, b, c. Annual staff engagement survey and engagement action plans. c. Updated appraisal format implemented from May 2018. e. Staff backfilled when employees are redeployed onto programmes and projects. h, i Ongoing staff engagement regarding the FtP accommodation move, including survey work, workshops, and staff support meetings.	4	3	12	a and b. Continuous improvement of NMC employer brand to attract and retain staff. a-c, e. Staff capacity improvement plan to relieve current capacity/capability pressure points (e.g. FtP investigation). a, b. Pay envelope analysis to develop options for strengthening staff pay and reward. (Principles agreed by the Council in March 2019, modelling of new pay structures from May 2019) a, b, c. Monthly staff engagement survey from 2019 to take regular measurements of employee engagement. a, b, g. Succession planning for critical leadership roles.	2	3	6	Director, People and Organisational Design
						Risk Response: Treat **Trend:** ~~Increasing~~ Stable **Comments:** The Council agreed an increase to likelihood in Jan 19 (from 3 to 4). Although the risk remains amber overall, with a number of large scale changes due over the next 6-9 months some capacity concerns still remain.					**Date change expected:** 2020-2021 **Comments:** This will be facilitated by our 3 year People Strategy which will tackle the causations from multiple angles. Our pay and reward work is a critical aspect of this and will take 3 years to deliver tangible benefits from April 2019.				

Risk Ref. Number	Risk Description	Contributing Factors / Causation	Inherent Risk (without controls)			Mitigations and Controls (In place)	Current Rating (with controls)			Planned Mitigations and Controls	Target Rating (after planned actions are delivered)			Executive Lead (responsible for assuring risk treatment)
			L	I	L X I		L	I	L X I		L	I	L X I	
INF18/01	Risk that we fail to recover from adverse infrastructure incidents i) Potential Impact: - Disrupted service delivery - Short term heightened risk of significant harm to the public ii) Appetite: **Cautious:** preference for safe delivery options that have a low degree of residual risk	a. Shifts in terrorist threat levels particularly in central London where the majority of staff are based. b. Failure of Business Continuity Plans and ICT contingency plan. i) Significant interruption to premises due to inadequate recovery arrangements ii) Significant interruption to IT services due to inadequate IT service recovery arrangements c. Accommodation moves from OKS and 61 Aldwych d. 23 Portland Place maintenance programme	4	5	20	a and b. Business Impact Analysis (BIA) to understand the operational resource needed in the event of infrastructure incidents. Business Continuity Plans, lockdown procedures, and ICT infrastructure disaster recovery arrangements in case of incident. b. Training and desktop exercises with lead directorate representatives undertaken in London and Edinburgh - Oct and Nov 2018. Director and senior management strategic training and desktop exercise undertaken in March 2019. c. Accommodation programme and roadmap including risk monitoring and risk treatment. d. 23 Portland Place maintenance programme has been scoped within the 2019+ business plan.	3	4	12	a, b. Review of business continuity plans including annual tests. A programme of Business Continuity training and exercises. ~~Senior strategic management training and exercises planned for March 2019~~ b. Annual IT infrastructure disaster recovery test (next test early 2019). Business continuity plans updated following tests. (see risk INF18/02)	2	4	8	Director, Resources
						Risk Response: Treat **Trend:** Stable					**Date change expected:** Sept 2020 Likelihood and impact reduces after delivery of ICT infrastructure improvements and the accommodation programme over the next 18 - 24 months.				
COM18/01	Risk that we fail to prevent a significant data loss or we experience a major information security breach i) Potential Impact: - Disrupted service delivery - Loss of stakeholder data - Compliance breach - ICO fines - Negative perceptions - Bank sanctions ii) Appetite: **Cautious:** preference for safe delivery options that have a low degree of residual risk	a. Potential cyber vulnerabilities in our IT applications and servers and lack of staff awareness. b. Failure to put in place adequate safe guards for data protection. Lack of staff awareness and literacy of data protection obligations. c. Data protection breaches lead to unauthorised disclosure of personal data, inaccuracy of personal data, failure to comply with the data protection principles. d. Information and records management does not comply with relevant legal requirements or business requirements. e. Non-compliance with the Payment Card Industry Standards	5	5	25	a. Insurance cover for cyber security threats. Mandatory Information security training for all employees. Work continues to address vulnerabilities in our IT systems. a. Technical controls e.g. software security patches (where possible), IT security measures, encrypted email. b. Second phase of GDPR project underway. (project to end 30/4/19) b and c. Oversight provided by Information Governance and Security Board which includes the Business Continuity Working Group. b and c. Information security risk register, treatment plan and monitoring in accordance with ISO standard.	3	3	9	a. Investment in cyber vulnerabilities during 2018-19 and implementation of MOTS over the next 3 years (see risk INF18/02) b and c. Continue to maintain and strengthen controls around information governance (a-d) by: i) implementing the treatment plan. ii) maintaining staff awareness - comms. iii) ongoing BAU work on technical side.	2	3	6	Director, TBI
						Risk Response: Treat **Trend:** Stable					**Date change expected:** Sept 2020 Likelihood a reduces after delivery of ICT infrastructure improvements and GDPR phase 2 project				
COM18/02	Risk that we fail to recover from legal and compliance breaches i) Potential Impact: - Wasted resources - Negative perceptions - Bank sanctions - Fines ii) Appetite: **Cautious:** preference for safe delivery options that have a low degree of residual risk	a. Failure to meet statutory, legal and mandatory responsibilities (e.g. regulatory processes, data protection, health and safety, Freedom of Information, procurement, employment law etc) b. Risk of significant internal and external legal and other staff costs and damages to pay	4	4	16	a. Centralised corporate legal services team to advise on achieving legal compliance and support the business if breaches occur. a. Legal knowledge management system in place to identify changes in law and assess impact a-b. Overseas legal review completed leading to a new process being developed a-b. Legal support for all corporate programmes to improve legal awareness and compliance	3	3	9	a. Improvement plan to resolve weaknesses in contracting and procurement processes including increased oversight from corporate legal services. a-b. Improvements to handling of information requests b. Phase 2 of legal services review will include further legal compliance reviews to identify and areas of increased legal risk and plan appropriate changes.	2	3	6	General Counsel
						Risk Response: Treat **Trend:** Stable					**Date change expected:** N/a **Comments:** Maintain controls and monitor outcomes for any changes.				

Risk Ref. Number	Risk Description	Contributing Factors / Causation	Inherent Risk (without controls)			Mitigations and Controls (In place)	Current Rating (with controls)			Planned Mitigations and Controls	Target Rating (after planned actions are delivered)			Executive Lead (responsible for assuring risk treatment)
			L	I	L X I		L	I	L X I		L	I	L X I	
EXT18/01	Risk that we may lack the right capacity and capability to influence and respond to changes in the external environment i) Potential Impact: - Inability to influence - Failure to maintain trust - Undermine public trust - Missed opportunities - Wasted resources ii) Appetite: **Open:** willing to consider all potential delivery options	a. Complex stakeholder relationships affects our ability to collaborate or influence. b. We fail to be part of key discussions eroding our ability to influence (e.g. NHS workforce planning). c. Significant changes are not anticipated and our response is reactive or unplanned. (e.g. Brexit; change of government and/or ineffectiveness of government as a consequence of Brexit) d. External pressure to adopt further commitments. e. We fail to invest appropriately in our External Affairs Directorate resulting in a lack of corporate support for engagement and communications across NMC f. Disjointed organsiational communications result in a failure to speak with one voice leading to confusion or negative stakeholder perceptions of NMC g. Strategy development for 2020-2025 fails to gain support from key stakeholders	4	4	16	a, b, e.g. Investment in External Affairs directorate provides targeted support across the organisation to improve how we manage our external stakeholders and unify our communicationsC (from May 2018 with extra investment agreed from 2019-20). a.b,f,g. Insights generated by stakeholder perception research (IFF) and research into the trust in professional regulation (Stonehaven) will be used to develop targeted strategic communications and engagement for use by everyone across NMC. (April 2019) c. Brexit lead and working group. c. Contingency fund built into the annual corporate budget to manage unexpected events. (April 2019) e.f. Organisational narrative which provides standardised communication messages to present one voice (launched December 2018) g. Strategy development process for 2020-2025 launched in April 2019, with appointment of a fixed term Director of Strategy Development for 12 months to lead the process. (April 2019)	3	3	9 **Risk Response:** Treat **Trend:** Stable	a, b, e, fg.. Insights generated by stakeholder perception research (IFF) and research into the trust in professional regulation (Stonehaven) will be used to develop targeted strategic communications and engagement plans, and support development of the 2020-25 strategy, (action added April 2019) b.f. Clarifying our purpose and maintaining our organisational narrative. (action added April 2019) f. Delivery of strategic communication and engagement plans and implementation of capability plans to build skills and knowledge. (action added April 2019) g. New Strategy for 2020-2025 to be developed during 2019 with specific focus on co-production and consultation with key stakeholders. (action added April 2019) e. Additional investment in External Affairs directorate as part of 2019-2022 business planning to build capacity. a-g. Clearer internal roles and responsibilities regarding procedures for managing external stakeholders.	2	3	6 **Date change expected:** March 2021	Director, External Affairs
EXP18/01	Risk that we fail to meet external expectations significantly affecting our ability to maintain stakeholders' trust in our ability to regulate i) Potential Impact: - Inability to influence - Failure to maintain trust - Undermine public trust - Missed opportunities - Wasted resources ii) Appetite: **Minimalist**: reference for ultra-safe business delivery options that have a low degree of inherent risk	a. We fail to demonstrate learning from adverse incidents such as core business failure or meet expectations such as PSA Lessons Learned Review, Gosport, Shrewsbury and Telford b. We fail to appropriately manage a negative media publicity/campaign. c. Failure to deliver significant regulatory change programmes eg NA, FtP change or overseas programmes. d. Core business failure leads to negative publicity e. Fail to maintain the trust of key stakeholders f. Strategy development for 2020-2025 fails to gain support from key stakeholders (Links to risks REG18/01 (register) and REG18/02 (dealing with regulatory concerns) - but the focus here is a corporate wide loss of trust rather than a small number of stakeholders)	4	4	16	a. Public apology and acknowledgements of mistakes at the June 2018 Council meeting supported by media communications. a, Lessons Learned Programme implemented during 2018-2019 which addressed PSA recommendations. An assurance process is in place to monitor the improvements (April 2019) a. Public Support Service providing tailored support to patients, families and parents. b Temporary crisis communications checklist in place (May 2019) b, e. Dedicated press office, schedule of authorised people that can speak with the media, and regular analysis to anticipate potential media publicity. c. Regular monitoring of programme performance at Council and dedicated programme boards for strategic programmes to tackle issues early. c. NA register launched in January 2019. e, f. Insights generated by stakeholder perception research (IFF) and research into the trust in professional regulation (Stonehaven) will be used to develop targeted strategic communications and engagement plans, and support development of the 2019-20 strategy (April 2019)	3	4	12 **Risk Response:** Treat **Trend:** Reducing **Comments:** The Council agreed a reduction in the risk exposure from Red (L=4 / I=4) to Amber (L=3 / I=4) in Jan 19 to reflect progress with mitigations and controls.	a. Embedding outcomes from Lessons Learned programme. Outstanding actions include further work on employee values and behaviours (delivered as part of our People Strategy) and bedding in our corporate enquires and complaints team. which was established in April 2019. (action added April 2019) b. Development of crisis communications response by July 2019. This will build on learning from Executive incident management training held in March 19. (action added April 2019) c. Pilots in 4 key areas of the FtP change programme are being tested between October 2018 - March 2019. The new model for FtP will be operational from April 2019. e, f. Delivery of strategic communication and engagement plans and implementation of capability plans to build skills and knowledge. (action added April 2019) e, f. New Strategy for 2020-2025 to be developed during 2019 with specific focus on co-production and consultation with key stakeholders. (action added April 2019)	3	3	9 **Date change expected:** TBC Comments: Delivery of FtP change programme and completion of lessons learned programme are key mitigations.	Director, External Affairs
INF18/02	Risk that ICT failure impedes our ability to deliver effective and robust services for stakeholders or value for money for the organisation i) Potential Impact: - Service disruption - Negative customer feedback - Wasted resources ii) Appetite: **Open**: Willing to consider all potential delivery options	a Our core systems (e.g. Wifi, TRIM, Wiser, CMS) and servers are on unsupported hardware and are obsolete, risking potential business interruption, data loss or registering people inappropriately. b. Our network infrastructure has potential cyber vulnerabilities which could result in data and information security breaches. (Also see risk COM18/01) c. Ageing IT infrastructure and processes and incompatibility between legacy and modern systems and applications results in reduced capability impeding efficient delivery and risking compliance obligations.	5	5	25	b. Management plan for systems failures. b. External review of most recent failures and escalation plan now in place. b. Regular penetration and vulnerability testing for data breaches and business continuity. b-c Network penetration test carried out in Q3 2018-2019	4	5	20 **Risk Response:** Treat **Trend:** Increasing **Comments:** The impact has increased from 4 to 5 at December 2018 to reflect re-assessment in light of inherent and target risk levels.	a, b, c. Investment plan to resolve immediate cyber risks and threats in 9 key areas (including license compliance) a. Disaster recovery test will take place in mid-May 2019 (action added April 2019) b. Implementation of findings from most recent network penetration test by end Q1 2019-20 a-b. MOTS programme will deliver core systems replacement for Wiser and CMS. Implementation starts from November 2018. a-c. Business planning will take a holistic view of all technology commitments being proposed to ensure interdependencies and capacity are sufficiently managed. a, b, c A plan to improve cyber and other vulnerabilities is being implemented by end Q1 2019-20.	2	4	8 **Date change expected:** x 2020-2021	Director, TBI

Allocation of Risk References

Format: RRRYY/NN
RRR = Risk type **YY** = Year the risk was raised **/NN** = Number starting at 01
Risk types: Reg = Regulatory Duty Fin = Financial Inf = Infrastructure Rep = Reputational Ext = External Environment Com = Compliance Peo = People Exp = Expectations

Residual Risk Trend Dashboard (April 2018-March 2019) (Months reflect Council meetings / agreement)

Ref	Risk Description	May-18			Jul-18			Sep-18			Nov-18			Jan-19			Mar-19		
		L	I	L X I	L	I	L X I	L	I	L X I	L	I	L X I	L	I	L X I	L	I	L X I
REG/18/01	Risk that we fail maintain an accurate register of people who meet our standards	3	5	15	3	5	15	3	5	15	3	5	15	3	5	15	3	5	15
REG/18/02	Risk that we fail to take appropriate action to address a regulatory concern	2	5	10	2	5	10	2	5	10	2	5	10	2	5	10	2	5	10
PEO/18/01	Risk that we fail to recruit and retain an adequately skilled and engaged workforce	3	4	12	3	4	12	4	4	16	3 ⬇	3 ⬇	9	4 ⬆	3	12	4	3	12
(Risk 4)	*Risk that we fail to prevent or recover from adverse infrastructure incidents, data loss, or legal and compliance breaches)*	3	4	12	3	3	9	4	3	12	*Closed - Disaggregated*								
INF18/01	Risk that we fail to recover from adverse infrastructure incidents	*N/a*			*N/a*			*N/a*			3	4 ⬆	12	3	4	12	3	4	12
COM18/01	Risk that we fail to prevent a significant data loss or we experience an information security breach	*N/a*			*N/a*			*N/a*			3	3	9	3	3	9	3	3	9

Ref	Risk Description	May-18			Jul-18			Sep-18			Nov-18			Jan-19			Mar-19		
		L	I	L X I	L	I	L X I	L	I	L X I	L	I	L X I	L	I	L X I	L	I	L X I
COM18/02	Risk that we fail to recover from legal and compliance breaches		N/a			N/a			N/a		3	3	9	3	3	9	3	3	9
(Risk 5)	Risk that we fail to meet expectations, influence key external stakeholders or respond to changes in the external environment	3	3	9	3	3	9	4	4	16				Closed - Disaggregated					
EXT18/01	Risk that we may lack the right capacity and capability to influence and respond to changes in the external environment		N/a			N/a			N/a		3	3	9	3	3	9	3	3	9
EXP18/01	Risk that we fail to meet external expectations affecting stakeholders' trust in our ability to regulate		N/a			N/a			N/a		4	4	16	3	4	12	3	4	12
INF18/02	Risk that ICT failure impedes our ability to deliver effective and robust services for stakeholders or value for money	4	4	16	4	4	16	4	4	16	4	5	20	4	5	20	4	5	20
(Risk 10)	Risk that we fail to deliver our corporate plan leading to reputational damage	2	5	10	3	5	15	3	5	15				Closed - risks is reflected elsewhere					

Residual Risk Trend Dashboard (April 2019-March 2020) (Months reflect Council meetings / agreement)

Ref	Risk Description	May-19			Jul-19			Sep-19			Nov-19			Jan-20			Mar-20		
		L	I	L X I	L	I	L X I	L	I	L X I	L	I	L X I	L	I	L X I	L	I	L X I
REG/18/01	Risk that we fail maintain an accurate register of people who meet our standards	3	5	15															
REG/18/02	Risk that we fail to take appropriate action to address a regulatory concern	2	5	10															
PEO/18/01	Risk that we fail to recruit and retain an adequately skilled and engaged workforce	4	3	12															
INF18/01	Risk that we fail to recover from adverse infrastructure incidents	3	4	12															
COM18/01	Risk that we fail to prevent a significant data loss or we experience an information security breach	3	3	9															
COM18/02	Risk that we fail to recover from legal and compliance breaches	3	3	9															
EXT18/01	Risk that we may lack the right capacity and capability to influence and respond to changes in the external environment	3	3	9															
EXP18/01	Risk that we fail to meet external expectations affecting stakeholders' trust in our ability to regulate	3	4	12															
INF18/02	Risk that ICT failure impedes our ability to deliver effective and robust services for stakeholders or value for money	4	5	20															

Item 7
NMC/19/35
22 May 2019

Nursing & Midwifery Council

Council

Professional Standards Authority annual performance review 2017–2018

Action: For discussion.

Issue: To consider the report of the performance review for 2017–2018 undertaken by the Professional Standards Authority (PSA).

Core regulatory function: All regulatory functions.

Strategic priority: Strategic priority 1: Effective regulation
Strategic priority 2: Use of intelligence
Strategic priority 3: Collaboration and communication
Strategic priority 4: An effective organisation.

Decision required: None.

Annexes: The following annexe is attached to this paper:

- Annexe1: NMC Performance review report 2017–2018.

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

Author: Michael Andrews
Phone: 020 7681 5925
michael.andrews@nmc-uk.org

Director: Emma Broadbent
Phone: 020 7681 5903
emma.broadbent@nmc-uk.org

Context: 1   The Professional Standards Authority (PSA) oversees the 10 health and social care professional regulators in the UK and reviews their performance annually against a set of 24 Standards of Good Regulation (SOGR).

2   The PSA's report at **Annexe 1**, covers our performance from 1 April 2017 to 31 March 2018, and was published on 23 April 2019.

Four country factors: 3   The PSA report applies to our regulation across all four countries.

Discussion and options appraisal: 4   PSA judged that for 2017–2018 we met 22 out of 24 SOGR. The standards that we failed to meet this year relate to customer service and the transparency and proportionality of the fitness to practise (FtP) process. PSA recognised the progress we have made but their view was also that much of our work to address the Lessons Learned review was still ongoing and as a result they felt that it was not possible to fully measure the impact of this work.

5   PSA also raised concerns about how we handled some complaints raised about a number registrants who have conducted Personal Independent Payment (PIP) assessments. In particular, the PSA's concerns in relation to the PIP process related to the fact that we did not consistently signpost complainants who expressed dissatisfaction with their personal independent payment (PIP) assessment to the Department for Work and Pensions (DWP) for mandatory reconsideration. Additional concerns related to our failure to consistently tell complainants to contact the NMC again if any concerns about a registrant's fitness to practise were identified as a result of DWP's consideration.

6   We accept that we have not always fully addressed the concerns of people who made complaints in relation to PIP assessments and that we have not always been sufficiently clear in our decision making.

7   Prior to receiving the performance report we reviewed a number of PIP related cases in detail and have implemented learning from these cases. This includes providing additional training for those making and communicating case decisions, as well as implementing new quality assurance arrangements. Following receipt of the final report, we are now considering if we need to take any further regulatory action in respect of any of the cases.

8   We will continue to address the issues raised in this report and the PSA's lessons learned review and build on the good progress that has been made over the last year as we embark on the development of our new strategy.

9   Following the report we issued a press statement and wrote to

stakeholders to draw attention to the report, to recognise where we have not got things right and the changes we are making.

10   There has been a considerable period of time between the period covered by the review and the publication of this report. We have made a lot of progress during that time. Further details on the changes we are making are included elsewhere on the agenda in the papers on our new approach to FtP and on our Lessons Learned Action Plan.

11   Whilst considerable work is underway we will also work with individual directorates to identify further learning and opportunities for improvement arising from this report.

12   The Executive Board will be updated on actions agreed and progress against them.

Public protection implications: 13   Taking appropriate measures to respond to learning from the PSA report will increase level the public protection that we provide through improved regulation.

Resource implications: 14   None.

Equality and diversity implications: 15   A failure to regulate nurses, midwives and nursing associates effectively could result in discrimination.

Stakeholder engagement: 16   We are committed to engage constructively with the PSA and to maximise opportunities to improve from the feedback we receive.

Risk implications: 17   None.

Legal implications: 18   None.

Item 7: **Annexe 1**
NMC/19/35
22 May 2019

professional
standards
authority

Annual review of performance 2017/18

Nursing and Midwifery Council

About the Professional Standards Authority

The Professional Standards Authority for Health and Social Care promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent body, accountable to the UK Parliament.

We oversee the work of nine statutory bodies that regulate health professionals in the UK and social workers in England. We review the regulators' performance and audit and scrutinise their decisions about whether people on their registers are fit to practise.

We also set standards for organisations holding voluntary registers for people in unregulated health and care occupations and accredit those organisations that meet our standards.

To encourage improvement we share good practice and knowledge, conduct research and introduce new ideas including our concept of right-touch regulation.[1] We monitor policy developments in the UK and internationally and provide advice to governments and others on matters relating to people working in health and care. We also undertake some international commissions to extend our understanding of regulation and to promote safety in the mobility of the health and care workforce.

We are committed to being independent, impartial, fair, accessible and consistent. More information about our work and the approach we take is available at www.professionalstandards.org.uk.

---

[1] *Right-touch regulation revised* (October 2015*)*. Available at http://www.professionalstandards.org.uk/policy-and-research/right-touch-regulation

Contents

<div style="border:1px solid purple">

About the NMC

The Nursing and Midwifery Council (the NMC) regulates the nursing and midwifery professions in the United Kingdom. From July 2018, the NMC also became the regulator in law for nursing associates in England. Its work includes:

- Setting and maintaining standards of practice and conduct
- Maintaining a register of qualified professionals (registrants)
- Assuring the quality of education and training for nurses, midwives and nursing associates
- Requiring registrants to keep their skills up to date through continuing professional development
- Taking action to restrict or remove from practice registrants who are not considered to be fit to practise.

As at 31 March 2018, the NMC was responsible for a register of 690,278 nurses and midwives. Its annual retention fee for registrants is £120.

</div>

At a glance

Annual review of performance

Regulator reviewed: **Nursing and Midwifery Council**

Standards of good regulation

Core functions	Met
Guidance and Standards	**4/4**
Education and Training	**4/4**
Registration	**6/6**
Fitness to Practise	**8/10**

1. The annual performance review

1.1 We oversee the nine health and care professional regulatory organisations in the UK, including the NMC.[2] More information about the range of activities we undertake as part of this oversight, as well as more information about these regulators, can be found on our website.

1.2 An important part of our oversight of the regulators is our annual performance review, in which we report on the delivery of their key statutory functions. These reviews are part of our legal responsibility. We review each regulator on a rolling 12-month basis and vary the scope of our review depending on how well we see the regulator is performing. We report the outcome of reviews annually to the UK Parliament and the governments in Scotland, Wales and Northern Ireland.

1.3 These performance reviews are our check on how well the regulators have met our *Standards of Good Regulation* (the Standards) so that they protect the public and promote confidence in health and care professionals and themselves. Our performance review is important because:

- It tells everyone how well the regulators are doing

- It helps the regulators improve, as we identify strengths and weaknesses and recommend possible changes.

The Standards of Good Regulation

1.4 We assess the regulators' performance against the Standards. They cover the regulators' four core functions:

- Setting and promoting guidance and standards for the profession

- Setting standards for and quality assuring the provision of education and training

- Maintaining a register of professionals

- Taking action where a professional's fitness to practise may be impaired.

1.5 The Standards describe the outcomes we expect regulators to achieve in each of the four functions. Over 12 months, we gather evidence for each regulator to help us see if they have been met.

1.6 We gather this evidence from the regulator, from other interested parties, and from the information that we collect about them in other work we do. Once a year, we collate all of this information and analyse it to make a recommendation to our internal panel of decision-makers about how we believe the regulator has performed against the Standards in the previous 12

---

[2] These are the General Chiropractic Council, the General Dental Council, the General Medical Council, the General Optical Council, the General Osteopathic Council, the General Pharmaceutical Council, the Health and Care Professions Council, the Nursing and Midwifery Council, and the Pharmaceutical Society of Northern Ireland.

months. We use this to decide the type of performance review we should carry out.

1.7 When considering information relating to the regulator's timeliness, we consider carefully the data we see, and what it tells us about the regulator's performance over time. In addition to taking a judgement on the data itself, we look at:

- any trends that we can identify suggesting whether performance is improving or deteriorating

- how the performance compares with other regulators, bearing in mind the different environments and caseloads affecting the work of those regulators

- the regulator's own key performance indicators or service standards which they set for themselves.

1.8 We will recommend that additional review of their performance is unnecessary if:

- we identify no significant changes to the regulator's practices, processes or policies during the performance review period; and

- none of the information available to us indicates any concerns about the regulator's performance that we wish to explore in more detail.

1.9 We will recommend that we ask the regulator for more information if:

- there have been one or more significant changes to a regulator's practices, processes or policies during the performance review period (but none of the information we have indicates any concerns or raises any queries about the regulator's performance that we wish to explore in more detail) or;

- we consider that the information we have indicates a concern about the regulator's performance in relation to one or more Standards.

1.10 This targeted review will allow us to assess the reasons for the change(s) or concern(s) and the expected or actual impact of the change(s) or concern(s) before we finalise our performance review report.

1.11 We have written a guide to our performance review process, which can be found on our website www.professionalstandards.org.uk

2. What we found – our judgement

2.1   During May and June 2018, we carried out an initial review of the NMC's performance from 1 April 2017 to 31 March 2018. Our review included an analysis of the following:

- Council papers, performance and committee reports and meeting minutes

- Policy and guidance documents

- Statistical performance dataset

- Third party feedback

- Quarterly checks of the NMC register

- Lessons Learned Review (LLR) into the NMC's handling of concerns about midwives' fitness to practise at the Furness General Hospital[3]

- Information available to us through our review of final fitness to practise decisions under the Section 29 process.[4]

2.2   As a result of this assessment, we carried out a targeted review of Standard 2 of the *Standards of Good Regulation* for Education and Training, Standards 2 and 3 of the *Standards of Good Regulation* for Registration and Standards 3, 5, 7 and 8 of the *Standards of Good Regulation* for Fitness to Practise.

2.3   We obtained further information from the NMC relating to these Standards and conducted an audit of some fitness to practise cases. As a result of a detailed consideration of this further information and our audit findings, we decided that the NMC had not met Standards 5 and 7 of the *Standards of Good Regulation* for Fitness to Practise. The reasons for this are set out in the following sections of the report.

Summary of the NMC's performance

2.4   For 2017/18 we have concluded that the NMC:

- Met all of the *Standards of Good Regulation* for Guidance and Standards

- Met all of the *Standards of Good Regulation* for Education and Training

- Met all of the *Standards of Good Regulation* for Registration

- Met eight of the ten *Standards of Good Regulation* for Fitness to Practise. The NMC did not meet Standards 5 and 7.

---

[3] Professional Standards Authority (May 2018). *Lessons Learned Review into the NMC's handling of concerns about midwives' fitness to practise at the Furness General Hospital*. Available at www.professionalstandards.org.uk/docs/default-source/publications/nmc-lessons-learned-review-may-2018a0851bf761926971a151ff000072e7a6.pdf?sfvrsn=6177220_0.

[4] Each regulator we oversee has a 'fitness to practise' process for handling complaints about health and care professionals. The most serious cases are referred to formal hearings in front of fitness to practise panels. We review every final decision made by the regulators' fitness to practise panels. If we consider that a decision is insufficient to protect the public properly we can refer them to Court to be considered by a judge. Our power to do this comes from Section 29 of the NHS Reform and Health Care Professions Act 2002 (as amended).

2.5   Last year, in the light of our LLR, we determined that the NMC did not meet the seventh Standard for Fitness to Practise. This year, a number of concerns, including findings from an audit we carried out meant that, in addition to the seventh Standard for Fitness to Practise, the NMC did not meet the fifth Standard for Fitness to Practise. We recognise, however, that the NMC accepts the issues of concern that we have identified and is working to address them. We support its work and will monitor progress.

Independent LLR of the NMC's handling of concerns about midwives at General Furness Hospital

2.6   In 2017, in response to a request from the Department of Health,[5] we carried out an independent 'lessons learned' review (LLR) of the NMC's handling of fitness to practise cases concerning midwives at the Furness General Hospital. We published our LLR in May 2018. We identified a number of concerns about the way in which the NMC dealt with the cases and the families which, in our 2016/17 performance review report, we considered were ongoing and applied beyond the relatively small number of cases that we looked at as part of that review. We were also concerned about its approach to transparency. We identified a number of points which we felt the NMC should address.

2.7   In response, the NMC committed to addressing the learning we identified in our LLR and put in place a significant programme of work. The NMC has focused on two key priorities: improving how it engages with and listens to patients and families and being open and transparent. The NMC's work so far has included setting up a new Public Support Service (PSS) with the aim of ensuring that patients, carers and the public are supported to participate effectively in the fitness to practise process and their evidence is taken properly into account. The NMC has committed to engaging with the public to inform its work and reports that a group of patients and carers has been established to inform the work of the PSS.

2.8   The NMC has also committed to working with its employees to embed its values and behaviours to treat everyone with respect, compassion and empathy. It is introducing a new approach to complaints and enquiries and the creation of a new team is scheduled to be completed by April 2019.

2.9   We recognise the commitment and work of the NMC to address the lessons we identified in our LLR. The work appears to be aimed to address our concerns and we will look at its impact in future performance reviews.

3. Guidance and Standards

3.1   The NMC has met all of the *Standards of Good Regulation* for Guidance and Standards during 2017/18. Examples of how it has demonstrated this are indicated below each individual Standard.

---

[5] Now the Department of Health and Social Care.

Standard 1: Standards of competence and conduct reflect up-to-date practice and legislation. They prioritise patient and service user safety and patient and service user centred care

3.2   The NMC's primary focus in this reporting period continued to be on the development of new standards of proficiency and education for registered nurses and midwives.

3.3   The NMC also continued work to develop standards of proficiency and education for the new nursing associate role, which are aligned to those for registered nurses. The NMC developed an early working draft of the standards of proficiency so that those who started their nursing associate training before the final standards were in place had an indication of the NMC's likely expectations and could work towards these.

3.4   We received feedback from one organisation that the Specialist Community Public Health Nurse (SCPHN) standards date back to 2004 and do not reflect current practice. These standards prepare health visitors and school nurses (among others) for practice. SCPHN programmes can only be undertaken by individuals who are already on the NMC register as a nurse or midwife.

3.5   The NMC responded that it had been clear that the review of the SCPHN standards are within the scope of its education programme of change. It informed us it was important however that it started with updating the pre-registration standards first. The NMC told us it has commissioned an independent evaluation of the SCPHN standards, which will inform the direction of its work. Whilst it is concerning that the SCPHN standards might not be up to date, the NMC is undertaking a five-year education programme of change and will review the SCPHN standards of proficiency once its pre-registration standards are updated. We will monitor the progress of this work.

3.6   The NMC published an updated version of the Code, setting out professional standards of practice and behaviour for registrants, on 10 October 2018. The Code now covers nursing associates. The NMC has also now published its new standards of proficiency for nurses and nursing associates, although we note these developments are outside the period under review.

3.7   We are satisfied that this Standard is met.

Standard 2: Additional guidance helps registrants apply the regulator's standards of competence and conduct to specialist or specific issues including addressing diverse needs arising from patient and service user centred care

3.8   The NMC publishes online guidance supplementary to the Code on issues including conflicts of interest, responding to unexpected incidents or emergencies and, enabling professionalism in everyday practice. Some of the guidance is supported by case studies to help users understand its practical application. We are satisfied that this Standard is met.

Standard 3: In development and revision of guidance and standards, the regulator takes account of stakeholders' views and experiences, external events, developments in the four UK countries, European and

3.9   On 1 November 2017, the NMC revised its requirements for demonstrating English language competence for those who trained outside the UK. The NMC considered English language tests and evidence accepted by other healthcare regulators across the world. The NMC held a targeted consultation on the changes in September 2017 to take account of the views of representatives from key stakeholder organisations across the UK. This is discussed in more detail under the first Standard for Registration.

3.10   We received feedback from one organisation who commended the NMC on the work it is undertaking on the requirements for English language competence. We are satisfied that this Standard is met.

Standard 4: The standards and guidance are published in accessible formats. Registrants, potential registrants, employers, patients, service users and members of the public are able to find the standards and guidance published by the regulator and can find out about the action that can be taken if the standards and guidance are not followed

3.11   The NMC continues to publish the Code and supporting guidance on its website. Welsh versions of the documents are available. Easy read versions of supporting documentation are available.

3.12   The NMC website contains a leaflet for patients and the public about what to expect from a nurse or midwife, how to raise concerns about nurses and midwives, and how it deals with concerns.

3.13   We noted under the second Standard for Guidance and Standards that the NMC has now published the new standards of proficiency for registered nursing associates and those for nurses. These developments are outside the period under review and we will consider these in next year's performance review. We are satisfied that this Standard is met.

4. Education and Training

4.1   As we set out in Section 2, we considered that more information was required in relation to the NMC's performance against Standard 2 and carried out a targeted review. The reasons for this, and what we found as a result, are set out under the relevant Standard below. Following the review, we concluded that this Standard was met and therefore the NMC has met all the *Standards of Good Regulation* for Education and Training in 2017/18.

Standard 1: Standards for education and training are linked to standards for registrants. They prioritise patient and service user safety and patient and service user centred care. The process for reviewing or developing standards for education and training should incorporate the

views and experiences of key stakeholders, external events and the learning from the quality assurance process

4.2   The NMC undertook a significant amount of work during the period under review to progress its development of new standards in education for nurses, midwives and nursing associates. The NMC continues to provide updates on the progress of its work on dedicated pages on its website.

Standards of proficiency for registered nurses

4.3   The new standards of proficiency for registered nurses separate the requirements for individuals from those for institutions. A set of proficiencies for nursing students to achieve at the point of entry to the register have been created.

4.4   The education standards that underpin nurse and midwife proficiencies have been moved into a new education framework, which covers both pre- and post-registration education and training. An NMC-appointed independent expert led this work with the support of a group of representatives from different stages and settings of nursing careers.

4.5   The NMC held a formal consultation on the new standards of proficiency for registered nurses between June and September 2017. The NMC refined the standards based on the consultation feedback.

4.6   The NMC's Council approved the final standards of proficiency on 28 March 2018 with a view to all approved education institutions (AEI) adopting the new standards by September 2020. The new standards came into effect on 28 January 2019.

Standards of proficiency for registered midwives

4.7   The development of standards of proficiency for registered midwives is running a year behind that of the nursing standards. The NMC reports that this is to allow it to maintain its focus on the legislative changes to the way in which midwives are supervised and regulated,[6] which came into force in April 2017.

4.8   In September 2017 the NMC's Council approved a new timeline which includes a consultation on the new standards in early 2019.[7] Full adoption of the new standards is envisaged for September 2021.

4.9   The NMC has now concluded the engagement and research gathering phase of the project, which it reports involved extensive engagement across the UK to obtain the views of new and experienced midwives, educators, students, women and their families via workshops, focus groups, webinars and meetings. The evidence and engagement activity will inform the development of the draft proficiencies and programme requirements, ready for consultation in February 2019.

---

[6] From 1 April 2017 statutory midwifery supervision provisions were removed from the NMC's governing legislation and the statutory Midwifery Committee was removed from its governance structures.
[7] The consultation was previously due to be held in Spring 2018 with provision for 'early adoption' from September 2019.

Education framework

4.10   The education requirements that underpin nurse and midwife proficiencies have been moved into a new standards framework that covers both pre- and post-registration training and education. The new standards framework provides training and education standards for all learning. There are also new requirements for supervision and assessment, which the NMC says are simpler and should encourage innovation and flexibility whilst assuring quality. A separate document sets out programme standards for AEIs to meet to enable them to support the standards of proficiency for registered nurses.

4.11   The NMC formally consulted on the new education framework and nurse programme standards between June and September 2017. The NMC reports that it used the consultation responses to refine the standards.

4.12   The NMC's Council approved the new standards framework for education, standards for student assessment and supervision and standards for pre-registration nursing programmes in March 2018. The new standards came into effect in January 2019 and all AEIs will have adopted the new standards by September 2020.

Standards of proficiency for registered nursing associates

4.13   The NMC has continued work to develop standards of proficiency and education for the new nursing associate role. An early working draft of the proficiencies and a skills annexe was made available on the NMC website so that those who started their training before the final standards were in place could work towards readiness to meet the NMC's expectations.

4.14   Health Education England (HEE) has been running nursing associate training at 35 test sites across England. The nursing associates in those pilots are expected to complete their training and start work in early 2019.

4.15   The NMC has developed an assurance approach for programmes that started before its standards came into effect. Changes to NMC legislation give it the power to assess whether a non-NMC approved qualification is comparable to an approved one. The NMC has worked with HEE on a process of quality assurance for the programmes HEE is overseeing, so that the NMC has a basis on which to assess comparability with approved routes to registration.

4.16   The NMC will also consider whether there is a process by which it can ensure a similar level of assurance about apprenticeships. If the NMC thinks a qualification is not comparable there will still be a route to registration via a test of competence.

Review of post-registration standards

4.17   The length of time since some post-registration standards have last been reviewed by the NMC was highlighted in our performance review report for 2015/16.

4.18   As part of its education strategic programme, the NMC is reviewing all the other related post-registration education and practice standards in order to ensure alignment with its new approach to standards of proficiency and

education for registered nurses and midwives. In this reporting period, a review of the NMC prescribing standards and standards for medicines management was completed.

4.19   The NMC proposed to adopt the Royal Pharmaceutical Society's (RPS's) *Prescribing Competency Framework* as its new standards of proficiency for nurse and midwife prescribers. The NMC also proposed to withdraw its standards for medicine management, and to enable registrants to obtain a prescribing qualification post-registration earlier in their career.

4.20   The NMC held a consultation on the changes between June and September 2017. This followed pre-consultation engagement with nurses, midwives, educators, students, employers, other regulators and the public from across the four UK countries. The NMC used the responses to finalise the proposals.

4.21   In March 2018, the NMC's Council approved the adoption of the RPS's *Prescribing Competency Framework* as the new standards of proficiency for nurse and midwife prescribers; approved new standards for prescribing programmes for nurses and midwives; and approved the withdrawal of the current standards for medicines management. The NMC's Council also agreed that the NMC will support initiatives in the development of cross professional guidance by the RPS and others. Registrants can now enter a prescribing programme that permits nurses and midwives to prescribe from a limited formulary immediately following registration and apply to enter a prescribing programme after one year of registration to become an independent/supplementary prescriber. The changes came into effect on 28 January 2019 and all AEIs will adopt the new requirements for prescribing programmes by September 2020.

Conclusion

4.22   The NMC has continued work to develop new standards for education and training for nurses, midwives and nursing associates, which are linked to its standards of proficiency for registrants, in line with its timeline. The NMC has considered the views of nurses, midwives, nursing associates, educators, students, employers, other regulators and the public from across the four UK countries, to ensure that it meets its aim to produce education standards that enable registrants to deliver modern and safe care. We are satisfied that this Standard is met. We will continue to monitor the progress of this work.

> **Standard 2: The process for quality assuring education programmes is proportionate and takes account of the views of patients, service users, students and trainees. It is also focused on ensuring the education providers can develop students and trainees so that they meet the regulator's standards for registration**

4.23   This Standard was considered as part of the targeted review this year.

4.24   We wanted further information about the NMC's quality assurance process, including proposed changes to how it approves education programmes.

4.25   Each year the NMC produces an annual report on its quality assurance activity in respect of AEIs. The report we reviewed covered the academic year from 1 September 2016 to 31 August 2017.

Approval of AEIs and education programmes

4.26   The NMC's annual report recorded that there were 80 AEIs across the UK, including one new educational institution that successfully achieved AEI status during the reporting period. Seventy-seven AEIs are approved to run pre-registration nursing programmes, and 52 AEIs are approved to run pre-registration midwifery programmes. Four AEIs were approved to deliver pre-registration nursing education for the first time.

4.27   The NMC approved or re-approved 105 programmes, bringing the total number of approved programmes to 923.

AEI self-assessment and monitoring

4.28   Each year all AEIs are required to undertake a self-assessment and complete a declaration on their current ability to meet the NMC's standards. In its annual report, the NMC recorded that of the 77 AEIs approved to run pre-registration programmes:

- three AEIs were selected for monitoring based on their self-assessments, of which two of them were found to be non-compliant with one or more of the NMC's standards

- 17 AEIs were selected for monitoring based on identified risk, of which five were found to have failed to meet one or more of the NMC's standards

- notable practice identified through monitoring work included AEIs widening service user and carer involvement and expanding access to resources and disability support for students.

4.29   All non-compliant AEIs were required to take timely action to provide assurance in the form of an action plan with an agreed timeframe, which the NMC monitored for completion.

4.30   The NMC reports that it held a self-assessment workshop in April 2017 that was attended by representatives of AEIs from the four countries, as well as other key education stakeholders. The workshop explored improving the approach to self-assessment and the NMC reports it has made several changes to its self-assessment process for 2017-2018 as a result.

Education programmes

4.31   To run pre- or post-registration NMC-approved programmes, AEIs must demonstrate their capability to meet the NMC's standards for the programme. The process involves two main steps: the submission of documentation for scrutiny, and an approval event during which quality assurance reviewers discuss the evidence and speak to a range of AEI staff, students and service users. Programme approval lasts for six years, after which re-approval is required.

4.32   The NMC assigns conditions of approval where evidence of non-compliance is found, which, if not satisfactorily addressed, prevents the programme from running. The NMC may also issue recommendations, which are of an advisory nature and provide information on how to strengthen compliance with the NMC's standards. Once the required standards have been met, the programme will be recommended for approval.

4.33   We noticed that there had been a high proportion of programmes that required conditions before approval or re-approval in the reporting period 1 September 2016-31 August 2017. Seventy-five out of 105 programmes (71.4 per cent) required conditions (with or without recommendations) before approval or re-approval was granted. The NMC told us that 69 out of 75 (92 per cent) of those related to re-approvals.

4.34   We asked the NMC to provide us with information to enable us to understand the types of conditions issued to programmes prior to re-approval in the reporting period, considering re-approval occurs only once every six years. The NMC provided a table showing the types and corresponding number of conditions issued to programmes before re-approval in this reporting period. The NMC highlighted that many of the conditions issued were process-related issues or issues in documentation and that it is moving away from a process-related approach in its new quality assurance model to an outcomes-based one.

4.35   Having reviewed information provided by the NMC about the conditions imposed, we agree that many of the conditions appear to be process-related or relate to issues in documentation. We also note, for example, that the NMC's new standards for pre-registration nursing programmes set out what AEIs and their practice partners must achieve but do not set out the ways in which it must be achieved. The NMC informed us that no programme can be re-approved until the conditions have been met in full.

4.36   We consider that the high proportion of programmes that required conditions before re-approval is not of significant concern taking into account the nature of the conditions issued, the requirement for them to be met before approval and the NMC's move to an outcomes-focused approach to quality assurance.

4.37   In its annual report the NMC reported that it granted extensions to programme re-approvals to AEIs where requested due to the new revised education standards being implemented. The NMC reports that without this, many more programmes would have required re-approval both prior to and after the implementation of the NMC's new education standards, resulting in duplication and an expenditure of resource. The NMC's new education standards were not due to be effective until January 2019 with the latest date for implementation September 2020. We wanted to understand how the NMC managed the risk of non-compliance with programme standards when it considered requests for extensions, particularly considering the final date for approval under the new education standards is some time away.

4.38   The NMC informed us that the high-level process for deciding whether to grant extensions to programme re-approval is outlined in its quality assurance framework. AEIs that requested extensions for programme re-approval in this reporting period were required to provide a rationale in each

individual case and were either granted an extension of up to one year or denied an extension, in line with the established process.

4.39   The NMC informed us that this year it augmented this process with an internal quality assurance scrutiny group (IQASG) to provide oversight and consistency to extension decisions. AEIs must continue to engage with annual reporting and report by exception new risks, which are then monitored by the NMC.

4.40   We consider the NMC's approach to be a proportionate response to requests for extensions to programme re-approval, particularly whilst AEIs are preparing to meet the new education standards.

Independent review of education quality assurance

4.41   The NMC's Council approved a new risk-based education quality assurance framework on 28 March 2018, which will be fully implemented from September 2019. The new quality assurance model will apply to all education programmes.

4.42   The NMC is removing programme re-approvals as part of its new quality assurance process. Programme approval will be indefinite and last until the NMC either publishes new standards or withdraws approval due to serious concerns about a programme.

4.43   The NMC says that this new approach to programme approvals should lead to a reduction in the overall number of quality assurance visits and will enable it to use resources where the greatest risk is present. It will continue to monitor AEIs and their approved programmes to ensure that NMC standards continue to be met once approval has been granted through its major modification notification process, annual self-assessment (which it will continue to refine) and other ongoing monitoring (including thematic reviews).

4.44   We requested information from the NMC to help us understand in more detail how it plans to manage the risks of non-compliance with its programme standards when programme re-approvals are removed from the quality assurance process.

4.45   The NMC informed us that over the next two years all programmes will undergo a new gateway approach to approval and any conditions identified must be met before a programme will be approved under the new model.

4.46   The NMC explained that the risks of non-compliance with programme requirements will be mitigated under the new quality assurance approach in the following ways:

- major modification to an approved programme – following notification from an AEI, the NMC would carry out a documentary review and potentially a visit to ensure the modified programme meets its standards

- enhanced scrutiny – new providers and new programmes will undergo a period of enhanced scrutiny from approval until the first cohort are registered with the NMC

- annual self-reporting – this will continue, and thematic reviews will be introduced to enable the NMC to look in more detail at sector wide challenges in specific areas.

4.47   The NMC's Council also agreed that the NMC undertake further work to scope out developing an NMC student survey. The NMC reports that this survey would form a key part of the intelligence gathering required to operate the risk-based approach to quality assurance.

4.48   At the Council meeting on 28 March 2018, the NMC set out a list of factors which may influence its assessment of risk under its new quality assurance approach and we wanted to understand the rationale and evidence base for the criteria.

4.49   The NMC reports that initially its risk criteria will be limited to those factors it knows to be influential in relation to programme quality. In the short term, between September 2018 and September 2020 all existing and new providers will be required to seek approval against the new standards and framework. The NMC says that this provides assurance that the standards are being met whilst the risk-based model is being refined and provides a baseline of information to inform the model. It explained that its medium to longer term goal is to develop the sophistication of the model to allow predictive approaches.

4.50   We also wanted to understand how the NMC will proactively obtain external information to feed into its new risk-based approach to quality assurance when programme re-approvals are removed.

4.51   The NMC informed us that it will do so through:

- enhanced technological solutions – to maximise the use of data already in existence through its monitoring processes and other higher education quality assurance activity (which will be piloted before being implemented)

- Memoranda of Understanding (MoUs)

- potential student survey – so that students as users can provide their feedback on their programme, institution and practice learning environment.

4.52   We consider that the removal of programme re-approval visits brings with it a loss of information gathered as part of those visits, in particular direct feedback from trainees, service users and AEI staff.[8] A student survey might help address the loss of this feedback from students, but this is not a certainty. The NMC will need to consider how it will obtain sufficient feedback (in terms of quality and quantity) from those parties as part of its new approach to quality assurance. This is not an issue for this reporting period,

---

[8] Approval of programmes includes initial approval, re-approval, and approval of programme modifications. The process involves two main steps, the submission of documentation for scrutiny and a joint higher education institution/NMC approval event during which quality assurance reviewers discuss the evidence and speak to a range of AEI staff, students and service users. See: www.nmc.org.uk/globalassets/sitedocuments/qualityassurance/qamonitoringreports/qareports/qa-nursing-midwifery-education-2016-17.pdf.

however, as the NMC will begin approving all AEIs and programmes under its new standards from October 2018 for the next two years.

Conclusion

4.53 Whilst we consider the proportion of programmes requiring conditions before re-approval to be high, we note that those conditions appear to be process or document related and the NMC requires all conditions to be met before approval is granted.

4.54 The NMC has explained how it considers requests for extensions for re-approvals from AEIs, and the measures it has in place, such as the IQASG, to ensure consistent and robust decisions. In the context of a six-year re-approval process and the forthcoming removal of the re-approval process, an extension of one year does not appear excessive and the NMC will continue to monitor compliance with its standards through other means.

4.55 The NMC appears to have considered how the risks of AEIs being non-compliant with programme standards will be mitigated under the new quality assurance approach when approval will be indefinite. Other regulators take a risk-based approach to the quality assurance of education and we have no objection to this approach in principle. From the information available to us, the NMC appears to have in place a proportionate quality assurance process and is developing and refining a new risk-based approach, which we will keep under review. One area that the NMC may need to be mindful of in its new approach to quality assurance is how it obtains and takes account of the views of AEI staff, service users and students. With the removal of re-approval events, the NMC will need to ensure it has strong and robust avenues to allow the voices of those groups to be heard, as they will no doubt have valuable information to provide.

4.56 There is sufficient evidence to demonstrate that this Standard is met but we will continue to closely monitor this work.

Standard 3: Action is taken if the quality assurance process identifies concerns about education and training establishments

Exceptional reporting

4.57 It is noted in the NMC's most recent quality assurance annual report that changes to the NMC's quality assurance framework have continued to lead to an increase in the number of exceptional reports received from AEIs of potential concerns over their compliance with the NMC's standards. In this reporting period, 89 exceptional reports were received, compared to 58 in the last reporting period, which is around a 53 per cent increase. This pattern fits with the last reporting period, in which the NMC reported a 50 per cent increase following the introduction of the changes.

4.58 Most of the exceptional reports have related to issues in practice environments. The NMC required AEIs to provide evidence of actions taken, where appropriate, to control or mitigate any identified risks to the training and education standards.

Targeted review of an education programme

4.59   The NMC did not carry out any targeted reviews in the reporting period. However, it noted in its annual report that a follow-up of the review of one AEI from the previous year was carried out in March 2017, at which all standards were found to be met.

4.60   In June 2017, the NMC asked all AEIs approved to run pre-registration midwifery programmes to provide information about their teaching, learning and assessment in relation to foetal monitoring and foetal heart rate interpretation. The current standards of proficiency for registered midwives lack detail in this area. The responses received reflected a varied approach in delivery and assessment of these topics, and the NMC reports the information and analysis will inform and shape the development of the new standards of proficiency for registered midwives.

Extraordinary review

4.61   The NMC did not carry out any new extraordinary reviews during the 2016-2017 academic year, however a follow-up of the previous year's visit to Bangor University as part of the wider review of education in north Wales took place in February 2017, where all standards were found to be met. Bangor University has completed a phased reintroduction of student midwives to placements that had been withdrawn. The reports from the review are available on the NMC website.

Conclusion

4.62   We have seen evidence that the NMC continues to have measures in place to take action where concerns are identified about training programmes. Therefore, we are satisfied that this Standard is met.

Standard 4: Information on approved programmes and the approval process is publicly available

4.63   Information on approved nursing and midwifery education programmes and the approval process is available on the NMC website.

4.64   The NMC website contains specific pages for those applying for AEI status and programme approval. The NMC reports that it has made additional information available on its website, including an AEI status and programme approval flow chart. The NMC website also contains a dedicated webpage for those applying to deliver a nursing degree apprenticeship programme.

4.65   A search function on the website enables visitors to search for courses by country, educational institution, and qualification. We are satisfied that this Standard is met.

5. Registration

5.1   As we set out in Section 2, we considered that more information was required in relation to the NMC's performance against Standards 2 and 3 and carried

out a targeted review. The reasons for this, and what we found as a result, are set out under the relevant Standards below. Following the review, we concluded that both these Standards were met and therefore the NMC has met all of the *Standards of Good Regulation* for Registration in 2017/18.

Standard 1: Only those who meet the regulator's requirements are registered

5.2 We have not seen any information which suggests the NMC has added anyone to its register who has not met its registration requirements.

5.3 The NMC has made some changes to its requirements for registration in this review period.

English language requirements

5.4 The NMC requires all applicants trained outside the UK to demonstrate competency in the English language. The NMC previously accepted the International English Language Testing (IELTS) Academic Test at a minimum achievement of Level 7. In response to concerns raised that the IELTS testing arrangements created an unnecessary barrier to registration, the NMC reported in July 2017 that it had undertaken an initial 'stocktake' of the current arrangements. It said it found no compelling evidence that the IELTS was not fit for purpose or that the level of competency required was set too high. It indicated that the matter remained under review however.

5.5 On 1 November 2017, following further review and targeted consultation, the NMC introduced changes to the English language competency requirements for applicants trained outside the UK. The changes allowed applicants who qualified outside the UK to demonstrate English language competency by taking the Occupational English Test (OET) and achieving a grade B or higher in all four fields of speaking, listening, reading and writing.

5.6 The NMC has also aligned English language competency requirements for those who qualified outside the European Economic Area (EEA) and European Union (EU). These applicants can now demonstrate English language competency by:

- providing evidence of having completed a recent pre-registration nursing or midwifery qualification which was taught and examined in English; or

- demonstrating registration and practice of at least one year in a country where English is the first and native language and an English language assessment was required for registration.

5.7 The changes were designed to increase the flexibility for applicants, while still ensuring that the appropriate standard of English language is achieved.

Indemnity requirements

5.8 In January 2017, the NMC announced its decision that the indemnity scheme used by some independent midwives who are members of the organisation Independent Midwives UK (IMUK) was inappropriate in that it was not able to call upon sufficient financial resources to meet the costs of a successful claim for damages for a range of situations, including rare cases of catastrophic

injury. The decision meant that independent midwives who were indemnified by the scheme were no longer permitted to practise until alternative cover was obtained.

5.9   The decision was subject to judicial review in December 2017 and upheld. In reaching a decision, the court found that the NMC's decision was lawful, fair and proportionate and that it was right to treat the protection of the public as its overarching concern. While the risk of a high value claim was low, the risk was real, and the nature of the risk was very severe.

Conclusion

5.10   Based on the evidence we have seen, we are satisfied that this Standard is met.

Standard 2: The registration process, including the management of appeals, is fair, based on the regulator's standards, efficient, transparent, secure, and continuously improving

5.11   This Standard was considered as part of the targeted review this year.

Apprenticeships

5.12   Professional education for health and care is changing and includes new and diverse models of education programme delivery, including apprenticeships. The creation of nursing degree apprenticeships was announced by the Government in 2016 and approved for delivery by the Institute for Apprenticeships (IfA) from 9 May 2017.[9]

5.13   We noted that there is a distinction between the completion of the nursing degree, required for NMC registration, and the subsequent end-point assessment (EPA), required for completion of the apprenticeship.[10] We could not find any published information about whether NMC registration is dependent on successful completion of the EPA for those individuals doing nursing degree apprenticeships. We were concerned about the transparency of the process and that, if this was the case, it would constitute an additional and potentially unfair hurdle to registration for nursing degree apprentices.

5.14   We therefore decided to seek further information about the NMC's registration process for those who complete a nursing degree apprenticeship, and the information the NMC has published about this.

5.15   The NMC informed us that registration with the NMC is not dependent on successful completion of the EPA and directed us to information it publishes about what it expects of educational institutions.

5.16   The information the NMC makes publicly available about apprenticeships does not make it clear that registration with the NMC is not dependent upon completion of the EPA. We consider that this impacts on the transparency of the process and has the potential to cause confusion.

---

[9] See: /www.instituteforapprenticeships.org/apprenticeship-standards/registered-nurse-degree-nmc-2010/.
[10] See: /www.instituteforapprenticeships.org/media/1214/registered_nurse.pdf.

5.17   We have not received any concerns about the information available to the public in relation to this issue and the potential impact of this lack of information is currently low as only a small number of individuals have started the nursing degree apprenticeship so far.[11] The NMC has confirmed that it is updating information available on its website, considering the additional apprenticeship standards being developed in line with its standards.[12]

Processing of registration applications

5.18   The NMC reported that it has begun to automate its registration processes. We were advised by the NMC that this automated process was introduced for UK registrants at the beginning of 2017 and has subsequently been introduced for EU/EEA graduates.

5.19   The NMC says that this has reduced the length of time it takes to process complete registration applications and also reduced the length of time from the point it receives information uploaded by universities to the point an individual is added to the register.

5.20   The chart below shows the median times it has taken the NMC to process complete registration applications each year from 2014/15. The figures for 2017/18 represent a significant decrease in time across all categories of registrants. This is consistent with the NMC's account of the impact of its process change.

Median time (working days) to process initial registration applications	2014/15	2015/16	2016/17	2017/18
UK graduates	2	2	1	0
EU (non-UK) graduates	9	10	13	0
International (non-EU) graduates	1	10	2	1

5.21   The NMC has key performance indicators (KPI) which consider the length of time it takes it to process registration applications from receipt.[13] The NMC has a KPI of processing 95 per cent of UK applications within 10 days and 99 per cent within 30 days. This year the 10-day KPI has been met in every month from April 2017 to March 2018, except November 2017 when it dipped

---

[11] Reports in the media say that there had only been 20 starts on nursing degree apprenticeships by the end of January 2018. See: https://feweek.co.uk/2018/06/05/urgent-levy-reform-demanded-for-nursing-degree-apprenticeships/.

[12] The nursing associate apprenticeship was approved for delivery by IfA from 20 November 2017. Skills for Health and HEE are working with midwifery leaders in the NHS and in Higher Education to create a Midwifery Apprenticeship, due to take the first students in 2019. See: www.instituteforapprenticeships.org/apprenticeship-standards/nursing-associate/ and www.rcm.org.uk/learning-and-career/apprenticeships.

[13] This is calculated differently from the median figures in the table above (which measures the processing of *complete* applications) and appears to measure from *receipt* of the application to completion.

to 90.8 per cent. The 30-day KPI was met in every month from April 2017 to March 2018, except for May, June and November 2017 but the lowest proportion of applications meeting the KPI in any month (97.8 per cent) was not significantly lower than the target.

5.22   The NMC has reduced its KPI of processing 90 per cent of EU/EEA and other international applications within 60 days instead of the previous target of 68 days. Only 85 per cent of applications were processed within that time in April 2017, but the target was exceeded in each subsequent month to March 2018 with a year to date average of 98.5 per cent.

5.23   Two organisations have raised concerns about the length of time it takes for overseas nurses to join the register, with one saying this is most problematic for EU nurses. One organisation said that its findings to date indicate that the current overseas processes impede nurses' registration. The NMC has begun a programme to review the process for applicants who wish to join the register from outside the UK to ensure that it can assess applicants against the NMC's new standards for nurses, midwives and nursing associates. It also intends to streamline the registration process and consider the evidence requirements for English language competence. The NMC reports that short term improvements will be implemented quickly, but other changes may require consultation and legislative change.

5.24   Whilst the median timescales data and the NMC's performance against its KPIs do not indicate significant concern about its processing of registration applications, we welcome the work the NMC is doing to improve and streamline its processes. We will monitor this work.

Registration appeals

5.25   The total number of appeals against refusals to the register has continued to increase this year and is significantly higher than in 2013/14 and 2014/15, although the number of new applications for registration has decreased. We considered the increase in appeals as part of a targeted review in 2016/17. Following that, we decided that the underlying increase was not a concern because the proportion of appeals at 0.5 per cent was very low, though we noted a high proportion of appeals were upheld. This year the proportion of appeals that were upheld has decreased and the proportion of appeals remains at less than 0.5 per cent. We therefore decided this year that the increase in appeals was not of significant concern. Comparative annual data from 2013/14 to 2017/18 is set out in the table below:

	2013/14	2014/15	2015/16	2016/17	2017/18
Registration applications received	28,959	28,517	30,157	28,932	25,459
Registration appeals received	51	64	109	105	122
Registration appeals concluded	49	53	104	97	94

Outcomes of concluded appeals					
Upheld	16[14]	20 (38%)	63 (61%)	49 (50%)	40[15] (43%)
Rejected	23	13 (25%)	16 (15%)	30 (31%)	42 (45%)
Withdrawn	4	20 (38%)	25 (24%)	18 (19%)	12 (13%)

5.26   This year the difference in the number of appeals received and concluded has increased, with 28 appeals outstanding, compared with eight in 2016/17, five in 2015/16 and 11 in 2014/15. We were concerned that this might indicate delays and a growing backlog of registration appeals. The table below shows a breakdown of appeals received and concluded in each quarter for 2017/18:

Number of registration appeals, 2017/18:	Q1	Q2	Q3	Q4
Received	21	36	26	39
Concluded	20	22	34	18

5.27   We noted however that 39 appeals had been received in quarter four of 2017/18 with 18 concluded, which accounted for 21 of the outstanding appeals. We therefore concluded that the outstanding appeals were likely to be due to a spike in the number of appeals received in that quarter. A similar spike in quarter two of 2017/18 appears to have been addressed in the main in quarter three. We therefore decided that the NMC appears to be able to manage the volumes appropriately.

5.28   The data received from the NMC for quarter one and two for 2018/19 indicates that the number of outstanding appeals has been significantly reduced. The NMC received 43 registration appeals and concluded 59 across the first two quarters of 2018/19.

5.29   We note that no appeals where no new information had been provided were upheld in 2017/18. This is an improvement in the quality of the original decisions compared with last year when two were upheld.

Customer service

5.30   The NMC reports on the proportion of all telephone calls to the registration contact centre which are abandoned before being answered. Last year the rate of abandonment of calls was 7 per cent or lower in every month except October 2016 (18 per cent). The percentage of abandoned calls this year has been generally consistent, staying under 10 per cent. However, there was a

---

[14] Percentages are not provided for this year because the number of outcomes provided was less than the number of appeals concluded.
[15] The figure of 40 includes 10 appeals that were conceded by the NMC.

noticeable increase in the percentage of calls abandoned between July to September 2017, with a high of 17 per cent in August 2017.

5.31 The NMC reported that, during August, call volumes increased by 25 per cent with calls taking on average 10 seconds longer to resolve. At the same time the NMC had greater than planned-for staff absences and a 25 per cent increase in emails linked to its move to online automation. The NMC reports that the increased workload and the resourcing issues when taken together resulted in longer wait times and therefore a higher abandonment rate.

5.32 An action plan was developed to address these issues. The plan included temporary recruitment, further cross-training of other staff and improved analysis of calls and emails to help the NMC identify and reduce unnecessary contact so that it could focus on the most important contact. The plan appears to have been effective and call abandoned rates have remained below 10 per cent from October 2017.

5.33 In terms of customer satisfaction levels, the percentage of respondents rating their experience as 'good' or 'very good' year to date (February 2018) is 75.8 per cent, and the percentage of those who felt the NMC had answered their query is 70.9 per cent. Last year the figures stood at 76.1 per cent and 76.9 per cent respectively. Customer dissatisfaction stands at 15.5 per cent. Whilst this represents a small decrease in customer satisfaction from last year, the NMC has committed to considering why customers are reporting dissatisfaction, and actions being taken to reduce this were planned to be reported to Council in May 2018. The NMC says that it also continues to analyse survey data to consider the actions it can take to improve the experience for service users. We will keep this under review.

5.34 We reported in last year's report that the NMC planned to develop a new contact centre. This commitment no longer stands and the NMC reported that it is refocusing change on its fitness to practise processes to reduce the number of cases which result in a hearing.

Conclusion

5.35 The NMC has made it clear to us that registration for those doing nurse degree apprenticeships does not require successful completion of the EPA, but only the degree assessment. The information made publicly available by the NMC does not make this clear. We welcome the NMC's plans to update the information on its website. We have not received any concerns about the information available to the public in relation to this issue and the potential impact of this lack of information is currently low as only a small number of individuals have started the nursing degree apprenticeship so far.

5.36 The NMC's drive to reduce its processing times for EU/EEA and other international applications to 90 per cent within 60 days instead of the previous target of 68 days is a positive development and has been generally exceeded. We will monitor the NMC's progress with its review of its overseas registration processes.

5.37 The NMC continues to report on call processing times and customer satisfaction measures at each NMC Council meeting and we welcome the

NMC's commitment to considering why some customers are reporting dissatisfaction.

5.38   We note the NMC's dataset figures for the first half of 2018/19 indicating a reduction in outstanding registration appeals.

5.39   For the reasons above, we are satisfied that this Standard is met.

> **Standard 3: Through the regulator's registers, everyone can easily access information about registrants, except in relation to their health, including whether there are restrictions of their practice**

5.40   This Standard was considered as part of the targeted review this year.

5.41   As in previous years, we conducted a check of samples of entries on the NMC register. This year we checked 120 entries, 30 for each quarter over the period of review. The registrant entries checked were randomly selected from registrants who had been subject to a final fitness to practise decision in the relevant period.

5.42   In our check for quarter four, we identified inconsistencies with the NMC's register search results when searching by name. We consider this problematic as it means that information about registrants is not always easily available unless the user has the registrant's Personal Identification Number (PIN), which we consider the public is less likely to have. The results are also potentially misleading to users and this may mean that accurate information about registrants' registration status is not easily accessed by the public, including whether a registrant has restrictions. Many of the registrants we obtained no results for when conducting a search using their name had conditions, were suspended or had been struck off. A review of the NMC's guidance 'how to use Search the register' does not provide any information prompting users to contact the NMC if the register search returns no results where they expected to see some, and neither does the results page of a search.

5.43   The NMC informed us it had tested various scenarios and believes that the difficulty may have arisen because of blank spaces before, after or in between surnames and forenames. It has modified the system so that it will ignore additional spaces.

5.44   It is of some concern that the NMC register may be of such sensitivity that results are not returned because of extra spaces or because names are not searched exactly as they are recorded on the register. When members of the public search for a registrant, they may not know precisely how the registrant's name is recorded. The NMC has informed us that it is currently undertaking a substantial work programme to modernise its technology and in the next two years it will review its register, including the search functionality.

5.45   We also identified one error as part of our checks. The error involved a registrant who had been made subject to a caution order. When we checked the register, it stated that the registrant had no restrictions on his practice. We raised this matter with the NMC who restored the caution order to the register. The NMC advised that a member of staff had inadvertently removed

the sanction when updating the register when a further case against this registrant was closed with no further action.

5.46   Last year the NMC provided information about the way in which fitness to practise outcomes on the register are monitored. All updates to the register are subject to checks, including a review of the register and the NMC's case management system, to ensure that information recorded is correct. The results of checks are recorded, and an error log is reviewed weekly to inform performance management and staff training. Daily missing outcome and reconciliation reports are run to further ensure that the data is complete and that registration and fitness to practise systems are consistent. The NMC told us that staff from the Fitness to Practise and Registration teams met regularly to review the assurance processes in place to ensure that they are fit for purpose and remain aligned.

5.47   It is of concern that the NMC's checks did not identify this error. We recognise however that this error arose in relation to a registrant subject to multiple distinct fitness to practise cases, which is not the norm. This is an isolated incident and in the last four years we identified no other errors or inaccuracies through our register checks. The NMC told us that it has reviewed its processes for updating the register to ensure that adequate safeguards are in place to quickly detect and correct discrepancies should they occur in future.

Conclusion

5.48   The variation in register results when searching by registrant name raises some concerns. We consider that the register search function appears not to be as accessible as it might be, based on the NMC's response regarding the sensitivity of search criteria and the lack of guidance provided to those using the register when an entry is not found.

5.49   We have however only looked at a small sample of a very large register and note that, while it is concerning that there has been difficulty in finding some names, we identified no issues when searching the register using registrants' PIN numbers. It is of concern that the NMC's checks did not identify the omission of the caution order. However, this apparently isolated error arose in relation to a registrant subject to multiple distinct fitness to practise cases, which is not the norm, the NMC has processes in place to check the accuracy of the register and the NMC is reviewing its processes. We decided that overall the concerns identified are not so significant to mean that the Standard is not met. Therefore, we are satisfied that this Standard is met.

Standard 4: Employers are aware of the importance of checking a health professional's registration. Patients, service users and members of the public can find and check a health professional's registration

5.50   The registration search function is clearly visible on the front page of the NMC website and is available for everyone to use. Employers may search multiple entries at once. The NMC provides a glossary of terms it uses on the register to describe the registration status of a nurse, midwife and, as of 28 January 2019, a nursing associate.

5.51   The NMC continues to provide guidance for employers on its website which sets out their responsibilities in recruiting, managing and supporting nurses and midwives. This includes information about how to use and when to check the NMC register and details about the employer confirmations service. The information has been updated to include reference to nursing associates and we will consider this as part of next year's performance review.

5.52   The NMC's Employer Link Service (ELS) continues to meet with NHS Trusts and Health Boards across the four countries and has also met with some of the largest independent sector employers. We are satisfied that this Standard is met.

Standard 5: Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner

5.53   We have not identified any changes to the NMC's approach to managing this risk in the reporting period.

5.54   The Nursing and Midwifery Order 2001 makes the illegal use of the protected titles 'registered nurse' and 'midwife' an offence. The NMC's website sets out the legal requirement for all nurses and midwives practising in the UK to be on the NMC's register. Nurses and midwives who apply for readmission to the register and are found to have been working unregistered after allowing their registration to lapse may have a fitness to practise investigation opened against them or may be referred to the Registrar's Advisory Group and their application may be refused.

5.55   The NMC continues to operate an employer confirmation service, enabling employers to search for multiple PIN numbers simultaneously to check that an individual is registered and able to use a protected title.

5.56   Amendments to the Nursing and Midwifery Order 2001 make illegal use of the now protected title 'nursing associate' an offence. The NMC website sets out the legal requirement for all nursing associates practising in England to be on the NMC's register. These changes fall outside the period of review and we will consider them as part of next year's performance review.

5.57   We are satisfied that this Standard is met.

Standard 6: Through the regulator's continuing professional development/revalidation systems, registrants maintain the standards required to stay fit to practise

Outcomes and evaluation of revalidation

5.58   The NMC commissioned an independent evaluation of revalidation over its first three years. The evaluation began in 2016 with surveys of registrants

who had revalidated and of those yet to revalidate, and qualitative interviews with registrants, confirmers[16] and reflective discussion partners.[17]

5.59   An interim report on the findings over the first year of revalidation was published on 12 July 2017 and we reported on this in our 2016/17 performance review. In terms of outcomes of revalidation, the interim report stated that there was evidence of incremental changes in the behaviours of those registrants who had revalidated. It was suggested that these changes had the potential to contribute to the development of a culture of sharing, reflection and improvement across the sector and that revalidation may play a role in delivering attitudinal change towards key elements of the NMC's Code.

5.60   The interim report stated that there was no evidence to suggest substantial problems with revalidation were being experienced by any one group of registrants, though NMC analysis of renewal rates by groups did find some differences:

- There had been an apparent decrease in the rate of renewal amongst older registrants (aged 56 or over)

- The revalidation rate was lower for registrants who reported having a disability or long-term health condition (84 per cent) than for those who did not (95 per cent). However, the interim report stated that there was no evidence to suggest that registrants in this group found meeting the requirements of revalidation substantially more difficult than registrants overall. The interim report concluded that this did not, therefore, suggest any significant issue for further exploration.

5.61   The first annual report on revalidation (April 2016 to March 2017) was published by the NMC on 12 July 2017 and we reported on this in our 2016/17 performance review. The NMC responded to the interim report and highlighted that:

- Under revalidation, the revalidation rate for some of the oldest age groups (over 65) has dropped further, although these people represent a relatively small proportion of the register as a whole. The challenges of retaining an ageing workforce have been recognised by NHS Employers and nursing unions and the NMC wants to work with them to make sure that revalidation is not an obstacle to older nurses and midwives maintaining their registration

- Overall, those declaring a disability and who told the NMC they had lapsed were less likely to say that they were lapsing because they could not meet the revalidation requirements (3.9 per cent compared with 6.3 per cent of those who did not report a disability)

- The NMC recognises revalidation could be particularly challenging for those in more isolated practice who may not have an employer and it

---

[16] As part of revalidation, nurses, midwives and nursing associates must demonstrate to an appropriate person that they have met revalidation requirements. This person is called a confirmer.
[17] As part of revalidation, nurses, midwives and nursing associates must have a reflective discussion about their practice with another NMC registrant. This person is called a reflective discussion partner.

wants to work with unions and professional networks to address this where it can

- The independent consultants are currently interviewing a sample of nurses and midwives who have declared they cannot meet NMC requirements to gain a greater understanding of why this was. They will be discussing these findings with NMC stakeholders to see what further action it might take in this area.

5.62 The annual report identified that revalidation rates have been similar across the four countries, ranging from 93 to 94 per cent. However, among those registrants practising outside the UK, the revalidation rate was just 59 per cent. The NMC reported that, while lower revalidation rates among this group were to be expected, some registrants practising outside the UK had reported difficulties in finding a reflective discussion partner to enable them to meet the requirements. The NMC confirmed that it would consider whether additional support could be offered to this group.

5.63 Verification is a tool the NMC uses to gain assurance that nurses and midwives are complying with the revalidation guidance and meeting the requirements. It asks for more detailed information from registrants and confirmers to ensure compliance. The NMC's own analysis of verification to date has shown a high level of compliance with revalidation requirements. The NMC reports it has found a small number of instances of non-compliance (although the report does not provide numbers or percentages) and has dealt with these appropriately.

5.64 Following on from the first-year report, the NMC's focus will be on improving communications for those in isolated practice, addressing how nurses and midwives collect feedback (particularly from patients and service users), sharing information with systems and other regulators, and the verification of revalidation applications.

5.65 The NMC also publishes quarterly revalidation reports detailing the numbers of nurses and midwives revalidating and lapsing by country and registration type. The reports include data for each of the four UK countries separately and for those registrants not practising in the UK.

Incorrect information for registrants about revalidation

5.66 An article in the media reported that a pre-recorded message on the NMC's telephone helpline incorrectly stated that registrants' revalidation date was the same as their renewal date, whereas in fact the evidence required for revalidation must be submitted by the first day of the month in which the registrant is due to renew their registration. It was reported that nurses had been potentially put at risk of falling off the register as a result, leaving them unable to work for up to six weeks. While the NMC provided the correct information on its website, nurses who only used the helpline may have mistakenly submitted their applications after the deadline.

5.67 The article does not state when or for what period the recorded message was in place, so it is not possible to check whether there was any dip in revalidation rates for that period and, in any case, those contacting the

telephone line for the information may not have been due to revalidate in the same period. The NMC has corrected the message. We reviewed the NMC's most recent quarterly revalidation report at the time for April to September 2017. We saw no significant dip in rates of revalidation for any period, with rates of revalidation overall varying between 90 per cent and 96 per cent each month. We did not receive any contact from individuals about this error or to say that they had lapsed as a result.

Conclusion

5.68   Whilst the telephone helpline error is cause for concern, the NMC has corrected the message and has other methods of communication to let registrants know the date by which they must revalidate. We have seen no evidence that the error caused registrants to lapse. This isolated error on its own is not sufficient to mean the Standard is not met.

5.69   The information available to us indicates that the NMC's revalidation systems appear to be effectively supporting registrants to maintain the standards required to stay fit to practise. Therefore, we are satisfied that this Standard is met.

5.70   We will continue to monitor the effectiveness of the NMC's revalidation systems through its annual and quarterly reports and will consider next year, in particular, the work the NMC has carried out to make sure that revalidation is not an obstacle to registrants who are older or working in isolated practice maintaining their registration.

6. Fitness to Practise

6.1   As we set out in Section 2, we considered that more information was required in relation to the NMC's performance against Standards 3, 5, 7 and 8 and carried out a targeted review and an audit of some fitness to practise cases. The reasons for this, and what we found as a result, are set out under the relevant Standards below. Following the review, we concluded that Standards 3 and 8 were met but Standards 5 and 7 were not met.

Standard 1: Anybody can raise a concern, including the regulator, about the fitness to practise of a registrant

6.2   On its website, the NMC continues to offer comprehensive information for registrants, employers and members of the public explaining the types of concerns that the NMC can handle (and where other concerns might be better directed), how to make a referral, and what action the NMC might take in respect of referrals received. The NMC provides referral forms in different formats and the Welsh language and invites users who need assistance completing the form to get in touch for help.

6.3   The ELS continues to offer services to employers including support to enable them to determine whether to make a referral, advice on the information to include in referrals, and training on fitness to practise thresholds.

6.4 The ELS target for the first year of operation was to introduce the service to all NHS/Health and Social Care boards and trusts and 20 of the largest independent sector employers. In terms of the independent sector, the target was exceeded by three. By the end of the year, regulation advisers had met with 98 per cent of NHS trusts and meetings were held with the remaining four during the first quarter of 2017-2018.

6.5 The NMC also reports ELS attended 168 local information and intelligence sharing groups, speaking engagements and other healthcare sector forums which provided the NMC the opportunity to better understand local issues and concerns and contribute to wider discussions around improving patient care at a local level. We have received positive feedback about the development of the ELS. We are satisfied that this Standard is met.

Standard 2: Information about fitness to practise concerns is shared by the regulator with employers/local arbitrators, system and other professional regulators within the relevant legal frameworks

6.6 The NMC's website lists MoUs, setting out how information will be shared, with a range of relevant organisations. In November 2017 the NMC launched a joint working protocol with the Care Quality Commission that will enable both organisations to work more closely together to protect the public through the sharing of data on fitness to practise and public safety concerns.

6.7 We received positive feedback from a third-party organisation about the NMC's engagement as part of its MoU to share intelligence, and feedback from another organisation indicating an improvement in the NMC's efficiency in acting on requests for information. We are satisfied that this Standard is met.

Standard 3: Where necessary, the regulator will determine if there is a case to answer and if so, whether the registrant's fitness to practise is impaired or, where appropriate, direct the person to another relevant organisation

6.8 This Standard was considered as part of the targeted review this year.

Changes to the fitness to practise process

6.9 Significant changes were implemented in July 2017 via an Order under Section 60 of the Health Act 1999, including:

- Giving the Investigating Committee (IC) and case examiners (CEs) additional powers to make decisions to agree undertakings, issue warnings and give advice to registrants

- Extending the powers under Rule 7A of the NMC's Fitness to Practise Rules 2004 (as amended) to encompass review of decisions to give undertakings, decisions that undertakings should no longer apply, and the issuing of warnings and advice.

6.10 We decided to review the initial impact of these changes in this performance review. We sought further information from the NMC about how the new powers were working in practice.

6.11   The NMC explained how it prepared the IC and CEs to use their new powers with a programme of training four months prior to the new powers coming into force, which included workshops and case studies.

6.12   The NMC outlined the processes it has in place to assure the quality of decisions to use the new powers. It told us it has reviewed 20 per cent of closed cases, and all decisions to use the new powers are reviewed by the Head of CEs. Learning has been identified and fed back to individuals and the CE group.

6.13   No requests for review of decisions under the new powers of disposal have been made under rule 7A. The numbers of requests for review of no case to answer decisions are broadly in line with 2016/17. While the number of decisions requiring a fresh decision has increased, the numbers are small, and are not so out of line with previous years to warrant concern.

6.14   The NMC shared its view on the reasons for an increase in cases being closed with no case to answer. It said that this is due to use of the new powers where cases would previously have progressed to a hearing, and an increase in engagement from registrants at the investigative stage of the process. This explanation does not appear unreasonable.

Our audit findings

6.15   Our audit findings (discussed in more detail in relation to the fifth Standard for Fitness to Practise) identified issues of concern with the NMC's signposting in 18 out of the 28 cases we reviewed. Our main concern was that the NMC did not consistently signpost complainants who expressed dissatisfaction with their personal independent payment (PIP) assessment to the Department for Work and Pensions (DWP) for mandatory reconsideration.[18] Nor did the NMC consistently tell complainants to contact the NMC again if any concerns about a registrant's fitness to practise were identified as a result of DWP's consideration. We considered that because our audit sample was limited to complaints about nurses conducting PIP assessments and small as a proportion of the NMC's caseload, the findings could not be extrapolated to apply to general signposting at the NMC.

Conclusion

6.16   Whilst we do not have independent assurance of the quality of case to answer decisions made under the NMC's new processes, the information we do have does not indicate significant concern with the quality of those decisions. The NMC planned to make a full assessment of the processes in September 2018, after one year of operation. We will further review the impact of these changes in the next performance review cycle. We did not consider that the concerns we identified in our audit demonstrated widespread problems in how the NMC signposts people to other relevant organisations. We are satisfied that this Standard is met.

---

[18] Mandatory reconsideration is a process through which DWP allows claimants to challenge decisions about PIP where: they consider an error has been made or important evidence missed; they disagree with the reasons for the decision; or they want the decision to be looked at again.

Standard 4: All fitness to practise complaints are reviewed on receipt and serious cases are prioritised and where appropriate referred to an interim orders panel

6.17   This year we have not seen evidence of any significant concern in relation to the NMC's risk assessment and prioritisation of fitness to practise cases.

6.18   The median time taken to an interim order (IO) committee decision from receipt of a complaint has been maintained at 26 days this year. However, we have become aware of some limitations in the data the NMC provides about the time taken to make IO decisions. We understand from our correspondence with the NMC around the implementation of the new dataset, in place from April 2018 onwards, that in calculating this figure, the NMC reports only on new IOs imposed at the screening stage. Cases are generally only held by the screening team for the first weeks from receipt of the concern, meaning that if new IOs imposed at later stages were included in this median measure, the figure would increase.

6.19   In addition, the NMC does not measure the time taken from identification of the need for an IO to the IO decision. This makes it difficult to assess the time it takes the NMC to make an IO decision once its risk assessment has identified a need for action. The NMC informed us it will be able to start providing us with this data within the next 12 to 18 months when it moves to a new case management system.

6.20   The number of interim order extension applications made by the NMC to the relevant court steadily decreased year on year from 619 in 2013/14 to 342 in 2015/16. In 2016/17 the figure increased to 407. This year we are pleased to report a significant decrease in the number of interim order extensions the NMC has made to the relevant court, a total of 285.

6.21   In 12 out of 28 cases reviewed as part of our audit, we had some concerns with the NMC's risk assessments. This included cases where the risk assessments were brief and did not reference or recognise the public interest. However, we did not identify any cases where we considered public protection was clearly at risk, although in two cases we did not agree with the decision reasoning provided.

6.22   We do not consider that the concerns identified are so serious as to affect the achievement of this Standard, taking into account the limitations of the sample size and specific theme. We are therefore satisfied that this Standard is met.

Standard 5: The fitness to practise process is transparent, fair, and proportionate and focused on public protection

6.23   This Standard was considered as part of the targeted review this year. We sought further information from the NMC about several aspects of its fitness to practise process.

Failures to provide panels with representations from registrants

6.24 Last year we highlighted the NMC's failure (as a result of administrative errors) to provide panels at final fitness to practise hearings in four cases with representations made by registrants.

6.25 This year a similar failing has been identified in one case. We accept that this is an isolated incident in this reporting period. However, we remain of the view that this issue has significant implications for the fairness of the fitness to practise process. We recommend that the NMC reviews the circumstances leading to this error and makes any necessary changes to its processes to prevent repetition.

Voluntary removal (VR)[19]

6.26 In our 2015/16 performance review we expressed the view that VR decisions should be subject to a more formal and consistently applied mechanism for quality assurance to allow the NMC to monitor the consistency of decisions and assist ongoing learning for decision-makers. At its May 2017 Council meeting, the NMC reported that it had strengthened its quality assurance frameworks to include assessment of VR cases.

6.27 The NMC outlined its new approach to the quality assurance of VR cases. A scrutiny and quality team arrange a review of a mix of five rejected and accepted VR decisions from different decision makers each quarter. The review considers the recommendations made to decision makers by case co-ordinators and the decision itself against an assessment framework. Feedback is sent to individual case co-ordinators, their managers and decision makers and trends are shared with all. The NMC has reviewed 14 per cent of all VR decisions in this reporting period.

6.28 We consider that the NMC appears to have introduced a formal and consistently applied mechanism for the quality assurance of VR decisions to allow it to monitor the consistency of decisions and assist ongoing learning for decision-makers.

Approach of fitness to practise committees to registrants who have, in effect, retired or no longer want to practise

6.29 We noted as part of our Section 29 work inconsistent approaches by panels at fitness to practise committee reviews of sanctions imposed on registrants who had retired or expressed the intention to retire or cease practising. Those registrants were usually unable to demonstrate the remediation to persuade the panel that they were fit to practise unrestricted. The registrants wished to leave the register but could only do so if no restrictive sanction was in place. Panels took different approaches: some simply continued the original sanction, others decided the registrant was no longer impaired and others found the registrant was impaired but took no further action. The

---

[19] The voluntary removal process, which was introduced by the NMC in January 2013, allows a nurse or midwife who admits that their fitness to practise is impaired and does not intend to continue practising to apply to be permanently removed from the register without a full public hearing of the fitness to practise allegations against them.

inconsistency arose out of a recent court decision[20] which appeared to suggest that it was appropriate for panels to take action which would allow the registrant to lapse from the register in appropriate cases. We wanted information to understand the NMC's approach to these types of cases and how it manages the risk of these individuals deciding to return to the register.

6.30   The NMC described its policy approach to those registrants. The approach appears to be in line with recent case law in that the panel is invited to find impairment, outline the sanction that would have been appropriate if the registrant was still practising, but then make a finding of no further action to allow the registrant to lapse. If the nurse or midwife applies for restoration to the register this finding would be considered by the decision maker.

6.31   We are satisfied that the NMC has an appropriate policy in place and we have already seen evidence of the NMC applying the approach it has outlined consistently in the first quarter of 2018/19 through our Section 29 work. We are also assured that the NMC has a mechanism to deal with registrants who change their minds and apply to be readmitted to the register. Whilst the approach of the NMC was inconsistent in the 2017/18 reporting period, the case law was in flux, and there is evidence that the NMC has now resolved this.

6.32   We note however that as the NMC's published guidance is designed for all audiences, it does not address some of the questions a registrant subject to an extant sanction but intending to or having ceased practising may have.[21] We would recommend that the NMC considers addressing this to ensure the process is transparent.

Approach to evidence gathering

6.33   Through our Section 29 work we identified cases where we consider the NMC had not obtained important evidence prior to the final fitness to practise committee hearing or not presented it at the hearing. This included important documents such as medical records, expert evidence and relevant policy documents. We issued learning points to the NMC about this in a number of cases we reviewed.

6.34   The NMC has described the processes it has in place for preparing and reviewing cases to ensure that they are 'hearing ready'. The process includes an evidence formalisation stage for investigators, a detailed review by a lawyer once a case is referred to the fitness to practise committee and subsequent regular reviews of the charges, evidence required and responses from the registrant. The detailed and final checks are carried out by a lawyer who should have adequate skills to assess the sufficiency of the charges and the evidence to support those charges.

6.35   We recognise that the NMC has considered and taken action in response to our learning points. However, as noted above, we have identified a number of cases where we were not satisfied that the NMC has obtained important

---

[20] General Optical Council v Clarke [2018] EWCA Civ 1463
[21] See: www.nmc.org.uk/ftp-library/reviews/substantive-order-reviews/allowing-orders-to-expire-when-a-nurse-or-midwifes-registration-will-lapse/.

evidence, and whilst this represents a small proportion of the NMC cases notified to our Section 29 team, it has significant implications for the fairness, transparency and focus on public protection of the process.

Approach to offering no evidence

6.36   Through our Section 29 work we identified cases where, in its approach to offering no evidence,[22] the NMC had not followed its own guidance and not provided fitness to practise committees with enough evidence to enable them to determine if it was in the public interest to proceed with the charges. We considered seven such cases at detailed case review meetings and considered in three of these cases the decisions were insufficient to protect the public. We appealed two of these cases successfully.[23]

6.37   In one of these successful appeals, the case of PSA V NMC and X[24] (case of X), the court criticised the NMC's approach to offering no evidence, submitting no case to answer, and its superficial approach to evidence gathering in that case. We wanted to understand what action the NMC had taken to address the issues described.

6.38   The NMC has outlined its updated approach to offering no evidence and submitting no case to answer.[25]

6.39   The NMC has said that it has changed its approach to offering no evidence and now makes very few applications. Its updated approach is outlined on its website.[26]

6.40   Whilst the NMC's updated approach appears to be generally in line with the procedures to follow as described by the judge in the case of X, we still have some reservations. For example, we note from the NMC's guidance that the panel is not necessarily provided with copies of the evidence to help it reach its decision. The NMC should ensure that it puts before the panel all relevant evidence that it has obtained so that the panel has the full picture and can exercise its duties as a panel of inquiry. The NMC was criticised for not doing this in the case of X. We also consider that the guidance could be clearer about the distinction between offering no evidence and making a submission of no case to answer.

6.41   We are mindful that the case of X was dealt with using our Section 29 powers of appeal and that these types of cases, including the others where our

---

[22] In limited circumstances the NMC may determine that it would not be in the public interest for it to carry on with all or part of a case referred to the fitness to practise committee (FtPC). It will ask a full panel of the FtPC to approve its decision not to continue with all or part of the case against a registrant, for example when it considers that there is no longer a realistic prospect of some or all of the factual allegations being proved or when there is no longer a realistic prospect of a FtPC finding that the registrant's fitness to practise is currently impaired.

[23] Section 29(4) of the National Health Service Reform and Health Care Professions Act 2002 provides: *'Where a relevant decision is made, the Authority may refer the case to the relevant court if it considers that the decision is not sufficient (whether as to a finding or penalty or both) for the protection of the public'"*

[24] PSA V NMC and X [2018] EWHC 70 (Admin).

[25] Where the NMC considers that there is an inherent weakness in the charges, it will ask a full panel of the FtPC to approve its decision not to continue with all or part of the case against a registrant.

[26] See: www.nmc.org.uk/ftp-library/ftpc-decision-making/offering-no-evidence/.

Section 29 work identified concerns during this review period, represent a small proportion of the NMC's caseload. Nonetheless, the NMC's approach to these types of cases had a significant impact on the fairness, transparency and focus on public protection of the fitness to practise process. We will continue to monitor the NMC's approach to offering no evidence.

Cancelling hearings using Rule 33 of the Fitness to Practise Rules[27]

6.42   The NMC had published guidance on cancelling hearings under Rule 33, which said that a decision to cancel a hearing should only be made when it is the public interest to do so and where there is no public interest in a case proceeding to a hearing. The guidance described three circumstances where its use might be appropriate:

- Where the registrant's registration would have lapsed but for the fitness to practise proceedings, they do not intend to practise in the future, and there is no public interest in pursuing the concerns.

- If, in a serious case, evidence is not available to prove the factual charges but could become available in the future.

- When there is some other compelling reason for not holding a hearing, for example, severe ill health of the registrant.

6.43   Following scrutiny of the guidance we had a number of concerns about the circumstances in which this power could be used:

- We had concerns that the first circumstance might allow registrants to bypass the formal VR process. It did not require a registrant to admit facts or impairment and we were unclear how the risk of registrants returning to the register would be managed.

- In the second circumstance we wanted to understand how the public interest was balanced with the registrant having a fair and expeditious hearing; whether this balancing exercise was regularly undertaken; and how the risk that a registrant's registration might lapse was managed.

- In the third circumstance we had concerns about how widely this was drafted and how health was taken into account considering that this is a basis for impaired fitness to practise.

6.44   Furthermore, the decision is made in a private preliminary meeting by a panel chair and we were unclear what was presented by the NMC to ensure the chair had a proper understanding of the charges. We sought further information from the NMC.

6.45   The NMC did not entirely clarify its use of Rule 33. It remained unclear what was presented to the chair to ensure that they had a proper understanding of the allegations and how the risk of registrants returning to the register (circumstances 1 and 3) or lapsing (circumstance 2) was managed. The NMC did confirm that the referrer is given the opportunity to comment on a request to cancel a hearing, and the chair would receive such comments prior to making a decision. The NMC informed us that this power had only

---

[27] The Nursing and Midwifery Council (Fitness to Practise) Rules 2004.

been used twice in this reporting period and only in cases where registrants were seriously ill.

6.46 We note that the NMC has now reviewed this power and restricted its use to circumstances where a registrant has a terminal illness. The NMC will prepare a document, called a 'reasoned opinion' that sets out the background to the case, and explains the registrant's health condition. The chair will then decide whether to direct that the case should be closed.

6.47 We were concerned about the wide-ranging circumstances in which the NMC could use its Rule 33 powers to cancel hearings, and the mechanisms in place for those who wished to return to the register when no findings on facts or impairment were made. However, its use in this reporting period was minimal and only in relation to registrants' health. The NMC has reviewed this power and has now restricted its use to circumstances where a registrant has a terminal illness. This alleviates the concerns we had about the potential lack of fairness, transparency and focus on public protection of the process.

Charging amendments

6.48 Through our Section 29 work we identified instances of the NMC making charging amendments at substantive hearings and pursuing charges at final hearings for which there appeared to be little or no evidence.

6.49 The NMC has described the processes it has in place to review charges prior to case presentation, including detailed reviews by lawyers. The NMC has also described the mechanisms it has in place to learn from charging amendments made at hearings. It said it is carrying out a review of the nature and frequency of amendment applications during the first six months of 2018. It will use the results to inform training and changes in the process.

6.50 A number of cases we reviewed were subject to charging amendments at substantive hearings. As a proportion of the cases notified to us through our Section 29 work, this is small, but it can impact on the fairness of proceedings. We welcome the work the NMC is undertaking and we will keep this under review.

Approach to complaints about personal independent payment (PIP) assessments

6.51 We received concerns in this reporting period from members of the public and advocacy groups relating to the NMC's decisions not to progress concerns about registrants conducting PIP assessments. These suggested that the NMC relied on the findings of employers and/or advised complainants that no credible evidence existed even where the NMC had been advised that witnesses were present, or audio recordings made. We wanted information to understand the NMC's approach to these complaints.

6.52 The NMC informed us that it considers complaints about registrants conducting PIP assessments in line with its published criteria and considered witnesses and recordings to be credible and important evidence. The NMC's figures showed that only two concerns progressed to the investigation stage out of 83 cases received in 2017/18, which demonstrated that most cases

about registrants conducting PIP assessments did not pass the screening stage[28] of the process. We decided to audit a sample of these cases.

6.53   We reviewed 28 cases, which represents 34 per cent of cases about registrants conducting PIP assessments considered by the NMC in the reporting period. All cases were closed between 1 April 2017 and 31 March 2018. The sample comprised:

- 26 cases closed at screening

- one case closed by the case examiners with no further action

- one case closed by the case examiners with a published warning

6.54   We identified numerous concerns in our audit. Prevalent concerns included that the NMC:

- did not systematically consider all the concerns raised by complainants;

- said that the role of disability assessor was not relevant to registrants' fitness to practise unless it involved dishonesty;

- relied on the findings of employers and their assessment of issues to close cases, without proper scrutiny;

- did not obtain and/or consider primary source documents and other relevant information;

- did not consider and/or give appropriate weight to the concerns/evidence of complainants in its screening decisions; and

- did not seek further information from complainants.

6.55   In two cases we considered that the outcome might not be sufficient to protect the public. In nine cases we decided we could not determine whether the outcome was sufficient to protect the public. In 24 out of the 28 cases audited, we determined that the handling of the case might undermine confidence in the NMC.

6.56   In its response to our audit findings, the NMC told us that overall it accepted our findings. The NMC advised that before we started our audit it carried out its own review of a small sample of relevant cases. This had identified concerns with its assessment and decision-making, including that it had narrowly focused its consideration on whether it could establish evidence of dishonesty. The NMC found in some cases its reasons did not evidence it had: applied its screening guidance; made its own assessment independent of the registrant's employer; and addressed all concerns raised by the complainant.

6.57   The NMC considered whether it needed to formally reconsider any cases and determined it did not. The NMC informed us of the actions it has taken or planned, which include meeting with the DWP to help inform the NMC's consideration of these complaints, introducing a new mechanism to review a sample of screening decisions closed with no further action each month and holding decision drafting workshops for screening decision makers. An audit

---

[28] The NMC uses this process to decide whether concerns need full investigation.

by an independent law firm will also be carried out on a sample of public referrals to identify learning relevant to the NMC's handling of these referrals.

6.58   Whilst we acknowledge the work that the NMC is doing, we consider that our audit findings, supported by the NMC's review findings, suggest that the NMC did not appropriately follow its published screening guidance in handling concerns about registrants conducting PIP assessments. This has significant implications for the fairness and transparency of the fitness to practise process. We recognise that complaints in relation to PIP assessments can be challenging for professional regulators,[29] for example in determining whether a complaint raises concern about an individual registrant's fitness to practise, as distinct from wider concerns about the assessment process or outcome. That makes it all the more important that regulators follow their published guidance and procedures in handling such complaints.

6.59   We also consider that our audit findings, and the NMC's review findings, suggest that the NMC's approach to screening these types of referrals relied excessively on the evidence of employers and did not give appropriate weight to other sources of evidence, such as that from complainants, primary source documents, and investigations by other bodies (such as DWP). We can draw parallels with our LLR in which we found that as an organisation, culturally, the NMC did not recognise the value that patient or family evidence provides.

Conclusion

6.60   We consider that failing to apply its screening guidance appropriately to complaints about registrants conducting PIP assessments created a barrier to vulnerable people raising potentially serious concerns. Our audit and the NMC's review identified a lack of independence demonstrated in the screening decisions, and a lack of engagement with the concerns raised by complainants (an issue which was also identified in our LLR).

6.61   These concerns, in addition to those around the NMC's approach to evidence gathering, evidence presentation (which was identified as an area of concern in both our Section 29 review work and our audit) and offering no evidence, had a significant impact on the fairness, transparency and focus on public protection of some of the NMC's fitness to practise processes.

6.62   In discussion with us, the NMC has taken action to review these concerns and we recognise that it is taking steps to address them, which we welcome. We will monitor the effectiveness of these in coming years. However, for the purposes of this review year, we consider that these concerns mean that this Standard is not met. The other issues discussed in relation to this Standard have been addressed by the NMC or do not appear to us to be significant.

> **Standard 6: Fitness to practise cases are dealt with as quickly as possible taking into account the complexity and type of case and the conduct of both sides. Delays do not result in harm or potential harm to**

---

[29] The General Medical Council and the Health and Care Professions Council also regulate healthcare professionals who may carry out PIP assessments.

patients and service users. Where necessary the regulator protects the public by means of interim orders

Adjournments of final fitness to practise hearings

6.63   Last year we reported that there had been an improvement in the proportion of final fitness to practise hearings running part-heard, while the proportion of hearings being adjourned had remained stable. Information on adjournment and part-heard rates is not routinely published by the NMC. However, the NMC provides data as part of our dataset on the proportion of first substantive hearings (excluding hearings that resume following an adjournment) that conclude within their original hearing day allocation. This decreased this year from 87 per cent to 76 per cent. Failure to schedule a consistently high proportion of final hearings with sufficient time to enable them to conclude has the potential to cause a backlog of cases awaiting conclusion as well as delays to the cases themselves. Such delays can lead to a loss of public confidence in the fitness to practise process. However, this year's rate is higher than in 2015/16 when it stood at 72 per cent.

Third-party investigations

6.64   The Gosport Report[30] published in June 2018 considered, among other matters, actions the NMC did or did not take as it declined to proceed in respect of allegations against seven nurses between September 2000 and April 2010. It criticised the NMC for relying on the reports of other bodies rather than conducting its own enquiries, dismissing police information, failing to obtain expert advice on misconduct and excessive delays in waiting for third-party investigations. We note that these events took place well before the period under review.

6.65   In relation to the NMC's process for dealing with complaints that are delayed by third-party investigations, we reported in last year's performance review the NMC's criteria for delaying a case because of a third-party investigation. The NMC will only delay an investigation subject to a third-party investigation if there are clear and compelling reasons and it is in the public interest to do so. There are two teams that are responsible for progressing cases that are over nine months old and other teams deal with cases under nine months. There is a High-Profile Case Unit, which seeks to ensure cases that meet certain criteria receive the right level of handling and seeks to provide strong case management and hold regular meetings to discuss progress on cases. We concluded last year that the NMC has a clear policy in place for progressing those cases subject to third-party investigations as quickly as possible.

---

[30] Gosport War Memorial Hospital, The Report of the Gosport Independent Panel, June 2018. See: www.gosportpanel.independent.gov.uk/media/documents/070618_CCS207_CCS03183220761_Gosport _Inquiry_Whole_Document.pdf.

6.66   In our LLR we said that we think the NMC is in a significantly better position to reach appropriate decisions about delaying investigations based on third-party investigations.[31]

Timeliness of fitness to practise case progression

6.67   The NMC has significantly reduced its caseload of older cases this year. Comparative data for the last four years is set out below:

Open old cases at year end	2014/15	2015/16	2016/17	2017/18
52-103 weeks	917	1,437	1,170	798
104-155 weeks	133	281	294	240
156 weeks or more	54	48	71	71
Total	1,104	1,766	1,535	1,109

6.68   There has been a significant reduction in the number of cases over 52 weeks held by the NMC, from 1,170 last year to 798 this year and is at its lowest level since at least 2014/15.

6.69   The number of cases older than 104 weeks has decreased from 294 last year to 240 this year. The number of cases aged over 156 weeks has been maintained at 71.

6.70   We noted in last year's performance review report that the NMC informed us that its current target timescale for progressing cases to a case to answer decision was 52 weeks, but that this would be reduced to 39 weeks by December 2017. Although the NMC has not met this target the median has decreased, and the target is within sight.

6.71   The median time taken from the NMC receiving a case to the IC or CEs reaching a case to answer decision steadily increased in the years 2013/14 to 2015/16. The median had risen from 39 weeks in 2013/14 to 45 weeks in 2014/15 and it was 50 weeks in quarter three and 55 weeks in quarter four in 2015/16. The median for 2016/17 was 51 weeks, which we noted in last year's performance review report was a slight improvement. We are pleased to report that this year the median has decreased to 41 weeks.

6.72   This remains high in comparison to other regulators. However, as we noted in our performance review report last year, unlike some of those regulators, the NMC conducts a significant proportion of the full investigation prior to the case to answer decision and so might be expected to take longer than others to reach this stage.

---

[31] Our LLR states that whilst the existence of the guidance is an important step, we did not see any further examples of cases where there have been third party investigations and so have not had the opportunity to see how they work in practice.

6.73   We note that the NMC's performance at the adjudication stage[32] remains stable at 26 weeks, which is low compared with some other regulators.

6.74   The NMC's median time taken from receipt of a case to a final hearing is 82 weeks. This has decreased from 87 weeks 2016/17. The figure was 83 weeks in 2015/16. This remains low by comparison with other similarly-sized regulators.

Conclusion

6.75   On balance, apart from a decrease in the rates of first substantive hearings that conclude within their original hearing day allocation, there has been an overall improvement in timeliness measures, as outlined above. The NMC's rate of part heard and adjourned substantive hearings this year has not reached the level over which we expressed concern in 2015/16. In the context of improvements in other timeliness measures, we are satisfied that there is sufficient evidence that this Standard is met.

Standard 7: All parties to a fitness to practise case are kept updated on the progress of their case and supported to participate effectively in the process

6.76   This Standard was considered as part of the targeted review this year.

Supporting complainants

6.77   Last year we decided, given the concerns set out in the LLR, the NMC had not met this Standard. We had concerns about the way in which the NMC dealt with families which we considered were ongoing and applied beyond the relatively small number of cases that we looked at as part of our LLR. We took the view that, culturally, the NMC did not recognise the value that patient and family evidence provides or that patients and families have an interest in cases.

6.78   We noted that the NMC had recently set up the PSS to address the way in which it deals with members of the public who complain about the fitness to practise of registrants, which we considered may go some way to addressing our concerns. We recognised however that the NMC may not have had sufficient time to address those concerns.

6.79   At paragraph 5.44 of our LLR we suggested that the NMC ought to look at a number of matters urgently. The NMC informed us it has put in place a significant programme of work to address these matters and its immediate activity has focused on two key priorities: improving how it engages with and listens to the public day to day and being open and transparent. The NMC's work includes:

- new website content for the public about its fitness to practise system which went live in July 2018;

- operationalising the PSS, which is now live;

---

[32] The median time in weeks from a case to answer decision to a final hearing.

- piloting calls to complainants at the start of investigations and conducting needs assessments;

- a tone of voice review of all public correspondence; and

- a new enquiries and complaints team which will be live from April 2019.

6.80   Our audit findings identified similar issues to those identified in our LLR. We note that the cases we audited predated the publication of our LLR and the NMC's response to it. However, we consider that the findings support our view that the NMC has work to do in respect of dealing with complaints from patients and other members of the public.

6.81   We acknowledge the significant work the NMC has undertaken to address the lessons we identified in our LLR which are relevant to this Standard. However, much of the work is in progress or has only recently been completed, and it will take time for the NMC to consider how to assess the impact of this work.

Supporting registrants

6.82   We reviewed the NMC's website and published literature and requested information from it to understand how the NMC supports registrants going through the fitness to practise process. We had noted a lack of signposting to support services, such as those that offer emotional support.

6.83   The NMC informed us that it assesses the support needs of registrants on a case-by-case basis. However, it will be undertaking further work to better understand what additional support can be provided.

Conclusion

6.84   Much of the work to address the lessons in the LLR is in progress or has only recently been completed and it will take time for the NMC to consider how to assess the impact of this work on the outcomes it wants to achieve and the lessons to be learned. Our audit sample was limited; however, the findings support our view from the LLR that the NMC has progress to make with regards to its communication of decisions and how it ensures that it properly understands the concerns of patients and families and addresses them. We have decided therefore that this Standard is not met.

6.85   The work that the NMC has outlined it will be doing to address the support needs of registrants in the future is welcome. We will continue to monitor this work alongside the NMC's work to learn from the LLR.

Standard 8: All fitness to practise decisions made at the initial and final stages of the process are well reasoned, consistent, protect the public and maintain confidence in the profession

6.86   This Standard was considered as part of the targeted review this year.

CE and IC powers to agree undertakings, warnings and give advice

6.87   As explained in paragraphs 6.11 to 6.14 above, the NMC has provided us with some assurance that CE and IC decisions are being made appropriately

and there is a formal quality assurance mechanism in place to ensure consistent and robust decisions with opportunities for learning and feedback is shared.

Progress on the work to ensure consistency to decisions taken in the role of assistant registrar (AR)

6.88   Last year the NMC advised us it had recruited a senior lawyer to lead on and bring greater consistency to decisions taken in the role of AR. We asked the NMC to provide information on the progress of this work.

6.89   The NMC informed us that the senior lawyer has been in post since February 2017 and is responsible for considering all Rule 7A requests and some VR applications. The NMC described the process in place for the quality assurance of Rule 7A decisions. This includes quarterly reviews where learning is identified by the lawyer for decision makers and shared with relevant parties.

Audit of NMC's approach to complaints about registrants conducting PIP assessments

6.90   Many of the audit findings we have discussed under the fifth Standard for fitness to practise are relevant here. The findings of our audit and the NMC's findings indicate that the NMC's decision making in these cases was not well-reasoned or consistent. In some cases, this had an impact on how well it might have protected the public.

6.91   We are mindful that the sample we and the NMC reviewed was small and specific to complaints about registrants conducting PIP assessments, and so the findings are of limited applicability. We have not identified any significant cause for concern with the decision making by CEs and fitness to practise committees and others that suggests that this Standard is not being met.

Conclusion

6.92   We are satisfied that this Standard is met because:

- We have not identified any significant cause for concern with the decision-making by CEs and fitness to practise committees and others that warrants this Standard not being met

- The NMC now has in place a formal QA process for VR and Rule 7A decisions with opportunities to identify learning which is fed back. This should help to ensure that consistent and robust decisions are made

- Unlike the fifth Standard for Fitness to Practise, we have not seen evidence to suggest that the concerns our audit identified about the NMC's decision-making with regards to complaints about PIP assessments reflect wider issues in its culture/performance.

Standard 9: All fitness to practise decisions, apart from matters relating to the health of a professional, are published and communicated to relevant stakeholders

6.93   The NMC's publication and information handling guidance sets out its approach to the routine publication and disclosure of fitness to practise information. This is available on the NMC website.

6.94   The NMC's power to issue advice, warnings and undertakings came into effect in July 2017. The NMC has set out in its fitness to practise guidance library its approach to the publication of advice, warnings, and undertakings.

6.95   The NMC publishes undertakings and warnings issued to registrants on its register. In health cases the register entry states that a warning or undertakings have been issued, but the content remains private.

6.96   Undertakings are measures agreed between the NMC and the registrant to address problems in their practice that pose a current risk to patients. Their purpose is to make sure patients are protected while giving the registrant an opportunity to work on areas of their clinical practice which cause concern. Undertakings are published on the register along with a statement of regulatory concern. A statement of regulatory concern is a concise explanation of what appears to have happened in a particular case.

6.97   The NMC states that a warning is a way of publicly recording that a registrant's past conduct was unacceptable without the need to hold a hearing. Issuing a warning against a registrant who failed to observe the Code, and whose conduct was a source of concern, allows it to promote and maintain professional standards and public confidence in the registrants it regulates. Warnings are issued in cases where the registrant accepts the basis of the NMC's concern and has demonstrated that they would not be a clinical risk if they were allowed to practise unrestricted. Warnings appear on the registrant's register entry for 12 months.

6.98   The record of the warning sets out the statement of regulatory concern, the relevant standards of practice and behaviour under the Code, and the reason for issuing the warning. The fact that warnings are only issued in cases where the registrant's practice does not present a risk to patients is explained as part of the definition of a warning. This is accessible from the online record of the warning itself. Decisions to warn are published on the NMC website seven days after they have been made.

6.99   Advice is issued privately to the registrant only, but the referrer is informed that the case was closed with advice. The NMC sets out that the purpose of advice is to give registrants private guidance to assist them in keeping their practice safe, following an acknowledged minor breach of the Code.

6.100   We confirmed in our response to the NMC's consultation on the new powers in fitness to practise that we broadly support this proposed approach to publication and we have not seen anything to change our view. We are satisfied that this Standard is met.

Standard 10: Information about fitness to practise cases is securely retained

6.101   The NMC publishes its information security policy. The NMC reports that its policies require all information security incidents, including any loss of personal data, to be reported internally without delay. Incidents are monitored by the NMC's Information Governance and Security Board, which is accountable to its Executive Board for ensuring learning is identified to prevent recurrence.

6.102   In 2017/18 there were a total of 124 incidents recorded, of which six were graded as 'major', 36 as 'moderate', 73 as 'minor' and nine as 'insignificant'. The NMC reports that of the six major incidents, two were personal data breaches. By comparison, in 2016/17 there were a total of 114 incidents recorded, of which four were graded as 'major', 36 as 'moderate', 63 as 'minor' and 11 as 'insignificant.

6.103   The NMC implements an annual information security work programme, which is mapped to the international information security standard ISO 27001. The NMC reports that it updated its policies and processes regarding data breach management to ensure compliance with General Data Protection Regulation (GDPR) requirements from May 2018.

6.104   We have been made aware of two data incidents that were reported to the Information Commissioner's Office (ICO).[33] In one incident the ICO determined that further investigation was not warranted and, in the second determined that the incident could be closed after the NMC's response satisfied it that the NMC had done everything that it reasonably could have to manage the data breach.

6.105   While the data incidents are a cause for concern, we note that the NMC's reported incident data was broadly the same in 2016/17 and 2017/18 and we are aware the NMC has policies and processes in place to monitor, review and learn from data incidents. We are satisfied that the Standard is met.

---

[33] In one incident the NMC reported the matter to the ICO and in the second incident a member of the public reported it.

Item 8
NMC/19/36
22 May 2019

Council

Changing our Approach: Ensuring registrants, patients and the public are at the heart of what we do

Action: For discussion.

Issue: To update the council on our work in 2018–2019 to focus on ensuring people are at the heart of what we do.

Core regulatory function: All regulatory functions.

Strategic priority: All strategic priorities.

Decision required: None.

Annexes: None.

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

Director: Emma Broadbent
Director, Registration and Revalidation
Phone: 020 7681 5903
emma.broadbent@nmc-uk.org

Context: 1 During 2018–2019 the NMC has undertaken considerable work to change and develop our approach so that we can ensure registrants, patients and the public are at the heart of what we do. This Council meeting is an opportunity to reflect on progress and for Council to note how this ongoing work will inform the development of our strategy for 2020-2025.

2 There are three related items on the Council's agenda. The first paper sets out progress with our new approach to Fitness to Practise, we will then have a presentation on the work of the Public Support Service and finally a report on progress against our Lessons Learned Action Plan.

3 Our work to develop a new approach for Fitness to Practise began before we received the Lessons Learned Report from the Professional Standards Authority. When we reviewed that report in detail we agreed to change the priority of some planned work and we also identified new actions to take forward – importantly we identified further actions across the whole of the NMC, as we want our person-centered approach to cover all our interactions with those on our register and those we support and work with.

Four country factors: 4 As a four country regulator our action plan applies equally to our work in each of the countries.

Public protection implications: 5 By addressing the issues we will improve public protection.

Resource implications: 6 Detailed in specific papers.

Equality and diversity implications: 7 We will continue to review the equality impacts as changes are implemented.

Stakeholder engagement: 8 Stakeholder engagement has been a high priority across this work and will continue to be a key feature of how we ensure we are listening to and incorporating a diverse range of voices in how we shape our approaches.

Risk implications: 9 Detailed in individual papers.

Legal implications: 10 All changes we make will be discussed with our legal team to ensure they remain in line with our statutory obligations.

Item 8a
NMC/19/36
22 May 2019

Council

Progress report: new strategic direction for fitness to practise

Action:	For discussion.
Issue:	This paper provides a progress report on the implementation of our new strategic direction for fitness to practise.
Core regulatory function:	Fitness to Practise.
Corporate objectives:	Strategic priority 1: Effective regulation.
Decision required:	None.
Annexes:	None.
Further information:	If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

Author: Fausto Felice
Phone: 020 7681 5681
fausto.felice@nmc-uk.org

Author: Roxanne Burns
Phone: 020 7861 5449
Roxanne.burns@nmc-uk.org

Director: Matthew McClelland
Phone: 020 7681 5987
matthew.mcclelland@nmc-uk.org

Context: 1   Work to develop a new strategic direction for fitness to practise began on 24 July 2017. A programme was formally established in September 2017 to support delivery.

2   The strategic investment case was approved by Council in March 2018, followed by extensive consultation on the proposed strategic policy principles which underpin the new strategic direction. These were set out in the document, *Ensuring public safety, enabling professionalism: New strategic direction[1], which was approved by council in July 2018.

3   Since Council's approval of the new strategic direction, significant progress has been made in developing and piloting new ways of working across eight main work streams, as summarised below.

Progress on the strategy

Working with other regulators and key stakeholders

4   Since the public consultation on the strategy principles and direction, we have continued to engage with a wide range of stakeholders across the four countries including social care providers; NHS Employers; the representative bodies; patient groups; regulatory partners; and presentations to the Professional Standards Authority (PSA) Research Conference and the England Chief Nursing Officer's (CNO) Conference. We also held six events for employers across the UK, in which we were supported by the Patients Association; and conducted a webinar to which 250 people signed up.

5   The engagement activity has confirmed significant support for our new approach, as well as recognition that it will require joint commitment and delivery by our stakeholders to achieve the strategic objectives. It was also agreed that a culture of openness and learning is vital, as well as a shared understanding of patient safety, professionalism and accountability. Additional themes to emerge were the need for more guidance for employers on effective local action, and greater collaboration with partner regulatory bodies.

Applying our policy principles to how we make decisions

6   Our guidance for decision-makers was updated in line with the 12 key policy principles outlined in the strategy. This went live in September 2018.

A person centered approach

7   The first policy principle commits us to taking a person-centred

---

[1] https://www.nmc.org.uk/globalassets/sitedocuments/consultations/2018/ftp/ensuringpublicsafety_v6.pdf

approach to fitness to practise. We established the Public Support Service to enable us to meet this commitments. Key achievements include:

7.1   establishing our Public Support Steering Group which brings together colleagues from across the NMC with people who have been affected by our processes, patient groups, representative bodies, employers, and systems regulators. The group has been focusing on how we can humanise our process, looking at how fitness to practise processes can be used as a means to improve care, and developing a standards framework to help us handle complaints and concerns with a person-centred approach.

7.2   starting to offer meetings to members of the public when a decision is made to investigate their concerns. A follow up meeting is also offered after a final decision has been made on the case. These meetings are an opportunity to better understand someone's concerns, explain our role and remit, ensure that we have all the information we need, and sign post other organisations which may be able to provide further help

7.3   delivering training to our caseworkers and members of the Public Support Network to help them better support vulnerable individuals involved in our process. So far we have provided training in mental health awareness, learning disability awareness, learning from deaths, bereavement care and handling conversations with vulnerable people.

7.4   reviewing how we correspond with the public by reviewing our letter templates. We have made changes so that all of our letters are clear, use everyday language and set out plainly the reasons for our decisions with appropriate reference to our guidance.

7.5   providing better and more accessible information through a dedicated area of our public website for patients, families and the public including details for help and support from us and sign-posting to other support organisations and a film to help witnesses at www.nmc.org.uk/concerns-nurses-midwives/support-for-patients-families-and-public/

7.6   launching our independent emotional support helpline in partnership with the General Medical Council, which provides 24 hour assistance and support to people who have been affected by poor care.

Pilot projects

8   The additional work streams formed the basis of four pilot projects. These ran between 1 September 2018 to 31 March 2019 and have

now been evaluated.

Prioritising local action

9   This pilot had two strands of activity, focusing on referrals from both employers and members of the public.

10   The aim of the work with employers was to help them to understand their role in the FtP process; the type of cases that are suitable for local resolution, in contrast to those that might require regulatory action; and to improve the quality of referrals made to us to enable the better outcomes in line with our policy principles. The pilot included the testing of new employer guidance on making referrals including an explanation of our thresholds, as well as the use of a new online referral form, aimed at improving the quality of the information submitted.

11   A pool of 27 employers from across the United Kingdom used the draft guidance as a supportive tool when submitting a referral. Half of the group were also required to speak with a regulation adviser prior to submitting their referral. A total of 94 referrals were received from employers piloting the new approach.

12   The key learning from the pilot is that employers found the guidance and on-line form helpful but that both required additional development to meet their needs. The advice from regulation advisers was particularly valued in giving confidence to resolve more matters locally, where appropriate.

13   An additional finding was that employers would welcome best practice guidance on conducting effective local investigations. This will be co-produced with employers and other relevant stakeholders, including patient groups as part of the next steps in the implementation work.

Prioritising local action – members of the public

14   This pilot tested whether early, direct engagement with member of the public referrers improved their experience of our processes and helped them to understand the best pathway to address their concerns, especially those not meeting the threshold for regulatory action.

15   We trained one of our screening teams in effectively handling concerns raised by members of the public. This enabled them to understand members of the public experience and the outcomes they were hoping for, to help determine the best next steps which may include signposting to the most appropriate body.

16   Over 90 calls to members of the public were made during the pilot period and their feedback indicated a high level of satisfaction with the approach. The suggested area for improvement, was for more

clarity on the role of the NMC and the FtP process.

17   It is notable that there were no complaints following a screening decision to close a member of the public referral where a call had been made. This pilot has concluded and the learning has informed a proposal for a specific pathway through the FtP process for the members of the public who have made referral. This will be led by the Public Support Service.

Taking context into account

18   There are existing opportunities to consider context when calibrating the seriousness of regulatory concerns and / or in considering mitigating circumstances. The pilot focused on the development of a contextual factors tool to help us go further in systematically capturing evidence about the context in which patient safety incidents occur and assessing that information as part of our investigative process.

19   The tool requires us to look at evidence about the 'intent' of the registrant, by considering first, their usual mindset, second, any social norms that they were working under and third, whether the work environment prevented them from doing the right thing.

20   The tool has been used in 76 cases and has led to some not needing a full investigation. In others, it has identified clear lines of inquiry to properly focus our investigation.

21   This innovative tool represents a significant change in how we review cases and the evidential threshold to be applied. This will be considered further by the FtP Policy and Legislation Steering Group on 6 June.

22   There is further engagement required with external stakeholders to explain the benefits of the approach, as well as substantial training for decision-makers. The pilot will continue until 31 May 2019 and it is likely that implementation will extend into 2020–2021.

Enabling remediation

23   This pilot focused on cases where regulatory concerns were capable of remediation. At the earliest stage possible, lawyers in Screening suggested suitable remediation pathways to registrants to consider and discuss with their representative body and/or employer. The remediation pathway would demonstrate that the nurse or midwife had taken steps to satisfactorily address the concern.

24   88 cases were identified as suitable for tailored remediation during the pilot period, 22 of which were closed at the screening stage. Feedback on the pilot indicates that the approach is a positive step in encouraging engagement and early conclusion of suitable cases.

25   We received some helpful suggestions from representative bodies in ways we can support them in encouraging early engagement by registrants in the process. Employers too need further guidance on assisting with remediation at the local level.

26   This pilot has concluded and planning is underway for implementation.

Making best use of hearings

27   The aim of this pilot was to find the most effective way of holding hearings only when required to resolve outstanding areas of dispute.

28   The objective is to shift the focus to meetings, where panels can make final determinations based on a statement of case produced by lawyers in Case Preparation & Presentation team. This sets out all the information and evidence required by a panel, including the sanction range and is shared with the registrant and their representatives.

29   This improves the efficiency of case management, as well as to reduce the stressful impact of the actual hearing on all parties.

30   A majority of panel members found the statement of case useful, although there is scope to improve the quality of papers, to build confidence in the new approach. It is also a significant change in process requiring an extensive programme of engagement with stakeholders and training of FtP staff and panelists, before moving towards implementation. This work will form part of our embedding change work stream.

Continuous Improvement

31   Underlying all of FtP's activities is a commitment to continuous improvement (CI). We have trained key people in CI methodologies and identified a series of CI projects through workshops with colleagues, including, as an example, the introduction of an evidence matrix to optimise the resources invested in hearings.

Next steps

Implementation plan

32   The strategy is now moving into the implementation phase and incorporating the work streams into business as usual activity. The following diagram illustrates the high-level roll out timeline:

Phase 2 strategy timeline

Plans and resources approved

April to June 2019
Implementation and resource planning

June to October 2019
Policy and guidance updates

October to December 2019
Updating internal processes and procedures

October 2019 to March 2020
Learning and development with FtP colleagues on new approaches

Phased roll out into BAU

Targeted communications and stakeholder engagement

Embedding change activities

Public protection implications:	33	Our new approach to fitness to practise builds on improvements we have already made to the way we investigate concerns about the people on our register, which we believe will help us to protect the public in a fairer, more effective, proportionate and consistent way. It enables us to deliver the best decision, to enable better, safer care for people in the future at the earliest opportunity.
Resource implications:	34	A budget for the FtP strategy was approved by Council in March 2019. We are working to develop resource plans for implementation of new ways of working within the budget.
Equality and diversity implications:	35	Each work package has a detailed and evolving Equality Impact Assessment and corresponding action plans. We captured EDI data on the pilot cases, although the numbers were too small to draw firm conclusions. We will continue to monitor and analyse the data.
Stakeholder engagement:	36	The pilots have demonstrated that targeted and effective communications and engagement are critical to the success of the strategy. A communications and engagement plan has been prepared with the External Affairs team to support the next phase of the work.

Risk Implications:	37	The main risk to successfully implementing the strategy is that a cultural shift in the mindset of our people and external stakeholders is required. We are planning activities to embed change with our people and ongoing communications and engagement with our stakeholders.
Legal implications:	38	The strategic policy principles and guidance for decision-makers comply with our legal obligations.

Item 8c
NMC/19/36
22 May 2019

Council

Lessons Learned review: Ensuring patients and the public are at the heart of what we do

Action: For discussion.

Issue: This paper provides an update on the progress we have made in responding to the Professional Standards Authority's Lessons Learned review.

Core regulatory function: All regulatory functions.

Strategic priority: All strategic priorities.

Decision required: None.

Annexes: None.

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

Author: Kate Ward
Corporate Change Manager
Phone: 020 7681 5081
kate.ward@nmc-uk.org

Director: Emma Broadbent
Director, Registration and Revalidation
Phone: 020 7681 5903
emma.broadbent@nmc-uk.org

Context: 1   On 6 June 2018, the NMC Council considered and discussed the Professional Standards Authority's (PSA) Lessons Learned Review of the NMC's handling of concerns about midwives' fitness to practise at Furness General Hospital, during which the Council apologised unreservedly to the families for not listening to them; not acting on credible evidence and for the multiple missed opportunities.

2   At pace, we committed to a wide ranging programme of work to move forward in response to the lessons identified in the review. This programme allowed us to bring together and build on existing improvement work which was already underway. The priority areas identified in the review focused on:

    2.1   Taking a person-centered approach through our new Fitness to Practise (FtP) strategy, setting up a new Enquiries and Complaints function, and setting up the Public Support Service.

    2.2   Putting a presumption of transparency at the heart of our corporate values and developing new approaches to ensure we are open and honest when things go wrong.

    2.3   Putting a renewed and reinvigorated emphasis on the importance of living our values and behaviours.

    2.4   Engaging systematically with patients and public groups to inform our work going forward across all areas of the NMC.

    2.5   Scoping a programme of research to understand what the public, professionals and our colleague's value about regulation.

Four country factors: 3   As a four country regulator our action plan applies equally to our work in each of the countries.

Discussion: 4   Following Council agreement to our Action Plan in July 2018 colleagues across the NMC have worked together to deliver against the plan.

5   The initial programme of work to achieve the action plan has been completed. Further implementation work will continue in 2019 and beyond and will be taken forward by change programmes and by individual directorates.

Ensuring patients, families and those who raise concerns are at the heart of what we do

A new strategic direction for Fitness to Practise

6   As discussed in the previous item, most of the pilot phases of the work are now complete. There has been significant and positive engagement from colleagues and from stakeholders in helping us to develop our new approach for Fitness to Practise.

Supporting the public through the Public Support Service

7   As discussed, the Public Support Service (PSS) has now been established to lead our work to embed a person-centered approach in the organisation.

Other priorities for Fitness to Practise

8   In October 2018, the Audit Committee approved our detailed plan to provide greater assurance of FtP performance against the Professional Standards Authority's Standards of Good Regulation. The plan covered local assurance, quality and external assurance.

9   The Regulatory Intelligence Unit continues to develop, with the recruitment of additional regulatory advisers and the development of new analytical tools which will provide better insight. It will ensure that we use the intelligence we capture increasingly in a more risk based way.

10   We have recruited six new clinical advisers (five nurses and one midwife). Clinical advice is now more readily available, particularly at the early assessment stage. We now request clinical input on any public referrals involving a clinical setting.

11   We have retendered our external investigation support contract with a focus on adopting a people and family centered approach to investigations.

Improving the way we communicate with people every day

12   We have reviewed our templates for correspondence in Fitness to Practise and Registration and Revalidation to improve how we communicate with people day to day. Going forward, our tone will be more empathetic and appropriate, and we will be much clearer.

Better understanding the people we are here to serve

13   We recognise that we need to reach out to the people we serve and those we regulate so that we can truly understand what they expect from professional regulation. As part of our new approach, we commissioned research to better understand what people think our role should be and why. This research has provided us with useful

insights, which will be published in May 2019, this will feed into the development of our new strategy and communications going forward.

14 We recognise that there's more we can do to listen to patients, families, the public and groups that represent them. As part of improving our relationships and insight we're developing a programme of events with these groups. We've had good feedback from these events:

'As a member of the public I didn't know anything about the NMC before speaking with you – good to know!'

'I've been a registrant for a number of years and have never seen the NMC do anything like this – I think it's great.'

Improving our approach to transparency

Being open, approachable and helpful

15 The new Enquiries and Complaints function went live on 1 April. This new team will help us improve how we respond to requests for information, complaints, and detailed and cross-organisational enquiries. Our approach will be based on a presumption of transparency and on ensuring those who interact with us are at the heart of what we do.

16 The team will also be taking forward the development of a new more comprehensive approach to gathering and learning from customer feedback which will support us to better understand what we are getting right and where we can still improve.

Treating people with empathy and respect – our values and behaviours

Embedding our values and behaviours

17 Our colleagues provided feedback through the employee conferences and the employee survey in relation to our values and behaviours. A presentation was given to Council in February 2019 for discussion on how the values of the organisation can be influenced and embedded by both the Council and the Executive team. It was agreed that the work undertaken would need to be cross referenced with the development of the new corporate strategy and the next stages of this work will be combined with that work.

A refreshed approach to recruitment and induction

18 We have made changes to the way we advertise roles, train our managers and induct our colleagues to improve knowledge and understanding of the importance of the person-centred approach we want to see at the NMC. A recruitment application tracker system

(ATS) has been procured which will provide a smoother process and ensure more regular communication with new recruits from initial appointment through to induction. The ATS will be launched shortly.

19   We have improved and expanded the welcome event for new staff which is now accompanied by a welcome guide to help new staff adopt a person-centred approach to their work. The welcome event always involve an opening session from the Chief Executive and Registrar or an Executive Director to reinforce our leadership on reinforcing values and behaviours. Further refinement of the welcome event will continue.

Conclusion

20   There has been an organisation-wide focus on taking forward the Lessons Learned Action Plan and there has been significant change delivered over the last eight months. Colleagues across the organisation have prioritised and driven forward this work and strong foundations have now been laid for further improvements and for our work on the new NMC strategy.

21   We are receiving positive feedback about our direction of travel and there is a strong desire amongst our stakeholders to continue to work with us on this journey. The changes delivered by the Lessons Learned Action Plan has provided a solid foundation for us to continue our development.

Public protection implications:	22	The issues identified in the Lessons Learned Review clearly posed a risk to public protection. By addressing the issues we will improve public protection.
Resource implications:	23	Additional funding was allocated to deliver the Action Plan from the contingency fund.
Equality and diversity implications:	24	We completed an equality impact assessment (EQIA) for the overall programme and each workstream also completed its own EQIA. We will continue to review the equality impacts as changes are implemented.
Stakeholder engagement:	25	Stakeholder engagement has been a high priority and methods of engagement have been tailored to the requirements of each area of work. Some examples include:

25.1   The public support steering group with patients, families, public, patient organisations and staff to steer, guide and challenge (meets quarterly)

25.2   Pilots to test new ways of working and workshops to review

local quality management frameworks.

25.3 Focus groups with registrants and patients and the public.

25.4 Staff survey and staff conference used to gather feedback on values and behaviours from colleagues in the NMC.

26 Improved engagement with patients, the public and representative organisations (e.g. charities) has been integral to our work.

27 Patients, the public, professionals and our colleagues were also surveyed and took part in focus groups as part of the research commissioned.

Risk implications:

28 The issues identified in the report are relevant to corporate risk REG18/01 – risk that we fail to maintain an accurate register of people who meet our standards and EXP18/01 – risk that we fail to meet external expectation significantly affecting our ability to maintain stakeholders' trust in our ability to regulate.

Legal implications:

29 All changes we make will be discussed with our legal team to ensure they remain in line with our statutory obligations.

Nursing & Midwifery Council

Summary of Lessons Learned Action Plan outcomes

Action	Outcome
Establish the Public Support Service	Public Support Service launched. 24 hour independent support line up and running and advocacy support pilot underway. Public Support Steering Group in place. Staff training is on-going with a focus on working with bereavement in April and May 2019. Phase two of the web site development is underway with the creation of videos of staff talking about their role.
Align the work with the Fitness to Practise strategy.	Pilot Phase Complete.
Exploring new sources of assurance for Fitness to Practise	Internal review on case progression is complete and the recommendations are being considered.
Continuing to develop Employer Link Service and Regulatory Intelligence Unit.	The Employer Link Service and the Regulatory Intelligence Unit continue to develop. We have recruited additional regulatory advisers and the development of new analytical tools which will provide better insight is underway.
Improving access to clinical advice	We have recruited six new clinical advisers. Clinical advice is now more readily available particularly at the early assessment stage. We now request clinical input on any public referrals involving a clinical setting. A toolkit has been created so that staff can recognise when clinical advice is required and can access it appropriately.
Review of Complex and High Profile team	We have retendered our external investigation support contract with a focus on adopting a patient and family centred approach to investigations.
A programme of engagement with groups representing patients, families and the public	We recognise that there is more we can do to listen to patients, families, the public and groups that represent them. As part of improving our relationships and insight we are developing a programme of events with these groups. We've had good feedback from these events so far.

Developing a programme of research to better understand how regulation can better meet the expectations of patients and the public.	As part of our new approach, we commissioned research to better understand what people think our role should be and why. This research has provided us with useful insights, which will be published in May 2019, and this work will feed into the development of our new strategy going forward.
Reviewing our correspondence and communication to make sure it is helpful and easy to understand	We reviewed our templates for correspondence in Fitness to Practise and Registration and Revalidation to improve how we communicate with people day to day.
Introducing a new approach to complaints and enquiries	The new Enquiries and Complaints function went live on 1 April. The team will also be taking forward the development of a new more comprehensive approach to gathering and learning from customer feedback which will support us to better understand what we are getting right and where we can still improve.
Embedding our values and behaviours	A presentation was given to Council in February 2019 for discussion on how the values of the organisation can be influenced and embedded by both the Council and the Executive team. It was agreed that the work undertaken would need to be cross referenced with the development of the new corporate strategy and the next stages of this work will be combined with that work.
A refreshed approach to recruitment and induction.	Changes have been made to the way we advertise roles, train our managers and induct our colleagues to improve knowledge and understanding of the importance of the person-centred approach we want to see at the NMC. A recruitment application tracker system (ATS) has been procured which will provide a smoother process and ensure more regular communication with new recruits from initial appointment through to induction. We have improved and expanded the welcome event for new staff which is now accompanied by a welcome guide to help new staff adopt a person-centred approach to their work. Further refinement of the welcome event will continue

Enabling improved record keeping through our modernisation of technology strategy.	We are building new controls into the design of our new Microsoft Dynamics systems.

Item 9
NMC/19/37
22 May 2019

Nursing &
Midwifery
Council

Council

Midwifery standards and update

Action: For decision.

Issue: To request amendment to the standards for pre-registration midwifery
             education and to update the Council on midwifery matters.

**Core
regulatory
function:**   Education and Standards.

**Strategic
priority:**   Strategic priority 1: Effective regulation.

**Decision
required:**   The Council is recommended to approve a minor amendment to Standard 10
             in the Standards for pre-registration midwifery education (2009) (paragraph
             6).

Annexes: None.

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

Author: Jacqui Williams   Director: Dr Geraldine Walters CBE
Phone: 020 7681 5580   Phone: 020 7681 5924
Jacqui.Williams@nmc-uk.org   Geraldine.Walters@nmc-uk.org

Context: 1 This report updates the Council on recent midwifery-related activity including midwifery communications and external engagement activity.

Four country factors: 2 Each of the four countries in the UK has its own approach to midwifery and maternity services. We are engaging across the UK to ensure we understand the current issues across the four countries. This reflects our position as a UK-wide regulator.

Discussion: **Standards for pre-registration midwifery education: Minor amendment requiring approval (Standard 10 – Length of programme)**

3 Our 2009 standards for pre-registration midwifery education make clear that they are guided by the requirements of the EU Directive (2005/36/EC). Previously the EU Directive in relation to midwifery programme length only stipulated it in years (3 years or 18 months). We incorporated this requirement into our midwifery standards, but in order to clarify that the expectation was not for students to complete their study without leave (a full 52 weeks a year for example), we stated in our standards that students should complete 45 programme weeks per year for the 3 year course and 78 weeks for the 18 month course. The weeks were not a requirement of the NMC but provided clarification as to how the year requirement from the EU Directive should be met.

4 The EU Directive was amended with a requirement that the 3 year programmes should consist of 4600 hours and the 18 month programmes should consist of 3000 hours. This amendment removed the need for the NMC to provide clarification using weeks. This was communicated to the Lead Midwives for Education (LMEs) in 2016, however we have recently received some enquiries regarding this matter and, as such are reissuing a letter to the LMEs to confirm the position.

5 Prior to the new midwifery standards being approved and applied to all midwifery programmes, we are seeking the Council's approval to amend the current standards by removing reference to 'weeks' in Standard 10. This will reduce confusion and provide clarity.

6 **Recommendation: The Council is recommended to approve a minor amendment to Standard 10 in the Standards for pre-registration midwifery education (2009).**

Update on the future midwife consultation

7 The future midwife consultation launched on 12 February 2019. It

ran for 12 weeks and closed on 9 May 2019.

8   We have hosted a series of events across the UK to help people learn about the draft standards so they could make a more informed response to the survey. Workshops were held in Leeds, Cardiff, Edinburgh, Belfast, Newcastle, Nottingham and London. More than 200 people attended these events including midwives, student midwives, educators and researchers, practice education facilitators, employers, commissioners and members of the public.

9   At the time of writing, we have engaged directly (in a workshop, meeting or webinar scenario) with around 640 people. Additionally, we have engaged indirectly (in a conference, exhibition or speaking engagement scenario) with around 3,000 people.

10   Our Senior Midwifery Advisers have visited midwives in practice to further promote the consultation. These visits reached around 150 clinical midwives and student midwives.

11   We ran two roundtable discussions in April 2019 with key stakeholder organisations. One event was with advocacy groups and charities and the other was with organisations representing other members of the maternity team. This included the medical royal colleges and other health and social care regulators.

12   We've also attended many events run by other organisations to ensure we speak to as many people as possible. These included consultation events run by the Council of Deans of Health, the Royal College of Midwives (RCM) and the Lead Midwives for Education. We've attended several regional events hosted by the NHS, RCM and Northern Ireland Practice Education Council (NIPEC).

13   We ran digital events, including a number of webinars and Twitter chats, to offer people who were unable to attend an event in person an alternative way to get involved with the consultation.

14   We used targeted Facebook and LinkedIn advertising to promote the consultation to women, their partners and families and seldom heard groups, encouraging as many people as possible to take part. We tailored the criteria for this advertising to the data showing which groups were making submissions to the consultation, to ensure all groups were represented.

15   Pye Tait Consulting, who are conducting the future midwife consultation on behalf of the NMC, have run focus groups and interviews, which have targeted hard to reach and underrepresented groups. This is to ensure that we received responses from a wide range of stakeholders.

16   On our website, we published a summary of the evidence used to

inform the development of the new draft standards for midwives.

17 We received 1,585 responses to the consultation. The breakdown of these responses is as follows:

17.1 450 responses to the 'professional' version (for midwives, student midwives, educators and employers)

17.2 58 responses to the 'other health and social care' version (for other health and social care professionals)

17.3 1,071 responses to the 'public' version (for members of the public, advocacy groups and charities)

17.4 6 responses to the 'easy read' version (for people who may have literacy difficulties).

18 Following the close of the consultation, we wrote a blog to thank those who got involved and sent us their views and to set out next steps.

19 Now that the public consultation is closed, we are considering the responses and refining the standards further before the final version goes to Council for approval in October 2019. The final standards are expected to be published in November 2019, and approved education institutions will begin to adopt the new standards from September 2020. All midwifery education providers must be approved against the new standards by September 2021.

20 We intend to launch the new standards at events in the four countries of the UK and will make sure the approved standards are communicated to all relevant stakeholders.

Midwifery strategic engagement

21 We continue to take up regular opportunities to meet and speak with midwives and student midwives at conferences, exhibitions and events. These have included: The RCM Awards in London on 5 March, the Capital Midwife's conference in London on 6 March, Better Births: Three Years on conference in Manchester on 7 March, Improving Perinatal Crisis Services and Reducing Maternal Suicide conference in London on 29 March and the Midlands Maternity Festival in Leicester on 9 April.

22 We marked International Day of the Midwife with a range of social media items. This included a series of videos featuring some of the people who have taken part in our future midwife consultation events, sharing their own thoughts about the future of the profession.

Midwifery Panel

23   The Midwifery Panel last met on 10 April 2019.

24   The Panel received the findings of a survey we ran during December 2018 and January 2019 to gather experiences of midwifery care from women, partners and families. 613 people took part in the survey. Key findings of the survey are as follows:

   24.1   Respondents felt that the best midwifery care was compassionate, supporting and encouraging in nature. Respondents said that being in control, listened to, empowered and having wishes respected without judgement were all part of good midwifery care.

   24.2   Nearly three quarters of respondents were satisfied with the overall midwifery care that they, or their loved one, received. Satisfied people were most likely to mention high quality medical or physical care, antenatal care, and caring, supportive midwives. Of those that were not satisfied (less than a fifth), they were more likely to criticise medical or physical care, uncaring or unsupportive staff, unsatisfactory postnatal care or lack of continuity of care.

   24.3   Three quarters of respondents felt their personal needs and choices were taken into account during their experience of midwifery care, whereas a quarter did not. Those who did not feel their personal needs and choices were taken into account felt that their midwife (or midwives) was insufficiently kind, caring or reassuring, or that they were rude, negative or did not listen.

   24.4   70 percent of respondents felt they were able to build a strong and trusting relationship with their midwife. There is a strong correlation between those who felt this way and those who felt their own personal needs were taken into account during their care.

   24.5   People had different views on their satisfaction with the different stages of midwifery care. People were most likely to be satisfied with antenatal care, and least likely to be satisfied with postnatal care.

   24.6   Suggestions for improvement highlighted the need for a more caring approach, greater continuity of care and more sharing of information from midwives.

25   During the preliminary stages of developing our new strategy, which will launch in April 2020, we will ensure that insight gathered from this report is considered alongside other resources to ensure the voice of women and families is heard in this process.

26   More broadly, we will draw on this data and the themes that

emerged from the survey in future planning for communications and engagement with women and families.

27 NMC Strategy: The Panel also gave input into what the NMC should consider in shaping its Strategy 2020-2025, in relation to midwifery and maternity matters. The Panel discussed a number of key questions, facilitated by members of the Panel, in relation to midwifery education, service users, and midwives.

28 The Chief Executive's Senior Midwifery Adviser gave an update on key engagements undertaken since the last Panel meeting in February 2019.

External midwifery updates

29 The World Health Organisation (WHO) recently consulted on a draft report and action plan, entitled 'Strengthening quality midwifery education for Universal Health Coverage 2030; A transformative approach to improving quality of care'. The final report and action plan will be launched at the World Health Assembly in May 2019.

Public protection implications:	30	None directly arising from this report.
Resource implications:	31	None directly arising from this report. The resource implications for the future midwife programme have been accounted for within the corporate plan and budget.
Equality and diversity implications:	32	We are progressing equality impact assessments for the future midwife project. We are tracking the diversity of engagement to date and will be targeting specific groups that are currently underrepresented.
Stakeholder engagement:	33	This is covered in the body of the report.
	34	We have updated the Council about the content of the engagement activities regularly. We will continue to collaborate with stakeholders to support the future midwife consultation.
Risk implications:	35	No specific risk implications arising from this report. Risks relating to the development of the future midwife standards are captured through the programme.
Legal implications:	36	None directly arising from this report.

Council

Update on post-registration standards

Action: For decision.

Issue: Provides an update on work to date to inform an approach to post-registration qualifications.

Core regulatory function: Education and Standards.

Strategic priority: Strategic priority 1: Effective regulation.

Decision required: The Council is asked to agree the proposed next steps (paragraph 22 to 24).

Annexe: The following annexe is attached to this paper:

- Annexe 1: Independent evaluation of post-registration standards of proficiency for Specialist Community Public Health Nursing and Specialist Practice Qualifications.

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

Author: Anne Trotter   Director: Prof Geraldine Walters CBE
Phone: 020 7681 5779   Phone: 020 7681 5924
Anne.trotter@nmc-uk.org   Geraldine.walters@nmc-uk.org

Context: 1 The NMC register is made up of four distinct parts for each of the professions we regulate: registered nurses, midwives, nursing associates and Specialist Community Public Health Nurses (SCPHNs). Each of these are protected titles as set out in The Nurses and Midwives (Parts of and Entries in the Register) Order of Council 2004.

2 Though the first three professions can directly enter their parts of the register once they have met the NMC's requirements, the SCPHN part of the register is only available to those already on the register, holding effective registration as either a nurse or a midwife.

3 A nurse, midwife or SCPHN may also complete additional qualifications, which may be recorded as annotations against their name on the NMC register, and which are relevant to their registration. These include prescribing, teaching and Specialist Practice Qualifications (SPQs), for those who have completed a post-registration qualification in an NMC specialist field of practice.

4 The Council's Strategy 2015–2020 included commitments to update our education standards, including around "reviewing the nature and role of post graduate standards…" and "defining the regulatory purpose of the register and reviewing its shape and content". These commitments aimed to address several long-standing issues relating to SPQs annotations and SCPHN registration.

5 In 2016 we embarked on a major programme to review and update our education standards. In accordance with our Strategy 2015–2020, we prioritised developing new standards of proficiency at pre-registration levels, education and training standards and post-registration prescribing standards.

6 The SCPHN standards have not been updated since 2004, when the SCHPN part of the register was created. The standards for SPQ programmes were developed in 1994 and last published in 2001.

7 In 2018 we commissioned an independent evaluation of these post-registration standards to inform our approach to our work on post-registration. This approach is consistent with our work on our pre-registration standards.

8 The independent evaluation report was received in February 2019 (**Annexe 1**). Its findings will help inform the future direction of our role in regulation beyond initial registration.

Four country factors: 9 Our current SCPHN and SPQ standards apply UK wide. All four UK countries are prioritising and have published their public health and community nursing strategy and policy contexts. Although there is no unified definition of community and public health nursing, the policy focus is generally on those who support and provide care in or close

to home and on wider country-specific community and population health needs.

Discussion   **Key findings of the independent evaluation**

10   The independent evaluation was undertaken using a mixed methods approach. The findings of the independent evaluation are summarised below.

11   There is difference in the use of SPQs and SCPHNs, and in the availability of our approved programmes across the four countries. Due to the age of the SCPHN and SPQ standards, most universities who are running programmes reinforce the content by incorporating standards and competencies produced by other bodies, for example the Queen's Nursing Institute (QNI), QNI Scotland and the Institute for Health Visiting (IHV).

12   These programmes are still described as providing the theoretical and clinical challenge needed for individuals to develop the skills, knowledge and confidence to move into a specialist role as a novice.

13   There were mixed views about the standards providing protection to the public, with many citing more of a reliance on the Code. The protected title of SCPHN was neither widely used nor understood, and the annotations were considered of limited use in this regard.

14   There were concerns about the fragmentation, dilution and loss of quality of post-registration education and it was reported that many nurses and midwives undertake specialist practice without holding an NMC recordable qualification, with approximately 55% of AEIs offering other non-NMC approved programmes including Masters in advanced practice.

15   There were repeated calls from across all stakeholder and registrant groups for the NMC to widen the discussion and become involved in the regulation of advanced practice, as many believe that there is greater risk to the public from those practising in the unregulated area of advanced practice. It was reported that there is a patchwork of education of advanced and specialist practice across the UK and there is the opportunity to rationalise under the leadership of the NMC.

Our future role in regulation beyond initial registration

16   We understand that the NMC's predecessor body, the UK Central Council for Nursing, Midwifery and Health Visiting (UKCC) had planned to consider the regulation and development of standards for advanced practice. Following a listening exercise to determine whether to set these standards, in March 1997 the UKCC made the decision not to proceed.

17   Instead, advanced practice career and employment frameworks have been developed in each of the four countries. Some are advanced practice nursing frameworks and some are more inter-professional in nature. These frameworks have little regulatory oversight.

18   The evaluation findings indicate the need to consider our role in regulation beyond initial registration and explore further options, while also seeking to address some immediate shortfalls in current standards.

19   In the first instance, we consider it important to share the findings with strategic external stakeholders and engage them in our work to develop future actions and activities, including what we take forward within the existing education programme and what might form part of our future corporate strategy for 2020–2025. This engagement will inform the plans we will bring back to Council later in 2019.

20   As the SCPHN and SPQ standards relate to different aspects of our legislation, we propose to separate future work into three related, but discrete, areas identified below.

    20.1   Actions and timelines to address specialist practice qualifications (SPQs).

    20.2   Actions and timelines to address specialist community public health nursing registration and protected title (SCPHN).

    20.3   Exploration and timelines regarding our role in the regulation of advanced practice. This will include options for collaboration with others, including other professional regulators.

21   Given our work in raising the ambition of our future pre-registration standards, we need to look at a range of issues including the extent to which our existing SCPHN and SPQ standards are already addressed in part within pre-registration; whether new standards should be situated in advanced practice frameworks; or whether some standards should remain within our current specialist practice legislation and policy frameworks.

Next Steps

22   We propose a short series of UK-wide senior stakeholder roundtable events. The first event will be an opportunity to share our findings on the post-registration evaluation report with respondents and key stakeholders.

23   This in turn will pave the way for engaging stakeholders on priorities for the corporate Strategy and scoping out the options that will help shape our thinking and determine our future role in:

> 23.1   regulating post-registration education and practice
>
> 23.2   considering how the future NMC register is structured.

24   We will report back to the Council by the end of 2019.

Public protection implications:	25	It is important that our role in regulation beyond initial registration takes account of the increasingly complex needs of people across the changing landscape of health and care delivery.
Resource implications:	26	The cost of reviewing the SPQ and SCPHN standards are covered by the education programme budget. Should Council agree to explore our role in the regulation of advanced practice this future budget would need to be finalised for the forthcoming years 2020–2023.
Equality and diversity implications:	27	An equality impact assessment has been undertaken as part of our education change programme.
Stakeholder engagement:	28	The independent evaluation was undertaken with participation from external stakeholders across the UK. The views of the public and patients who are involved in the development and delivery of the SPQ and SCPHN programmes were sought as part of this independent evaluation.
Risk implications:	29	There is a risk that these older post-registration standards are no longer based on best practice evidence or meet the needs of people, employers and educators. Although many educators exceed our standards it is important that we decide on our future role in setting standards after initial registration that support better and safer care for people.
	30	These issues stem from a number of decisions made during the formation of the NMC in 2001, and over the following decade, which have together created a degree of confusion and complexity around how the NMC register is structured and annotated. This complexity is at odds with the fundamental purpose of the register, which is to enable the public to see clearly and simply who is and who is not qualified and fit to practise within a specific role that we set standards for.

Legal implications:

31   SPQs are recordable qualifications that meet our standards but do not lead to admission to a part of the register. They indicate a qualification or competence in a particular field or level of practice. We may establish standards of education and training for recordable qualifications and may approve a course of education or qualification. Therefore we are not required to set standards or approve courses or qualifications.

32   The SCPHN part of the register is for registered nurses or midwives with an additional qualification as a health visitor (RHV), school nurse (RSN), occupational health nurse (ROHN), family health nurse (RFHN) or public health nurse (RPHN). Legislative change would be required to amend the parts of the NMC's register or the protected titles, if this was deemed necessary.

33   In all circumstances the NMC must act fairly and reasonably in the discharge of its functions and powers. This will include the duty to act fairly and reasonably and includes, but is not limited to, an obligation to give those affected by any proposed change an opportunity to consider, and make submissions on the change.

Item 10: **Annexe 1**
NMC/19/38
22 May 2019

Evaluation of post–registration standards of proficiency for specialist community public health nurses and the standards for specialist education and practice standards

Nursing and Midwifery Council

February 2019

CONTENTS

1. Introduction

1.1   The Nursing and Midwifery Council (NMC) is the independent regulator of nurses and midwives for England, Wales, Scotland and Northern Ireland. The primary role of the NMC is to protect patients and the public through effective and proportionate regulation of nurses and midwives.

1.2   As part of its role, the NMC sets education standards that shape the content and design of programmes and identify the competences of a nurse, midwife or nursing associate. It approves education institutions to deliver the programmes and quality assures these approved programmes. Nurses and midwives who successfully complete their programmes, and are able to practise, are listed on Part 1 and 2 of the NMC's public register.

1.3   To ensure that the education standards are fit for purpose and that nurses, midwives and nursing associates are equipped to deliver high quality safe care now and in the future, the NMC has embarked on a four year change programme for nurse and midwifery education. Phase 1 of the reforms was approved in March 2018 and includes:

- **Standards framework for education and training** for providers of pre and post-registration nursing and midwifery programmes;

- **Standards for student supervision and assessment**;

- **Standards for pre-registration nursing programmes** describing entry criteria, programme length and award;

- **Standards of proficiency for registered nurses** that describe the knowledge and skills that nurse should have at the point of joining the register;

- **Standards for prescribing programmes**; and

- **Adoption of the Royal Pharmaceutical Society's competence framework** which describes the knowledge and skills that nurse and midwife prescribers should have.

1.4   In April 2018, the NMC commissioned Blake Stevenson Ltd to undertake an evaluation of the existing standards for post-registration education for nurses and midwives.

Post-registration education

1.5   Once a nurse or midwife has joined the NMC register they can undertake further education and training to join the Specialist Community Public Health Nurse (SCPHN) part of the register (third part) or be noted as having a Specialist Practitioner Qualification (SPQ) on the register. As of January 2018, there were 29,752 SCPHN registrations and there were 23,657 nurses and/or midwives who had an SPQ annotation.

1.6 SCPHNs can be undertaken by registered nurses and midwives looking to work in the public health roles as health visitors, school nurses or occupational health nurses. Those who have undertaken NMC-approved SCPHN courses that incorporate the ten recognised public health competencies. They have historically been considered to be a high risk group of registrants as they usually undertake sole practice and often provide care and support for vulnerable patients and families in their own homes. They also work not just with individuals, but with particular populations, to improve their health as a whole.

1.7 Specialist practice was originally intended to allow a nurse to demonstrate that they were capable of exercising higher levels of judgement, discretion and decision making in clinical care in a specific practice area. The NMC approves SPQ programmes which meet standards for specialist education and practice in relation to nine areas which include district nursing and General Practice nursing. It is important to note that many nurses undertake specialist practice without holding the NMC recordable qualification.

Aims of the evaluation

1.8 Both SCPHN and SPQ standards have not been updated for some time and the primary aim of the research was to explore whether the current standards are fit for purpose and how far they meet the needs of the current and future nursing and midwifery workforce.

1.9 Through desk-based research, a UK-wide survey and interviews with a wide range of stakeholders, registrants, students and service users, key research questions were explored. These included:

- Are the current standards appropriate to prepare nurses and midwives for future post-registration practice?

- To what extent do the standards protect the public and maintain public confidence in the profession?

- What role are annotations and entries to the third part of the register playing?

- To what extent are the SPQ and SCPHN standards known and understood?

- If the standards for SCPHNs and SPQs were withdrawn what would be the consequences?

- What should future regulatory post-registration standards take account of and where might they come from?

Approach to research

1.10 The evaluation involved a multi-faceted approach, agreed in discussion with the NMC commissioners and delivered over three phases.

1.11 The first phase, planning and preparation, included several key activities. The standards mapping activity provided a deeper understanding of the relationships between the

various (sets of) standards and ensured that the researchers could explore perceptions of the standards among the various respondent groups in greater depth. The mapping report, produced in addition to this report, is also designed to support the NMC in its examination of the fitness for purpose of the SCPHN and SPQ standards.

1.12   The relevance of non NMC-approved courses to evaluating the NMC standards was recognised but considered to be out with the scope of this research.

1.13   Identifying the research sample and recruiting participants was another key element of phase 1 of the evaluation. To ensure a comprehensive evaluation of the NMC standards, evidence was gathered from a wide range of contributors:

Key senior **stakeholders** from nursing organisations and professional and government bodies from the four countries

Registrants who hold SCPHN and SPQ qualifications

Representatives from all **Approved Education Institutions** (AEIs) which offer SCPHN and/or SPQ courses

Nurses and midwives currently undertaking post-registration courses that lead to a SCPHN or SPQ qualification

Employers of nurses and midwives

Public and patients involved in curriculum design at AEIs

1.14   It was important to ensure that a geographically, demographically and professionally diverse group of representatives were selected to participate in the research to capture the depth and breadth of views. A sampling approach was devised to achieve this, which included a sample of registrants that reflected the profile of the NMC register. Evaluation participants were recruited via two routes- through nominated contacts at AEIs or through the NMC from their existing contacts and from the register.

Definitions

1.15   Throughout this report we refer to:

• Registrants (meaning nurses and/or midwives who have a post-registration qualification following successful completion of a SPQ and/or SCPHN qualification);

• Students (meaning nurses and/or midwives who are currently undertaking a SPQ or SCPHN post-registration qualification); and

• Nurses and midwives (meaning a person who is registered as a nurse and/or midwife with the NMC).

Evidence gathering

Table 1.1 Sampling strategy

Participants	Sampling priority	Sampling approach
AEIs	✓ Geographic spread ✓ Post–registration courses offered	A shortlist of AEIs to invite for follow–up interviews was compiled based on location of the university and the NMC–approved post–registration courses offered at the AEI.
Stakeholders	✓ Geographic spread ✓ Organisation (nursing and midwifery bodies, faculties, associations, unions)	The NMC were able to identify stakeholders from a range of nursing and midwifery organisations across the UK, with a devolved nation or UK–wide remit.
Employers	✓ Geographic spread	The NMC were able to identify employers from across the UK.
Students	✓ Geographic spread ✓ Qualification studying toward ✓ Demographic diversity	A shortlist of AEIs to assist with recruitment of students was compiled based on location of the university and NMC–approved post–registration courses offered at the AEI.
Registrants	✓ Reflecting the profile of the NMC register (registration, geography age, gender, ethnicity, qualification type)	Using the profile breakdown from the NMC register, a sampling frame was created. We selected a representative sample based on the information provided in the online profile form completed by registrants interested in participating in the research.
Service users	✓ Geographic spread ✓ Demographic diversity	A shortlist of AEIs to invite for follow–up interviews and to assist with the recruitment of service users was compiled based on location.

1.16   Phase 2 of the evaluation was the evidence gathering phase and this took place over a six month period. It involved several research elements that explored the key questions with the different stakeholders. It began with the AEI survey which aimed to provide an overview and understanding of the use of the SCPHN and SPQ standards, rationale for course offerings, future plans, options and potential consequences of changes/reform.

1.17   The survey analysis was used to refine the research tools for the remainder of the evaluation period. The key stages and timing of the evidence gathering phase are summarised in Figure 1.1 overleaf.

Figure 1.1: Phase 2 Evidence gathering
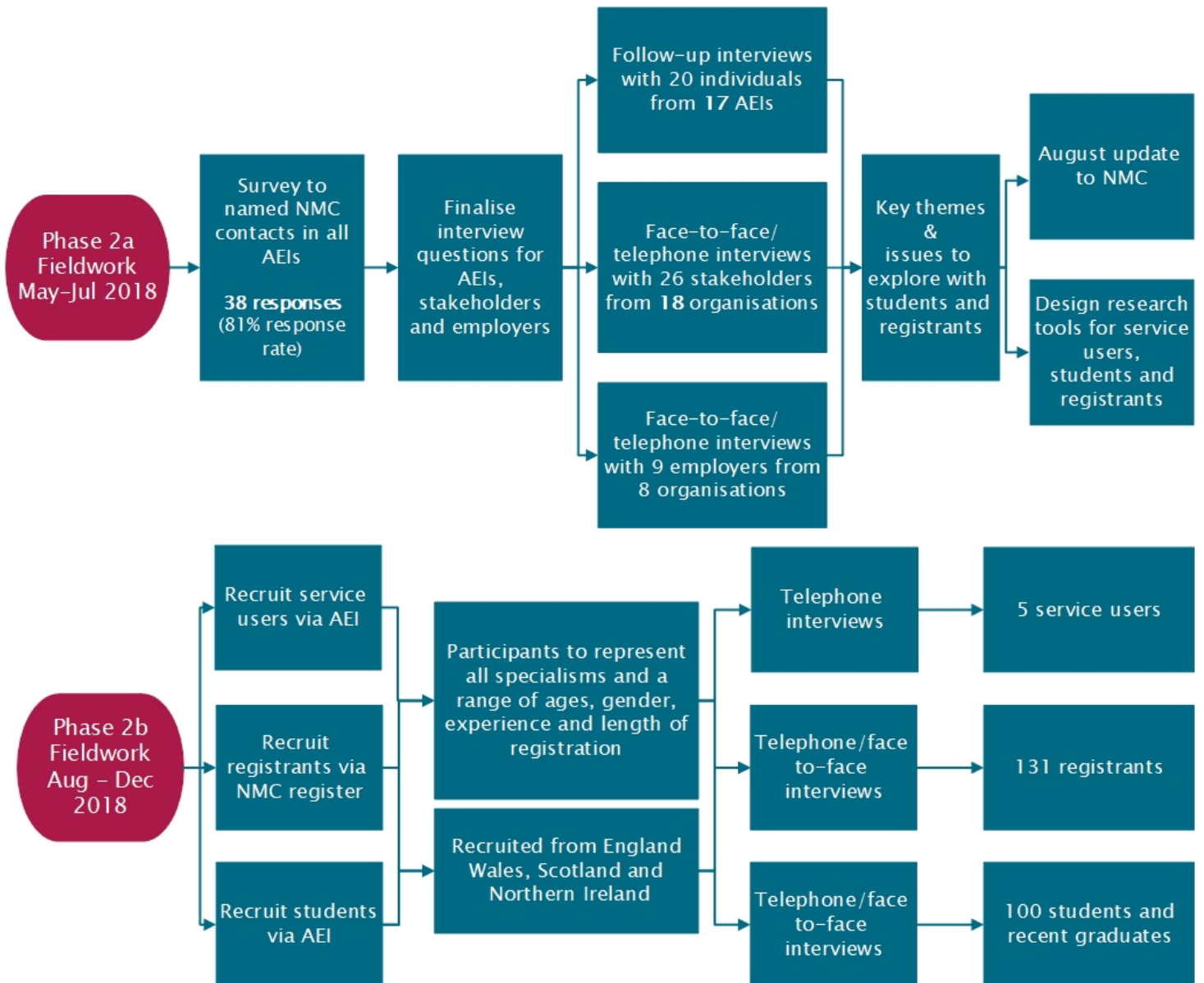
1.18 In addition to 38 survey responses from the AEIs, 291 individuals contributed to this evaluation. The following diagram presents the profile of all participants by nation (Figure 1.2).

Figure 1.2: Geographic profile of all evaluation participants (n=329 including AEI survey respondents)
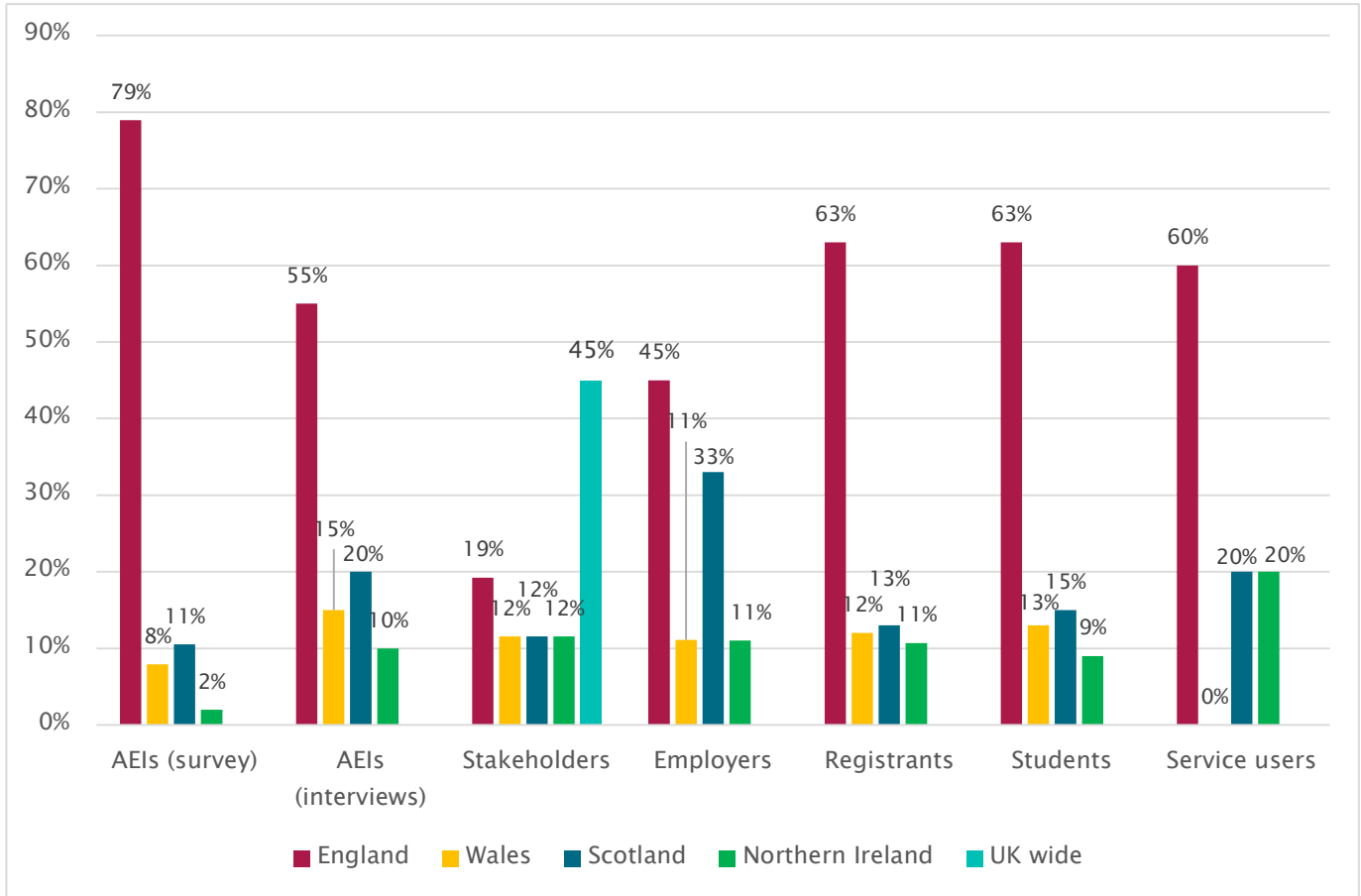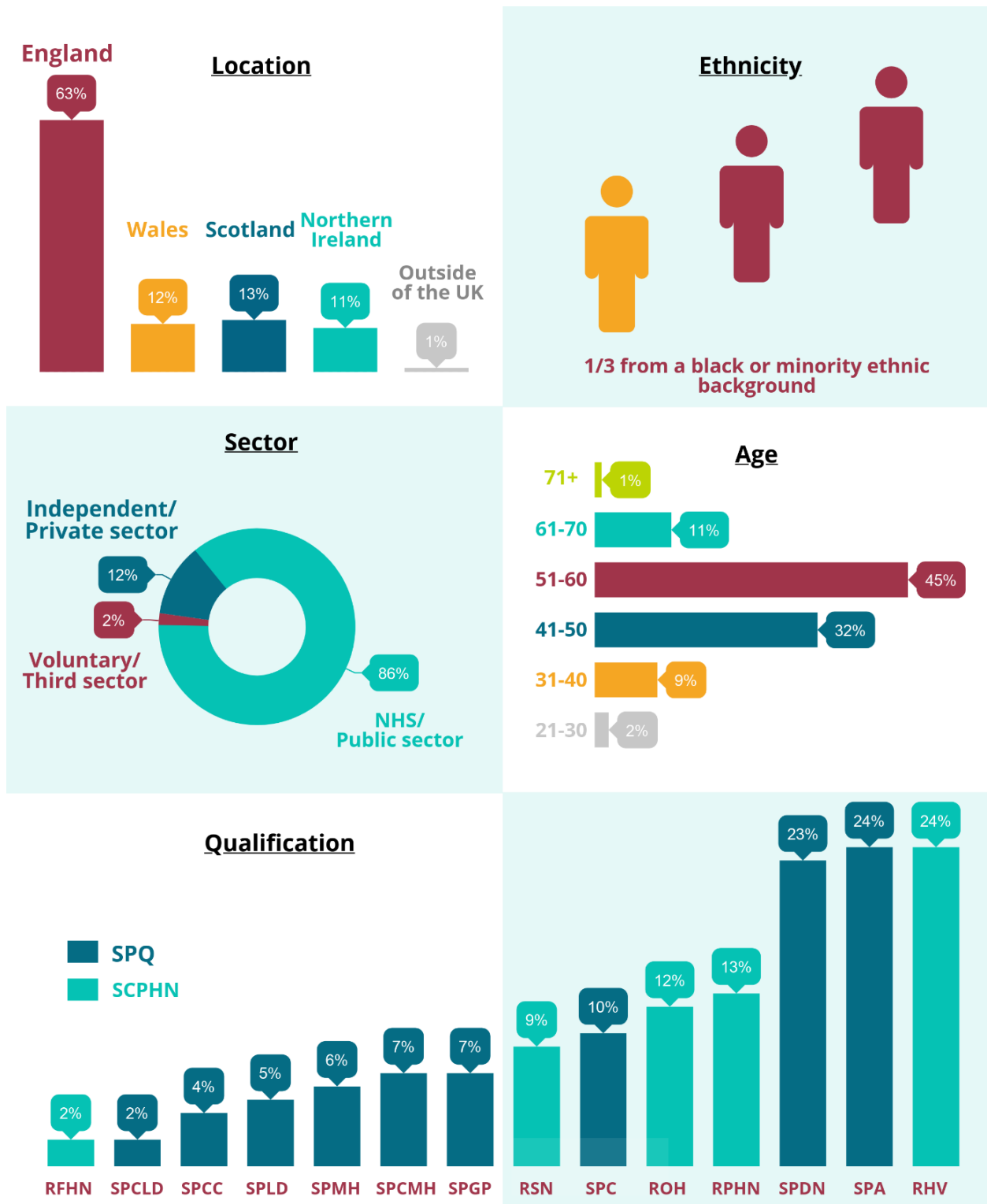

*Registrant percentages add up to 99% as 1% came from outside of the UK (not shown in chart)

1.19 The infographic on the next page summarises the overall profile of the registrants (Figure 1.3).

Figure 1.3: Profile of registrants (n=131)

Location

England 63%
Wales 12%
Scotland 13%
Northern Ireland 11%
Outside of the UK 1%

Ethnicity

1/3 from a black or minority ethnic background

Sector

Independent/Private sector 12%
Voluntary/Third sector 2%
NHS/Public sector 86%

Age

- 71+ 1%
- 61-70 11%
- 51-60 45%
- 41-50 32%
- 31-40 9%
- 21-30 2%

Qualification

- SPQ
- SCPHN

RFHN 2%
SPCLD 2%
SPCC 4%
SPLD 5%
SPMH 6%
SPCMH 7%
SPGP 7%
RSN 9%
SPC 10%
ROH 12%
RPHN 13%
SPDN 23%
SPA 24%
RHV 24%

Report structure

1.20 The content of this report is based on the desk research and evidence gathering from contributors from across all four nations. The remainder of the report is set out as follows:

- Chapter 2 provides an overview of the research context, based on findings from the desk research;

- Chapter 3 explores the qualifications that represent the standards;

- Chapter 4 presents findings around the standards themselves; and

- Chapter 5 provides a summary of the evaluation findings and considers actions and next steps.

2.   The Research Context – findings from desk research

2.1   The desk research focused on two key questions:

- What does the SCPHN/SPQ context look like in each of the four home countries of the UK?

- How do the SPQ and SCPHN standards relate to each other, and to the new pre-registration standards?

2.2   It was recognised that respondents' views were likely to be informed by the policy contexts within which they were working. A key aim of the research was therefore to identify if, and how, these contexts resulted in differences in the perceptions of the various groups of respondents, and where commonalities could be identified across those contexts.

2.3   There is an overlap in the range of roles addressed by the two sets of NMC post-registration standards. As a result, it was important to understand how the standards relate to one another in order to explore the potential implications of choosing between two qualifications that are designed for the similar roles. Similarly, understanding if and how the new pre-registration standards relate to the SCPHN and SPQ would help identify if progression could be identified between the pre- and post-registration standards.

The four home nations

2.4   The desk research identified significant differences in the use of SPQs and/or SCPHNs as a result of policy differences in the four devolved nations of the UK. These differences included the availability of SPQ and SCPHN qualifications programmes for example, England is the only country currently offering the SPQ in Children's Nursing and Northern Ireland is the only country currently offering SPQ courses in Mental Health and Learning Disabilities. The only SPQ available in Scotland is in District Nursing (Fig 2.1).

Figure 2.1. SPQ and SCPHN accredited providers by country
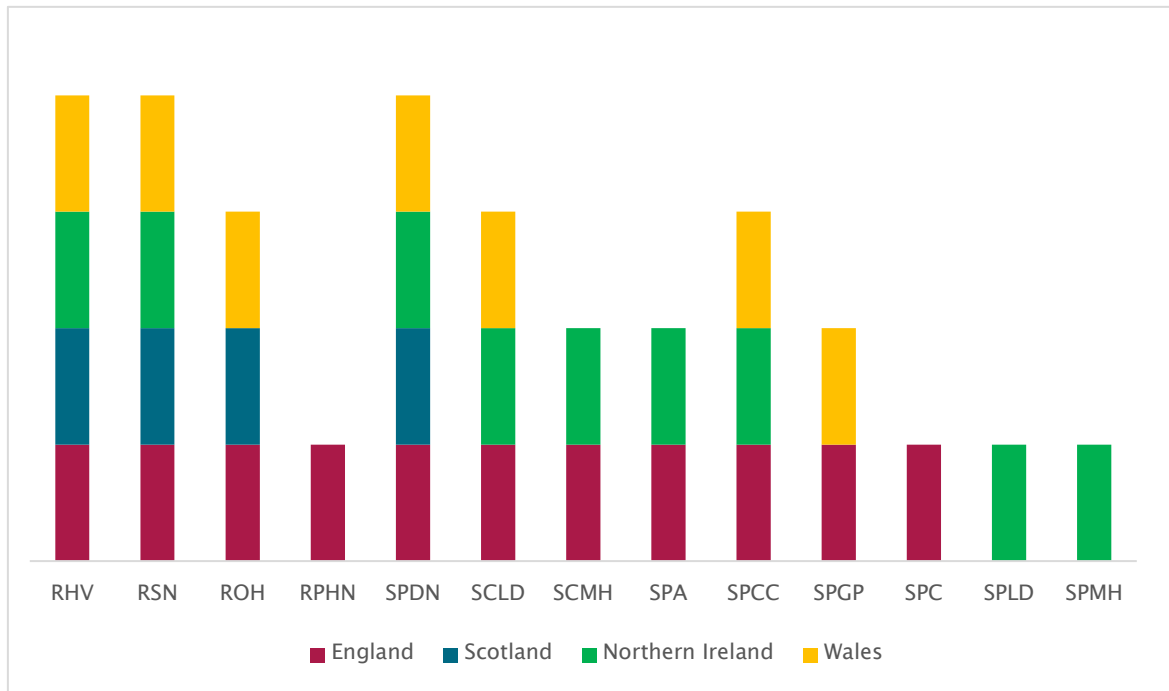
2.5 Each country has established their own standards and advanced practice frameworks which are mapped against the SCPHN/SPQ standards but reflect current policies and national frameworks underpinning the work of the various specialist nurse roles within their nations. An example of direct referencing to SPQ standards was found in the Scottish District Nursing framework. Some policies and/or frameworks integrated SCPHN or SPQ qualifications into the requirements for a specific role. Examples included the requirement in the School Nursing Framework in Wales[1] for all schools to have a SCPHN–qualified school nurse, and the requirement in Health Education England's District Nursing and General Practice Nursing Service Education and Career Framework for the District Nursing SPQ for District Nurse roles.[2]

2.6 These findings suggested that there was likely to be marked differences between respondents from different UK nations relating to their awareness and use of the standards and the priorities or profile of the different specialist roles in their nations.

---

[1]https://gov.wales/docs/phhs/publications/170523schoolnurseen.pdf
[2]https://www.hee.nhs.uk/sites/default/files/documents/Interactive%20version%20of%20the%20framework_1.pdf

Standards mapping exercise

2.7 The exercise identified some enablers and barriers to identifying the relationship between the different groups of standards, which may be helpful to inform future standards development. Some of the key findings also informed the next stages of the research. These included:

- *SPQ Standards*: There are nine separate sets of SPQ standards, each of which contextualises a core 'preparation' standard. However, the majority of the nine standards provide little contextualisation in addition to the preparation standard.

- *SCPHN Standards*: School Nursing, Health Visiting and Occupational Health have their own shared set of standards.

- *SPQ/SCPHN.* A key finding of this aspect of mapping related to the how practitioners work. Whilst the SPQs primary focus is on specific actions carried out by individual practitioners, the SCPHN statements include a strong focus on working with others to achieve an overall objective. This is likely to be linked to the role of SCPHNs to improve the health of populations as a whole, not just individuals.

- *The extent to which the content and wording of the standards appeared to reflect changing priorities and potentially a changing environment.* The standards examined in the mapping were published at different times: the SPQ standards in 2001; the SCPHN standards in 2004. The difference in emphasis between the two sets of standards noted above, relating to how practitioners work, suggests that service priorities may have changed in the intervening period. When compared with the new pre-registration standards (2018), we find that one area which has emerged in these newer standards is a focus on managing risk. These changes in emphasis suggest that, when standards are developed, they reflect not only the skills needed by registrants but the concerns of the external environment in which care is delivered. This has an important implication for efforts to 'future proof' any new standards that NMC may develop: changes in the external environment may be difficult to predict and this may prove a challenge for any future proofing goals.

2.8 The findings highlighted that the contextualised SPQ standards and links with the SCPHN standards indicate that some (such as School Nursing, Health Visiting and Occupational Health) might have separate or stronger professional identities than others.

2.9 A key area for investigation was therefore how identity was perceived, and the role of standards in supporting this perception. Another consideration that emerged from these findings was the changing focus of the standards over time, and the absence of issues relating to risk and personal accountability, which indicated the importance of exploring the applicability of the specialist standards to current and future practice.

2.10 Finally, the limited information available within the SPQ and SCPHN standards documents about the intended audience and use of the standards suggested that some respondents

may not be fully aware of the standards or, if they were, that they might be unsure how they should be used. This finding proved to be particularly relevant during the interview phase. Many participants were able to discuss qualifications, however, there was limited awareness of the content of the standards underpinning those qualifications. As a result, the findings from the evidence gathering and interviews with participants are structured into two separate sections: perceptions relating to the qualifications, and perceptions relating to the standards *per se*.

Summary of Chapter Findings

- There are significant differences in the use of SPQs and/or SCPHNs as a result of policy differences in the four devolved nations of the UK. Each country also has different links between SCPHN/SPQ standards and current policies and other frameworks underpinning the work of the various specialist community nurse roles, which are likely to affect the awareness and use of the standards.

- Some community nursing roles, such as School Nurses, Health Visitors and Occupational Health Nurses, appear to have more distinct professional identities than other roles to which the standards apply.

- There is an overlap in the range of roles addressed by the NMC post-registration standards but despite this there are significant challenges in the relationships between them, and between the post-registration standards and the new pre-registration standards for the future nurse. This may be explained, in part, by changes in the external environment affecting priorities for nursing. This influence of external issues has implications for any aims to 'future proof' any new standards which NMC creates.

- There is a lack of clarity about the intended audience and use of the standards which contributes to a low level of detailed understanding about them and their use.

3. The Qualification

3.1   The information within this chapter is drawn from the AEI survey, and the interviews across all participant groups. As detailed in Chapter 1, we spoke with a wide variety of research participants to gather evidence on the NMC post-registration education standards.

Awareness of standards

3.2   While the AEIs and key stakeholders demonstrated good knowledge of the standards, knowledge among other groups was generally lower. Among students, this low awareness of the standards may be due in part to the fact that many of the students that were interviewed had only recently started their course.

> "I am fairly familiar with them, I couldn't recite them but I think that's because I haven't had a huge amount of time yet to look at the domains or read the standards start to finish."
> District Nursing student

3.3   Registrants' awareness of the standards varied hugely depending on their role, with those that are teachers or practice educators generally having an in-depth knowledge and the remaining (majority of) registrants having only a very limited knowledge, if any, of the standards. All groups that we spoke to felt that there was very little awareness of the standards among employers.

> "I don't really think my employer knows about them."
> Mental Health SPQ registrant
>
> "My employer knows about them because I have educated them – but few school communities are aware of the standards."
> School Nursing registrant

3.4   Despite the low general awareness of the standards amongst students, registrants, employers and service users, all participants were able to discuss the standards in the context of the qualification that the standards underpin.

Provision of SCPHN and SPQ programmes

3.5   SPQ and SCPHN programmes are delivered by 48 AEIs located throughout the UK. In total, there are 106 SCPHN programmes (93 of which are for Health Visiting or School Nursing), and 78 SPQ programmes currently approved around the UK. The NMC data on registrations shows that, with the exception of the District Nursing SPQ, the number of

nurses and midwives gaining SPQ and SCPHN qualifications has declined over the past two-three years.

3.6 From the AEI survey responses, 313 courses were delivered across the 38 AEIs with the majority (77%) taking place every academic year. Most programmes (78%) were delivered face-to-face with the choice of studying full time over one year (93%) or part-time over two years (87%).

3.7 The AEIs identified that the main drivers behind decisions to offer a particular NMC-approved course were a combination of:

- demand from local employers (95%);

- current and future government/NHS policy (55%);

- expertise available at the institution (21%); and

- student demand (16%).

3.8 These AEIs also delivered non NMC-approved courses and again, the rationale for offering alternative post-registration provision was employer demand (80%) and current and future government/NHS policy (45%).

Alignment to the NMC post-registration standards

3.9 In general, students felt that their SPQ or SCPHN course was closely aligned to the standards, reporting that the standards were integrated into the modules, course work, portfolios, and learning outcomes.

3.10 For those who were familiar with the standards, most felt that the standards were general enough to cover the full range of areas included in the course. However, it was noted that the course materials generally provide significantly greater detail than the NMC standards themselves, to interpret their meaning in practice and provide guidance around more complex topics such as safeguarding. The widespread use of AEI materials that include the SPQ and SCPHN standards rather than the NMC documentation itself may contribute to the generally low awareness of the standards.

> "The portfolio was split into the core components of the standards. We didn't look at the standards [themselves], but they were well-matched within the course."
> Community Children's Nursing SPQ student

Motivations for pursuing NMC post-registration qualification

3.11 Students and registrants identified their motivation for a specialist qualification. The most common reason was career progression with respondents across every qualification

reporting the use of the SPQ/SCPHN to gain increased responsibilities, promoted posts and/or higher salaries.

> "I wanted to further myself."
> School Nursing student
>
> "It looks good on my CV."
> District Nursing student
>
> "It was a natural progression in terms of my role. I did lots of in house things but nothing academic."
> Community Mental Health SPQ registrant

3.12 This was particularly the case in professions that often require the qualification, such as district nursing which in many areas can require the SPQ to undertake a team leader role.

> "The main reason was for career progression, to move on to the next level of district nursing. I've been in community nursing for 14 years, and couldn't progress or go any further without the SPQ. I had a lot of experience on the management side, but felt other staff members in the team didn't listen to me because I was a Band 5- I didn't have same respect as Band 6 District Nurse because I hadn't done the course. I didn't have that voice or influence which made me frustrated, I wanted to make a difference in the community."
> District Nursing student
>
> "I wanted to stay in school nursing. I was a staff nurse in a school nursing team and the SCPHN was a requirement for promotion."
> School Nursing registrant

3.13 When asked about the programmes and qualifications that they had considered, most had not explored other options beyond the NMC-approved qualification identified or funded by their employer or national government.

3.14 While most students and registrants emphasised the wider value of completing the specialist education programme, there were some participants that achieved the qualification in order to formally recognise the role or skills that they already held. For others, they wanted to supplement their practical experience with academic understanding of nursing theory, and were interested in having a more detailed knowledge of their specialism.

> "I enjoy learning, pushing myself and seeing what I am capable of."
> District Nursing student

3.15   Many participants also reported undertaking the qualification to expand or update clinical skills and knowledge, particularly for those moving into a new professional environment. This motivation was most common for those who were doing/had done Health Visiting and School Nursing SCPHNs with limited previous experience in the community.

3.16   There were some common factors for midwives who moved into the health visiting role. They explained that their move was to address their desire to continue working with families and developing relationships with them for a more prolonged period, which they could do as a Health Visitor.

> I was working as a midwife, but wanted to be more involved in the family support rather than just the birth and the short time after it, so decided to become a health visitor."
> Health Visiting registrant

3.17   There were a few examples also of policy change that had influenced registrants' decisions, for example the Best Start Maternity Review[3] in Scotland and revised midwife role had prompted a career change for a few registrants, and the Call to Action in 2013[4] encouraged some registrants to pursue specialist community nurse roles.

3.18   As well as advancing or changing their careers, many students and registrants highlighted that the SPQ/SCPHN enabled them to move into a role in the community which, because of the traditional working pattern of the role would provide a better work-life balance. In addition, others enjoyed the autonomy that came with a caseload in the community.

> "I had a young family at the time and I was a community midwife but I worked unusual hours. Health visiting provided me with an opportunity to do more regular hours."
> Health Visiting registrant

---

[3] https://www.gov.scot/publications/best-start-five-year-forward-plan-maternity-neonatal-care-scotland/

[4] https://www.england.nhs.uk/wp-content/uploads/2013/07/nhs-belongs.pdf

Factors influencing the choice of programme provider

3.19 From our interviews, it was apparent that nurses and midwives are often not given choice when selecting the qualification or the AEI for their post-registration education programme. Registrants from across all the SPQ and SCPHNs reported that the employer was the main influencing factor when they selected the AEI. The second most common consideration (given instead of/in addition to the employer) was the location of the AEI, with a number of participants also indicating that there was only one AEI that offered the qualification in an accessible location.

3.20 Those participants who did report active selection of the AEI were generally self-funded and/or in areas such as London where there is a greater density of AEIs offering the course. These participants cited a range of considerations when selecting their AEI, including:

- specific aspects of the course, such as formats that provided opportunities for a return to practice programme;

- the learning approach, like remote learning, and part-time completion;

- the accessibility of the application process;

- the course modules;

- cost; and

- the reputation of the AEI and its programme.

> "I chose [the provider] because it is local to me– I live and work in [the area]….I wanted to find a course that fits around my life– I have kids so am doing it part time."
> Learning Disabilities SPQ registrant

Post-registration education experience

3.21 The students and registrants were asked about how the programme transformed their practice and enabled them to work within their specialist role.

The learning environment

3.22 While the courses to achieve the SPQ and SCPHN qualifications were often described as "intense", students and registrants noted the importance of a new learning environment that involved both an academic and practice setting. Participants felt that this was essential to develop theoretical specialist knowledge that builds on their nursing and midwifery experience and supports a broad understanding of the field.

> "I enjoy learning and getting more skills. In practice, you don't always get the chance to ask questions but you can do this at uni."
> School Nursing student

3.23   Many participants from across the qualifications felt that leaving their existing role for a new academic and clinical environment within the qualification programme was important to facilitate transformational shifts in perspectives and skills. In particular, supernumerary status was vital to translate learning into care delivery and ensure transformational change.

> "[It's about] giving people the opportunity to actually apply what you are learning. If you are working part time and learning in your own environment then it's quite easy to be absorbed into the team. Being outside and supernumerary allows you really to focus on the development."
> District Nursing registrant

3.24   The value of practical experience to implement what they had recently learned and identify any difficulties was consistently highlighted as key to ensure impact of the qualification. Key to the success of the placement and students' confidence and performance in the setting was the quality and consistency of their mentor/practice teacher. Where there were difficulties regularly accessing a mentor/practice teacher this significantly undermined students/registrants opportunities to practise clinical skills and affected the confidence in their abilities. Several Occupational Health registrants, among others, provided examples of this were from when studying their SCPHN.

> "Very much so, but mainly down to an amazing practice teacher."
> Health Visiting student, when asked if the course had improved her skills

3.25   Stakeholders and registrants both highlighted that learning must continue post-registration to recognise that newly qualified SCPHNs and specialist practitioners are able to practice in a specialist field but at an entry, rather than advanced practice, level. They therefore require support to build competence over time before they are able to work with full autonomy.

Multi-disciplinary learning

3.26   In the AEI survey, 78% of respondents identified that their SCPHN/SPQ programmes usually share modules with other courses such as advanced practice courses (230 of 295 courses where details are provided). Modules shared with other courses, for example,

MSc Health and Social Care; MSc Public Health; MSc Advanced Clinical Practice, included research/dissertation work, leadership, prescribing, evidence-based practice, long-term condition management, enhanced communication strategies and service improvement. This multidisciplinary learning was often supplemented with learning sets separated by SPQ/SCHPN, for example with separate groups for Health Visiting, School Nursing and Community Children's Nursing students.

3.27   The SCPHN students were typically taught as one cohort and some research participants that hold/are working towards SPQs also reported sharing elements of their course with other SCPHNs (for example some District Nurses reported shared classes with Health Visitors). Some participants felt that this contributed to an increased awareness and ability to work across teams and disciplines:

> "I was the only LD nurse on the course and the course was geared towards adult nurses. I learned about how we overlap and complement the skills of other nurses."
> Learning Disabilities SPQ student

3.28   However, others felt that much of the content was not as relevant to them. For example, a Health Visitor registrant explained that the focus of prescribing was on the adult doses and types of medication with limited reflection of the type of prescribing they would be doing as part of their role in caring for children.

3.29   Participants from all the SCPHN qualifications reported feeling that much of the taught core curriculum was not as applicable or relevant to their profession as it could be.

> "I'd been doing the role in England before moving to Wales. I found my original programme really inspiring but this course was very much a Health Visitor course so there was no support for School Nurses- I saw a School Nurse tutor once. There were only 21 School Nurses on my programme so we are very much in the minority. All the other staff had Health Visitor backgrounds and didn't know about school nursing so it was always very biased towards Health Visitors. We had only two basic lectures on school nursing, I felt like a forgotten specialism. The university was very defensive when I said this."
> School Nursing registrant

3.30   While students and registrants did identify components that were helpful for all three professions (such as the high level public health context and approaches, and external speakers for example talking about domestic violence) many felt that more time could be dedicated to their specific qualification and the clinical skills it requires. This view was particularly strong amongst Occupational Health nurses, who unanimously felt that their profession was too divergent from school nursing and health visiting for the shared curriculum to have value. They identified more of a focus on working practice, policy and

legislation in industry settings alongside more practical consideration of the impact of the workforce health on business to increase the impact of the qualification in practice.

3.31   Some Health Visitor registrants also felt strongly that Health Visiting should have a completely separate curriculum, and felt that direct entry to this (separate to the pre-registration nursing qualification and midwifery qualification) would be most appropriate to prepare people for the role of health visiting.

Gaps and relevance of the qualification for post-registration practice

3.32   In general, registrants felt that their SPQ/SCPHN qualification had equipped them for their new roles but many felt there was potential to further increase this preparation and this usually related to the opportunities to practise the clinical skills necessary for their role.

> "It prepares you to an extent but learn after you have qualified – by experience and from experts/ experienced midwives."
> Health Visiting registrant
>
> "It gave me a good grounding for working in occupational health. I got lots of hands on experience when doing the course, although others found it more difficult to get good practice placements (we had to find our own). [The course] prepared me well and I got lots of support."
> Occupational Health registrant

3.33   Some of the reported gaps in their post-registration education related to clinical procedures or responsibilities that they had not been able to undertake in a practice setting and that could not be realistically recreated in a skills lab. The prescribing examples were common, again unable to practise during the programme or the content of the V100 prescribing element was not tailored to the role they would be undertaking.

3.34   The students and registrants identified areas that needed to be better reflected within the post-registration education programmes for SPQs and SCPHNs. Some aspects were considered as gaps across all the qualifications and these included greater recognition of the complex care environment; reflection of the integration of health and social care, self-management, social prescribing and strength-based approaches to care; and risk management.

3.35   Some students/registrants identified particular areas that they would like to have covered in more depth in their post-registration education programmes:

- Health Visiting – more individual family work rather than community wide initiatives, focus on 0-5s or 0-19s rather than the traditional cradle to grave, Adverse Childhood Experiences (ACEs), better recognition of the limited opportunities for public health promotion;

- Learning Disabilities, Children's Nursing and Children's Community Nursing – identified more explicit reference to working with individuals, carers and family members

- District Nursing – highlighted more content on end of life care, telehealth and telecare and safeguarding;

- Occupational Health – less on general public health and greater reflection on workforce health, case management and health surveillance to support organisational needs.

The value of the SPQ/SCPHN qualifications

3.36 There is a wide range of alternative options to the NMC-approved post-registration education and 55% of the 38 AEIs surveyed also reported running courses that do not lead to an NMC-recordable qualification, like MSc Public Health Nursing; MSc Advanced Clinical Practice; MSc Contemporary Nursing and BSc (Hons) Clinical Practice.

3.37 Some registrants had undertaken further post-registration education in addition to their SCPHN/SPQ, like Masters in Mental Health Interventions, Masters in Public Health to further enhance their clinical knowledge and skills.

3.38 While consideration of non NMC-approved qualifications was outwith the scope of this project, as part of the discussions with research participants about the reasons for moving away from the SCPHN and SPQ programmes, some examples did emerge. For some AEIs alternative post-registration programmes were delivered to address local demand, while others faced challenges in meeting the criteria for approved AEI status, with the lack of availability of practice teachers proving increasing difficult. Another reason for changing the programme offer was the need for more contemporary programme content and delivery, as shown in the example from Robert Gordon University (see Box 1).

3.39 The students and registrants from across the qualifications considered the SPQs/SCPHNs as having an added value compared to other specialist qualifications. They felt the qualifications were prestigious, had more gravitas, were more legitimate and appropriately recognised their higher level of skills and knowledge. They felt that their employers were more invested in the NMC-approved qualifications and that their UK-wide recognition provided them with more opportunities to work in other parts of the UK.

Box 1. Robert Gordon University (RGU), Aberdeen – a new approach to delivering Occupation Health (OH) education

RGU used to deliver the SCPHN OH course but, in response to general concerns about the readiness of OH nurses to practice in the workplace and a review of evidence about OH education, they undertook a consultation about their OH programme that attracts applicants from across the UK. The response from students, registrants, employers, users of OH services, and stakeholders like the Health and Safety Executive, led RGU to the decision that they needed to take action to ensure that their programme content and delivery met the needs of future OH professionals.

A new OH course was developed that fulfilled the University's academic standards and validation process. The programme is solely focused on OH and does not combine with any other public health courses. Its main themes are:

- workplace health risk management;
- fitness for work;
- mental wellbeing
- health promotion and wellbeing; and
- leadership, quality and OH management.

It is delivered over two academic calendar years (60 weeks) through a mix of traditional distance learning formats and contact days to address key skills such as audiometry and lung function testing. Successful programme participants graduate with a BSc Occupational Health; RGU no longer offers the NMC-approved SCPHN programme for OH nurses.

Impact of the SPQ/SCPHN qualification on skills, knowledge and confidence

3.40   Students and registrants widely reported that they found their SPQ/SCPHN programme to be transformative. Most students who participated in the research had a clear idea of what they wanted to use the qualification for, from working at a more senior level to transitioning into a new profession, and the majority felt the qualification was supporting them towards these goals.

> "Best thing I ever did– it opened so many doors for me."
> District Nursing registrant

3.41   Many noted that they learned or updated a range of specific technical skills, particularly around prescribing and clinical assessments. Those who held Children's Nursing or Community Children's Nursing SPQs particularly identified the value of having a specialist course for clinical skills development specifically for children, while those with/currently

working towards a SCPHN identified training in public health techniques as supporting a shift in their perspective and approach to nursing.

3.42 The skills most commonly described as having transformational impacts in all the qualifications were skills around leadership, management, communication and evidence assessment. While these skills were transferable, participants recognised the value of them being contextualised in the qualification, for example with participants reporting the leadership skills in the Health Visitor SCPHN centred on management of caseloads and a team that is spread out and working independently in the community, rather than together within a hospital.

> "I don't think I developed my skills a great deal as I already had the experience, but it made me think differently in how I analyse and look for evidence. It made me think about things more critically– this has been a lasting impact of this qualification. I've gone on to do more postgraduate qualifications, but I don't think my career would have developed in the way it has done without this qualification."
> Community Mental Health SPQ registrant

3.43 Students and registrants felt that these skills contributed to an increased ability and confidence to work autonomously in complex situations that often require advanced decision making. For example, participants had used improved analytical skills to undertake new research, question practice and inform decision making and critical thinking. Their improved communication skills had supported their interactions and positive engagement with patients.

3.44 The qualification increased the confidence of most registrants to share learning, make decisions, and to apply to more senior roles. Registrants, particularly those with a SCPHN qualification, felt the qualification exposed them to new models of care and enhanced their confidence, ability, and willingness to work in a multidisciplinary manner.

> "I felt quite motivated and empowered to be able to share my skills and my understanding of standards. Having had really good support I was able to help others too. You also look at the population in a different way. I was definitely more confident – I'm still nervous with some things like presentations but overall a lot more confident. Because you are encouraged to develop innovation it encourages you to encourage others to do this. In terms of my District Nurse role, I already had an interest in reflective practice and being able to reflect in practice and on my practice was really important. You need this self– awareness to interact with patients, and you have to adapt to individual needs. The course let me do this."
> District Nursing registrant

Maximising impact in their new specialist community nurse role

3.45   The SPQ and SCPHN qualifications were highly valued by research participants, and considered to be addressing areas of great need but to maximise the impact of their learning, they required a role that allows autonomous working, expanded responsibility and the opportunity to use and share their learning.

3.46   There was general acceptance that newly qualified SCPHN and SPQ registrants are novices in a specialist field who still need to build competence over time before being able to work with full autonomy. This requires a working environment that supports the post holder to reinforce their new skills and knowledge, ideally with an initial period of preceptorship, continued formal mentor support, and a limited caseload.

> "[The course included] a lot of practical stuff and a good grounding in public health. I learned most from the practice elements, but it took past the 10 week consolidation to start to feel confident."
> Health Visiting registrant
>
> "There is a need for consolidation years post-registration and we need to agree what those consolidation years are."
> Stakeholder

Summary of Chapter Findings

- The main motivations for undertaking a SCPHN or SPQ are career development, and registrants have limited choice as to the course and programme provider as these decisions are driven by the employer.

- The NMC-approved qualifications are highly valued by students and registrants, as they viewed them as prestigious, highly recognised and transferable throughout the UK.

- Whilst the participants identified gaps in the course content with potential to make it more contemporary and relevant, the programme is described as transformational and provides theoretical and clinical challenge to develop the skills, knowledge and confidence to move into a specialist role.

- The programme prepares the registrant for beginning their specialist post at a novice level, but appropriate support and working environment are required for them to grow into their new role.

4.   The Standards

4.1   As described in earlier chapters, many research participants lacked a detailed understanding of the standards of proficiency for SCPHNs or the standards of proficiency for specialist education and practice and so much of those discussions focused on the qualifications that underpinned them. Those with the best insight were people involved in education and policy development, mainly AEI representatives and key stakeholders.

4.2   With knowledge of the standards and their purpose, the interviews considered the accessibility of the standards, the role of the standards and the extent to which they prepared nurses and midwives for specialist practice. The discussions also explored alternatives and future needs and the key points raised by research participants are presented in this chapter.

Accessibility of the standards

4.3   The language, format and applicability of the standards to academic and practice settings was considered as part of the discussions with the research participants. All contributors acknowledged the extent to which the standards were out of date, having been last published in 2001 (SPQs) and 2004 (SCPHNs). Therefore the language and references do not reflect the current landscape and the environment in which specialist practitioners' work.

> "The language is very dated and they don't meet what's needed now– they are overdue to be renewed."
> District Nursing registrant

4.4   Discussions about the language used also identified that the standards are wordy, repetitive and difficult to interpret. The layout and format are not user friendly and there is no summary or short version to refer to. Importantly, even amongst those who were familiar with the standards, there was not a consensus as to their target audience – are they designed for students to achieve learning outcomes or for registrants to use as professional standards?

4.5   There was agreement that any future standards should have a clearly articulated purpose with a defined audience so that there is a shared understanding and greater awareness of the standards.

Applicability of standards to academic and practice settings

4.6   Overall the students, registrants, AEIs and service users considered the SCPHN and SPQ standards as a necessary and valuable element of the post–registration education for their profession. The view of the wider stakeholders was mixed and often related to the organisation and or specialism they represented.

4.7   Those that commented on the detail of the standards identified that:

- The standards were very generic which gave them a breadth that meant they could be easily interpreted and provided flexibility for programme design. However, this reduced the consistency between and across programmes, and therefore led to variability between students' knowledge, skills and experience;

- as already mentioned, students that complete the qualifications are ready to enter a specialist area but only at an entry level– i.e. they are novices in a specialist area and this distinction is often missed; and

- they need to be supplemented by specialist standards (detailed guidance for specialisms) so that there is more clarity about what the specialist practitioner is should know and be able to do in their defined roles. There was no consensus on who should be responsible for these.

> "I don't think they reflect the current role and the level of clinical skills you need to have as a specialist practitioner."
> Community Children's Nursing SPQ registrant
>
> "[The SPQ standards] don't reflect current nature of practice, for district nurses and others. The way in which nurses are now leading, managing risk, and the complexity of the environment and what they are dealing with and the kind of patients that are now being cared for in the community – even ventilated patients– the standards don't reflect that."
> Stakeholder

SCPHNs

4.8   The response to the two sets of standards differed. Research participants who commented on the SCPHNs overall felt that the generic principles were still relevant and could apply to any domain but lacked detail.

4.9   Stakeholders from across a wide range of professionalisms considered health visiting, school nursing and occupational health nursing as too different to be encompassed under the single SCPHN banner. There were repeated calls for this differentiation to be recognised and that these different roles working with different populations required different skill sets and, therefore, different NMC standards.

4.10   Within the SCPHN group, overwhelmingly those working in health visiting wanted to keep the third part of the register and promoted the need for a direct entry, explaining that the health visitor role lent itself to its own field, similar to midwifery. With such marked differences in the health visitor practice across the nations, it was felt even more critical to retain the UK wide standards for health visiting with the NMC playing a key role.

4.11 In contrast those interviewed that represented Occupational Health felt little affiliation to the third part of the register and were generally dissatisfied with the SCPHN standards and recognised that more relevant non NMC-approved educational programmes would be better suited to develop the confidence and practical skills OH nurses need to be ready to meet the needs of a diverse workplace. Only nine AEIs offer the programme and challenges in finding practice educators and securing placements exacerbates the consolidation of learning.

4.12 The School Nursing registrants and students, like the other SCPHNs, felt that the SCHPHN title was outdated, not understood and that they would like to reclaim the title, as has happened in some parts of the UK so that the School Nurse, Health Visitor and Occupational Health Nurse become protected titles. Occupational Health registrants also wanted to see Occupational Health Nurse become a protected title, although not necessarily underpinned by the NMC Occupational Health SCPHN standards.

> "I don't think we should be governed by the NMC, we are very much a square peg in a round hole and would be better served by the IOSH."
> Occupational Health registrant

SPQs

4.13 Across the SPQs and SCPHNs the uptake of the programmes has generally been declining in the past two-three years. However, the District Nursing SPQ, which is still required for a District Nurse role in many NHS Boards and Trusts, is an exception to this trend.

4.14 The usability of the SPQs has been revitalised by the voluntary standards developed by the Queen's Institute (QNI)/Queen's Institute Scotland (QNIS). These standards, initially for the District Nursing and now for some of the other SPQs, were mapped against the SPQs and has enabled AEIs to deliver the SPQ programmes with the support of the voluntary standards.

> "I'm aware of them because I am a practice teacher, but I am more familiar with the QNI voluntary standards. These are far more up-to-date and pertinent."
> District Nursing registrant

4.15 Some stakeholders consider that the SPQs, like Adult Nursing, Learning Disabilities, and Mental Health have limited value because the new standards of proficiency for the future nurse have blurred the distance between the pre-registration standards and the post-registration standards. The General Practice Nursing SPQ was generally not perceived by registrants to be well aligned to the role and its value not widely recognised by GP practices. In contrast, the District Nursing SPQ is strongly embedded in workforce development and career pathways. Representatives for district nursing and those national

stakeholders where the District Nursing SPQ was still an important element of education provision for this role were keen to see the SPQ remain and retain a recognised qualification.

Role of standards

4.16   The role of the standards were discussed in terms of their role in protecting the public, maintaining public confidence in the profession and supporting professional development.

Protecting the public and maintaining public confidence

4.17   Students and registrants both place high value on national standards for the protection of public safety and confidence but without articulating how they fulfilled this beyond setting out the skills and knowledge the specialist practitioner should hold and quality assuring programme of education delivered by an AEI.

4.18   AEI representatives, employers and stakeholders in the main considered that registrants being live on the the relevant part of the register, Part 1 nurse and Part 2 midwife, and their adherence to the NMC Code as that registered professional protects the public. This is because these are the standards that enable someone to join the register for the first time and the person must continue to meet their requirements for renewal and readmission as a nurse or a midwife, rather than the post-registration standards. They identified that an SPQ is a recordable qualification but that the annotation in itself would not necessarily be used in instances where an individual's fitness to practise was queried. Registrants had mixed views on the value of the SPQ annotation, with some ambivalence towards it but many feeling that it recognised their achievement of the qualification.

> "I'm proud of myself in that I've achieved that, but it has no great value beyond that."
> Community Mental Health SPQ registrant

4.19   There were also inconsistent views about the third part of the register. Some felt it was unnecessary and predominantly functioned as a 'badge of honour' for the SCPHNs, but those on the third part of the register felt it appropriately reflected the posts they held, although they did not associate with the title.

> "I think it's very important for most SCPHN nurses, it gives credence and value to what you've done. I think it was a very important thing for me that we have that recognition."
> School Nursing registrant

4.20 However, stakeholders on two occasions explained that the third part of the register and the standards underpinning the SCPHN protected title had enabled them to refer practitioners to the fitness to practise process because it was clearer how they had failed in duties as a SCPHN rather than as a nurse on Part 1 of the register.

4.21 The research participants acknowledged that the specialist practitioners and SCPHNs were more autonomous in the community setting, and so registrants needed skills and experience to fulfil the more specialised roles, therefore it was helpful to recognise/acknowledge this on the register. However:

- There is no requirement for registrants working in specialist practice to record their SPQ;

- Even if members of the public were aware that they could search the register, as the service users discussed, without more detail of the skills, qualifications, then they would not necessarily be better informed by the annotation or the registrant being on part three;

- The third part of the register does not show the area of practice so the value of recognising the specialist knowledge and skills is lost; and

- The protected title of SCPHN is not widely understood and the public would identify better with the titles of School Nurse, Health Visitor or Occupational Health Nurse.

4.22 Therefore a more useful register would support public confidence.

4.23 Most service users were unaware of the third part of the register, but those who were aware felt that it allowed service users to have more confidence in the person delivering care.

> "It [the third part of the register] engenders transparency and public confidence."
> Service user

4.24 Two service users noted that if the register was populated with additional qualifications and their details, not just the NMC–approved programmes like SPQs, then anyone looking at it would know that a registrant is fit to undertake a certain role.

4.25 Several stakeholders held the view that the stronger case for protecting the public was in the NMC's role in regulating advance practice. They felt that this was becoming critical now that nurses are expanding into medical areas and it was time for consistency with accredited courses that are noted on the register. This is discussed later in the chapter.

Supporting professional development

4.26 Both sets of standards were viewed as providing clarity as to what is expected in the content of the education programmes and the skills and experience that the specialist

nurses and midwives will have. The absence of the SPQs and SCPHNs would lead to huge variation in programme provision that many participants considered unacceptable.

> "The courses are recognised throughout the UK and this is because they are all based on the same standards."
> General Nursing student

4.27   The participants still acknowledged the limitations of the current standards and that policy and practice had moved on with the various pathways, career development frameworks and advanced practice frameworks across the four nations. Nevertheless they considered the NMC-approved post-registration standards provided a professional focus and accountability and without them is could lead to fragmentation across the UK and in the absence of this protection of the standards then some respondents feared that there was be nothing to stop the quality of the education and training provision from being 'dumbed down' and the lines between appropriate provision becoming blurred.

> "It needs to be our professional body that sets standards, we need to protect our professional reputation– we could end up with multiple standards and I would be very concerned if that was the case. We shouldn't have different standards in different locations and be unsure which ones to follow."
> Health Visiting registrant

4.28   In contrast a few participants, from devolved national organisations, felt that the standards were so out of date that there would be limited impact if they were withdrawn and if the NMC played no role in post-registration education. They perceived that this might release capacity within AEIs to look at alternatives and be more creative in the delivery of their post-registration programmes and responsive to local need and national policy.

Regulation across all nurse and midwifery education

4.29   As already mentioned, many participants expressed concern and at times frustration at the NMC's absence in the regulation of advanced practice. The registrants repeatedly commented on value of some clarification from the NMC about specialist and advanced

> "My role is similar to the advanced nurse practice role so it is strange that they make such a distinction between the two."
> Children's Nursing SPQ student

practice. Some felt that is was being left to local employer to define and agree who delivers care and in what role. These registrants felt the NMC needed to step in to protect the public and the SCPHN and SPQ registrants themselves.

4.30   Stakeholders also felt that although this evaluation was focused on specialist practice that this was the opportunity to have a wider debate and dialogue with the four governments about where post-registration education sits and the NMC's role within it, so that the public can be protected and the credibility of the profession can be retained across the UK. These stakeholders felt that there should be a solution where this can be achieved with sufficient consistency across the UK but with flexibility that enables innovation and delivers programmes that meet local and national needs.

> "We are increasingly aware that there is a big difference between specialist and what we term advanced. You come out of the specialist programme, and it's about how you then become able to work at an advanced level. We are setting people up to become disillusioned if we don't say this is what you have, and this is how you can then become an advanced practitioner."
> UK-wide stakeholder

Summary of Chapter Findings

- The accessibility and purpose of the standards were questioned by participants with any future standards required to have greater clarity of content, be more user friendly and be designed for a defined audience;

- The generic principles and broad content of the standards allow them to be applied flexibly but mean they lack the detail needed for the different specialisms;

- The health visitor, school nurse and occupational health nurse are no longer considered as sharing common public health nurse elements within their roles. Different specialisms are more wedded to the SCPHNs/SPQs than others and feel strongly about the continuation of the standards and the NMC's role;

- There were mixed views as to the extent to which the standards provide protection to the public, the Code and Parts 1 and 2 of the register were considered the most appropriate tools. The helpfulness of the register and the information it currently holds was viewed as limited;

- Most, but not all, participants were concerned about the profession and the fragmentation and loss of quality of post-registration education in the absence of the SPQs/SCPHNs and the NMC's regulatory role; and

- Stakeholders called on the NMC to become involved in the regulation of advanced practice where they viewed a greater need for public protection.

5. Summary and actions to consider

5.1 This chapter summarises the key findings in response to the evaluation questions and identifies actions to consider.

Are the current standards appropriate to prepare nurses and midwives for future post-registration practice?

5.2 The evaluation has shown that there is a limited understanding of the SCPHN and SPQ standards, which were last published in 2001 and 2004. The standards are not fit for purpose and approved NMC programmes are addressing the needs of the current nursing and midwifery workforce by the reinforcement of standards and competencies produced by other bodies.

5.3 Whilst the course content needs to be more contemporary and relevant, the programmes are still described by registrants and students as transformational and provides theoretical and clinical challenge to develop the skills, knowledge and confidence for registrants to move into a specialist role as a novice, with specialist knowledge and practice developing as they perform the role.

> "[The course] made me much more of a confident and safe practitioner."
> Adult Nursing SPQ registrant

To what extent are the standards known and understood?

5.4 There is a lack of clarity about the intended audience and use of the standards which contributes to a low level of detailed understanding about them and their use. Are the standards for underpinning the post-registration education programmes or the professional standards under which post-holders work?

5.5 The content of the standards is generic and lacks specifics needed to understand the competencies required for each specialism. The language needs to be clear and concise and the documents need to be user friendly.

To what extent do the standards protect the public and maintain public confidence in the profession and what role are annotations on the register playing?

5.6 There were mixed views as to the extent to which the standards provide protection to the public. The code and Part 1 and 2 of the register were considered the most appropriate tools although there were two examples of the third part of the register being used to raise fitness to practise issues. The annotations were considered of limited help whilst the register holds information about registrants in its current form.

If these standards were withdrawn and this option was no longer available what would be the consequences?

5.7   Many participants were concerned about the impact on the profession and the fragmentation, dilution and loss of quality of post-registration education if the SPQs/SCPHNs were withdrawn and the NMC stopped regulating this aspect of post-registration education. Some professions (such as district nursing), bodies and nations (such as Northern Ireland) are very attached to the standards. However, there is a decreasing number of AEIs approved to deliver the SPQ/SCPHN qualification and it will reach a point, if already not the case, where alternative, more contemporary non NMC-approved programmes fill the gap. The regulation of all post-registration education and practice needs greater consideration.

What should future post-registration standards take account of and where might they come from?

5.8   In the period since the standards were published, organisations, professional bodies, nations have developed and progressed standards frameworks and pathways for specialist and advanced practice. So, there are host of options, from the QNI/QNIS voluntary standards, to the Scottish health visiting pathway across the specialisms that are a starting point for any revised standards, or that can be considered as a replacement.

> "I don't think the specialist practice standards necessarily need to be NMC standards given the SPQ is only a recordable qualification, but we still need standards."
> Employer

What future role should the NMC play?

5.9   There are repeated calls from across all stakeholder and registrant groups for the NMC to widen the discussion and become involved in the regulation of advanced practice. Their feeling was that there is likely to be a greater risk to the public from those practising in the unregulated area of advanced practice. There is a patchwork of education of advanced and specialist practice across the UK and there is the opportunity to draw this together and rationalise under the leadership of the regulator.

Actions to consider

5.10   SCPHNs

- Explore options as to whether to recognise and reiterate the distinct roles of the current SCPHN group and disinvest in the generic SCPHN; and

- Consider options to resolve the lack of understanding around the protected titles and the better awareness that exists amongst titles of School Nurse, Health Visitor and Occupational Health Nurse.

5.11 SPQs

- In light of the new pre-registration standards and the future nurse training, consider which, if any, SPQs are needed to develop that higher level of skills to work in a specialist area; and

- In decisions about any future standards, recognise the role that the QNI/QNIS voluntary standards are now playing.

5.12 NMC role

- Reflect on the NMC's role in setting standards and how they align/mirror the career pathways created in part of the UK or by particular bodies;

- Consider how the register can hold more up to date information about registrants' scope of practice so that it is more helpful to those making enquiries; and

- Engage the four devolved nations in a dialogue about their advance practice frameworks and regulation of them.

Item 11
NMC/19/39
22 May 2019

Nursing &
Midwifery
Council

Council

Investment policy

Action: For decision.

Issue: Revision of the ethical policy (section 5) within the Investment policy.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: The Council is asked to approve the revised Investment policy (paragraph 10).

Annexes: The following annexes are attached to this paper:

- Annexe 1: Investment policy.

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

Author: Richard Wilkinson
Phone: 020 7681 5172
richard.wilkinson@nmc-uk.org

Director: Andy Gillies
Phone: 020 7681 5641
andrew.gillies@nmc-uk.org

Context: 1 The Council approved the investment policy, including the ethical investment policy, at its meeting on 27 March.

2 Following recruitment of two independent members to the Investment Committee some practical issues with implementation of the original policy were identified.

3 The Committee is recommending a change in the ethical investment policy, as explained below.

Four country factors: 4 Not applicable for this paper.

Discussion: 5 The ethical policy, approved by Council on 27 March, set out two categories of exclusion: an absolute exclusion for companies whose products have an inherent, fundamental conflict with our objectives, role or values; and a potential exclusion for companies whose products are at increased risk of being incompatible with our objectives, role or values. The first category included producers of tobacco and pornography, and the second category included producers of alcohol, gambling, armaments and infant formula milk.

6 The operation of the potential exclusion in the second category was to be based on the behaviour of investee companies as assessed through screening by our investment managers. This approach raised issues around subjectivity.

7 The Committee considered this and agreed that objective criteria for the ethical policy were advisable. Objective criteria should enable us to be clear that we have applied our ethical policy as intended, and reduce the cost of managing our funds.

8 In effect, the Committee concluded that we should have three investment categories, as follows:

8.1 absolute exclusions – products which we would absolutely exclude are tobacco and pornography, as before.

8.2 direct investment exclusions – companies who derive more than five percent turnover from gambling, alcohol, armaments and infant formula milk.

8.3 indirect investment exclusions – we will not invest in funds or unit trusts that hold direct investments in companies who derive more than ten percent turnover from tobacco, pornography, gambling, alcohol and armaments.

9 The reasoning behind having three investment categories is explained in the policy (sections 5.3–5.9).

10 **The Council is recommended to approve the revised Investment policy attached at Annexe 1.**

Public protection implications:	11	None.
Resource implications:	12	The revised ethical investment policy is expected to result in lower investment management fees, compared to the previously agreed policy. If we have £30m funds invested, each 0.1 percent reduction in fees saves £30k a year.
Equality and diversity implications:	13	None.
Stakeholder engagement:	14	None.
Risk implications:	15	None.
Legal implications:	16	None.

Nursing &
Midwifery
Council

Investment policy

1.   Statement of investment principles

Financial aims and objectives

1.1.   The goals of our financial strategy are to achieve financial sustainability and value for money, for the benefit of registrants and the public, keeping registration fees affordable and stable over time.

1.2.   Our investment policy supports the aim of financial sustainability. We expect that by investing in equities, funds and bonds, we will obtain an above-inflation return over the long term, and thereby avoid or mitigate the need to increase our fees. Therefore we expect that applying part of our cash and reserves in investments will benefit nurses, midwives and nursing associates in the long term.

1.3.   The overarching objectives for our investments are set out below.

Primary

1.4.   **Increase real value:** We aim to achieve long term financial sustainability so that our charitable objects can be delivered indefinitely. The primary objective of our investment policy is, therefore, to generate a total return (i.e. a combination of income and growth, net of fees) of 1% above the rate of inflation on a 5 year rolling basis.

1.5.   **Liquidity and flexibility:** Being a large organisation with substantial operating costs, it is vital that our investment assets provide diversification, flexibility and liquidity to cater for possible changes in our situation and funding requirements.

Secondary

1.6.   **Income generation:** Investment income represents a small proportion of our overall income, and while we would expect to generate some income from our investments, this should not be at the expense of our primary objectives.

Investment policy and liquidity management

1.7.   For the purpose of our reserves policy, all investment portfolios will be treated as liquid and therefore part of free reserves.

Investment asset overview

1.8.   Our investment assets will be broken down into three portfolios, as shown below[1][2]:
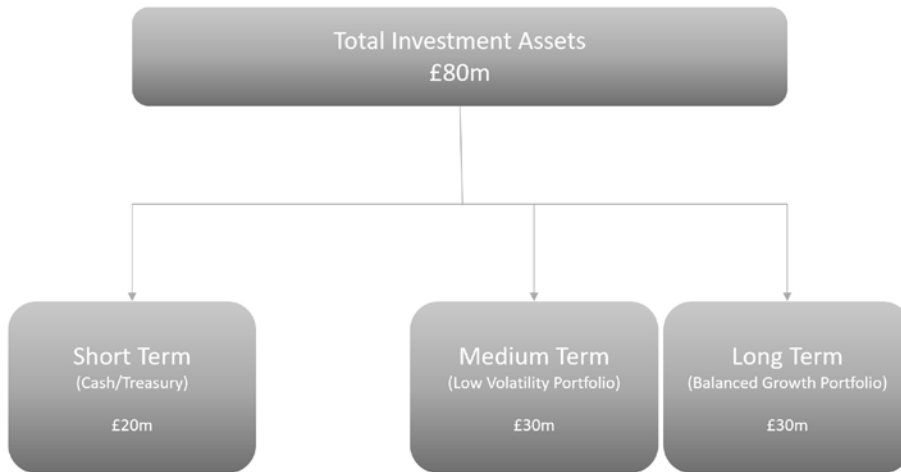
Short-term investment policy

1.9.   The short-term investment policy is to hold for working capital purposes a portfolio of very low-risk, cash based investments in a target range of one to three months operating costs, the exact amount being decided on a tactical basis. In addition, the funds held in the short term portfolio need to be sufficient to cover planned capital expenditure within three years that will not be covered by fee income.

1.10.   Further details can be found in section 2.

Medium-term investment policy

1.11.   This portfolio has been put in place to fund planned expenditure in three or more years that will not be covered by fee income (such as future building renovation projects).

1.12.   Further details can be found in section 3.

Long-term investment policy

1.13.   Any capital not required for ongoing operational purposes or planned future projects is to be invested in the long-term portfolio. It is expected that this part of the portfolio will provide the greatest long-term protection against inflation.

1.14.   It is accepted that these investments will rise and fall during the short term due to investment market volatility.

---

[1] The value (as at December 2018) and allocation between the three portfolios are indicative only and will change over time, in line with our requirements.
[2] Note that for the purpose of the investment policy, short term means up to three years, medium term means three to five years, and long term means over five years.

Investment risk

1.15. Our overall appetite for investment risk is "**Cautious to Balanced**", as described below:

   "A Cautious to Balanced investor is looking for an investment which, while giving some potential for real returns, aims to produce returns that are at least as good as those from a high street deposit account. A high level of security of their capital is a priority. While recognising that investment values will change, they would feel uncomfortable if their investments rose and fell in value very quickly."

1.16. It is accepted that certain elements of the investment portfolio will differ in risk level when viewed in isolation; however, we aim to ensure that the overall *blended* portfolio remains within this tolerance.

1.17. We understand that all investments carry some form of risk. While we prefer not to make any loss on investments we accept that there is always a possibility that losses may occur.

1.18. We have discussed our tolerance / capacity for loss and agreed that we want to avoid a drop of more than 10% in the nominal value of the overall portfolio over any 12-month period. We understand that there is always a possibility that this amount of loss could be exceeded, which must be considered when deciding on the allocation between the three portfolios.

Ethical and responsible investment

1.19. We seek a constructive and positive engagement with the corporate world. We require that our funds in the medium and long term portfolios are managed in line with our ethical investment policy set out in detail in section 5.

Monitoring and reviewing

1.20. It is important that we continue to monitor our investments to ensure they remain within our policy guidelines.

1.21. There will also be an ongoing requirement to review the valuations of the three portfolios so that (if appropriate) funds can be re-allocated in line with our investment policy. For example, if the value of our short-term cash investments exceeds the required amount, a discussion will take place to determine when this excess should be placed into the medium-term or the long-term portfolio, depending on our projected cash flow needs.

1.22.   The following monitoring policy will be adopted to ensure this is carried out:

What	Who	Frequency	Output
Review suitability of overall investment policy and portfolio allocation	Investment committee	Half yearly (quarterly at least initially)	Report to the Council summarising findings and any proposed action
High level investment performance, policy compliance and suitability review	Investment committee		
Detailed investment performance and suitability review		Annually	
Investment portfolio ethical policy audit			
Investment policy, including ethical policy	Council	Every two years	Revised or confirmed policy
Significant deterioration in the value of any of the investment portfolios will be reported to the Chair of the Investment Committee in line with the Markets in Financial Instruments Directive (MiFID). In summary, this requires investment managers to inform us where the overall value of the portfolio depreciates by 10% compared to the previously reported value no later than the end of the business day in which the threshold is exceeded.			

Charges

1.23.   Complete transparency is required for all charges associated with the investment portfolio. This includes, but is not limited to, fund and investment manager fees, transaction costs, investment adviser fees, commissions. A clear statement of all charges applied to the portfolio is required as part of the annual report as well as interim reports.

2. Short term investment policy

Financial aims and objectives

Primary

2.1. **Liquidity:** to maintain sufficient immediately available cash holdings to provide working capital with which to operate on a day to day basis with sufficient contingency to be able to absorb a reasonable level of unexpected cash calls, and to meet planned capital expenditure in less than three years. The maximum term for any fixed term deposits is 24 months.

2.2. **Manage risk:** investments in the form of cash deposits are maintained only in appropriately credit rated banks or building societies regulated by the Prudential Regulation Authority. The total placed with any individual bank or building society shall not exceed 40% of the funds within the short term portfolio.

Secondary

2.3. **Minimise the impact of inflation on real terms value:** within the restrictions of the primary aims, maximise the income from deposits reflecting market conditions.

Investment risk

2.4. Our risk appetite for the short term portfolio is Averse. The short term portfolio will be managed in house, using bank and building society deposits, so as to reduce the risk of capital loss to the lowest level practically possible. There will be zero volatility.

2.5. We would expect the level of the short term portfolio to be between one and three months operating costs, so as to cover changes over the year in working capital caused by monthly variations in registrant fee receipts, plus any amounts for additional planned spend (such as major improvement or capital investment projects) falling within three years.

3. Medium term investment policy

Financial aims and objectives

Primary

3.1. **Increase real value:** The targeted total return (income plus capital growth) for this portfolio is CPI + 1% per annum (net of all fees).

3.2. **Manage risk / absolute return:** This portfolio will be managed within a low volatility / absolute return framework. This is to reduce the risk of crystallising losses in the event of an unforeseen liquidity requirement.

3.3. **Liquidity:** It is important that the underlying investments, although designed to be invested for three or more years, are readily available. We expect to be able make withdrawals from the portfolio at any time and receive the proceeds within 14 days.

Secondary

3.4. **Low correlation to traditional (predominantly stock market based) portfolio:** We aim for the correlation of this portfolio to our long-term portfolio to be as low as it can be without jeopardising our primary objectives.

3.5. **Income:** We expect the medium term portfolio to generate dividend and interest income, but income should not be targeted at the expense of our primary objectives.

Investment risk

3.6. Our risk appetite for the medium term portfolio is Cautious. The medium term portfolio will be managed with the objective of avoiding a drop of more than 10% in its value on any given anniversary. We understand that all investments carry some form of risk, and we accept that there is always a possibility that losses may occur.

3.7. The portfolio will be managed with the objective of achieving low volatility, between 4% and 6%. Volatility is a measure of short term variation of a portfolio's value from its longer term trend. The lower the volatility, the lower the risk.

3.8. For clarity, a **Cautious** Investor is looking for an investment where the long-term priority is capital preservation, although acknowledging that the investment could still fall in value. The investment should aim to produce returns that are comparable with those from a high street deposit account, but have the potential for some long-term growth. A Cautious investor would feel very uncomfortable if their investment rose and fell in value very quickly.

4. Long term investment policy

Financial aims and objectives

Primary

4.1.   **Increase real value:** The targeted total return (income plus capital growth) for this portfolio is CPI plus up to 3%[3] per annum (net of all management fees).

4.2.   **Manage risk:** To pursue a balanced overall long-term risk.

Secondary

4.3.   **Income:** We expect the long term portfolio to generate dividend and interest income, but income should not be targeted at the expense of our primary objectives.

4.4.   **Liquidity:** It is important that the underlying investments are relatively liquid. We would expect to be able make withdrawals from the portfolio and receive the proceeds within 30 days.

Investment risk

4.5.   Given the long-term nature of this portfolio and the lower risk investments held by the charity in the short and medium term portfolios, we are content to take a balanced approach to risk with the regard to the long term portfolio.

4.6.   However, the long term portfolio will be managed with the objective of avoiding a drop of more than 20**%** in its value on any given anniversary.

4.7.   We want to maximise diversification, while ensuring that the primary and secondary aims are achieved. The purpose of this diversification is to maximise opportunities for income and growth, while managing risk and both preserving and developing the capital value of the portfolio.

4.8.   We will not set a volatility objective for the long term portfolio, but we expect volatility to be typically between 7% to 12%.

4.9.   For clarity, a **Balanced** Investor is looking for a balance of risk and reward, and while seeking higher returns than might be obtained from cash deposits, recognises that this brings with it a higher level of risk and that the value of their investment may fluctuate in the short term. They would feel uncomfortable if the overall value of their investments were to fall significantly over a short period or if their capital was eroded.

---

[3] The target return will be set by the Investment Committee and communicated to the investment managers. The Investment Committee may set a target lower than 3% in order to achieve the appropriate level of risk.

5.   Ethical investment policy

5.1.   Our charitable objectives include promoting public health and well-being through better, safer care. Our investments must be consistent with those objectives, with our role as a regulator of health and social care professionals in the United Kingdom, and with our organisational values. At the same time, we must have particular regard to the fact that, while investment returns should help us reduce upward pressure on registrants' fees, our cash reserves have built up as a result of fees paid in the past by our registrants and must be protected.

5.2.   Therefore we will select investment managers who are skilled not only in generating good investment returns but are also committed to and expert in ethical investment. We will set an ethical investment mandate that reflects our objectives, our role and our values, and we will monitor the managers' performance against that mandate.

5.3.   Our investment mandate identifies three categories of excluded investment: those that are subject to absolute exclusion from our portfolio; those subject to a turnover-based direct investment exclusion; and those subject to a turnover-based indirect investment exclusion.

Category one: absolute exclusion

5.4.   We exclude all direct investment in companies whose products have an inherent, fundamental conflict with our objectives, role or values. For example, smoking is inherently damaging to health; therefore our investment mandate totally excludes direct investment in companies that produce tobacco or tobacco related products.

5.5.   In the initial mandate, approved by Council in May 2019, the absolute exclusions are direct investment in any company that produces:
- tobacco or tobacco related products; and
- pornography.

Category two: turnover-based exclusion – direct investments

5.6.   The second category limits our direct investment in companies which are at increased risk of being incompatible with our objectives, role or values. For example gambling is not *inherently and unavoidably* damaging to health, so it is not included in our first category of absolute exclusions. But gambling is likely to be damaging to health if done to excess. Therefore we do not actively *want* to invest in gambling to any significant extent.

5.7.   On the other hand, reducing our investment risk while maximising our long term returns depends on maintaining a sufficient diversification of our investments. Many companies operate through multiple subsidiaries in a wide range of sectors and markets. Therefore we need to be careful that our ethical investment policy does not exclude companies whose involvement in the given activity, and therefore the risk of conflict with our objectives, role or values, is acceptably small. To achieve an appropriate balance between our financial objectives and our ethical objectives, we apply a turnover-based exclusion: that is, we will not

invest in companies who derive more than five percent of their turnover from the products or services which are at increased risk of being incompatible with our objectives, role or values.

5.8. In the initial mandate, approved by Council in May 2019, the turnover-based exclusions are direct investment in any company that derives more than five percent of its turnover from:
- gambling;
- alcohol;
- armaments; or
- infant formula milk.

Category three: turnover-based exclusion – indirect investment

5.9. When we invest indirectly, for example through a fund or unit trust, the indirect investment vehicle must not hold direct investments in companies that derive more than ten percent of their turnover from producing:
- tobacco;
- pornography;
- gambling;
- alcohol; or
- armaments.

5.10. Our investment policy and performance is reviewed by the Investment Committee, who report back to Council. The investment mandate will be reviewed at least annually by the Investment Committee, who will consider whether there should be changes to the companies or sectors in either of the two categories, or changes in the exclusions for indirect investment.

UNPRI

5.11. In addition to this there is an expectation that each manager can demonstrate due regard to the Principles of Responsible Investment supported by the United Nations (www.unpri.org) and preferably be signatories.

5.12. The initiative consists of an international network of investors working together to put the six principles for responsible investments into practice. Its goal is to understand the implications of sustainability issues for investors and support signatories to incorporate these into their investment decision-making and ownership practices. By implementing the principles, signatories contribute to the development of a more sustainable financial system.

5.13. The six principles state:
- We will incorporate environmental, social and corporate governance (ESG) issues into investment analysis and decision-making process.
- We will be active owners and incorporate ESG issues into our ownership policies and practices.
- We will seek appropriate disclosure on ESG issues by the entities in which we invest.
- We will promote acceptance and implementation of the Principles within the investment industry.

- We will work together to enhance our effectiveness in implementing the Principles.
- We will each report on our activities and progress towards implementing the Principles.

5.14. For further information, visit – www.unpri.org.

Item 12
NMC/19/40
22 May 2019

Nursing &
Midwifery
Council

Council

Appointment of Assistant Registrars

Action: For decision.

Issue: Appointment of additional Assistant Registrars to act on the Registrar's
                   behalf.

Core   Fitness to practise
regulatory   Registrations
function: Supporting functions

Strategic   Strategic priority 1: Effective regulation
priority: Strategic priority 4: An effective organisation.

Decision   The Council is recommended to appoint the Assistant Registrars named in
required: paragraph 6, subject to which they may be authorised by the Registrar, in
                   accordance with the Standing Orders, to act on her behalf in any matter
                   (paragraph 8).

Annexes: None.

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

Author: Jonathan Twidle   Director: Matthew McClelland
Phone: 020 7681 5078   Phone: 020 7681 5987
jonathan.twidle@nmc-uk.org   matthew.mcclelland@nmc-uk.org

Context: 1 The appointment of Deputy and Assistant Registrars is governed by Article 4(5) of the Nursing and Midwifery Order 2001, which states:

If the Council appoints a deputy or assistant Registrar and that deputy or assistant Registrar is authorised by the Registrar to act for him in any matter, any reference in this Order to "the Registrar" shall include a reference to that deputy or assistant Registrar.

2 Standing Order 6.6 describes the process for the appointment of Deputy and Assistant Registrars by the Council:

6.6 Deputy and Assistant Registrars

6.6.1 The Council may, upon the nomination of the Registrar, appoint a member of staff as a Deputy or Assistant Registrar.

6.6.2 The Registrar may authorise in writing any person appointed by the Council under Standing Order 6.6.1 to act on her / his behalf in any matter.

6.6.3 In determining whether to authorise a person under Standing Order 6.6.2, the Registrar shall ensure that (a) appropriate training, guidance, and procedures are available to enable the proper discharge of the delegated functions; (b) due consideration is given to (i) the segregation of duties, where appropriate; (ii) potential conflicts of interest.

Four country factors: 3 This applies to our work in all four countries.

Discussion and options appraisal: 4 There are currently six Assistant Registrars appointed by the Council and authorised by the Registrar to take voluntary removal decisions. Four of them are currently available to undertake the work. We wish to expand the pool of decision makers to ensure we have the right capacity to make good quality decisions quickly.

5 In line with the outcomes of the consultation on the new strategic direction for fitness to practise, which were reported to the Council in July 2018, we intend to start publishing voluntary removal decisions. This will enhance transparency in the process. The appointment of additional Assistant Registrars is aligned to this change.

6 The Council is recommended to appoint the following members of staff as Assistant Registrars:

6.1 Ruth Wakeman – Deputy Director of Education and Standards.

6.2 Elizabeth Lamont – Head of Policy and Legislation, Corporate

Legal Services.

6.3   Neil Allwood – Head of Case Examiners, Fitness to Practise.

6.4   Anthony Robinson – Assistant Director, Fitness to Practise.

7   Once appointed by the Council, Assistant Registrars will be trained in how to make voluntary removal decisions before they are authorised by the Registrar to do so.

8   **Recommendation: The Council is recommended to appoint the Assistant Registrars named in paragraph 6, subject to which they may be authorised by the Registrar, in accordance with the Standing Orders, to act on her behalf in any matter.**

Public protection implications:	9	Voluntary removal is a way of protecting the public swiftly where a registrant accepts their fitness to practise is impaired, applies to be removed from the register, and there is no over-riding public interest in holding a hearing. As part of developing our fitness to practise strategy, we consulted on publishing voluntary removal decisions in order to increase transparency.
Resource implications:	10	None. The training of the new Assistant Registrars will be managed within existing budgets.
Equality and diversity implications:	11	None.
Stakeholder engagement:	12	Not applicable.
Risk implications:	13	Without the appointment of new Assistant Registrars, we may face delays in decision making, given the additional capacity that will be required to draft reasons for publication.
	14	To ensure consistency of decision-making in the expanded pool of Assistant Registrars we will (i) provide training; (ii) pair new appointees with experienced colleagues; (iii) quality assess a proportion of decisions and feedback themes and learning.
Legal implications:	15	Appointment of Assistant Registrars by Council is in accordance with Article 4(5) of the Nursing and Midwifery Order 2001.

Item 14
NMC/19/42
22 May 2019

Council

Audit Committee Report

Action:	For information.
Issue:	Reports on the work of the Audit Committee.
Core regulatory function:	Supporting functions.
Strategic priority:	Strategic priority 4: An effective organisation.
Decision required:	None.
Annexes:	None.

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

Secretary: Fionnuala Gill   Chair: Marta Phillips
Phone: 020 7681 5842
fionnuala.gill@nmc-uk.org

Context: 1   Since the last report to Council, the Audit Committee met on 1 May 2019.

Four country factors: 2   None directly arising from this report.

Discussion: **Audit Committee effectiveness review**

3   The Committee undertook its annual review of its own effectiveness, assessing itself against the National Audit Office (NAO) checklist for Audit Committee effectiveness. Actions identified included providing opportunities for more staff to attend/observe Audit Committee meetings. This would assist in embedding good risk management and controls across the organisation as well as providing development opportunities for colleagues.

Internal audit work plan 2018–2019

4   The Committee was pleased to note that all programmed Internal Audit assignments in the 2018–2019 work plan had been completed on schedule. The Committee considered three Internal Audit reports:

   4.1   **Strategic Programmes and Projects** (opinion of "reasonable assurance")

   4.2   **Management letter – FtP assurance review** (positive overall conclusions)

   4.3   **GDPR post-implementation review** (opinion of "good progress")

5   The Committee continues to monitor progress on clearing Internal Audit recommendations.

Annual review of risk management effectiveness

6   The Committee considered an end of year review of risk management effectiveness. This included an overview of each director's assessment of the risk management and internal control environment in each of their directorates.

7   The Committee noted the Executive's assessment that, overall, it could take reasonable assurance that the NMC is adequately managing risk and that the internal control environment remains strong.

8   The Committee will be monitoring progress against the Risk Management Improvement Plan closely and will receive a report on this at its next meeting.

9   The Committee received a presentation on risks, mitigations and sources of assurance in relation to the External Affairs directorate's work. The Committee was pleased to note that steps were being taken

to develop and embed risk management structures and processes across this relatively new directorate, and is grateful for the support being given by colleagues in assisting in the development of the directorate's risk documentation. The strategic approach to risk and assurance for External Affairs comprises building trust and confidence, underpinned by proactive strategic communications, capability plans, and audience and stakeholder research.

Anti-fraud, bribery and corruption annual report 2018–2019

10   The Committee was pleased to note that no instances of fraud, bribery or corruption had been detected in 2018–2019 and that there had been no reported incidents of offences under the Modern Slavery Act 2015 in the NMC's supply chain.

Whistleblowing annual report 2018–2019

11   The Committee considered the annual report on the use of the NMC's internal whistleblowing policy. There had been no invocations of the policy since the last meeting of the Committee, and none during the 2018–2019 financial year. Even though there were no reported incidents, the Committee was concerned that it should not become complacent about this.

12   The Committee was pleased to note the steps taken to raise awareness of the Whistleblowing policy, including ongoing training sessions. Appropriate means of gauging levels of awareness of the policy and willingness to raise concerns continue to be explored.

13   The Committee received assurance from the Executive that there are a number of other mechanisms in place which staff use to raise issues. These include: raising issues directly with line managers, at directorate meetings, the Employee Forum, a series of planned lunches with the Chief Executive and Registrar and exit interviews.

Draft Internal Audit Opinion and Annual Governance Statement 2018–2019

14   The Committee considered a draft of the annual Internal Audit Opinion and report for 2018–2019, noting the Internal Auditor's draft Opinion that the NMC has an adequate and effective framework for risk management, governance and internal control. While Internal Audit work had identified that further enhancements to the framework were needed to ensure that it remains effective, there was nothing which the Internal Auditor would consider to be a significant control issue.

15   The Internal Auditor's draft Opinion was considered to be a fair and accurate reflection of the position. The Committee was pleased to note that the draft report recognised the progress made by the organisation during a particularly challenging year.

16   The Committee also considered a draft of the Annual Governance Statement for inclusion in the statutory Annual Report and Accounts

2018–2019. The draft reflected the outcomes of the Annual review of risk management effectiveness, the Anti-fraud, bribery and corruption annual report and the Whistleblowing annual report. Some suggestions and additions were proposed by the Committee which will be taken on board in the next iteration.

Fitness to Practise (FtP) assurance plan – progress update

17   The Committee considered an update on the work undertaken by FtP on assurance mapping against both the Professional Standards Authority's Standards of Good Regulation and the recommendations of the Lessons Learned review. The approach continues to provide improved insight into areas where further work is needed to strengthen sources of assurance.

18   The Committee was pleased to note the progress made, in particular the strengthening of first line defences, including a training programme which had been rolled out to staff – covering safeguarding; handling conversations with bereaved people; learning disability awareness; and mental health.

Business resilience update – stability of IT infrastructure

19   The Committee continues to receive regular updates on business resilience and the stability of the IT infrastructure. The Committee is monitoring developments in this area until it is satisfied that the level of risk has been mitigated to an acceptable level.

20   The Committee was pleased to note that upskilling in business analysis and closer working between relevant directorates was mitigating levels of risk around the Modernisation of Technology Services programme.

21   The Committee noted that a further disaster recovery test is scheduled for 10–12 May 2019 and looks forward to hearing the outcome at its next meeting.

Serious event reviews and data breaches report

22   The Committee considered a report on serious event reviews (SERs) and data breaches for the period January to February 2019. An analysis of SERs for 2018–2019 will be considered at the next Committee meeting.

Single tender actions cumulative register

23   The Committee considered a report on single tender actions (STAs) and the STAs actions log for the period April 2018 to March 2019. The Committee welcomed the categorisation of STAs in the log and the reduction in the number of STAs occurring.

Value added tax (VAT) underpayment

24   The Committee considered a report on VAT underpayment and noted that HMRC were likely to successfully challenge the NMC's longstanding approach to calculating VAT. This issue had been recorded under the Serious Event Review (SER) process and the Executive would ensure that the lessons learned from this matter were taken into account in the Finance team.

Public protection implications: 25   No public protection issues arising directly from this report.

Resource implications: 26   No resource implications arising directly from this report.

Equality and diversity implications: 27   No direct equality and diversity implications resulting from this report.

Stakeholder engagement: 28   None.

Risk implications: 29   No risk implications arising directly from this report.

Legal implications: 30   None identified.

Item 15
NMC/19/43
22 May 2019

Council

Council meeting dates 2020–2021

Action: For information.

Issue: Provides the Council meeting dates for 2020–2021.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: None.

Annexes: The following annexe is attached to this paper:

- Annexe 1: Council meeting dates 2020–2021.

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

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

Item 15: **Annexe 1**
NMC/19/43
22 May 2019

Nursing & Midwifery Council

Council meeting dates

April 2020–March 2021

April 2020	Seminar	Tuesday 28 April
May 2020	Seminar	Tuesday 19 May
	Meetings	Wednesday 20 May
June 2020	Seminar	Tuesday 9 June
July 2020	Seminar	Wednesday 1 July
	Meetings	Thursday 2 July
	Seminar/Meeting (TBC)	Wednesday 29 July
September 2020 **Provisional**	Meetings and Events (Northern Ireland) **Provisional**	Tuesday 15 September and Wednesday 16 September
November 2020	Seminar	Tuesday 3 November
December 2020	Seminar	Tuesday 1 December
	Meetings	Wednesday 2 December
January 2021	Seminar	Tuesday 26 January
	Meetings	Wednesday 27 January
February 2021	Seminar	Tuesday 23 February
March 2021	Seminar	Tuesday 23 March
	Meetings	Wednesday 24 March

Item 16
NMC/19/44
22 May 2019

Council

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

Action:	For information.
Issue:	Reports action taken by the Chair of the Council since 27 March 2019 under delegated powers in accordance with Standing Orders.
	There have been two Chair's actions:
	1. Appointment of Thomasina Findlay and Nicholas McLeod-Clarke as partner members of the Investment Committee from 15 April 2019 to 14 April 2021.
	2. Appointment of Phil Hall as Trustee of the Defined Benefit Pension Scheme for a term of five years, commencing on 1 May 2019.
Core regulatory function:	Supporting functions.
Strategic priority:	Strategic priority 4: An effective organisation.
Decision required:	None.
Annexes:	The following annexes are attached to this report:
	• Annexe 1: Chair's action 03/2019 – Appointment of Thomasina Findlay and Nicholas McLeod-Clarke as partner members of the Investment Committee from 15 April 2019 to 14 April 2021.
	• Annexe 2: Chair's action 04/2019 – Appointment of Phil Hall as Trustee of the Defined Benefit Pension Scheme for a term of five years, commencing on 1 May 2019.
Further information:	If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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

**O Nursing &
   Midwifery
Z Council**

Chair's Action

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

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

Requested by:	**Date:**
Secretary to the Council	11 April 2019

Appointment to the Investment Committee

The Chair is asked to appoint Thomasina Findlay and Nicholas McLeod-Clarke as partner members of the Investment Committee from 15 April 2019 to 14 April 2021 in accordance with section 4.2 of the Standing Orders.

The basis for the recommendation is set out in the supporting paper at Annexe 1.

Signed: (Chair)

Date:

Chair's Action: **Annexe 1**
03/2019
11 April 2019

Nursing &
Midwifery
Council

Appointment to the Investment Committee

Action: For decision.

Issue: Appointment of two partner members to the Investment Committee

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: The Chair is asked to appoint Thomasina Findlay and Nicholas McLeod-Clarke as partner members of the Investment Committee, as recommended by the Chair of the Selection Panel, from 15 April 2019 to 14 April 2021.

Annexes: The following annexe is attached to this paper:

     Appendix 1: Candidate information and summary of the Selection Panel decision.

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

Author: Jennifer Turner
Phone: 020 7681 5521
Jennifer.Turner@nmc-uk.org

Fionnuala Gill
Secretary to the Council
Phone: 020 7681 5842
Fionnuala.Gill@nmc-uk.org

Context:	1	The Council established the Investment Committee as a Discretionary Committee to oversee implementation of the Council's investment strategy, to determine the allocation and movement of funds in accordance with the investment strategy, and to monitor the Council's investment portfolio.
	2	In accordance with Standing Orders, the Committee comprises a Chair and two members, all of whom are members of the Council.
	3	In January 2019, the Committee agreed to appoint specialist recruitment firm, Trust Associates, to assist with searching for and appointing one or more external committee members with expertise in investment to enhance the skills on the Committee and help manage the fund manager(s) who will be handling the NMC's investments.
Four country factors:	4	Not applicable for this paper.
Discussion:	5	Trust Associates put forward nine candidates for consideration. The Selection Panel, consisting of the three members of the Investment Committee, met on 15 March 2019 and agreed a short list of five candidates for interview.
	6	Two candidates subsequently withdrew their applications (one due to a perceived conflict with her employment, and the other due to changed time commitments). The Selection Panel interviewed three candidates on 28 March 2019.
	7	The Selection Panel has recommended that two candidates be appointed (see Appendix 1).
	8	The Secretariat conducted due diligence checks and Trust Associates has undertaken reference checks. No issues of concern have been identified.

Terms of Appointment

	9	Appointment of partner members to Discretionary Committees of the Council is governed by section 4.2 of the Standing Orders.
	10	The Selection Panel recommends a two year term of initial appointment with an option to review, as the Committee may wish to consider the nature of the external expertise required at that point. The appointments will be effective from 15 April 2019 to 14 April 2021 with the possibility of reappointment for a further term, subject to satisfactory performance.
	11	**Recommendation: The Chair is asked to appoint Thomasina Findlay as a member of the Investment Committee, as**

recommended by the Selection Panel, from 15 April 2019 to 14 April 2021.

12   **Recommendation: The Chair is asked to appoint Nicholas McLeod-Clarke as a member of the Investment Committee, as recommended by the Selection Panel, from 15 April 2019 to 14 April 2021.**

13   Subject to the recommendation being accepted, a formal appointment letter will be sent and induction arranged.

Public protection implications:	14	None.
Resource implications:	15	Allowances and expenses for partner members are provided for within the Governance budget.
Equality and diversity implications:	16	Efforts were made through the recruitment process to attract as wide and diverse a pool of candidates as possible.
	17	All recommendations for appointment, or to be placed on the reserve list, were based on merit alone.
Stakeholder engagement:	18	Not applicable.
Risk implications:	19	None.
Legal implications:	20	The Chair has delegated authority to appoint Chairs and members of the committees under Annexe 1, section 4 of the Standing Orders.

**Nursing &
Midwifery
Council**

Biography – Thomasina Findlay

1   Thomasina is an experienced investment management professional. As the Charities Client Director at BlackRock she had responsibility for setting and reviewing long-term strategy and asset allocation, advising on underlying investment products and options and the ongoing reporting requirements for around 45 charities. She left BlackRock in 2014 and now does consultancy work in the financial sector with a focus on portfolio reviews.

Biography – Nicholas McLeod-Clarke

2   Nicholas (Nick) is a highly regarded and very capable investment manager. He is a UK Equity specialist and was latterly Head of Investment Trusts and Charities at BlackRock. This role encompassed responsibility for relationships and business development as well as portfolio management and combines well with his hands-on portfolio management experience.

**Nursing &
Midwifery
Council**

Chair's Action

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

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

Requested by:	Date:
Secretary to the Council	11 April 2019

Appointment of Trustee of the Defined Benefit Pension Scheme

The Chair is asked to approve the appointment of Phil Hall as Trustee of the Defined Benefit Pension Scheme for a term of five years, commencing on 1 May 2019.

The basis for the appointment is set out in the supporting paper at **annexe 1**.

Signed: (Chair)

Date: 11th April 2019

Chair's Action: **Annexe 1**
04/2019
11 April 2019

Nursing & Midwifery Council

Appointment of Trustee of the Defined Benefit Pension Scheme

Action:	For decision.
Issue:	Appointment of Phil Hall as Trustee of the Defined Benefit Pension Scheme.
Core regulatory function:	Supporting functions.
Strategic priority:	Strategic priority 4: An effective organisation.
Decision required:	The Chair is asked to approve the appointment of Phil Hall as Trustee of the Defined Benefit Pension Scheme for a term of five years, commencing on 1 May 2019 (paragraph 9).
Annexes:	None.
Further information:	If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

Author: Pernilla White
Phone: 020 7681 5477
pernilla.white@nmc-uk.org

Fionnuala Gill
Secretary to the Council
Phone: 020 7681 5842
fionnuala.gill@nmc-uk.org

Context:	1	The NMC has two employer nominated trustee representatives on the Board of Trustees of the Defined Benefit Pension Scheme.
	2	A vacancy arose for an NMC employer nominated pension trustee on 31 March 2019 as a result of Julia Drown's resignation.
	3	We considered a number of options and sought advice from search consultants. We were advised that given the nature of the pension scheme the role was likely to attract little interest. Following this and after giving it further consideration, we decided to approach Phil Hall, who expressed an interest in this role.
Four country factors:	4	Not applicable for this paper.
Discussion:	5	Phil Hall was formerly Independent Financial Advisor to the Council between September 2016 and March 2018. Phil Hall therefore has a good understanding of the NMC, albeit that things have moved on since his involvement.
	6	Phil Hall is CIPFA qualified and has experience across a range of strategic and operational leadership roles across a number of local authority councils. Since moving to freelance consultancy and interim management he has advised on and lead on projects across a range of public and private sector bodies.
	7	Following meetings on 9 April 2019, with the Interim Director of Resources, the Assistant Director of Governance and the Chair of the Council, it has been agreed that Phil Hall is a very strong candidate for the role.
	8	The daily allowance for this role is £268, which is based on our daily allowance rate for partner members and reasonable expenses in line with our policy. We estimate a time commitment of 8–10 days per year for the role.
	9	**Recommendation: The Chair is asked to approve the appointment of Phil Hall as Trustee of the Defined Benefit Pension Scheme for a term of five years, commencing on 1 May 2019.**
Public protection implications:	10	None.
Resource implications:	11	Allowances and expenses for NMC employer nominated trustees are provided for within the Governance budget.

Equality and diversity implications: 12   None.

Stakeholder engagement: 13   Not applicable.

Risk implications: 14   None.

Legal implications: 15   None.