

## Council

### Risk register

**Action:** For discussion.

**Issue:** Embedding risk management across the NMC.

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

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

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

**Annexes:** The following annexe is attached to this paper:

Annexe 1: the risk register

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

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- Context:**
- 1 A refreshed approach to how the NMC identifies and manages risk was approved by the Audit Committee in December 2012, subject to some agreed changes. At its meeting on 25 January 2013 the Audit Committee will consider a timetable for the roll out of the new approach. In the meantime, to avoid confusion, we are continuing to use the existing risk framework and risk register structure.
  - 2 Risk is scored on a 5 x 5 matrix, whereby all risks assessed at eight and lower are green, risks that are assessed between nine and 15 are amber and all risks assessed at 16 and above are red. All red risks are classified as top risks. (All risks that are rated at 16 and above will be defined as top risks.) The risk register itself will be made available 48 hours in advance of the meeting in order that Council consider the most up to date version of the register.
- Discussion**
- 3 Since the Council last considered the risk register at its November 2012 meeting, a new top risk has been added relating to professional indemnity insurance and the risk that the NMC fails to meet the implementation deadline of October 2013 (T26). This risk is red and rated at 16.
  - 4 The risk that the reconstituted Council is not appointed by 1 May 2013 has now been amalgamated with the related risk that the Council is not sufficiently up to speed to make decisions effectively. This amalgamated risk is up by eight to a red rating of 20 and has therefore been moved to the top risks part of the register (T17).
  - 5 The risk around overseas applicants being fraudulently registered is up by five to a red rating of 20. This risk has therefore been moved to the top risks part of the register (T27).
  - 6 The rating for risk T21 (lack of financial resource) is down by five and is now amber and rated at 15. This is because the fee amendment rules were laid in Parliament on 6 December 2012 thereby providing sufficient time to allow for 28 days prior to coming into force on 1 February 2013.
  - 7 Risk T5 relating to failure of the Wisser system is down by five due to progression of the stabilisation plan. This risk is now amber and rated at 15.
  - 8 These amber risk ratings mean that these two risks will be moved to the general risk part of the risk register.
- Public protection implications:**
- 9 Public protection implications are considered when rating the impact of risks and determining action required to mitigate risks.

<b>Resource implications:</b>	10	Internal staff time has been accommodated as business as usual.
<b>Equality and diversity implications:</b>	11	Equality and diversity implications are considered when rating the impact of risks and determining action required to mitigate risks.
<b>Stakeholder engagement:</b>	12	The risk register is in the public domain.
<b>Risk implications:</b>	13	The impact of risks is assessed and rated on the risk register. Future action to mitigate risks is also described.
<b>Legal implications:</b>	14	Legal implications are considered when rating the impact of risks and determining action required to mitigate risks.



NMC RISK REGISTER

Top risk

No	Entry date (approximate)	Ref	Type	Risk	Impact	Likelihood	Risk Rating	Movement	Mitigation	Future action	Owner	Review date	Target completion date
T9	Jan-12	CE	Reputation	<b>FRANCIS REPORT - MID-STAFFS INQUIRY</b> The risk that the report is critical of regulation, resulting in a possible increase in referrals to FtP with consequent financial implications and/or damage to the NMC's reputation	4	5	20	0	<ul style="list-style-type: none"> <li>• Cross directorate working group has mapped risks and identified learning</li> <li>• Plan for increase in referrals</li> </ul>	<ul style="list-style-type: none"> <li>• Media strategy and action plan</li> <li>• Participating since Dec 2012 in working group on inter-regulatory collaboration initiated by CQC and GMC which is intended to develop, implement and monitor an operating framework for information sharing and collaboration around risk</li> <li>• New QA framework will be implemented in September 2013 with more emphasis on, and clarity about, the NMC's obligations and processes when it or another regulator identifies risks within a setting</li> <li>• Education strategy due to Council in July 2013 will capture the role of education in generating and responding to risk intelligence</li> </ul>	Jackie Smith	31/01/2013	31/03/2013
T27 (G19)		R+S	Safeguarding	<b>OVERSEAS APPLICANTS FRAUDULENTLY REGISTERED</b> -The risk that the overseas registration policy and related operational processes are not sufficiently robust and contemporary to ensure that all applicants satisfy the conditions of the NMC Order and Registration Rules when registered.	5	4	20	Up 5	<ul style="list-style-type: none"> <li>• Early Warning Guide produced for Registrations staff</li> <li>• Current independent review of the overseas registration process</li> <li>• All decisions on overseas applications made by Assistant Registrars</li> </ul>	<ul style="list-style-type: none"> <li>• Independent review will inform development of a new policy and process improvements linked to this</li> </ul>	Katerina Kolyva	31/01/2013	30/06/2013
T17 (G33 and G37)	Aug-12	CG	Governance	<b>RECONSTITUTED COUNCIL</b> - The risk that the reconstituted Council is not appointed by 1 May 2013 or is not sufficiently up to speed to make decisions effectively	5	4	20	Up 8	<ul style="list-style-type: none"> <li>• Search and Selection agency to attract candidates procured</li> <li>• Selection panel agreed</li> <li>• PSA approved project plan and recruitment process</li> <li>• Adverts live</li> <li>• Project manager recruited and in post</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly progress monitoring with Search and Selection agency continuing</li> <li>• Maintain contact with PSA to keep them abreast of progress</li> <li>• Induction programme being designed for delivery on 1 and 2 May 2013, to include coverage of trustee responsibilities, role of members, understanding of NMC business and business cycle</li> </ul>	Lindsey Mallors	31/01/2013	01/05/2013
T26	Jan-13	R+S	Safeguarding	<b>PROFESSIONAL INDEMNITY INSURANCE</b> - The risk that the NMC fails to implement the PII requirement by the DH deadline of October 2013	4	4	16	NEW RISK	<ul style="list-style-type: none"> <li>• Meeting with DH on 14 January to determine timescales</li> </ul>	<ul style="list-style-type: none"> <li>• Establishment of a project plan and risk register</li> <li>• Planning for policy and process options to be brought to Council for a decision in March/April 2013</li> <li>• Preparation of business case to make necessary changes to WISER</li> <li>• Appointment of project manager</li> </ul>	Katerina Kolyva	31/01/2013	25/10/2013

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

NMC RISK REGISTER

Top risk

No	Entry date (approximate)	Ref	Type	Risk	Impact	Likelihood	Risk Rating	Movement	Mitigation	Future action	Owner	Review date	Target completion date
T24	Oct-12	CS (IT)	Safeguarding	<b>LOSS OF SENSITIVE DATA - There is risk that we fail to safeguard sensitive data or there is a breach of security due to inadequate IT controls resulting in legal penalty and or loss of public confidence</b>	4	4	16	0	<ul style="list-style-type: none"> <li>Security testing (penetration testing) to ascertain areas of vulnerability has been carried out and remedial actions are now being prioritised and completed</li> <li>Increase awareness amongst staff of importance of secure handling of data</li> <li>Improve and monitor take-up of training on information security</li> <li>Update policies on data sharing</li> <li>Review secure channels for transmitting sensitive data and update guidance and training</li> <li>Ensure compliance is monitored as part of annual assurance, with the assistance of internal audit</li> </ul>	<ul style="list-style-type: none"> <li>RFQ has been sent out to potential partners to assist in the delivery of ISO27001 accreditation for the organisation - decision of preferred supplier expected by end Jan '13</li> <li>The development of an Information Security Management System will be an integral step in the delivery of the ISO27001 accreditation</li> <li>A set of business requirements for email encryption software has been developed and a suitable supplier will be identified to deliver the selected solution</li> <li>Suitable partner organisations are to be identified with a view to developing information-sharing options based on secure portals or other similar technologies</li> </ul>	Mark Smith	31/03/2013	31/12/2014
T25	Oct-12	CS (HR)	Staff	<b>STAFF TURNOVER - The risk that high turnover destabilises the organisation with high costs in terms of lost productivity and recruitment</b>	4	4	16	0	<ul style="list-style-type: none"> <li>HR support to managers to identify reasons for high turnover</li> <li>Recognition scheme was launched on 29 October 2012</li> <li>Reporting on each directorate to identify areas of concern and working with all levels of management to help them to understand their responsibilities in reducing staff turnover</li> <li>Recruitment to remaining senior roles completed</li> <li>Significant recruitment completed to fill FtP vacancies.</li> </ul>	<ul style="list-style-type: none"> <li>Pay and grading review starting January 2013</li> <li>A workshop addressing retention was held in Fitness to Practise in December. Five more sessions of the workshop are scheduled to run.</li> <li>Induction being reviewed</li> </ul>	Mark Smith	31/03/2013	30/09/2013
T21	Apr-12	CE	Financial	<b>LACK OF FINANCIAL RESOURCE - The risk that the Council will not be able to fulfil its duty of protecting the public because of insufficient funding, caused by a delay or refusal to approve a fee increase</b>	5	3	15	Down 5	<ul style="list-style-type: none"> <li>Council approved the 2012/13 re-based budget</li> <li>Monthly scrutiny of financial information by Finance Review Group and Council</li> <li>Reserves policy revised Sept 2012</li> <li>Council has approved fees of £100 for 2 years and the offer of a grant from the Department of Health</li> <li>Legislative changes have been made in accordance with the required timetable</li> <li>Fee amendment rules were approved by Council on 22 November</li> <li>Requirement to conduct annual review</li> <li>Amended rules were laid in Parliament on 6 December thus providing sufficient time to allow for 28 days prior to coming into force on 1 February 2013</li> </ul>	<ul style="list-style-type: none"> <li>Implement Financial strategy to realise long term financial stability.</li> <li>Annual review of fees due March 2013</li> </ul>	Mark Smith	01/02/2013	01/03/2013

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NMC RISK REGISTER

Top risk

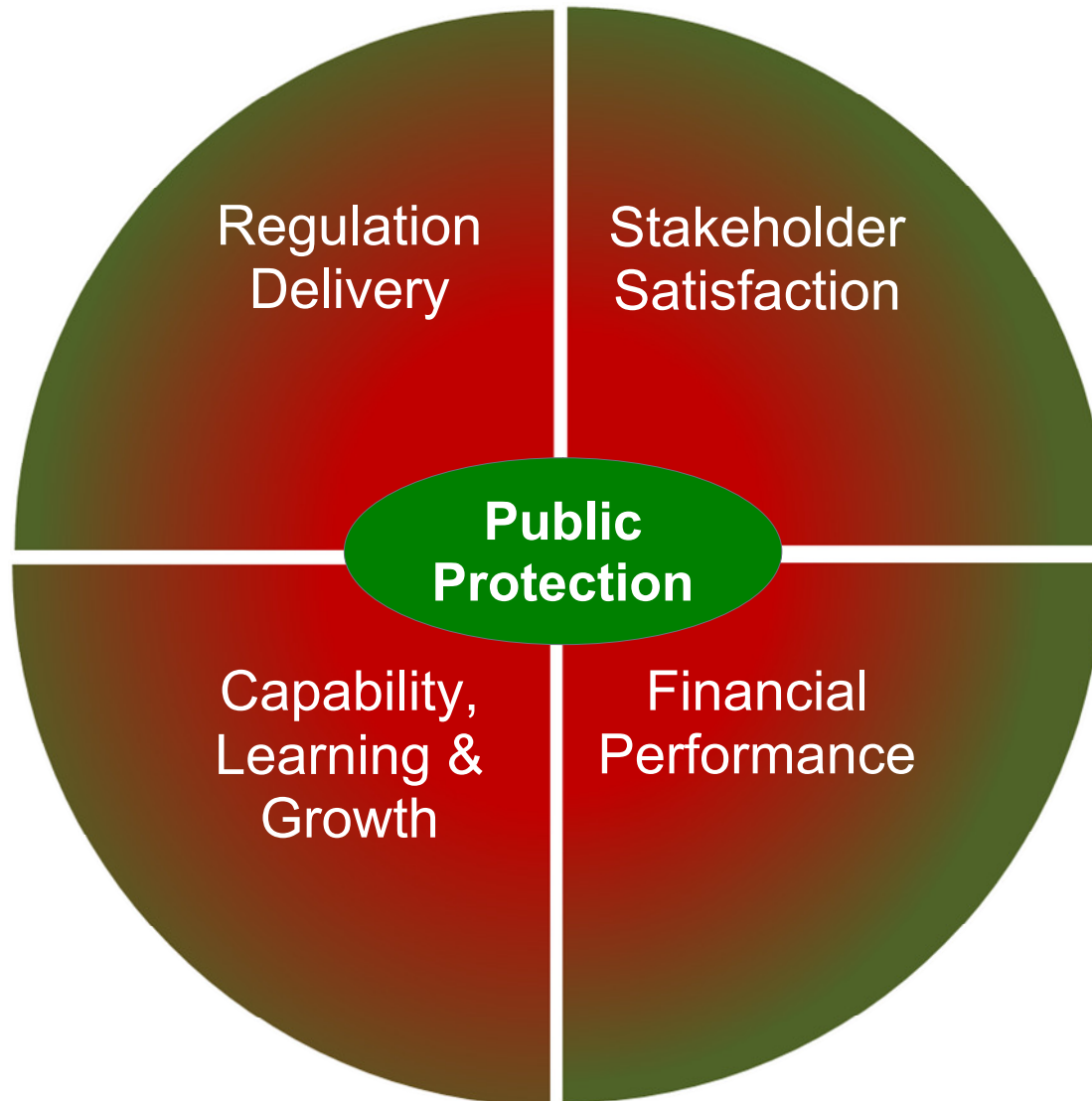
No	Entry date (approximate)	Ref	Type	Risk	Impact	Likelihood	Risk Rating	Movement	Mitigation	Future action	Owner	Review date	Target completion date
T5	Jan-12	CS (ICT) R & St	ICT	<b>FAILURE OF WISER SYSTEM - There is a risk to the failure in our registration system, Wiser because of obsolete technologies, resulting in a backlog of applications, readmissions and renewals</b>	5	3	15	Down 5	<ul style="list-style-type: none"> <li>• Council has now approved the overall ICT strategy and the stabilisation plan which includes the following actions around the Wiser system:</li> <li>• The migration on to a more stable database platform to enhance the stability and performance of the system - completed</li> <li>• A schedule has been agreed with Advanced 365 for the application of all appropriate security fixes to the servers on which Wiser operates on a quarterly basis - in progress</li> <li>• Initial investigation has shown that WISER will function under Windows 7 (the proposed new desktop platform for NMC computers).</li> </ul>	<ul style="list-style-type: none"> <li>• Options for the replacement of the current Business Process management System (BPMS) within WISER, which is not supported by the supplier, are to be investigated</li> <li>• A business case for the options for a replacement strategy for WISER to mitigate risk of failure is to be developed</li> <li>• All appropriate security patches are to be applied to the WISER servers in line with the agreed schedule</li> <li>• Further work will now be carried out to ensure full compatibility of all WISER components with Windows 7</li> </ul>	Mark Smith	31/03/2013	30/07/2013

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## Balanced Scorecard



### Key to the data tables:

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

## Regulation delivery

### Corporate plan Goal 1

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

#### Objective 1

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

#### Registration

KPI no.	Performance indicator	2012-13 Target	October	November	December	Year to date	Full year forecast
R1	Percentage of initial undisputed UK applicants registered within 5 days	95%	99.37	99.91	99.84	Green	Green
<b>Comments</b> 638 processed							
R2	Percentage of initial EU applicants registered within 5 days of satisfying the requirements of registration	95%	100	100	100	Green	Green
<b>Comments</b> 279 processed							

R3	Percentage of initial non-EU applicants registered within 5 days of satisfying the requirements of registration	95%	82.30	100	100	Green	Green
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**Comments**  
87 processed

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

**Comments**  
103 and 467 processed

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

**Comments**  
92 and 390 processed

R6	Percentage of notifications of detail changes dealt within 5 days	85%	97.32	100	100	Green	Green
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**Comments**  
448 processed

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

R8	Percentage of decisions on re-admission applications taken within 30 days	95%	100	100	97.47	Green	Green
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**Comments**

237 processed

R9	Percentage of customer service calls answered within 20 seconds	60%	61.42	61.95	55.98	Amber	Green
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**Comments**

Total calls offered in December 24,808, answered 22,548, response rate 90.89%.

The extended closure of the office over the Christmas period meant that exceptionally high call volumes were received on 27 and 28 December 2012. This impacted on the overall service level for December. Allied to this was the introduction of six new members of staff in December and their attendant training – both of which impacted on our ability to answer calls within the KPI.

## Objective 2

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

### Education

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

E2	Public protection is assured by invoking the extraordinary review triage within 10 working days of an incident being reported to the NMC	100% of incidents are triaged within 10 working days	no new incidents reported this month	100%	100%	Green	Green
<b>Comments</b>							

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

### Objective 3

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

#### Fitness to practise

PI no.	Performance indicator	2012-13 Target	October	November	December	Year to date	Full year forecast
FTP1	Percentage of investigation decision letters sent within 5 days of the panel decision	100%	99%	99%	26%	Red	Amber

#### Comments

Due to an increase in the number of Investigating Committee cases considered and the holiday period, the investigation decision letter KPI has dropped significantly this month. Performance against this KPI had improved by 8 January 2013.

FTP2	Percentage of adjudication decision letters sent within 5 days of the panel decision	100%	98.8%	99.3%	99%	Amber	Amber
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#### Comments

FTP3	Percentage of complaint letters responded to within 20 working days	100%	88.8%	86%	86%	Red	Red
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#### Comments

We received 13 complaints. One complaint was answered outside 20 days; this case was answered in 24 days. There was a delay obtaining the information needed to deal with the complaint.

FTP4	Percentage of substantive hearing notices sent at least 28 days prior to the hearing start date	100%	99%	100%	100%	Green	Green
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**Comments**

FTP5	Percentage of interim orders (IO) imposed within 28 days of receipt of referral	80%	64.1%	72.1%	69%	Red	Red
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**Comments**

31 percent of interim orders were not imposed in 28 days primarily due to cases being adjourned on the hearing day upon application of the registrant and delays caused by the Christmas holiday period.

FTP6	Percentage of all (new and historic) cases progressed through the investigation stage within 12 months from receipt of referral	90%	76%	78%	69%	Red	Red
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**Comments**

Our performance against this KPI has dropped this month due to the high number of historic cases scheduled and concluded.

FTP7	Percentage of new cases (received after 11 January 2011) progressed through the investigation stage within 12 months from receipt of referral.	90%	78%	83%	75%	Red	Red
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**Comments**

Our performance against this KPI has dropped this month due to the number of historic cases scheduled and concluded.

FTP8	Number of historic cases (received prior to 11 January 2011) currently in the investigation stage.	0	106	72	0	Green	Green
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**Comments**

There are 36 exception cases at the investigation stage all of which are subject to third party activity and are unable to proceed.



FTP9	Percentage of cases progressed through the adjudication stage to the first day of a hearing or meeting within 6 months.	90%	52%	63%	47%	Red	Red
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**Comments**

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

FTP10	Percentage of new cases (received after January 2011) progressed through the adjudication stage to the first day of a hearing or meeting within 6 months.	90%	84%	84%	72%	Red	Amber
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**Comments**

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

FTP11	Number of historic cases (received prior to January 2011) currently in the adjudication stage.	0	661	590	584	Red	Red
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**Comments**

The targeted progression for all historic cases is to have the first day of hearing before the end of March 2013 and as discussed at the Fitness to Practise Committee, all cases completed by September 2013.

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

No. historic cases scheduled: 256

No. historic cases awaiting confirmation: 59

No. historic cases actively being scheduled: 143

No. historic cases not ready for scheduling: 52

FTP12	Average number of substantive conduct and competence committee hearings held per day	16 (Sept & Oct)	16.1 17.34				Green	Green
		18 (Nov & Dec)		18.89		19		
		20 (from Jan 2013)						

**Comments**

FTP13	Number of adjudication cases completed with a final decision each month	168	113	141	73		Red	Red
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**Comments**

We completed fewer cases in December primarily because there were only 15 days of hearings during the Christmas period.

FTP14	The percentage of cases that go part-heard	10%	29.4%	19.6%	32%		Red	Red
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**Comments**

The number of cases going part-heard this month has increased. This is primarily due to cases running out of time.

## Stakeholder satisfaction

### Goal 2

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

### Objective 5

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

### Objective 6

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

PI no.	Performance indicator	2012-13 Target	October	November	December	Year to date	Full year forecast
SS1	Percentage of coverage in mainstream media vs trade press.	75%	85.5%	78.5%	94%	Green	Green
<b>Comments</b> Many of the trade publications released fewer editions over the Christmas period, reducing the amount of coverage we received from them.							

SS2	Percentage of media coverage that is balanced, positive, neutral vs. negative	95%	92%*	92%*	92%*	Amber	Green
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**Comments**

\*This is the quarterly figure. The year to date rating is amber, based on the 92% quarterly figure (October to December 2012). The Council's decision to raise yearly registration fees for nurses and midwives to £100 was the second dominant NMC story (49 items) during October to December. This story was largely negative in sentiment and accounted for 84% of all unfavourable content during this period. However, negative coverage only accounted for 8% of the total coverage during this period - much less than was originally expected.

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

One event held – Staff conference, 7 December 2012.

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

The red rating is a result of the high number of complaints consistently received since April 2012 which required a response, with the peak period being October to December 2012. 108 complaints were received during this period.

SS5	Proportion of complaints which are upheld/partially upheld		42%* (18/43)	40%* (17/43)	48% (11/23)		
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**Comments**

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

## Capability, learning, growth

### Goal 3

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

#### Objective 7

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

#### Objective 8

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

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

#### Comments

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

HR2	Percentage of PDRs completed within target date	85%	93%	93%	93%	Green	Green
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#### Comments

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

HR3	Sickness absence rate	<4%	3.43%	3.24%	2.91%	Green	Green
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**Comments**

Sickness absence has continued to decrease (6.39 days per employee) for the year to 31 December 2012. The substantial drop in sickness from November to December is a result of the drop in the number of employees on long term sickness absence. We are also seeing an increase in the average number of employees as a result of the high levels of recruitment this year, which is also decreasing the NMCs sickness absence rate.

HR4	Percentage of FTE posts vacant	10%	27%	23%	16%	Amber	Green
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**Comments**

Vacant FTE continues to decrease and we are projected to meet our target of less than 10% vacant FTE by 31 January 2013. A total of 66 new employees will have been recruited to join the NMC between December and March, which will lead to a significant reduction in vacant FTE.

Human Resources are continuing to work with directorates across the NMC to fill the vacancies that still exist in these areas.

HR5	Percentage turnover rate	23%	35%	34%	32%	Red	Red
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**Comments**

Turnover continues to decrease, and is projected to drop to 27% by end of March.

Turnover remains above the NMCs target of 23% due to the re-structure at 23 Portland Place. When we look at Fitness to Practise, which was unaffected by the re-structure, turnover has decreased from 28.19% in September to 21.93% in December 2012. The drop in turnover in FTP is a result of the increase in staff numbers and a slight reduction in the number of leavers.

HR and OD are continuing to work with directorates to bring down turnover through the implementation of the actions to support the HR and OD strategy, in particular the pay and grading review.

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

Stability has risen slightly with the drop in turnover, however continues to remain below target as a result of the restructure and high levels of new starters across the NMC.

HR7	Percentage of successful probationary periods completed within 6 months	80%	80%	80%	78%	Amber	Green
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**Comments**

Of the 40 people who did not successfully complete their probation period in the year to 31 December 2012, 22 resigned or were made redundant within 6 months service, before their probation period was completed. As length of service increases the percentage of successful completion should increase.

During the same 12 months only two individuals failed their probation, and 16 were extended and eventually passed. 11 passed, and the others left the organisation within 6 months service.

HR8	Average training days or equivalent per employee	5	2.3	2.8	3.2	Red	Red
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**Comments**

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

HR9	Percentage of statutory and mandatory training completed within target date	80%	75%	85%	88%	Green	Green
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**Comments**





## Council

### Fitness to Practise performance report

**Action:** For information.

**Issue:** This document provides an update to Council on the FtP caseload and performance for the months of November and December 2012.

**Core regulatory function:** Fitness to Practise.

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

**Decision required:** None.

**Annexes:** The following annexes are attached to this paper:

- Annexe 1: Total caseload and workflow chat
- Annexe 2: New referrals trend analysis
- Annexe 3: New referrals received vs. cases closed
- Annexe 4: FtP decision letter KPI
- Annexe 5: FtP complaints KPI
- Annexe 6: Two year overview of Fitness to Practise statistics

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- Context:** 1 The data contained in this report is sourced from the case management system and other systems maintained by FtP managers.
- Discussion:** 2 This report contains information about FtP caseloads and activity for the months of November and December.

### **Caseload and activity (see page 7-8)**

- 3 The caseload went down 77 cases in cases in November to 4324 cases and then increased by 77 cases in December to 4401 cases. We received a total of 631 new referrals and closed 701 cases in November and December meaning we closed 70 more cases than we received overall. The increase in the caseload in December is expected as we only held 15 days of FtP hearings activity during the Christmas holiday period.
- 4 We have again seen high levels of activity in during November and December in particular:
- 4.1 The screening team closed 249 cases and progressed 439 cases to investigation.
  - 4.2 The Investigating Committee closed 238 cases and just over 350 cases were referred for adjudication.
  - 4.3 There were 141 cases completed to a final adjudication decision in November; this is the highest number of adjudication cases we have completed in a month.
  - 4.4 There were only 73 cases completed to a final adjudication decision in December as we only had 15 days of hearings activity.
- 5 The overall trend is very positive and reflects the hard work of staff managing increased levels of activity and the many efficiency changes that have been introduced to case progression and the hearings processes.

### **Improving customer service (see page 10 & 11)**

- 6 In November 99 percent of investigating committee decision letters were sent in the five day KPI and all letters were sent in 10 days. Unfortunately there was a significant drop in performance in December as only 26 percent were sent in five days. This was caused by high levels of activity combined with a lack of resources due to the holiday period. This has now been resolved and

performance in January is back to acceptable levels.

- 7 In November 99 percent of adjudication decision letters were sent in the five day KPI and all letters were sent in 10 days. In December 99 percent were sent in five days and all were sent in 10 days.
- 8 We received 15 complaints in November and 13 in December. We answered 86 percent in the 20 day KPI. Three letters were sent outside of the KPI due to the holiday period and delays in gathering information.

**KPI performance (see balanced scorecard)**

- 9 Our KPI for interim orders (IOs) is to impose 80 percent of interim orders in 28 days from receipt of referral.
- 10 We imposed 72 percent of IOs in 28 days in November and 69 percent in December. The average number of days to impose an IO in November and December was 26 days which is a significant improvement on previous performance and demonstrates our ability to take urgent action to protect the public.
  - 10.1 This is an improvement on previous months however the reason for this remains the number of interim orders scheduled but not heard. We are still addressing this issue and expect to see continued improvement.
- 11 Our investigation KPI is to progress 90 percent of cases in 12 months.
  - 11.1 In November an average of 10 months for all investigation cases and 78 percent progressed in 12 months. This is our best ever performance against this KPI.
  - 11.2 In December an average of 11.5 months for all investigation cases and 69 percent progressed in 12 months.
- 12 Our adjudication KPI is to progress cases to the first day of the final hearing in six months.
- 13 Our performance against our six month adjudication KPI has significantly improved in November and December:
  - 13.1 In November an average of 6.9 months for all adjudication cases and 63 percent progressed in six months. For new cases an average of 4.72 months and 84 percent progressed within the KPI.
  - 13.2 In December an average of 7.7 months for all adjudication cases and 47 percent progressed in six months. For new cases an average of 5.8 months and 72 percent progressed

within the KPI.

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

### **Improving timeliness and clearing historic cases**

- 15 We currently have 584 cases in the historic caseload.
- 16 We have progressed all historic investigations cases to closure or adjudication. There are 36 exception cases at the investigation stage that are unable to proceed due to third party activity.
- 17 Of the historic cases currently in adjudication, some registrants have more than one case and some involve multiple registrants. Of these cases:
- 17.1 256 historic cases are scheduled:
  - 17.2 59 historic cases are awaiting confirmation:
  - 17.3 143 historic cases are actively being scheduled:
  - 17.4 52 historic cases are not ready for scheduling:
- 18 As discussed with the Fitness to Practise Committee all historic cases will be completed by September 2013 which takes into account cases that may be adjourned part-heard.

### **Learning from litigation and high court Interim orders**

- 19 In November and December we applied for 79 high court interim order extensions. The year to date total number of interim order extensions lodged is 271 between 1 April and 31 December 2012.
- 20 There were three High Court Appeals lodged during November and December.
- 21 Three appeals were concluded in November and December in favour of the NMC. All three applied for permission to appeal to the court of appeal but were declined.

### **Professional Standard Authority (PSA) learning points**

- 22 We received two learning point letters in November and December containing 103 learning points. We are in the process of reviewing these and will be responding to the PSA in due course.

### **Two year overview of FtP improvement plan**

- 23 Attached at annexe two in table and graph format are the key data that demonstrate improved performance since January 2011.
- 24 Below is a summery of the progress toward meeting the FtP

improvement plan objectives.

#### Timeliness two year overview

- The average case investigation is now taking just over 10 months compared to more than 22 months two years ago.
- The average time at the adjudication stage has reduced by more than six weeks since January 2011.
- The combined average time for investigation and adjudication is now 18 months down from 31.5 months in the first quarter in 2011.

#### Areas for improvement

- We continue to work on reducing the number of cases that go part-heard.
- The increase in hearing activity, which by June will mean we will hold 22 substantive hearing events a day and new case management processes being introduced this month, will ensure that we meet the adjudication KPI by the end of 2014.

#### Customer service two year overview

- Decisions have been communicated more quickly as shown by our record of dispatch of decision letters.

#### Areas for improvement

- Increase in staffing levels across all areas of FtP will continue to reduce caseloads which should lead to an improved level of service to customers.
- We are beginning to collect and analyse customer feedback, which will in due course be a useful measure of performance.

#### Decision making two year overview

- There is objective evidence of good decision making from two recent High Court judgements, which we have referred to in our performance report.
- There have been no S.29 referrals by the CHRE/PSA of NMC determinations since September 2010. During that time period the NMC has made more than 2500 final decisions.

#### Areas for improvement

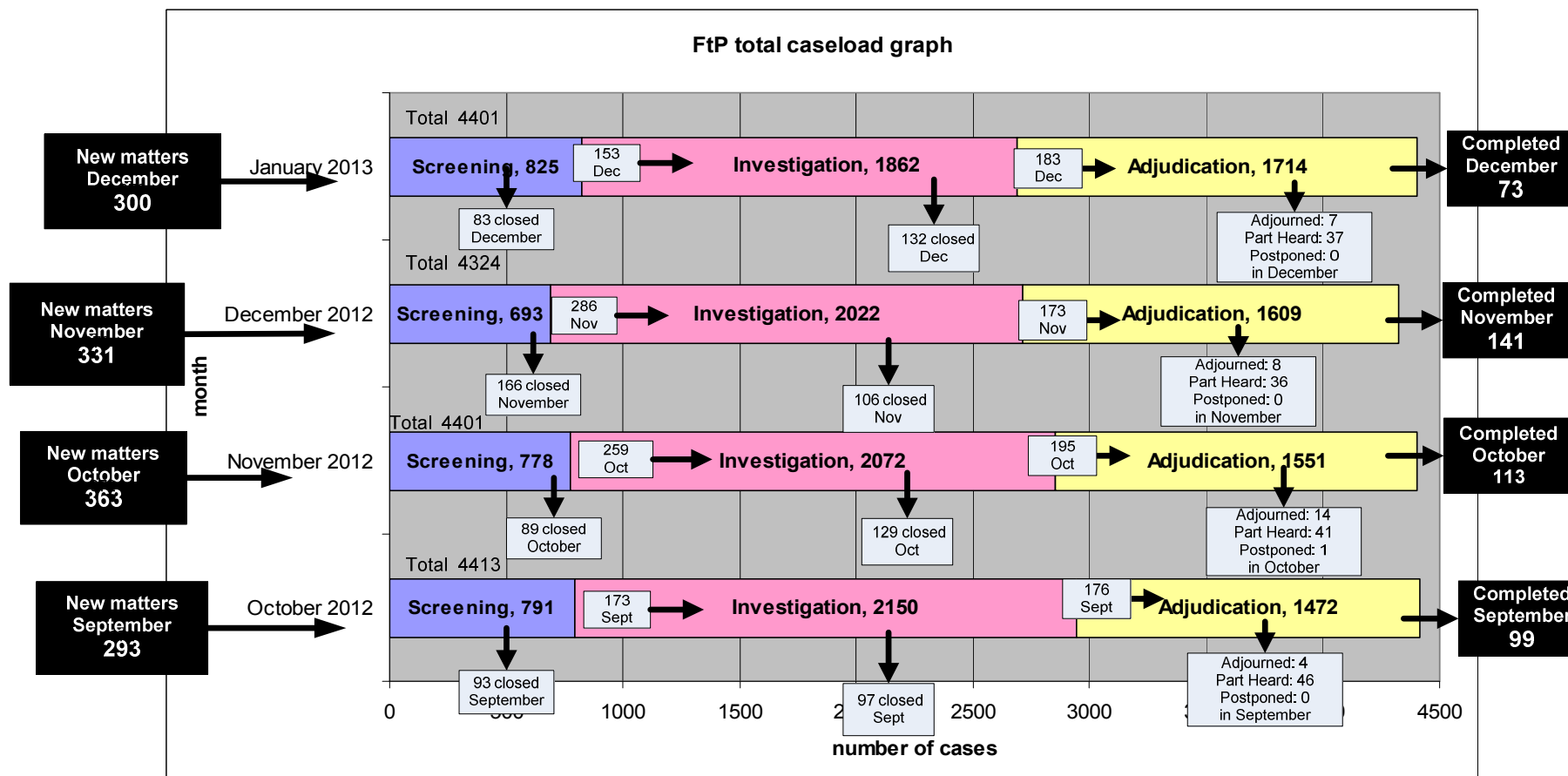
- A decision review group meets regularly to identify poor

performance and learning points which are fed back to staff and panel members.

- We continue to invest heavily in improving the quality of decision making at all stages, through training of panellists and staff and by offering an enhanced level of legal input and other staff resource at all stages.

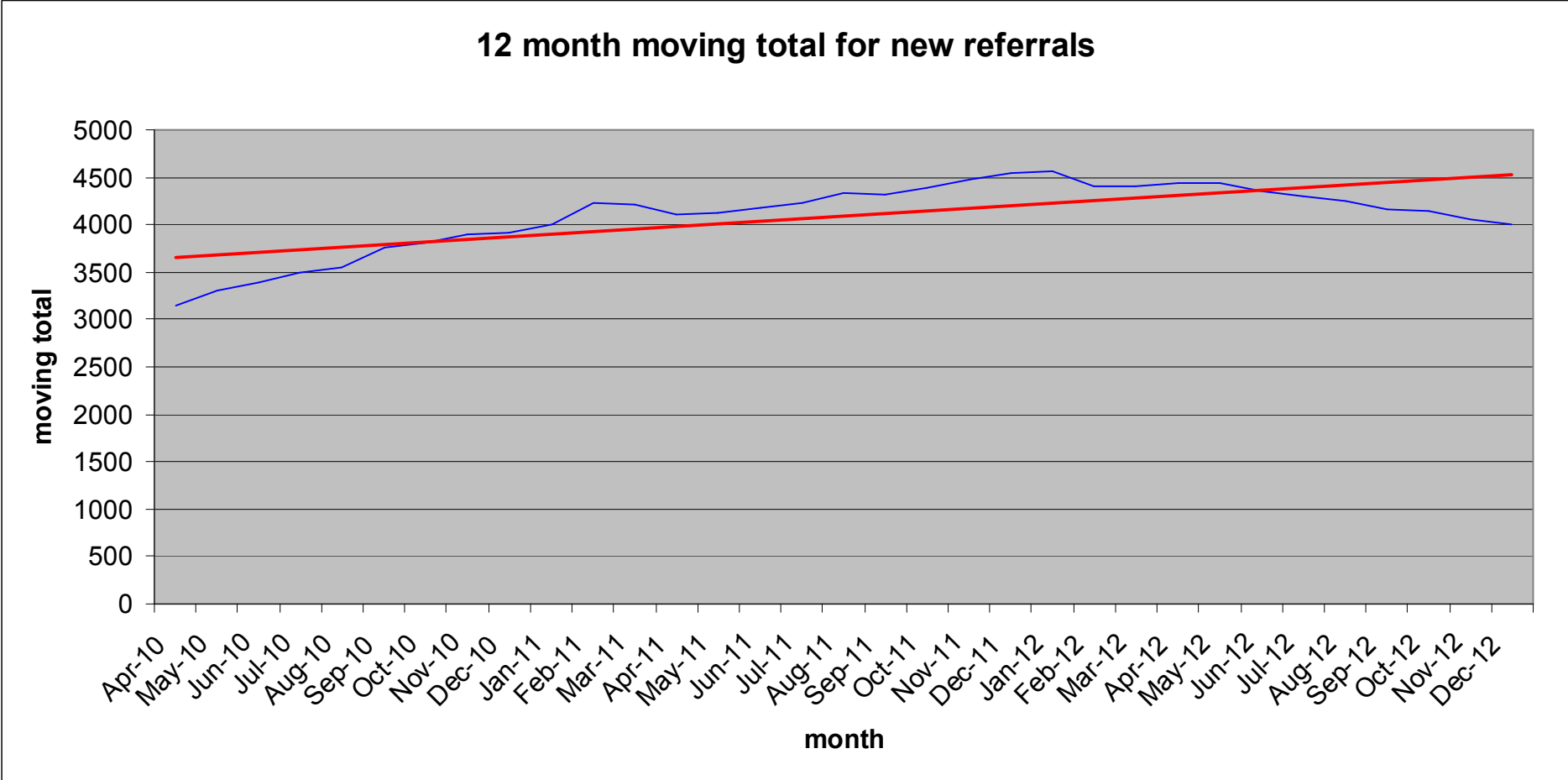
<b>Public protection implications:</b>	25	The statistics in this report provide evidence of improvement in our ability to protect the public.
<b>Resource implications:</b>	26	All resources are accounted for within current agreed FtP resources.
<b>Equality and diversity implications:</b>	27	There are no equality and diversity implications associated with this statistical report.
<b>Stakeholder engagement:</b>	28	The Fitness to Practise committee has agreed the content and format of this report.
	29	The information contained in this report has been shared with the PSA.
<b>Risk implications:</b>	30	Risks associated with FtP not meeting the improvement plan objectives have been minimised through the allocation of additional resources, close scrutiny of management information and changes to FtP procedures.
<b>Legal implications:</b>	31	There are no legal implications associated with this paper.

Annexe 1: Total caseload and workflow\*



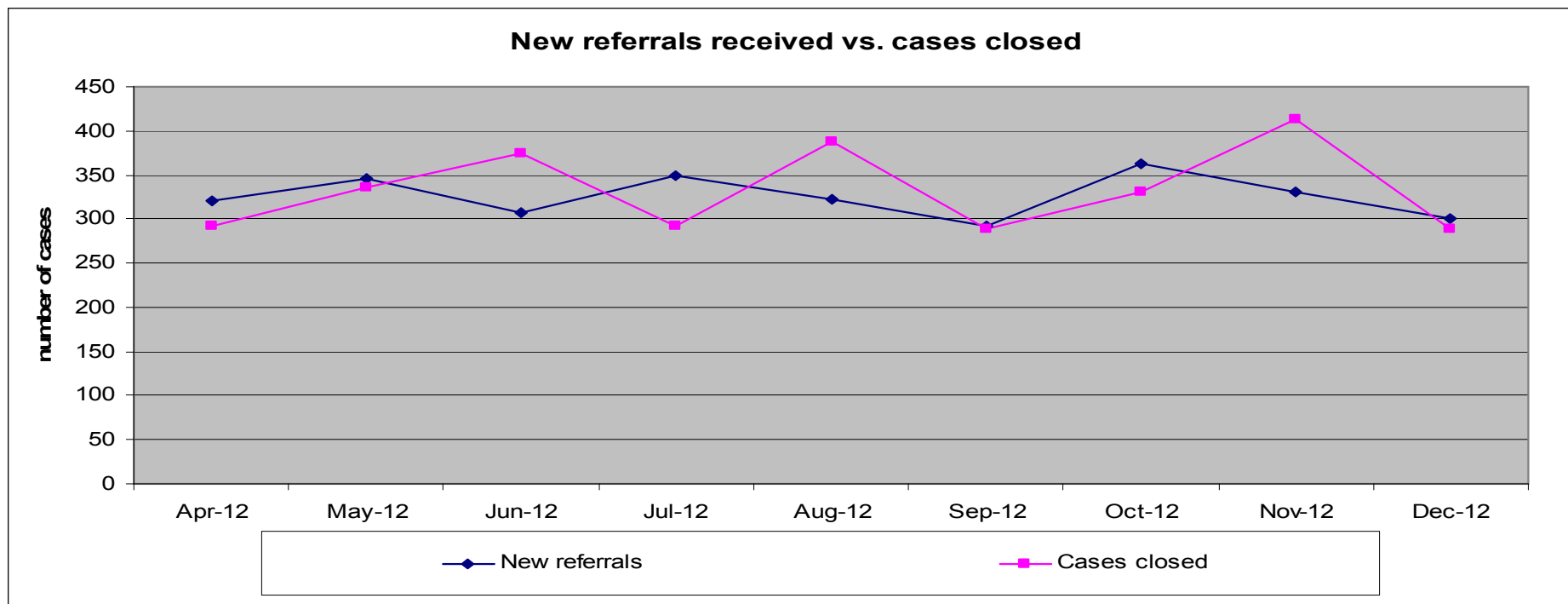
\* The figures in this chart are not directly comparable. The total caseload number is the static number of cases opened in our case management system at 9am on 15 January 2013. The new matters received and cases closed at each stage represent workflow in the month. Some cases may be received and closed in the same period others will be closed by panels but will remain open in the case management system for a period of up to 5 days after the panel decision. This explains why the numbers do not correlate to the graph at page 11 of 16.

Annexe 2: New referrals trend graph



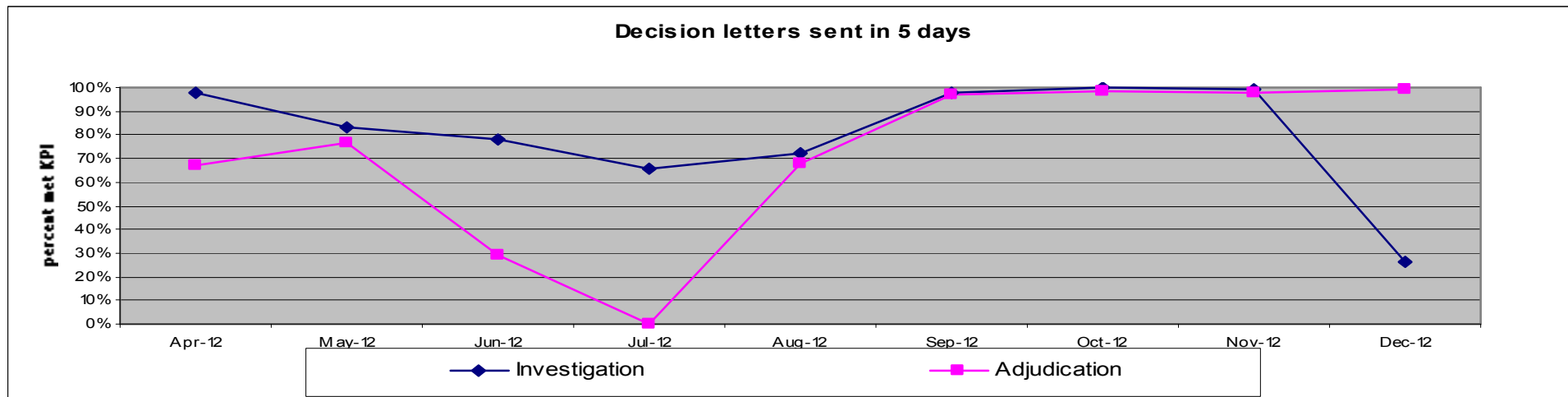


Item 9  
 NMC/13/06  
 31 January 2013  
 Annexe 3: New referrals received vs. cases closed

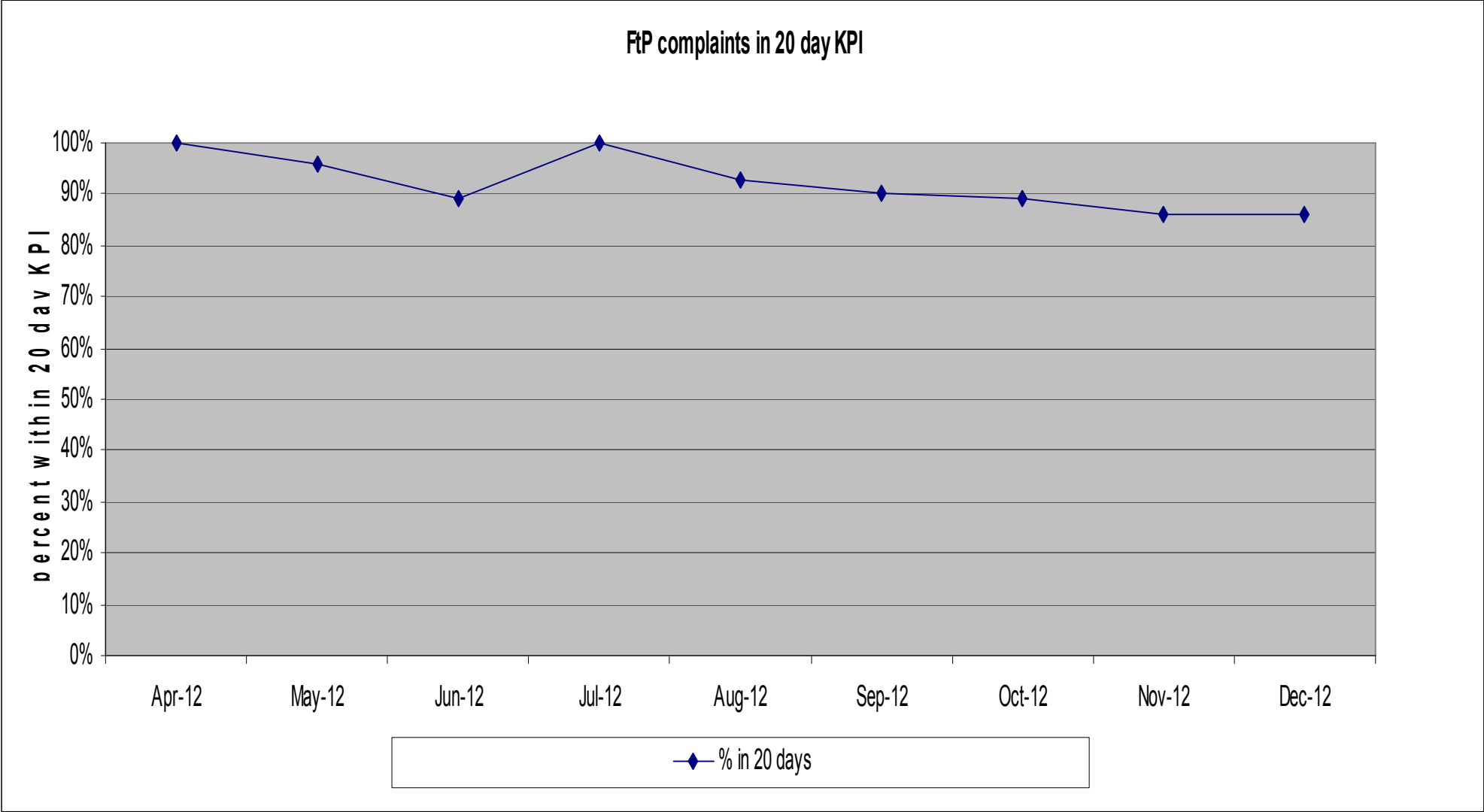


Month	New referrals	Cases closed	Difference
Apr-12	320	292	28+
May-12	346	336	10+
Jun-12	308	374	-66
Jul-12	349	293	56 +
Aug-12	323	388	-65
Sep-12	293	288	5+
Oct-12	363	331	32+
Nov-12	331	413	-82
Dec-12	300	288	12+

Annexe 4: FtP decision letter KPI



Decision Letters KPI % within 5 days		
Month	Investigation	Adjudication
Aug-12	72%	68%
Sep-12	98%	97%
Oct-12	99.7%	98.8%
Nov-12	99%	99%
Dec-12	26%	99%
Exceptions December	66% of all decision letters were sent within 10 days. There were 19 Investigating Committee meetings in December 2012. This equated to 29 meeting days in the month when there were 17 working days. However, the team's resources were not increased to meet the increased volume in work	100% of decision letters sent in 10 days.



Annexe 6 - Two year overview of Fitness to Practise statistics

<b>FtP improvement plan progress</b>								
<b>Performance indicator</b>	<b>Jan - Mar 2011 (Quarter 1)</b>	<b>Apr - Jun 2011 (Quarter 2)</b>	<b>Jul - Sep 2011 (Quarter 3)</b>	<b>Oct - Dec 2011 (Quarter 4)</b>	<b>Jan - March 2012 (Quarter 5)</b>	<b>Apr - Jun 2012 (Quarter 6)</b>	<b>Jul - Sep 2012 (Quarter 7)</b>	<b>Oct - Dec 2012 (Quarter 8)</b>
Investigation time <b>KPI = 12 months</b> (average for quarter in months)	<b>22.6</b>	<b>19.7</b>	<b>15.3</b>	<b>16</b>	<b>16.4</b>	<b>13.8</b>	<b>11.8</b>	<b>10.6</b>
Adjudication time <b>KPI = 6 months</b> (average for quarter in months)	<b>8.9</b>	<b>8.7</b>	<b>9.2</b>	<b>9.8</b>	<b>9.6</b>	<b>8.6</b>	<b>8.7</b>	<b>7.4</b>
Investigation and Adjudication time <b>KPI = 18 months</b> (average for quarter in months)	<b>31.5</b>	<b>28.4</b>	<b>24.5</b>	<b>25.8</b>	<b>26</b>	<b>22.4</b>	<b>20.5</b>	<b>18</b>
Interim orders <b>KPI = 28 days</b> (average time in days to impose an order)	<b>58</b>	<b>59</b>	<b>53</b>	<b>66</b>	<b>52</b>	<b>38</b>	<b>37</b>	<b>26</b>
Historic case* progression <b>Target = 0 cases</b> (number of historic cases)	<b>3988</b>	<b>2663</b>	<b>1991</b>	<b>1636</b>	<b>1589</b>	<b>1303</b>	<b>967</b>	<b>605</b>

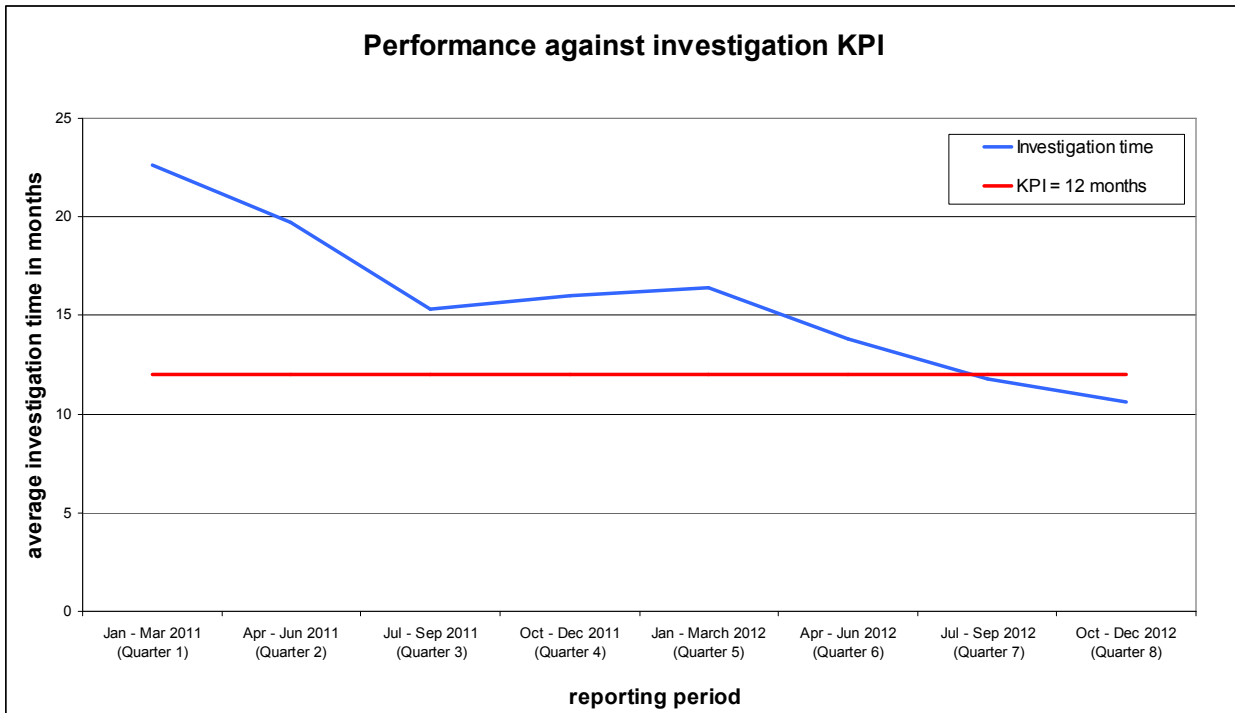
\* Historic cases are all cases received prior to January 2011

Annexe 6 - Two year overview of Fitness to Practise statistics

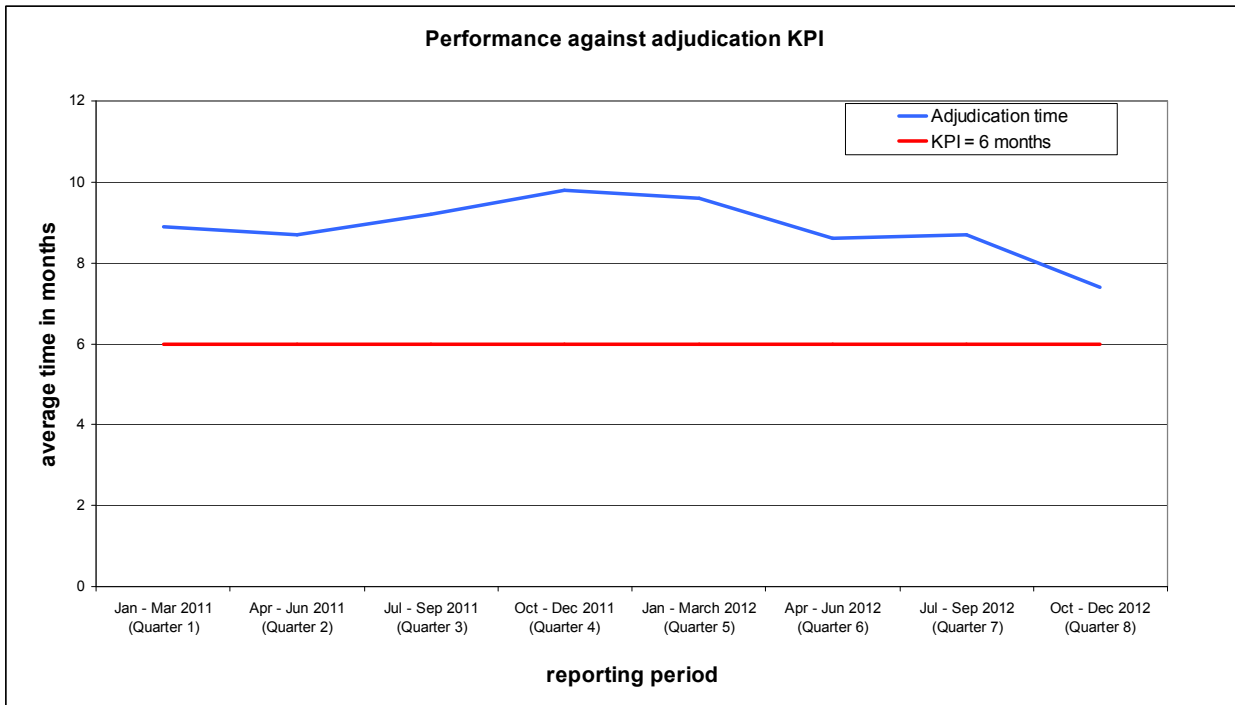
<b>FtP improvement plan progress</b>												
	<b>Jan-12</b>	<b>Feb-12</b>	<b>Mar-12</b>	<b>Apr-12</b>	<b>May-12</b>	<b>Jun-12</b>	<b>Jul-12</b>	<b>Aug-12</b>	<b>Sep-12</b>	<b>Oct-12</b>	<b>Nov-12</b>	<b>Dec-12</b>
Decision letters sent <b>KPI = 100% sent in 5 days</b> (% met each month)	<b>81%</b>	93%	88%	83%	80%	54%	33%	70%	98%	99%	99%	63%
Complaints letters answered <b>KPI = 100% answered in 20 days</b> (% met each month)	<b>100%</b>	100%	89%	89%	100%	96%	89%	93%	90%	89%	86%	86%
Number of complaints received per month	<b>12</b>	9	9	17	33	18	17	28	10	18	15	13

Annexe 6 - Two year overview of Fitness to Practise statistics

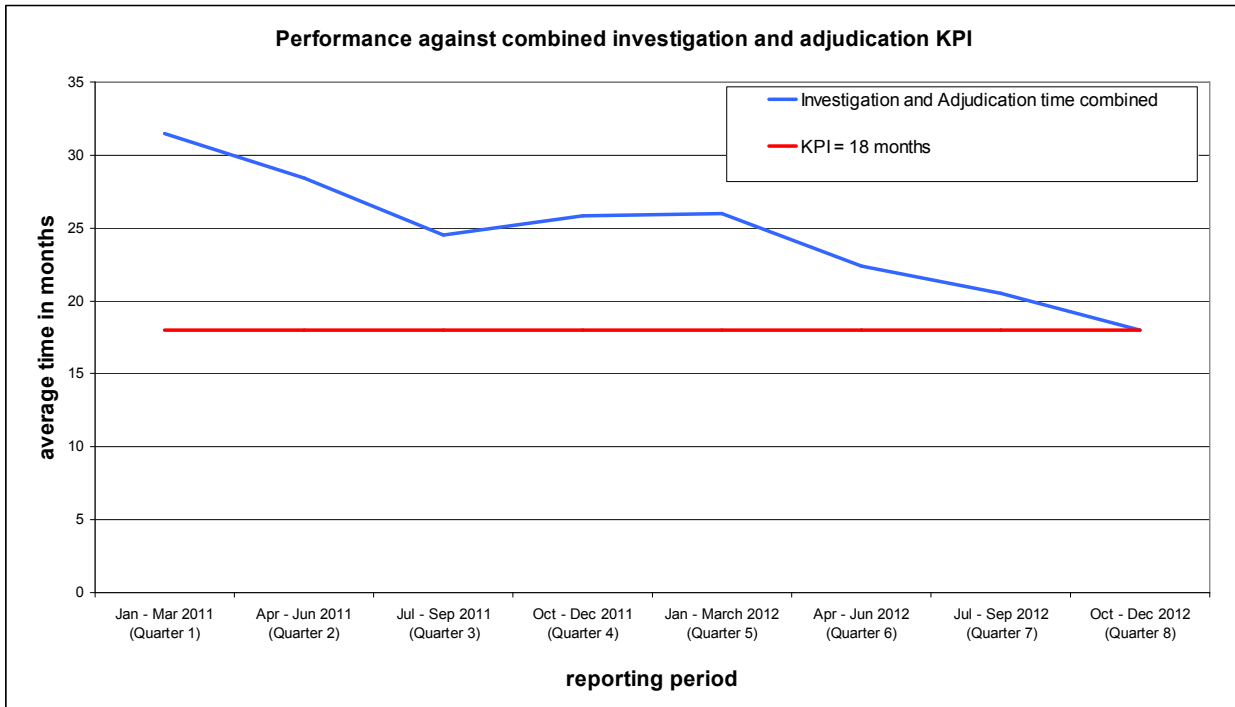
Graph 1



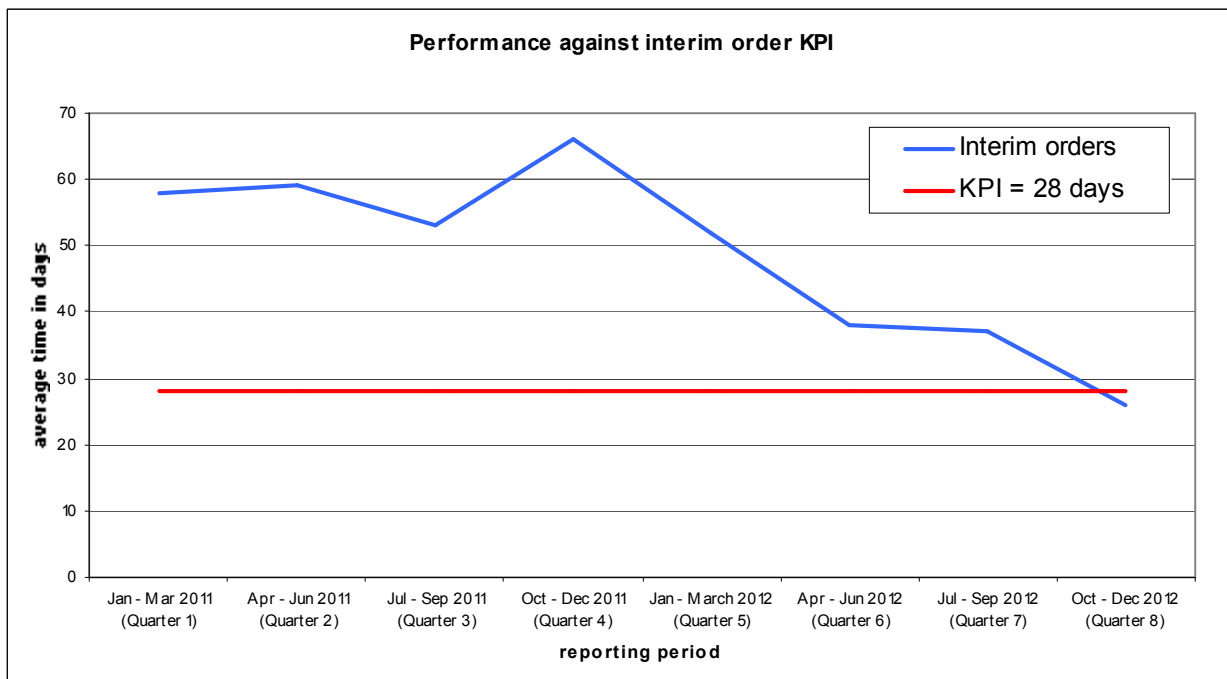
Graph 2



Graph 3

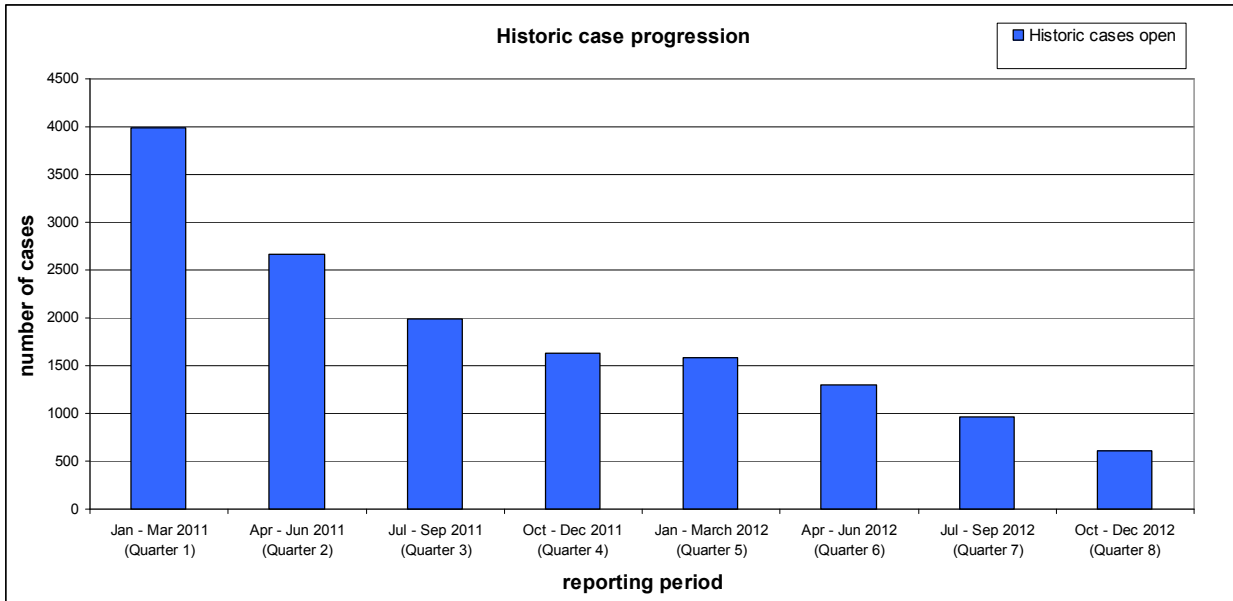


Graph 4

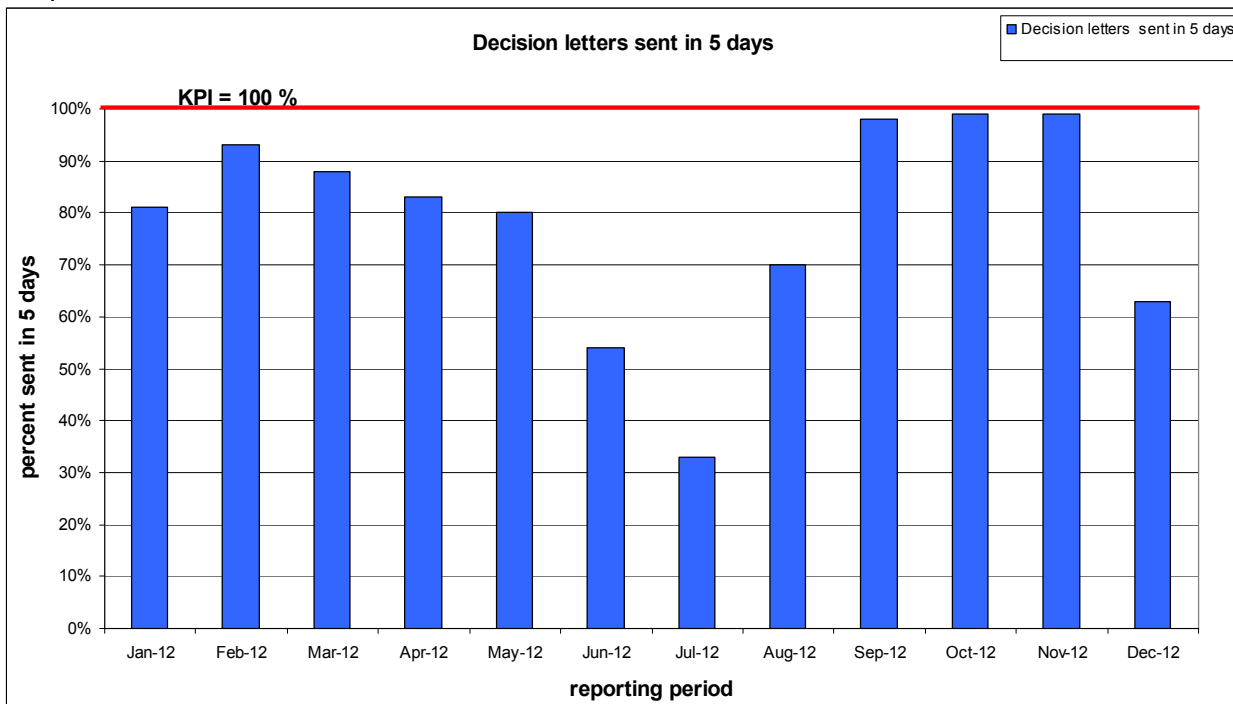


Annexe 6 - Two year overview of Fitness to Practise statistics

Graph 5



Graph 6





## Council

### Monthly financial monitoring – December 2012 results

**Action:** For information.

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

Summary information arising from PSA's cost-efficiency review of the health professional regulators.

**Core regulatory function:** Supporting functions

**Corporate objectives:** **Corporate objective 7:** "We will develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions".

**Decision required:** None.

**Annexes:** The following annexes are attached to this paper:

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

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**Context: Financial information**

- 1 The budget information used throughout these reports is based on the rebased budget approved by Council on 20 June 2012.
- 2 Detailed month end reporting packs are produced for the Executive Team, showing results by directorate, cost centres and projects, together with summary reports, commentary and an update of the Central Pool position. An abridged version is circulated to each member of the Finance and IT Committee.
- 3 A graph has been added this month showing progress towards meeting available free reserves (annexe 3).

**Discussion and options appraisal: Executive summary**

- 4 The latest forecast projects that available free reserves at March 2013 will be £7.3 million. This is well below the £10 million minimum target of available free reserves.
- 5 The forecast has now been updated for the £20 million grant funding from the Department of Health. The £20 million is recognised as 'restricted' revenue this year, and £571k will be released to available free reserves each month over the 35 months from February 2013 to December 2015, reflecting the fact that the grant is a contribution towards our work in delivering the FtP KPIs and restoring reserve levels over that period.
- 6 The forecast free reserves at 31 March 2013 are £2.9 million higher than the prior month forecast. This is due to lower actual FtP hearing costs being reflected in the management accounts following an extensive analysis of invoices being posted YTD, a thorough review by all directorates of their forecast for the final quarter of the year, and the continued refinement of the implementation of the ICT stabilisation plan which has resulted in the move of investment from this financial year to next.
- 7 Following the latest forecast, the year end free reserves are predicted to be £7.7 million better than budget. This is due primarily to:
  - 7.1 slower than expected staff recruitment across the NMC (£1.5 million),
  - 7.2 operational efficiencies and lower operational costs achieved during the year (£4 million) for instance via tighter control over witness expenses, and the recruitment day initiative in FtP, and
  - 7.3 credits in relation to prior year activity (£1.3 million).
- 8 FtP Conduct and Competence Committee (CCC) activity in December 2012 ramped up over budget for the third month in a row, to an average of 19 hearings per days versus the budget 18 hearings per day.

- 9 It should be noted that we are currently negotiating with HMRC in relation to the repayment of income tax and National Insurance paid on FtP panellist expenses in prior years. Our current estimate of repayment is now between £1.5 million and £2 million. This has not yet been factored into the forecast. Although we have 'in principle' agreement for repayment, the detailed submission is being drawn up at present, the final amount is subject to negotiation, and HMRC processes take a considerable time.

### **Monthly results and forecasting process**

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

### **Monthly management results**

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

### **Actual results versus budget**

- 15 The highlights at December year to date against budget are:
- 15.1 Income is close to budget overall. There are slight shortfalls in periodic fees, EU assessment fees and verifications at this stage, offset by a positive variance on interest income.
- 15.2 Compared to the budget for revenue and capital expenditure, there is a net underspend of £7 million year to date.
- 15.3 FtP is £4.5 million underspent to date. The underspend is driven by:
- 15.3.1 Lower than budgeted hearing days (of all types) which are 64 below the rebased budget (3,956 held against a budget of 4,020). The overall operational variance on hearings is in the region of £2.7 million. Approximately £0.2 million is driven by a volume variance with a positive price variance of approximately £2.5 million.

- 15.3.2 Net staff costs are below budget year to date (£982k) due to slippage in recruitment.
- 15.3.3 The release of accruals from the prior year (£1,186k), including the writeback of a legal accrual following successful conclusion of negotiations.
- 15.3.4 Additional budgeted expenditure in relation to the Olympics which was not required to the extent expected (approx £150k).
- 15.3.5 Offsetting the above underspends, external investigation fees are overspent by approximately £465k to date. This is partly due to an additional 43 cases sent out to date, which is expected to be gradually offset by reduced levels in the remainder of the year – 67 fewer cases than budget were sent in the period September to December 2012. In addition, the budget was understated by £100k for a proportion of external case costs relating to cases sent in February and March.
- 15.4 Costs in Standards are lower than plan due to staff savings and lower QA costs due to lower reviewer days being utilised and prior year credits.
- 15.5 Costs in ICT are lower due to the timing of the case management system maintenance release as a consequence of a change in business requirements, therefore the release has been delayed until further business analysis has been completed.
- 15.6 Costs in HR/OD are lower than plan due to reduced training activity to date, now ramping up following recruitment of new staff.
- 15.7 Projects are underspent due to the effective and efficient manner in which the recruitment and equipping of the additional FtP staff was undertaken, therefore the budget for recruitment and equipment has not been utilised as expected.
- 15.8 The favourable variance in the Central Pool (£3,250k) is offset to an extent by actual spend over budget in other departments and in capital expenditure, representing costs that are being funded by the Central Pool (for instance £1,331k of redundancy costs relating to the restructure, costed to NMC General).
- 15.9 Total free reserves at December 2012 are £17.77 million. The pension deficit at this point is £8.16 million; therefore available free reserves at December 2012 are £9.6 million. This is £7.1 million better than budget at this point, but outside the reserves policy envelope agreed by Council on 13 September (i.e. the risk based element of reserves to be in a target range of £10 -£20 million).
- 15.10 Total cash is £56.4 million at December 2012. This is £2.8 million higher than budget, due to the lower expenditure to date and lower

creditors than budget.

### **Latest forecast**

- 16 The full year forecast for 2012-2013 is based on the detailed reforecast by directors in January.
- 17 The highlights are as follows :
  - 17.1 The forecast now includes the recognition of the DH grant. The £20 million is recognised as 'restricted' revenue this year, and £571k is released to available free reserves each month over the 35 months from February 2013 to December 2015, reflecting the fact that the grant is a contribution towards our work in delivering the FtP KPIs and restoring reserve levels over that period.
  - 17.2 The principal differences between the latest full year forecast and the prior forecast are :
    - 17.2.1 Total free reserves are projected to be £2.9 million higher by March 2013 (£15.2 million now vs. £12.3 million in the previous forecast). This is due to lower actual FtP hearing costs being reflected in the management accounts following an extensive analysis of invoices being posted YTD (£1.1 million), a thorough review by directorates of their business as usual and project forecasts for the last quarter of the year (£0.6 million), and the continued refinement of the implementation of the ICT stabilisation plan which has resulted in the move of capital investment from this financial year to next (£1.2 million).
    - 17.2.2 Available free reserves at year end are now projected to be £7.3 million versus the prior forecast of £4.4 million.
    - 17.2.3 The yearend cash position is now forecast to be £77.3 million, vs. £74.4 million in the previous forecast, reflecting the reduction in expenditure.
    - 17.2.4 The FtP forecast has been reduced by £1.1 million overall. £1.5 million reflects the lower cost run rates incurred relating to hearings. This is offset by £0.3 million reflecting a proposed step up in CCC hearing activity in March 2013 to 24 hearings per day from the prior forecast of 20 hearings per day, and £0.2 million for a closed case audit now scheduled for the last quarter.
    - 17.2.5 £0.5 million has been transferred from the Central Pool into HR in recognition of an outstanding liability. Other potential bids have been revised or removed to reflect the current view of directors. The major items in the potential bids now are additional software licenses (£0.15 million) and the retention

of a contingency (£0.25 million).

- 17.3 The principal variances between the latest full year forecast and the budget are :
- 17.3.1 Total free reserves are projected to be £7.7 million higher by March 2013 (£15.2 million now vs. £7.5 million budget). This is due primarily to slower than expected staff recruitment across the NMC (£1.5 million), operational efficiencies and lower operational costs achieved during the year (£4 million), and credits in relation to prior year activity (£1.3 million).
  - 17.3.2 Available free reserves at year end are now projected to be £7.3 million vs. the budget of (£0.4 million).
  - 17.3.3 The yearend cash position is now forecast to be £77.3 million, vs. £56.4 million budget, reflecting the receipt of the grant from the Department of Health, and reduced expenditure for the year. This is offset by lower deferred income levels than budget due to the 'slippage' in the planned implementation date and reduction in the proposed fee amount.
  - 17.3.4 The income forecast is £19 million higher than budget, reflecting the £20 million restricted grant income, offset by two months' worth of 'slippage' in the implementation date of the proposed fee increase (from 31 December to 28 February), and the reduction in the proposed new fee level itself from £120 to £100.
  - 17.3.5 The Fitness to Practise forecast reflects the reductions in expenditure to date and a reduced 'run rate' in several expenditure categories for the remainder of the year, plus reductions in staff costs following a rephasing of the headcount, a reduction in venue costs to reflect the use of the Old Bailey premises instead of external venues, and the writeback of a legal accrual following successful conclusion of negotiations.
  - 17.3.6 Rent, service charges and depreciation on the Old Bailey are driving the increased Facilities Management and depreciation forecasts.
  - 17.3.7 Forecasts in other directorates have been adjusted to reflect staff savings against the rebased budget, due to the current level of vacancies and assumptions made regarding the restructure in the rebased budget.
  - 17.3.8 The Central Pool potential bids position has been revised to £0.75 million, reflecting the allocation of funds during the year.
  - 17.3.9 The capital expenditure forecast is £1.5 million higher than budget due to the spend on the Old Bailey (£1.4 million) and

the stabilisation phase of the ICT strategy (£0.2 million), both approved during this financial year.

### **PSA cost-efficiency review of the health professional regulators**

- 18 The PSA commissioned CHSEO (Centre for Health Service Economics and Organisation) to compare unit operating costs across a core set of six regulatory functions, in order to comment on the potential for significant efficiency savings to be realised.
- 19 Information was collected from each of the nine healthcare regulators in January 2012. The draft report was circulated for review in October 2012, and the final report was published on the PSA website in December 2012. The summary report is available at

<http://www.professionalstandards.org.uk/docs/psa-library/november-2012---advice-on-cost-effectiveness-and-efficiency.pdf?sfvrsn=0>

- 20 The report was based on 2010-2011 reported information.
- 21 In 2010 - 2011 the healthcare regulators spent £195 million in total, ranging from £0.87 million (PSNI) to £87 million (GMC). The NMC's total spend in that year was £44.7 million.
- 22 The operating cost per registrant was calculated across the six core areas of regulatory activity, after adjusting for exceptional items. These areas were standards, registration, education and training, fitness to practise, continuing fitness to practise, and governance.
- 23 Based on the spread of unit costs, the report concluded that each regulator faces qualitatively different tasks, which is derived from their legislation, procedures, varying operational processes and the nature of the professions being regulated.
- 24 Unit costs are affected by scale, task, effectiveness and scale-adjusted efficiency.
- 25 The analysis suggested that a doubling of the registration base leads to a 19% fall in unit operating costs. However, most economies of scale are achieved when the registrant base reaches 100,000 to 200,000.
- 26 It found that unit costs for fitness to practise are least affected by scale.
- 27 When considering the NMC's efficiency measured by comparing against the CHSEO scale adjusted costs it found that overall, our scale adjusted costs at that time were lower than expected, in particular in Registration and Fitness to Practise. However, it found that Standards costs were 1.8 times what would be expected from a regulator of our size.
- 28 The restructure and strategic review of the NMC are addressing some of these cost anomalies; the Standards Department has been restructured

and the Fitness to Practise resource has been increased significantly.

- 29 We restated the costs based on our results for 2011-2012. These showed an increase in our overall unit cost from £67.50 (2010-2011) to £92.37 (2011-2012), with the bulk of the additional cost directed, not surprisingly, at Fitness to Practise (which increased from £41.83 to £64.03).
- 30 The report suggests four good practices that regulators should try and follow:
- 30.1 Regulators should always maintain an overview of the sector they regulate and use this knowledge to influence their strategic planning and resource.
  - 30.2 To be effective and efficient requires accurate management information.
  - 30.3 Regulators need to be transparent about how we allocate and spend registrants' fee income.
  - 30.4 Regulators need to share with other regulators best practice.
- 31 These points are being addressed at the NMC by various means, e.g. the change management board, and inter-regulatory discussions to improve cost effectiveness and efficiency at functional level, and to conduct benchmarking exercises on specific cost areas.

**Public protection implications:**

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

**Resource implications:**

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

**Equality and diversity implications:**

- 34 An EQIA is not required in relation to this paper.

**Stakeholder engagement:**

- 35 We consulted extensively with stakeholders on fees.

**Risk implications:**

- 36 There are a number of risks which should be considered on an ongoing basis when reviewing the financial position.
- 36.1 The assumption in relation to the timing of the implementation of the fee increase – we are continuing to monitor possible threats to the implementation date of 1 February, although with the passage of



time this risk appears now to be reduced. The fee notices for the increased fee have been despatched to registrants renewing or retaining registration with effect from February 2013.

- 36.2 Council agreed a new reserves policy in September 2012 based on an assessment of the financial impact of our major risks, plus pension deficit, with available free reserves to be held in a target range of £10 million to £20 million. Following the latest reforecast, our available free reserves will be £7.3 million by March 2013, which is in breach of our reserves policy. A reduction in reserves from the policy level should only be authorised by trustees where there is a clear and robust plan to rebuild reserves. The assumption is that in our case, the plan to rebuild reserves is via the fee increase.
- 36.3 The above risks have been captured and are being monitored via the corporate risk register.

### **Opportunities**

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

**Legal implications:** 38 None.



## Council

### Terms of Reference – Midwifery Committee

**Action:** For decision.

**Issue:** The Midwifery Committee have proposed a change to their terms of reference at their meeting on 16 January 2013. This report advises members on the justifications for the amendments.

**Core regulatory function:** Supporting functions.

**Corporate objectives:** **Strategic objective 7:** We will develop effective policies, efficient services and governance processes that support our staff to fulfil their functions.

**Decision required:** Council is asked to approve the updated version of the terms of reference of the Midwifery Committee (as set out in Annexe 1) for inclusion in the NMC Standing Orders.

**Annexes:** The following annexes are attached to this paper:

- Annexe 1: The proposed terms of reference of the Midwifery Committee

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

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- Context:**
- 1 The Midwifery Committee is seeking to change the stipulations regarding its membership. It is proposed that section 3.1 of the terms of reference (as contained in Annexe 1) should be amended from three Council members to one.
  - 2 Other changes have been requested, as the Committee sought to disaggregate their fitness to practise responsibilities mentioned in section 1.3 of the terms of reference proposed by Council from their educational responsibilities. This has been completed with the inclusion of section 1.8 in Annexe 1.
- Discussion:**
- 3 The Midwifery Committee noted a difference between the membership as required by law and the proposed terms of reference from Council on 22 November 2012. Whilst the order specified only one member of Council had to be on the Committee, the terms of reference required three. The meeting noted that this had arisen from a move to standardising terms of reference across NMC.
  - 4 It was also discussed if the use of the word ‘commission’ in section 1.11 relating to research was appropriate. Given the Research and Evidence team (within the Corporate Governance directorate) is already in place, the question was raised as to whether this was the Committee’s role. Therefore the proposed amendment was to reword ‘to commission such research’ to read ‘advise Council on such research’.
  - 5 **Recommendation: The amended terms of reference, as set out in Annexe 1 of this report, to be adopted by Council for the Midwifery Committee.**
- Public protection implications:**
- 6 By ensuring that governance arrangements are clear and fit for purpose, Council will ensure that the NMC conducts business in a transparent and accountable way. This will help reinforce public protection and increase public confidence in the NMC’s operations.
- Resource implications:**
- 7 The committee which is the subject of this paper is already in place as a statutory. Any additional work arising will be managed under existing resources.
- Equality and diversity implications:**
- 8 By improving the clarity of decision making within the NMC, the organisation will support increased access to decision making processes and the rationale for policies for all sections of the general public.
- Stakeholder engagement:**
- 9 Increasing the clarity and transparency of governance arrangements will help support engagement with external bodies and the wider public.
- Risk implications:**
- 10 The adoption of the proposed terms of reference will help ensure the feasibility and quoracy of the Midwifery Committee, allowing it to

conduct its business with greater efficiency.

**Legal  
implications:**

11 None.



## **Terms of Reference**

### **Midwifery Committee**

The Midwifery Committee is a statutory committee of the Council established by Article 3(9). The Committee is constituted under the Nursing and Midwifery Council (Midwifery and Practice Committees) (Constitution) Rules 2008 (Statutory Committee Constitution rules).

#### **1. Remit**

1. The remit of the Midwifery Committee is:
  - 1.1 To advise Council on any matter affecting midwifery.
  - 1.2 To monitor professional and policy developments in the healthcare field affecting midwifery practice and the statutory supervision of midwives.
  - 1.3 To agree the standards and guidance specific to pre-registration and post-registration midwifery education and practice, for recommendation to Council.
  - 1.4 To keep under review and to advise Council on rules and standards regarding education and training specific to the practice of midwifery and the statutory supervision of midwives.
  - 1.5 To keep under review and advise Council on qualifications for persons who may be appointed by local supervising authorities to exercise supervision over midwives.
  - 1.6 To keep under review and advise Council on standards for the exercise by local supervising authorities of their functions.
  - 1.7 To oversee the arrangements for the review of the functions of the local supervising authorities.
  - 1.8 To consider the implications of any risks identified in the review of the local supervising authorities or trends in fitness to practice data related to the practice of midwives and report these to Council.
  - 1.9 To recommend to Council the annual report of the quality assurance of the local supervising authorities.
  - 1.10 To agree consultations on behalf of Council on any proposed rules and standards relating to midwifery practice and the statutory supervision of midwives.

- 1.11 To advise Council on the commission of such research it considers necessary on any matter within its terms of reference.
- 1.12 To consider such other matters as may be referred to the Committee by Council, by any other committee, task and finish group or by the Chief Executive and Registrar.

## **2. Recording of information**

- 2.1 The Committee shall meet at least quarterly and report promptly to Council on each of its meetings.
- 2.2 A member of the governance team shall act as secretary. Detailed papers provided to Committee members will be held by the Assistant Director of Governance and Planning and be available to any Council Member.

## **3. Membership**

- 3.1 The Committee shall consist The Committee shall consist of at least one person who is a member of Council; an equal number of practising midwives and non-registrants; and at least one practising midwife who lives or works wholly or mainly in each of England, Scotland, Wales and Northern Ireland<sup>1</sup>.
- 3.2 The Committee may co-opt members who shall be entitled to attend and speak at meetings but not entitled to vote or count towards the quorum.
- 3.3 The Chair of the Council shall be entitled to attend and speak but not vote.
- 3.4 Quorum will be half the membership plus one.
- 3.5 Officer attendance will include the Chief Executive, Director of Registration and Standards and other directors as required.

## **4. Other**

- 4.1 The Committee shall establish a process of performance review and, at least once a year, review its own performance, constitution and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Council for approval.

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<sup>1</sup> Nursing and Midwifery Council (Midwifery and Practice Committees) (Constitution) Rules 2008 (Statutory Committee Constitution rules) SI 2008/3148



**Extract from the Nursing and Midwifery Council (Midwifery and Practice Committees) (Constitution) Rules 2008  
(Statutory Committee Constitution rules) SI 2008/3148**

**PART 2**

**Provisions specific to each statutory committee**

**The Midwifery Committee**

- 4.—(1) The Midwifery Committee shall consist of a maximum of 14 persons, appointed by the Council, and its membership shall include—
- (a) at least one person who is a member of Council;
  - (b) an equal number of practising midwives and non-registrants; and
  - (c) at least one practising midwife who lives or works wholly or mainly in each of England, Scotland, Wales and Northern Ireland.
- (2) No person shall serve as a member of the Midwifery Committee while they are also a member of a Practice Committee.
- (3) The Council shall determine the duration of the term of office of members of the Midwifery Committee on their appointment (or reappointment).
- (4) A person appointed as a member of the Midwifery Committee may be reappointed for a further term of office.
- (5) No person may serve more than 2 terms of office as a member of the Midwifery Committee (including any term of office prior to the coming into force of these Rules).
- (6) The quorum of the Midwifery Committee shall be half of the total number of members of the committee, plus one.

**Chair and deputy chair of the Midwifery Committee**

- 5.—(1) The Council shall appoint as the chair of the Midwifery Committee a person who is a member of that committee.
- (2) The term of office of the chair of the Midwifery Committee shall be determined on appointment but it shall not exceed that person's term of office as a member of that committee.

(3) The member serving as chair of the Midwifery Committee shall cease to be chair—

(a) if the member resigns as chair, which the member may do at any time by notice in writing to the Council;

(b) on ceasing to be a member of the Midwifery Committee;

(c) if the member's membership of the Midwifery Committee is suspended by the Council; or

(d) if a majority of the Council votes to terminate the member's appointment as chair.

(4) If, for any reason, the chair is absent from a meeting of the Midwifery Committee, the members who are present at that meeting shall nominate one of their number to serve as chair at that meeting.

(5) If, for any reason—

(a) the Midwifery Committee is on notice that the chair is likely—

(i) to be absent for more than one meeting of the committee, or

(ii) to be unavailable to perform the duties of a chair for more than a month; or

(b) the office of chair is vacant,

the committee may nominate a member ("deputy chair") to serve as chair during the absence or unavailability of the chair or the vacancy.

(6) A member serving as deputy chair shall cease to be deputy chair—

(a) in the case of—

(i) the absence or unavailability of the chair, once the chair notifies the committee that they are able to resume their duties, or

(ii) the office of chair being vacant, once the vacancy is filled;

(b) if the member ceases to be a member;

(c) if the member resigns as deputy chair, which the member may do at any time by a notice in writing to the Council;

(d) if the member's membership of the committee is suspended by the Council; or

(e) if the Midwifery Committee votes (by a majority at a quorate meeting) to terminate the member's appointment as deputy chair.

## Council

### Audit Committee Report

**Action:** For discussion.

**Issue:** To consider the report of the Audit Committee.

**Core regulatory function:** Supporting functions

**Corporate objectives:** Corporate Objective 7: this is part of the governance framework.

**Decision required:** Council is invited to:

- Note this report.
- Address the issues raised by the Committee for Council as set out in paragraph 3.

**Annexes:** The following annexe is attached to this paper:

- Annexe 1: Minutes of the Audit Committee meeting on 11 December 2012.

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

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- Context:**
- 1 Provides a report on the key issues considered by the Audit Committee at its meeting on 11 December 2012. The minutes of that meeting are at Annexe 1.
  - 2 Due to pressure of business, the Audit Committee decided to hold an additional meeting. This will take place on 25 January 2013. A verbal update on any issues arising from that meeting will be provided at the Council meeting.

**Discussion: Issues for Council to take forward**

- 3 The Committee would draw attention to the following key issues which it considers that Council needs to address.
  - 3.1 Responsibility for monitoring progress against the NMC's equality objectives and action plan agreed by Council in July 2012. The Committee is unclear as to where this responsibility lies and its source of assurance on these matters.
  - 3.2 The Committee considers that the following changes should be made promptly and not await the outcome of the wider governance review.
    - 3.2.1 Changes requiring urgent action to the Scheme of delegation arising from the Professional Standards Authority (formerly CHRE) Strategic Review (July 2012) to clarify the issues reserved to Council and those which should be delegated as operational and to address issues currently not addressed by the scheme of delegation.
    - 3.2.2 Changes to the terms of reference of the Remuneration Committee to ensure that its approval is obtained if in relation to special severance payments. This results from a serious event report reviewed by the Audit Committee.

**Risk Management**

- 4 The Committee approved a refreshed risk management framework and toolkit for the NMC and expects to see plans for implementation and training at its meeting on 25 January 2013.
- 5 As part of this exercise, the Committee has reviewed and defined more clearly its own role in providing assurance to Council in relation to risk management.

**External Audit**

- 6 The Committee considered and approved the plans for the year end accounts audit by both the external auditors and the National Audit

Office.

- 7 The Committee agreed the process and timetable for appointment of external auditors from October 2013.
- 8 The Committee reviewed and approved the NMC's accounting policies, subject to minor adjustments requested by the Committee.

### **Internal Audit and other Assurance**

- 9 The Committee received progress reports on the internal audit work programme 2012-2013 and implementation of outstanding internal audit recommendations.
- 10 The Committee expressed concerns about the number of outstanding internal audit recommendations and has requested responsible Directors to attend and account for progress at its meeting on 25 January 2013.
- 11 The Committee considered the current internal audit provision. After considering detailed information from Directors about the current service, and after significant deliberation, the Committee agreed that the contract be terminated with effect from 31 March 2013. The Committee will consider the procurement of internal audit services for 2013-2016 at its meeting on 25 January 2013.
- 12 The Committee expressed concern about the content of reports on Quality Assurance in Fitness to Practise and asked that these concerns be conveyed to the Chief Executive and Registrar. The Committee will consider this further in the light of a report from the FTP Committee on 25 January.
- 13 The Committee considered a comprehensive report relating to progress on information security and has asked that this be a standing item on its agenda for the future.
- 14 The Committee continued to press, as Council has done previously, for the development of a single serious event review policy capturing learning from serious events, data breaches and complaints. The Committee will consider progress on this at its next meeting.
- 15 The Committee reviews use of the whistleblowing policy at each meeting and received a report on one instance, as a result of which it has requested that the policy be reviewed.

### **Governance**

- 16 The Committee initiated a review of its own effectiveness and will consider the initial outcomes at its meeting on 25 January 2013. As part of this the Committee has sought input from the Chair and Council members, Directors and internal and external auditors.

- 17 The Committee also reviewed the recommendations arising from the Professional Standards Authority (formerly CHRE) Strategic Review relevant to its work to be satisfied that these were being addressed.
- 18 The Committee agreed arrangements to give practical effect to its responsibility to scrutinise both urgent and routine decisions of the Remuneration Committee.
- 19 The Committee reinforced to Directors the need to comply with good governance in ensuring that requisite Committee approval is obtained in accordance with the Committee's remit before action is taken or work commissioned.

**Recommendation:**

- 20 Council is recommended to:
- Note this report.
  - Address the issues raised in paragraph 3 of this report.

**Public protection implications:**

- 21 No direct public protection issues.

**Resource implications:**

- 22 None other than staff time to prepare the reports.

**Equality and diversity implications:**

- 23 Not directly as a result of this report.

**Stakeholder engagement:**

- 24 None.

**Risk implications:**

- 25 The role of the Audit Committee is to give assurance to Council that risk is being managed effectively.

**Legal implications:**

- 26 None.

## Council

### Audit Committee Report – Update from 25 January meeting

**Action:** For discussion.

**Issue:** To consider the report of the Audit Committee.

**Core regulatory function:** Supporting functions

**Corporate objectives:** Corporate Objective 7: this is part of the governance framework.

**Decision required:** Council is invited to consider the issues in paragraph 2 of this report.

**Annexes:** None

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

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**Context:** 1 This report provides an update to the main Audit Committee report to reflect issues considered by the Committee at its additional meeting on 25 January 2013.

**Discussion: Issues for Council to take forward**

- 2 The Committee considers that Council needs to address the following:
- 2.1 The NMC needs to develop a robust assurance framework as a matter of priority. This is essential to identify gaps and weaknesses in existing internal controls and processes and to help the Committee and Council to address their responsibilities effectively. Sufficient resources, over and above existing capacity, need to be made available to undertake this substantive piece of work.
  - 2.2 If the Committee is to provide the level and quality of assurance Council needs, significantly higher investment needs to be made in internal audit provision.
  - 2.3 As yet, the Committee is not able to give Council any assurance in relation to the quality assurance (QA) work undertaken in Fitness to Practise. Following the appointment of an Assistant Director, Quality Assurance and Risk, the Committee looks forward to seeing a revised risk-based QA programme which will provide the required level of assurance.
  - 2.4 Council should review the rating given to the risk of reconstituted Council not being sufficiently up to speed to make effective decisions (G37). In particular, the risk rating needs to reflect the potential implications of not having an effective Audit Committee in place to provide assurance and recommend approval of the statutory annual report and accounts.
  - 2.5 Following the Committee's review of its effectiveness the following learning, which is applicable to all Committees, should be fed into the governance review:
    - 2.5.1 An induction checklist should be developed for members of all committees.
    - 2.5.2 All committee members (Council and Partner) should receive a letter of appointment setting out the role, expectations and length of appointment.
    - 2.5.3 All members should be subject to annual appraisal.
    - 2.5.4 Each committee should annually review its core



purpose and its effectiveness.

- 2.5.5 There should be assessment criteria for appointment to each committee to ensure that the skills base and expertise on each committee is appropriate.

**Areas on which progress has been made**

- 3 The Committee is satisfied that progress is being made in tackling implementation of outstanding internal audit recommendations, following its examination of Directors on 25 January.
- 4 As requested by Council in May 2012, the Committee has maintained oversight of work to reconcile discrepancies between the registrations system (WISER) and the case management system (CMS). An external review concluded that “the operation of the systems, controls and processes are adequate and are being followed by staff members”. There is one medium risk recommendation and eighteen lower risk recommendations. Recommendations are local level improvements required to achieve best practise and many have already been implemented. The Committee will monitor implementation of the recommendations by management.
- 5 The Committee approved a corporate serious event review policy which both it, and Council, have requested for some time.

**Recommendation:**

- 6 Council is recommended to address the issues raised in paragraph 2 of this report.

**Public protection implications:**

- 7 No direct public protection issues.

**Resource implications:**

- 8 None other than staff time to prepare the reports.

**Equality and diversity implications:**

- 9 Not directly as a result of this report.

**Stakeholder engagement:**

- 10 None.

**Risk implications:**

- 11 The role of the Audit Committee is to give assurance to Council that risk is being managed effectively.

**Legal implications:** 12 None.

## Council

### Report of Appointments Board Chair

**Action:** For information.

**Issue:** Update Council on the work of the Appointments Board

**Core regulatory function:** Supporting Function

**Corporate objectives:** Objective 7. Develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions.

**Decision required:** The Council is asked to vote the report

**Annexes:** The following annexes are attached to this paper:

- Annexe 1: Appointments Board terms of Reference.
- Annexe 2: Background information for the Appointments Board.

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

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- Context:**
- 1 The key activities of the Board have been to understand the NMC FtP business facilitated through information gathering and through talking to staff, attending an FtP hearing and support from the Panel Member Team.
  - 2 The terms of reference of the Appointments Board (see Annexe 1) were changed in September 2012 to focus the Board's role entirely on oversight and scrutiny of the appointments process for panel members. Given the experience of the members of the Board, its independence from Council and FtP and the imminent governance review, the Board is keen to assure Council that it would be willing to take on a additional responsibilities in relation to panel members, if Council wished them to do so, and feels it could add value to the wider panel member process.
  - 3 Since its inception, the Board have developed knowledge and understanding of NMC business and from our work have identified the following that we would like to report to Council.

**Discussion and options appraisal:**

**Independent review of decisions not to re-appoint panel members**

- 4 Although only a few panel members are not re-appointed for a second term, currently, this decision is made by members of the Panel Support Team bringing a recommendation to the Appointments Board. The Board would like to see independent officer scrutiny of these decisions being taken to ensure there is no risk of a perception of inappropriate influence in the decision making process.
- 5 The newly appointed Assistant Director of Adjudications role may address this and the Board will be keen to monitor how this progresses.

**Building panel capacity**

- 6 The Board recognises the extraordinary pressures facing FtP business as the number of hearings continues to increase. It urges Council to be flexible in its approach to increasing capacity for panel hearings. In particular the Board would encourage Council to consider:
  - 6.1 Exceeding the present 350 member limit allowed by statute on a temporary basis until the backlog of cover is cleared.
  - 6.2 Extending the second appointment period if there are members who perform well, on a temporary basis until the backlog is cleared.
  - 6.3 Ensuring the balance of lay & registrant members is workable

and flexible. As registrants in particular face difficulties with long periods away from their work place and therefore sometimes sit on fewer hearings days than anticipated, having more registrant members providing fewer days would be worth considering. The Board appreciates that this may mean registrants do not necessarily always deliver their 'quota' of days. However if their quality of input to the panel is sufficiently good, they may be worth retaining as panel members rather than releasing them due to their lack of capacity to sit on panels.

**Offer of support for wider Council working**

- 7 Board members appreciate the current complexities and state of change going on across the NMC and are keen to offer support where appropriate. The Board would welcome a dialogue with Council as to how they may be able to help.

**Future activity**

- 8 The Chair of the Appointments Board will meet through the arrangement of the NMC his equivalent at the General Dental Council and will review their activities. Any recommendations arising will be reported back to the Appointments Board and council.

**Public protection implications:**

- 9 Increased hearings rooms, efficient scheduling and effective case management by staff and panel members will all contribute to ensuring that the fitness to practise backlog can be cleared, protecting the public.

**Resource implications:**

- 10 There may be a resource implication in additional staff time, dealing with an increased number of panelists.

**Equality and diversity implications:**

- 11 None.

**Stakeholder engagement:**

- 12 None.

**Risk implications:**

- 13 None.

**Legal implications:**

- 14 None.



## Annexe 1

### Appointments Board - terms of reference

The Appointments Board is a committee of the Council established under the powers in Article 3(12). Rule 3 of the Nursing and Midwifery Council (Midwifery and Practice Committees) (Constitution) Rules Order of Council 2008 (SI.2008 No. 3148 provides that *“the Council may obtain the assistance of the Appointments Board in connection with the exercise of any function relating to the appointment of members, including the appraisal of members.”*

The key purpose of the Appointments Board is to provide high level oversight on behalf of the Council of the processes for the appointment, reappointment and training of panel members and other NMC partners and to ensure that open and transparent selection and appointment processes have been followed and that appointments and reappointments are made on the basis of merit and suitability with due regard to equality issues.

#### 1. Remit

- 1 The remit of the Appointments Board is to:
  - 1.1 scrutinise and oversee the processes for the recruitment and selection of panel members, provide assurances to the Council about these processes and provide a list of recommended appointees prior to the formal appointments being made by Council
  - 1.2 approve the overall strategic training plans for panel members and receive assurances from the Executive that the plans are being implemented effectively
  - 1.3 approve the processes for the reappointment of panel members, including the overall performance management structure for the purposes of reappointment, receive assurances from the Executive that the plans are being implemented effectively and provide a list of recommended candidates for reappointment prior to the formal reappointments being made by Council
  - 1.4 carry out all or any of the functions set out in 1.1 to 1.3 above in relation to other partners<sup>1</sup> or any other non-executive post, when requested to do so by the Council.

---

<sup>1</sup> Partner is defined in the NMC Standing Orders as any individual, not being an employee of the Council or a Council member, who is appointed under the Nursing and Midwifery Order 2001 to a committee of the Council or to carry out work for or on behalf of the Council.

## **2. Reporting to Council**

- 2.1 The Appointments Board will provide the Council with an annual report covering the year and any significant issues up to the date of preparing the report. The report will summarise the Board's activity for the year.
- 2.2 The Appointments Board will provide a report to Council when requested providing assurances about any particular recruitment process or reappointment process.
- 2.3 The Appointments Board will periodically review its own effectiveness and report the results to the Council.

## **3. Membership of the Appointments Board**

- 3.1 The Appointments Board shall consist of five persons including the Chair.
- 3.2 The term of office will generally be for three years; however this will be reviewed annually depending on the business need of the NMC.
- 3.3 No member may serve more than two terms of office.
- 3.4 The quorum of the Appointments Board will be three.

## **4. Meetings**

- 4.1 The Appointments Board will meet at least three times a year but the Chair of the Appointments Board shall have the right to call additional meetings of the committee outside of any regular schedule of meetings that may be established subject to the approval of the Chair of the Council. The Chief Executive and Registrar may also convene further additional meetings if there is urgent or additional business to be transacted. Five working days' notice will normally be given of any such additional meeting.



## Annexe 2

# Background information for the Appointments Board

The current appointments board was recruited in January 2012, the Board has met four times in 2012 on the 15 March 2012, 09 May 2012, 19 September 2012 and 03 December 2012.

## Board membership

Member	Date appointed	Date resigned
Nigel Ratcliffe (Chair)	19/01/12	
Mary Dowling	19/01/12	
Bridget Anderson	19/01/12	
Stephen McCafferty	19/01/12	
Margaret Foster	19/01/12	27/04/12

Member Biographies:

### Nigel Ratcliffe

Following 26 years in the Pharmaceutical industry, I now Chair the Staffordshire and Stoke-on-Trent Partnership NHS Trust board and am also Professor of Pharmacy and Head of School at Keele University. I am a graduate in Pharmacy from The School of Pharmacy, University College London and also attained my Ph.D in Microbial Genetics there in 1985. I obtained a post graduate 3 year Diploma in Management studies at the UK West Midlands Regional Management School (now Staffordshire University) in 1989.

I have been fortunate to live and to work in four countries spread over three continents the UK, USA, Sweden and Japan.

I retired from AstraZeneca in April of 2011, my final position being a Global Vice President of Strategic Partnering and Business Development. Prior to that, I held four other global Vice President positions within AstraZeneca. VP Global Project Development (Diabetes), VP Global Regulatory Affairs UK HUB, VP Global Regulatory Affairs Executive, VP Global Cardiovascular Regulatory Affairs.

I have over 27 years of global senior leadership experience within the Pharmaceutical Industry. I have significant Non-Executive Director and Chair experience within the NHS and health related organisations. I have lead Global IT projects and been a member of Global site/estate leadership teams. I have represented the Pharmaceutical Industry

within PhRMA and the ABPI. I was a member of the DIA European Advisory Board between 2004 and 2008 having been awarded the DIA outstanding service award in March 2003. I was made a fellow of the British Institute of Regulatory Affairs in May 2004.

I am a Visiting Professor within the Department of Pharmaceutical and Biological Chemistry at The School of Pharmacy, University College London and also a Visiting Professor within the Business School of Staffordshire University.

### **Mary Dowling**

Mary Dowling's professional background is in human resources management. She has been a Director of Human Resources and Board member of NHS Trusts for over 10 years.

She is now a Non-Executive Director and Vice-Chair of NHS Cumbria as well as working as a human resources consultant to public sector and charitable organisations. She is also Chairman and Director of South Lakes Housing, a registered provider of social housing in South Cumbria, a non-legal member of Employment Tribunals (sitting in Manchester) and a Lay Adviser to the NHS North western Deanery.

She holds an MBA, a BSc in Public Administration and is a Chartered Fellow of the Chartered Institute of Personnel and Development (FCIPD).

### **Bridget Anderson**

Bridget Anderson spent some 20 years in the city working in financial services: her experience spans various senior general management and human resources appointments, including executive recruitment and strategic development roles. Her most recent appointment was as global chief administration officer for the advisory business of an investment bank. Prior to working in the city, she was a nurse, having graduated in London and qualified at St Thomas's Hospital, before specialising in intensive care nursing and then taking a short service commission in Princess Mary's Royal Air Force Nursing Service.

### **Stephen McCafferty**

Currently Group Head of Leadership and Talent at Bank of Ireland Group and Human Resources Committee Lay Member at University of Glasgow. With more than twenty five years business experience gained in Executive HR roles in the public sector, retailing and financial services, Stephen has extensive experience as an HRD and of guiding boards and executive teams through transformational change. He is a leading expert in the identification, deployment and performance management of leaders.