

Meeting of the NMC Council

to be held from 09:30 to 12:45 on Thursday 21 November 2013
in the Council Chambers at 23 Portland Place, London W1B 1PZ

Agenda

Mark Addison
Chair of the Council

Matthew McClelland
Secretary to the Council

- | | | | |
|----|--|------------|-------|
| 1. | Welcome from the Chair | NMC/13/157 | 09:30 |
| 2. | Apologies for absence | NMC/13/158 | |
| 3. | Declarations of interest | NMC/13/159 | |
| 4. | Minutes of the previous meeting | NMC/13/160 | |
| | Chair | | |
| 5. | Summary of actions | NMC/13/161 | |
| | Secretary | | |

Corporate reporting

- | | | | |
|----|--|------------|-------|
| 6. | Performance and risk report | NMC/13/162 | 09:40 |
| | Chief Executive and Registrar | | |
| 7. | Monthly financial monitoring – September 2013 results | NMC/13/163 | 10:00 |
| | Director of Corporate Services | | |

Matters for discussion

- | | | | |
|----|-------------------------------------|------------|-------|
| 8. | ICT Strategic Plan 2013 - 16 | NMC/13/164 | 10:15 |
| | Director of Corporate Services | | |

Break – 11:15

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| 9. | Key themes to inform the Education strategy | NMC/13/165 | 11:30 |
| | Director of Continued Practice | | |
| 10. | Update on Francis report and related healthcare reviews | NMC/13/166 | 12:30 |
| | Chief Executive and Registrar | | |

Matters for decision

- | | | | |
|-----|--|------------|-------|
| 11. | Standards and guidance on requirements for the five year rule | NMC/13/167 | 12:40 |
| | Director of Continued Practice | | |
| 12. | Revised standing orders | NMC/13/168 | 12:50 |
| | Secretary | | |
| 13. | Questions from observers | NMC/13/169 | 13:00 |

LUNCH: 13:15 – 14:15

Matters for information

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

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| 14. | Chair's report | NMC/13/170 |
| | Chair | |
| 15. | Chair's actions taken since the last meeting of the Council | NMC/13/171 |
| | Chair | |
| 16. | Chief Executive's report | NMC/13/172 |
| | Chief Executive and Registrar | |
| 17. | Reports from Committees | NMC/13/173 |
| | Chair of the Midwifery Committee (oral update) | |

18. **Overseas registrations**

NMC/13/174

Director of Registration

19. **Council and committees' schedule of business**

NMC/13/175

Secretary

The next public session of Council is scheduled to be held on Wednesday 29 January 2014 at 9.30am at 23 Portland Place, London, W1B 1PZ.

Meeting of the Council
Held at 09:30 on 12 September 2013
at 23 Portland Place, London W1B 1PZ

Minutes

Present

Members:

Mark Addison	Chair
Professor Judith Ellis (until item NMC/13/147)	Council Member
Maureen Morgan	Council Member
Nicki Patterson	Council Member
Quinton Quayle	Council Member
Louise Scull	Council Member
Carol Shillabeer	Council Member
Elinor Smith	Council Member
Amerdeep Somal	Council Member
Stephen Thornton	Council Member
Lorna Tinsley	Council Member
Dr Anne Wright	Council Member

NMC officers:

Jackie Smith	Chief Executive and Registrar
Katerina Kolyva	Director of Continued Practice
Lindsey Mallors	Director of Corporate Governance
Sarah Page	Director of Fitness to Practise
Alison Sansome	Director of Registration
Mark Smith	Director of Corporate Services
Matthew McClelland	Assistant Director, Governance and Planning (Secretary to the Council)
Paul Johnston	Council Services Manager (minutes)

Observers:

Maura Devlin	Council member designate (from 1 October 2013)
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The meeting of the Council commenced at 09:30.

The Chair of the Council agreed that item 16, "Reports from Chairs of the Committees" be raised 'above the line'. The minutes reflect the order in which items were considered.

Minutes

NMC/13/137 Welcome from the Chair

1. The Chair welcomed all attendees to the meeting. The Chair extended a particular welcome to Helene Donnelly and to Maura Devlin, who was attending in an observer capacity prior to her term of office as Council member commencing on 1 October 2013.

NMC/13/138 Apologies for absence

1. No apologies for absence were received.

NMC/13/139 Declarations of Interest

1. Professor Judith Ellis, Maureen Morgan, Nicki Patterson, Carol Shillabeer, Elinor Smith and Lorna Tinsley declared an interest in Item 10, "Draft revalidation strategy", by virtue of being registrant members on the Council.

NMC/13/140 Minutes of previous meetings

1. The minutes of the previous meeting held on 18 July 2013 were confirmed as a correct record, subject to the following changes:
 - (a) NMC/13/120, minute 2 (b), first sentence be amended to read "KPI3: It was noted that achievement against this target would be challenging in the short-term due largely to historic caseloads."
 - (b) NMC/13/121, minute 3 (a), be amended to read: "The report should further reflect that forthcoming legislative changes that mandated registrants to hold professional indemnity insurance would affect the nursing profession, as well as midwives."

NMC/13/141 Summary of actions

1. The Council noted progress on responding to actions arising from previous meetings of the Council. It was agreed that all actions arising had been completed and could be removed from the log.

NMC/13/142 Raising concerns

1. The Chair welcomed Helene Donnelly, ambassador for cultural change at Staffordshire and Stoke on Trent Partnership Trust, to the meeting.
2. The Council received a presentation from Helene on her experience of raising concerns at Mid-Staffordshire Hospital and on her current work promoting cultural change at Staffordshire and Stoke on Trent Partnership Trust. The NMC's relaunched guidance, *Raising concerns* provided clear advice for students, nurses and midwives

and was therefore very welcome. In supporting the guidance, Helene reminded students, nurses and midwives of their responsibilities under their professional code. If they had any concerns regarding patient safety, there was a duty under the code to raise these appropriately.

3. In discussion, the following points were noted:
 - (a) NHS Trusts were increasingly appointing to posts promoting internal cultural change and Helene was working with other trusts to share her own learning and experiences.
 - (b) The Board of Staffordshire and Stoke-on-Trent Partnership Trust were both aware of, and engaged with, efforts to promote such cultural change. Helene reported directly to the Chief Executive and attending meetings of the executive committee to present her findings. Her work was communicated through the executive committee to the Board.
4. The Council thanked Helene for her presentation.

NMC/13/143 Performance and risk report

1. The Council received a report detailing progress against quarter 1 of the Corporate Plan 2013 – 16, progress against key performance indicators, and the corporate risk register.
2. In discussion on progress against the Corporate Plan 2013 - 16, it was noted that further explanation was necessary where progress was assessed as amber.
3. In discussion on progress on key performance indicators, the following points were noted:
 - (a) Performance on KPI1 (registrations) had dipped because of the larger than annual average proportion in June and July 2013 of overseas and EU registrations. Performance was due to be back on track by the end of October 2013.
 - (b) Performance on KPI4 (adjudication) in August was better than anticipated because a number of newer and less complex cases had been concluded in the reporting period. Progress toward the December 2014 target would be reviewed regularly by the Council. The first such review would take place in November 2013.
 - (c) The decrease in the hearing adjournment rate between June and July 2013 was welcomed. It was noted that there should remain a clear focus on ensuring that the number of cases at both adjudication and investigations remained manageable

and sustainable.

- (d) The methodology for calculating KPI 6 (staff turnover) was being reviewed to ensure that it complied with good practice. Proposals in this regard would be brought to the next meeting of the Council
- (e) Forecasts had been frozen as per the Council's request at its July 2013 meeting. In future, the RAG rating for all KPIs would be based on the forecast, with express reference to longer term targets where applicable. Reports would indicate the date when forecasts had been frozen and whether targets were spot targets or annual averages.

4. The Council welcomed the presentation of the performance and risk information, which was both open and transparent.

Action: Amend performance and risk report to reflect the comments noted by the Council
For: Office of the Chair and Chief Executive
By: 21 November 2013

NMC/13/144 Monthly financial monitoring – July 2013 results

- 1. The Council received the monthly monitoring information for current and future reporting periods. Financial performance was on track for the budgetary year and while longer-term risks existed (as detailed in paragraph 23 of the report), these risks were being managed.
- 2. In discussion, it was noted that further work was being undertaken to achieve organisational efficiencies, which was being led by the internal Corporate Efficiencies Board, which reported into the Executive Board.

NMC/13/145 Recent healthcare reviews – actions for the NMC

- 1. The Council considered the report about a number of reviews into healthcare in England alongside the Francis Inquiry, and the NMC's planned actions, which the Council endorsed.
- 2. The Council welcomed this holistic approach in assessing the potential impact of external reviews on the NMC's operations. It was noted that the Berwick Review raised a number of important issues and the NMC would need to explore the best means of engaging with the Review.
- 3. It was noted that the Council would receive further reports on progress on these reviews alongside reporting on the Francis report outcomes at future meetings.

Action: Report to the Council on engagement with the Berwick Review

For: Assistant Director, Strategy
By: 21 November 2013

NMC/13/146 Draft revalidation strategy

1. The Council considered the proposed strategy for revalidation for nurses and midwives, supported by an options appraisal and engagement plan to inform the Council's decision for revalidation.
2. The Council received a presentation from the Director of Continued Practice which set out the core principles behind the revalidation strategy and the engagement with stakeholders undertaken to date.
3. Members of the audience noted that it was important that the model put forward was proportionate in terms of evaluation of performance, and that nurses and midwives were assessed appropriately depending on their individual settings. It was also important that any proposed model did not place any additional financial burden on registrants.
4. The following points were raised in discussion by the Council:
 - (a) The NMC was proposing the same model for revalidation of nurses and midwives but would ensure that the model was both proportionate and flexible.
 - (b) There was a distinction between the audit and evaluation processes proposed under the strategy. There was contingency for external review during implementation of the strategy to assess whether the model was delivering the intended improvements toward public protection.
 - (c) The NMC would look carefully at how third-party feedback was delivered and the implications that such a mechanism could have on overall costs. Patient feedback was felt to be a valuable means of capturing praise and concerns raised about registrants.
 - (d) Employers would play a key role in successfully delivering an effective revalidation model and the NMC would engage with employers. It was acknowledged that there could be further consistency in how employers undertook appraisals, and it was envisaged that the introduction of the revalidation model would serve to drive improved consistency amongst employers in undertaking appraisals.
 - (e) The revalidation strategy was costed within current budgetary provisions and was provided for within the financial strategy and the policy on registrant fees agreed by the Council in October 2012. The potential increased costs across the

system through the introduction of revalidation would be assessed through a joint cost-benefit analysis with the Department of Health.

- (f) In terms of the longer term options set out, the NMC would continue to engage with the Law Commission in exploring the timescales and possibilities of legislative change. It was important at this stage that the focus on delivery of the programme concentrated on the first phase and that the Council reconsider longer-term options prior to commencing phase 2 of the strategy.

5. Following discussion, the Council agreed:

- (a) To approve the draft revalidation strategy (as set out at Annexe 1).
- (b) To agree the recommended option three (as set out at Annexe 2) to inform the consultation phase and shaping of the revalidation model, subject to agreement of a joint cost-benefit analysis with the Department of Health prior to formal launch of revalidation.
- (c) That options four, five and six from the revalidation options appraisal all be explored further following the completion and evaluation of phase 1 and before a firm decision was taken about phase 2.
- (d) To note the revalidation engagement and communication plan (as set out in Annexe 3 to the report).

Action:	Report on the cost-benefit analysis undertaken with the Department of Health
For:	Director of Continued Practice
By:	To be confirmed with Department of Health in 2014

Secretary's note: Professor Judith Ellis left the meeting at the conclusion of this item.

NMC/13/147 Review of NMC standards and guidance

1. The Council considered the report, which set out the proposed cycle of review of NMC standards and guidance.
2. In discussion, the following points were raised:
- (a) The revised *Raising concerns* guidance had received the Plain English campaign's 'Crystal Mark', which was welcomed and demonstrated the NMC's commitment to ensuring that guidance for registrants was both accessible and user-friendly.

- (b) The NMC's four-country remit would be considered in the development of future standards and guidance to ensure that terminology used was applicable for all four countries.

3. Following discussion, the Council agreed to:

- (a) Approve the policy for the review and development of NMC standards and guidance.
- (b) Endorse the standards development review cycle for 2013 – 14. The Council would review the cycle in March 2014 and requested a pictorial diagram of what was to be published over the forthcoming year.
- (c) Approve the recommended option 3 with regard to the guidance for end of life care (as set out at Annexe 3 to the report).

Action:	Ensure a review of the standards and guidance is included on the agenda for the Council meeting in March 2014
For:	Secretary to the Council
By:	21 November 2013

NMC/13/152 Report from Chairs of the committees

1. The Council considered a report from the Chair of the Midwifery Committee regarding the Committee's discussions on 31 July 2013 including a recommendation regarding a revision to the Code.
2. The Council agreed in principle to the proposed revision to the code, as endorsed by the Midwifery Committee, subject to review of the phrase "vicarious liability" to ensure compliance with Plain English standards. The change to the Code would not have effect until the legislative change requiring nurses and midwives to hold professional indemnity insurance came into force.
3. The Chair of the Audit Committee, gave an oral update on the Committee's discussions on 5 September 2013. The Committee had considered how it could fulfil its responsibilities to Council for providing assurance on risk management procedures and processes, and had reviewed a significant piece of work carried out by the new Internal Audit team and the Corporate Governance team looking at outstanding historical recommendations from a variety of sources.
4. An effective relationship between the internal audit team and management was developing. The Committee would continue to monitor the relationship.

Action: Review wording in the proposed changes to the code to ensure clarity to nurses and midwives
For: Director of Continued Practice
By: 21 November 2013

NMC/13/148 Questions from observers

1. The Chair of the Council invited questions from observers.
2. The following points were noted in discussion:
 - (a) It was important to ensure that the revisions of the code (as discussed under the “Report from chairs of the committees” item) would not have unintended consequences.
 - (b) The introduction of legislation that mandated registrants to hold professional indemnity insurance had been delayed and would now not come into force in October as had been previously anticipated. Discussions were ongoing to establish likely timetables for the introduction of this legislation.

NMC/13/149 Chair’s report

1. The Council received and noted the report.

NMC/13/150 Chair’s actions taken since the last meeting of the Council

1. The Council received and noted the report.

NMC/13/151 Chief Executive’s report

1. The Council received and noted the report.

NMC/13/153 A proportionate approach to fitness to practise investigations

1. The Council received and noted the report.

NMC/13/154 Voluntary removal

1. The Council received and noted the report.

NMC/13/155 Welsh Language Scheme monitoring report

1. The Council received and noted the report.

NMC/13/156 Schedule of business

1. The Council received and noted the report.

Closing remarks

The Chair of the Council noted that this would be Nicki Patterson’s

last meeting as a member of the Council, and extended his thanks on behalf of the Council for her work as a member.

The date of the next meeting is to be 21 November 2013.

The meeting ended at 12:55.

SIGNATURE.....

DATE.....

Council

Summary of actions

Action: For information.

Issue: A summary of the progress on completing actions agreed by the meeting of Council held on 12 September 2013 and progress on actions outstanding from previous Council meetings.

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: To note the progress on completing the actions agreed by the Council.

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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Summary of actions outstanding (Council)

Actions arising from the Council meeting on 12 September 2013

Minute	Action	For	Report back to: Date:	Progress
13/143	Amend performance and risk report to reflect the comments noted by the Council	Office of the Chair and Chief Executive	21 November 2013	Completed
13/145	Report to the Council on engagement with the Berwick Review	Assistant Director, Strategy	21 November 2013	There are few recommendations which have a direct impact on the NMC. The overall tone and content of the report is being taken into account
13/146	Report on the cost-benefit analysis undertaken with the Department of Health	Director of Continued Practice	To be confirmed with Department of Health in 2014	Not yet due. The Council will be updated once the timing for the analysis is confirmed
13/147	Ensure a review of the standards and guidance is included on the agenda for the Council meeting in March 2014	Secretary to the Council	21 November 2013	On forward schedule of business for the Council.

13/152	Review wording in the proposed changes to the code to ensure clarity to nurses and midwives	Director of Continued Practice	21 November 2013	The wording has been revised to take account of comments at the meeting. The revised wording will not come into force until PII legislation is passed before parliament.
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Council

Performance and risk report

Action: For discussion.

Issue: Embedding performance and risk management across the NMC.

Core regulatory function: This paper covers all of our core regulatory functions.

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

Decision required: No decision is required but the Council is invited to note and discuss:

- Progress against our Corporate Plan 2013-2016 in Quarter 2:
 - Note the summary of performance for Quarter 2 (paragraph 18).
- Progress against our Key Performance Indicators:
 - Revisions to the presentation of the KPI report and whether the report, in its revised format, contains adequate information for assessing performance in those six business areas (paragraph 23).
 - Our improved methodology for calculating KPI 6, which is now based on the permanent workforce only (paragraph 25).
- Fitness to Practise performance dashboard: July-September 2013.
- The assessment and management of risks on our Corporate risk register.

Annexes: The following annexes are attached to this paper:

- Annexe 1: Quarter 2 performance against the Corporate Plan 2013-2016.
- Annexe 2: Progress against our Key Performance Indicators.
- Annexe 3: Fitness to Practise performance dashboard: July-September 2013.
- Annexe 4: The Corporate 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 This paper reports on progress against our key performance indicators (KPIs) and the assessment and management of risks on our Corporate risk register.
 - 2 This paper also reports on the progress we have made, in the second quarter of the financial year 2013, towards the delivery of our planned activities for 2013 as stated in our Corporate Plan 2013-2016.
 - 3 The information in this paper collectively provides an overview of our current position in achieving outcomes and the actions we are taking to mitigate key risks. RAG ratings are used for the Quarter 2 report, the KPI report and the risk register. In each case the definitions of the RAG ratings are different. Therefore ratings may not be consistent across the reports.

Quarter 2 performance report

- 4 The report at Annexe 1 provides the Council with an assessment of progress against the Corporate Plan 2013-2016 during July to September 2013. Assessment is based on a red/amber/green rating system against our commitments for 2013 – 2014.
- 5 The report is the second of this year's quarterly progress reports. Progress on Quarter 3 will be reported to the Council in March 2013.

Key performance indicators (KPIs)

- 6 The KPIs focus predominantly on our 'business as usual' activities and aim to capture the critical success factors with regard to discharging the NMC's role to protect patients and the public.
- 7 At its meeting on 12 September, the Council discussed the FtP dashboard and KPI report for July. The following points were noted:
 - 7.1 Forecasts for KPIs should remain as they were as at July 2013. Reports should reflect the date when forecasts were frozen.
 - 7.2 Red/amber/green (RAG) ratings for all KPIs should be based on forecasts.
 - 7.3 Reports should state whether targets are spot targets or annual averages.
 - 7.4 The Council was advised by the Executive that the methodology for calculating KPI 6 (Staff turnover) was being reviewed to ensure it complied with good practice.
- 8 In September, the Executive Board considered a final report which summarised findings from the recent internal audit review of the KPIs. The outcomes of this internal audit review will be reported to

the Audit Committee in December 2013. We have started to use information from the internal audit review to make improvements to the KPI process, such as reviewing the methodology for KPI 6 (see paragraph 24).

- 9 A set of 16 'subsidiary' performance indicators has been developed. These indicators supplement the six corporate KPIs and updated information is being reported monthly to the Executive Board over the next few months. This Performance and risk report will include, by exception, any significant matters arising from the subsidiary indicators. In early 2014 we plan to review the Executive Board's operation and will consider how best to report directorate performance. With this in mind, the process for reporting on the subsidiary performance indicators may change.

FtP performance information

- 10 A dashboard is attached at Annexe 3 showing Fitness to Practise (FtP) performance key stages between July and September 2013 and a forecast of caseload numbers up until December 2014. This dashboard aims to provide further context to the FtP KPIs.

Corporate risk register

- 11 Since the September Council meeting, directorates have continued to review and update their respective risk registers and the Corporate risk register was considered by the Executive Board at its meetings in September and October.
- 12 Corporate Governance is continuing to undertake a monthly scrutiny of the Corporate, Change Management and Portfolio Board (CMPB) and directorate risk registers. The outcomes of these meetings are being shared with directorates and the CMPB, in order to strengthen our risk management and ensure compliance with our agreed approach.
- 13 Risks are scored on a 5 x 5 matrix on the basis of impact and likelihood, and a traffic light system is used for reporting. Risks scored at eight or below are green rated. Risks scored between nine and 15 are amber rated. Risks scored at 16 and above are red rated.
- 14 Phase one of an internal audit review has been undertaken on our risk management framework. The outcomes will be reported to the Executive Board on 26 November and the Audit Committee on 10 December.

Discussion and options appraisal:

Quarter 2 performance report

- 15 A summary of performance for Quarter 2, broken down by corporate goal, is provided on the first page of the report at Annexe 1.
- 16 There are 33 commitments in our Corporate Plan for the current business year. Of these, 22 have been rated green and, as at 30 September 2013, were on course for delivery as originally specified. Nine have been rated amber, where an issue or potential problem has been identified but action has been taken to resolve it and overall the activity was expected to be completed by the end of the year. Two commitments have been rated as red, where some aspects of the activity, as originally specified, may not be completed within the year and remedial action will be required for delivery.
- 17 In summary, the report indicates that, as at 30 September 2013, we were on track to deliver on all our public commitments for 2013-2014, as set out in our Corporate Plan, with the exception of our commitments to:
- 17.1 Refresh our website to meet the needs of the public, and nurses and midwives.
- 17.2 Begin to develop a corporate data strategy that enables analysis of information to support business needs, decision-making and performance improvement.
- 18 **Recommendation:** Note the summary of performance for Quarter 2.

Key performance indicators (KPIs)

- 19 We have reviewed the application of targets, forecasts and RAG ratings in the KPI report, following the previous Council discussion on KPIs (noted at paragraph 7).
- 20 KPIs 1 and 2 differ to KPIs 3, 4, 5 and 6 in that we are aiming for high performance against a consistent target for each month, whereas for KPIs 3 to 6 we are aiming for improvements in performance over a longer period of time. We are striving to continue either on an upward trend (KPIs 3 to 5), or downward trend (KPI 6) to meet a future target.

Changes to the KPI report

- 21 We have revised the presentation of the KPI report. The proposed improved format is presented at Annexe 2. Reading all of the figures together with the graph and commentary should provide a suitable overview of each KPI.
- 22 The key revisions are outlined here:
- 22.1 The boxed figures now include two prominent sections, one

for 'current performance' and one for 'year end' (or 'December 2014' for KPI 4). This is to mark out recent performance and our forecast for longer term performance.

- 22.2 We now report a 'profile' figure for KPIs 3 to 6. This is based on a previous forecast / profile that had been carried out and which we have frozen to use for comparison.
- 22.3 The implications of freezing the July forecast have been considered. This is only feasible for KPIs 3 and 4 and not meaningful to do for KPIs 1 and 2. KPI 5 comparators are based on the approved budget, set in March 2013. KPI 6 comparators from now on will be based on the August forecast, following revision of the methodology in August (see paragraph 24).
- 22.4 Only one RAG rating is used for each KPI and this is based on a forecast. This indicates our most up to date prediction of performance either for the whole year (KPIs 1 and 2), or for a spot target in the future (KPIs 3 to 6).
- 22.5 A new line has been included on the graphs for KPIs 1 and 2. The line shows cumulative averages for each month in the year to date and thus an indication of overall performance in the year so far.
- 23 **Recommendation:** note the revisions to the presentation of the KPI report and discuss whether the report, in its revised format, contains adequate information for assessing performance in those six business areas.
- 24 The recent internal audit review of our KPIs had highlighted weaknesses in the way KPI 6 (Staff turnover rate) was constructed. We subsequently revised the methodology for producing KPI 6 data and the August and September data is presented in the KPI report at Annexe 2 based on our revised calculations. The basis for revised methodology is outlined below:
- 24.1 This revised KPI presentation resets the indicator to be applicable to the permanent workforce only, excluding fixed term contractors from the leavers' data and the workforce numbers for the purposes of this exercise. This recognises that the NMC is engaging with short term fixed term contractors to complete specific project assignments, which, once completed are then embedded within the work of our permanent workforce.
- 24.2 For comparator purposes, the graph under KPI 6 in the report also shows a line for the full turnover rate which includes fixed term contractors.

- 24.3 Due to the organisational restructure in 2012, the other change to the calculation is to reflect current year turnover only, building towards what will be the actual turnover rate for 2013-14.
- 25 **Recommendation:** note that we have improved our methodology for calculating KPI 6 and that the indicator is now based on the permanent workforce only.

Progress against our KPIs

- 26 The following paragraphs provide a short overview of performance for each KPI:
- 26.1 KPI 1 (Registration applications): overall performance improved over August and September, despite September having been one of the busiest months of the year for UK registrations. Our current average forecast for the end of the year is amber, impacted by the dip in performance over the summer.
- 26.2 KPI 2 (Interim orders imposed): From May onwards we have been exceeding our target. Hence our current average forecast for the year end is above target.
- 26.3 KPI 3 (Investigations): so far this year our performance has fluctuated slightly around the 86% mark. But our current forecast shows that we will meet the target for March 2014.
- 26.4 KPI 4 (Adjudications): our performance was no worse than expected for September, despite only 19% of cases having been progressed through the adjudication stage within 6 months. Our current forecast shows we are still on track to meet the December 2014 target.
- 26.5 KPI 5 (Available free reserves): although our overall level of available free reserves decreased over August and September, we met the targets for those months. We are forecasting that we will meet the March 2014 target.
- 26.6 KPI 6 (Staff turnover rate): we have revised the methodology for calculating the KPI, as explained in paragraph 24. The turnover rate continued to improve over August and September. However, we missed our target for September and the forecast for March 2014 is slightly short of the target for March. We will continue to monitor performance closely.

Corporate risk register

New risks

- 27 Since the September 2013 Council meeting, no new risks have been added to the Corporate risk register.

Increased risk

- 28 Risk CR10 (Profile and proactivity) is up by three to an amber rating of nine. This reflects concern that there is a need for a more coordinated approach to this area of work, linked to Francis recommendations.

Reducing risk

- 29 Risk CR9 (Staffing) is down by three to nine, due to the level of staff turnover continuing to reduce month on month (although we marginally missed our September target). Informal feedback indicates that our increased level of engagement with staff is having a positive impact.

No change

- 30 There is no change to the rating of other risks, although mitigating and planned actions have been updated where relevant.

Public protection implications:

- 31 Public protection implications are considered when rating the impact of risks and determining action required to mitigate risks.

Resource implications:

- 32 Internal staff time has been accommodated as business as usual.

Equality and diversity implications:

- 33 Equality and diversity implications are considered when rating the impact of risks and determining action required to mitigate risks.

Stakeholder engagement:

- 34 The KPI information and the risk register are in the public domain.

Risk implications:

- 35 The impact of risks is assessed and rated on the risk register. Future action to mitigate risks is also described.

Legal implications:

- 36 Failure to identify and effectively manage risks potentially exposes the NMC to legal action.

Annexe 1

Assessment of quarter 2 progress against the Corporate Plan 2013-2016 1 July to 30 September 2013

This report outlines the progress we have made, in the second quarter of the financial year 2013, towards completing the work that we said we would do in 2013-2014 as stated in the Corporate Plan.

Overview of performance for quarter 2 by corporate goal

NMC Corporate goals 2013-2016				
		Red	Amber	Green
Goal 1: Protecting the public	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.	0	6	11
Goal 2: Open and effective relationships	We will have open and effective relationships that will enable us to work in the public interest.	1	1	6
Goal 3: Staff, systems and services	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.	1	2	5
		Activity RAG totals		
		2	9	22

Key to the report table headings

Activity	As outlined in the Corporate Plan, this is key work that we have planned to do in the financial year 2013-2014.			
Status	As at 30 September 2013.			
Red/amber/ green (RAG) rating	R	Some aspects of the activity, as originally specified, may not be completed within the year and remedial action is required for delivery.		
	A	An issue or potential problem has been identified but action is being taken to resolve it and overall the activity is expected to be completed by the end of the year.		
	G	All dimensions of schedule, cost, resource and decisions required are on course for delivery as originally specified.		
Evidence from Q2	Brief explanation of what has happened in quarter 2 plus significant issues which could pose a challenge to completing the activity by the end of the year.			

CORPORATE GOAL 1: Protecting the public

Corporate 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.

Activity	Status	Evidence from Q2
Continue to review our registration policies and processes, to ensure the integrity of the data held on our register and to improve our efficiency.	G	<ul style="list-style-type: none"> • Reviews and improvement work have continued as part of the Registration Improvement Plan. • We produced a plan outlining the development of our Contact Centre. The plan identifies key concepts, a target operating model and proposed structure. Further planning will take place to establish the required resourcing and skill sets. The development of the Contact Centre is interdependent with the introduction of the NMC Online web portal, as the introduction of online functions for address changes, renewals and new applications will impact considerably on the operation of the Contact Centre. Therefore, NMC Online must be successfully introduced before the new structure Contact Centre can begin operation. Further information about NMC Online is provided below. • We continued with the work to identify interdependent processes between Fitness to Practise (FtP) and Registration and to ensure alignment. A working group has agreed on all issue points between the two directorates and there are now workarounds in place where appropriate. • As part of the work to improve the Registrar and Appeals Support Team (RAST) and Registrar's Advisory Group (RAG) process, we are strengthening our resource planning for the RAST and RAG team. We have advertised vacancies for paralegal and permanent officer positions and aim to make these appointments by 30 November.
Implement the requirement for all nurses and midwives to have professional indemnity insurance at the point of registration.	G	<ul style="list-style-type: none"> • We carried out an engagement exercise with key stakeholders to seek their views on the information we have drafted for nurses and midwives, about the introduction of PII as a condition of registration. The engagement exercise was designed to help us ensure that the information we are producing is clear and easy to understand. We received 580 responses and are using the feedback to make revisions to the information. Overall the feedback was positive, with over 80% of respondents saying the information was well-structured and easy to understand. • The latest communication from the Department of Health (DH) suggests that the requirement will not need to be operational until at least February 2014. All development and testing is complete and changes are ready to deploy pending approval from the DH. Retesting will be required at the point of implementation and therefore a lead time of approximately three weeks will be required.
Develop online services for nurses and midwives.	G	<ul style="list-style-type: none"> • Phase 1 of 3 for the NMC Online project has been developed and testing is currently underway. The implementation of phase 1 is planned for December 2013.
Complete the review of our overseas registration policy and process.	G	<ul style="list-style-type: none"> • We have enhanced public protection by introducing more robust checks for overseas applicants. From August, all overseas applicants must attend in person for an interview and present their original documents for verification. We have purchased special software enabling passports and other documents to be verified. • We appointed a Scheduling Officer to schedule all face to face ID verification interviews. There is a current recruitment campaign for two ID Verification Officers, with appointments due to be made by 30 November. • As part of the planned work to strengthen our processes for ensuring that only overseas applicants who meet our

		standards are admitted to the Register, we launched a full public consultation on proposals to introduce a competency test to replace the existing programmes. We will consider the outcomes of the consultation in Q3.
Corporate 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.		
Activity	Status	Evidence from Q2
Develop a proportionate, risk based, cost effective approach to ensuring that nurses and midwives continue to be fit to practise.	G	<ul style="list-style-type: none"> We presented a strategic pack (business case, delivery plan and blueprint) of revalidation options to the Council at its meeting on 12 September. The Council agreed on a model of revalidation. We developed a scoping document on the consultation which we have committed to undertake on our revalidation proposals during 2014. A procurement exercise will be undertaken in Q3 to appoint an external contractor to undertake the consultation. We have been setting up the new Revalidation Strategic Advisory Group which will meet in Q3.
Redefine a risk based approach to our education regulatory function through partnership working.	G	<ul style="list-style-type: none"> Evidence gathering has taken place and an education strategy will be presented to the Council at its meeting on 21 November. We have been setting up the new Education Advisory Group which will meet in Q3.
Develop and implement an appropriate framework for the quality assurance for education providers and local supervising authorities (LSAs).	G	<ul style="list-style-type: none"> As part of implementing the new framework, the following activities were carried out: <ul style="list-style-type: none"> The new contract with Mott MacDonald commenced 1 September. 118 clinical reviewers and 18 lay reviewers attended a two day training event on 10-11 September on the new quality assurance framework and to carry out risk based reviews of Approved Education Institutions (AEIs) and local supervising authorities (LSAs). Webinars were also held and future webinars are scheduled. Evaluations of the training event have been received and were largely positive. We finalised the self-reporting requirements and issued the templates to AEIs for return by 13 December. Q2 quarterly quality monitoring (QQM) requests were sent to LSAs with a submission date of 31 October. We published annex three of the QA framework 'responding to concerns' on 28 August. We have selected the 16 AEIs and six LSAs for a review visit during 2013-14. This information was communicated to the relevant organisations and was subsequently published on the NMC website on 2 September.
Develop and prioritise our programme for standards development and review.	A	<ul style="list-style-type: none"> A high level policy for development and review of standards and guidance was completed and approved by the Council in September. At its September meeting the Council agreed the standards and guidance to be reviewed in 2013-2014. A risk based approach to identifying standards and guidance for development or review will be prepared by April 2014. We worked on methodologies for standards development and evaluation which were approved by the Executive Board

		<p>in October. These methodologies complement our policy for standards and guidance. Training on evaluation methodology for all standards development staff has been arranged for December, not Q2 as originally planned. This slippage and the lack of risk and intelligence IT systems explain the amber rating. However, the standards methodologies and the IT strategy will address this.</p>
<p>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.</p>		
<p>Activity</p>	<p>Status</p>	<p>Evidence from Q2</p>
<p>Take effective action to ensure that cases are investigated within published targets and key performance indicators and that those cases already under investigation or awaiting a hearing are concluded as soon as possible.</p>	<p>A</p>	<ul style="list-style-type: none"> For each of the three months of Q2, we exceeded our target for imposing interim orders (IOs). For the quarter overall, on average 90% of IOs were imposed within 28 days of referral, against our target of 80% (corporate KPI 2). We progressed 87% of cases through the investigation stage within 12 months (average for the quarter), against our target of 90% (corporate KPI 3). We progressed 32% of cases (average for the quarter) through the adjudication stage to the first day of a hearing or meeting within six months. However, we do not expect to meet our target of 90% until late 2014 (corporate KPI 4). We appointed 15 new panel chairs in July and carried out training for new panellists. We continued to hold at least 22 substantive hearings a day.
<p>Review the decision making thresholds for fitness to practise action.</p>	<p>G</p>	<ul style="list-style-type: none"> Our evidence and research team completed a review of cases from the Screening stage to Investigating Committee stage to analyse the proportionality of our approach. The outcomes were reported to the Council in September and are being used to inform operational plans to move towards a more proportionate approach to fitness to practise investigations.
<p>Improve the quality of our investigation and decision making in fitness to practise cases.</p>	<p>A</p>	<ul style="list-style-type: none"> As part of delivering our investigation stage improvement plan: <ul style="list-style-type: none"> We had aimed to conduct 80% of investigation work in-house for Q2. However we had to increase the number of investigations sent to external investigators in June, July and August due to a higher than expected number of cases requiring investigation. In September we resumed sending 20% of new investigations to external investigators. We have reviewed the timelines and quality of internally investigated cases. During the period 1 April to 30 September 2013, 1,300 FtP investigation cases were audited (investigated both internally and externally). Learning outcomes with regards to quality and timeliness have been shared with managers and process improvements have been implemented. The Professional Standards Authority (PSA) carried out its audit of cases closed at the initial stages of the FtP process in August and September. The PSA's audit report is expected to be published in December 2013.

		<ul style="list-style-type: none"> As part of delivering our adjudication stage improvement plan: <ul style="list-style-type: none"> We had aimed to complete all historic cases (pre January 2011) by 30 September. On 30 September there were 47 historic cases at the adjudication stage of which 40 were part heard hearings, four were scheduled for final fitness to practise hearings and three remained unscheduled due to health or procedural issues. We have created a case presenter manual. We completed an evaluation of the voluntary removal roll out and a paper was considered by the Council in September. We have also completed an evaluation of the consensual panel determination (CPD) roll out. Work to map FtP processes has slipped and the amber rating reflects this. We produced a business case for introducing case examiners, to improve proportionality and efficiency of decisions in FtP investigations for consideration by the Executive Board in October.
Develop evidence based comprehensive policy and guidance to underpin our fitness to practise function.	G	<ul style="list-style-type: none"> We developed a process for the director of FtP to approve policies and guidance. The publication and disclosure operational guidance was piloted. The pilot outcomes have informed revisions of the guidance.
Review the cost effectiveness of our fitness to practise processes.	A	<ul style="list-style-type: none"> A model has been developed to forecast FtP activity beyond 2014. FtP management information was reviewed by management information experts (external consultants).
Develop a model to work proactively with employers across the UK.	A	<ul style="list-style-type: none"> We completed initial scoping work to assess the feasibility of introducing a model for regional representatives across the UK and developed a business case outlining the proposed approach to the regional representatives project for consideration by the Change Management Portfolio Board in October. The amber rating is because the directors of nursing helpline has not been fully relaunched as originally planned. The Chief Executive wrote to all Directors of Nursing and Heads of Midwifery reminding them of the helpline number. There are plans for the helpline number to be published in a Care Quality Commission (CQC) publication and LSA midwifery officers (LSAMOs) have been reminded of the helpline number. In Q3 we intend to undertake further awareness work in the private sector.

Corporate objective 4: We will improve our understanding and use of diversity data, embedding equalities good practice, so that we are inclusive and treat people fairly.

Activity	Status	Evidence from Q2
<p>Strengthen our framework for collecting equality and diversity data to inform our decision making.</p>	<p>A</p>	<ul style="list-style-type: none"> The revised equality and diversity data collection questionnaire and guidance was presented to the September Diversity Champions Forum for discussion in advance of consideration by the Executive Board at its October meeting. It will be implemented as part of the online registrations project. The equality analysis toolkit was presented to the September Diversity Champions Forum for discussion in advance of consideration by the Executive Board at its October meeting. This activity is assessed as amber because of the current limitations of our equality and diversity data and the fact that it will take at least three years through the registrations and renewals cycle to improve what we hold significantly. There have been improvements such as the upgrade of our HR system, which now enables us to extract improved equality and diversity data and produce better reports. That data was used in the Q1 workforce report which was submitted for review by the directors.
<p>Conduct a rolling review of our policies and procedures for compliance with equalities and diversity legislation and best practice.</p>	<p>G</p>	<ul style="list-style-type: none"> The Welsh Language Scheme was agreed by the Executive Board in August and the Welsh Language Scheme monitoring report for 2011-2013 (in English and Welsh) was sent to the Welsh Language Commissioner in September. The process for reviewing our equality and diversity strategy and objectives was presented to the September Diversity Champions Forum meeting. Five Human Resources (HR) policies were considered by the Executive Board for approval at its meeting in September. The policies had also been reviewed by Stonewall to determine whether these met equality and diversity requirements. A review of the equality and diversity strategy and objectives, as requested by the Council, is underway and due to be concluded by March 2014
<p>Work in partnership with diverse groups and external diversity experts to inform the development of our strategy.</p>	<p>G</p>	<ul style="list-style-type: none"> The September Diversity Champions Forum considered its revised terms of reference, which were approved by the Executive Board in October. Both the revised equality and diversity data collection questionnaire and guidance and the equality analysis toolkit were circulated to Stonewall for comments. We received positive comments and have incorporated a suggested amendment.

CORPORATE GOAL 2: Open and effective relationships

Corporate 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.

Activity	Status	Evidence from Q2
Implement an engagement strategy which builds and facilitates relationships to support the delivery of our regulatory activities.	A	<ul style="list-style-type: none"> We have recruited a Strategic Relations manager to lead on this work. Throughout Q2 we maintained a programme of speaking engagements with key partners. We prepared effectively for our annual accountability hearing with the Health Committee. Work continued in response to external reviews as reported to the Council in September.
Continue to remind registrants of their responsibilities under the code so that they understand that care of patients is their first concern.	G	<ul style="list-style-type: none"> We continued to produce and mail out newsletters to the four audiences each month (patients and public, nurses and midwives, employers and managers, educators and students). We published our updated guidance <i>Raising Concerns: Guidance for nurses and midwives</i> on 12 September. The launch was supported by Helene Donnelly who spoke about raising concerns to the Council at its September meeting. The guidance has been mailed to heads of nurses and supervisors of midwives, and emailed to a range of key stakeholders.
Develop a new and strengthened approach to patient and public engagement.	G	<ul style="list-style-type: none"> During Q2 we continued to email out the patients and public newsletter monthly. From 1 April to 30 September, there was a 10.8% rise in the number of people who had signed up to our public and patients newsletter. NMC staff attended the National Childbirth Trust (NCT) conference on 14 September. This was a useful intelligence gathering exercise that helped us to understand how the NCT functions and hear experiences of staff, practitioners and volunteers. At the Patient and Public Engagement forum on 7 August we welcomed Clare Lucas from Mencap who led a session on 'understanding healthcare of people with a learning disability'. The next Patient and Public Engagement forum is scheduled for 19 November. Work continues on the Scotland Patient and Public Engagement forum. This is being co-created with the Health and Social Care Alliance and Scottish Health Council and with input from the Scottish government.
Work collaboratively with other regulators and employers to focus on public protection.	G	<ul style="list-style-type: none"> On 10 July we held an event with a range of stakeholders including patient and public representatives, health charities, other regulators, directors of nursing, LSAMOs and the Department of Health. At this forum we discussed three recommendations from the Francis Report. We continued to work with the General Medical Council (GMC) and the Richmond Group of Charities (a coalition of

		<p>national charities) on <i>Making feedback count: Listening to and learning from the patient voice</i>. This joint event was held on 10 September at the NMC offices. The purpose of this event was to bring together patient groups, regulators and the Department of Health to discuss how we can work better together, how we can better support patients in using the complaints process and what good patient engagement looks and feels like. Guest speakers included Healthwatch England, British Heart Foundation, Asthma UK and NHS England.</p> <ul style="list-style-type: none"> • The Chief Executive attended the first meeting of the GMC's Education and Training Advisory Board. • We met with the standards manager from the GMC to discuss the potential for joint working on guidance on confidentiality and with the General Pharmaceutical Council and General Optical Society for prescribing. We are also working with other systems and healthcare regulators in England as part of a leadership alliance to respond to the recommendations put forward in the review of the Liverpool Care Pathway on end of life care. • We had meetings with colleagues from the CQC - both at Chair and Chief Executive level - as well as at director and staff level to discuss a joint operational framework, particularly around our functions of fitness to practise, education and LSA quality assurance and revalidation. We have agreed to exchange relevant information on the monitoring visits we will be conducting this year for quality assurance of education and LSAs.
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Corporate objective 6: We will develop and maintain constructive and responsive communications so that people are well informed about the standards of care they should expect from nurses and midwives, and the role of the NMC when standards are not met.		
Activity	Status	Evidence from Q2
Proactively communicate the specific role we play as the regulator of nurses and midwives.	G	<ul style="list-style-type: none"> • Our Patient and Public Engagement forum visited our offices at Old Bailey on 7 August to learn about our Fitness to Practise process. • In July we attended the launch of Healthwatch Luton. We used this event to talk about what the NMC does and does not do and also to gather intelligence that will help us to understand what Local Healthwatch groups need. • The Chief Executive has briefed the media on the importance of our standards for education, particularly for student nurses undertaking pre-nursing educational courses. • We participated in a joint stand with other health care regulators at the Citizens Advice annual conference on 17 and 18 September in order to raise awareness of the role of health profession regulators and to gain a greater understanding of how we can support organisations who offer advice and signposting to the public.
Share our activities and improvement journey with stakeholders.	G	<ul style="list-style-type: none"> • Regular meetings with key partners including HEE, CQC, PHSO, Law Commission and DH. • Revalidation communications around the Council decision in mid September, including Twitter chat, NMC Update and substantial web content. • A QA Handbook, which sets out the detail of our QA processes, and two annexes for the QA Framework have been edited, designed and published. • Supervisors of midwives consultation online through September. • Five year rule guidance consultation online through September. • Competency test for Overseas nurses consultation online through September and October. • The Chief Executive has continued to have quarterly individual meetings with the RCN, RCM, Unison and

		UNITE/CPHVA.
		<ul style="list-style-type: none"> The Chief Executive held a biannual meeting with the four professional bodies on 4 September. The next meetings are scheduled to take place in January and April 2014.
Refresh our website to meet the needs of the public, and nurses and midwives.	R	<ul style="list-style-type: none"> The website improvement project was not approved by the Change Management and Portfolio Board. The Executive Board will be reconsidering the business case in November. Delays could compromise the fulfilment of the commitment we made in our response to the Francis report, which was to re-launch the website by April 2014. The website re-launch is part of our action to raise our public profile and to encourage appropriate referrals to the NMC.
Use plain English in our communications.	G	<ul style="list-style-type: none"> The NMC became a corporate member of the Plain English campaign. In August we attained the Crystal Mark for the refreshed version of <i>Raising concerns: Guidance for nurses and midwives</i>. It was mailed to directors of nursing and heads of midwifery. Two sessions of Plain English training were held in September for members of staff who are key authors for external audiences.

CORPORATE 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.

Corporate objective 7: We will develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions.		
Activity	Status	Evidence from Q2
Set a budget and long term financial plan that achieves our reserves targets and informs proposals for setting future fees for registrants.	G	<ul style="list-style-type: none"> All monthly finance monitoring reports were issued on time. Monthly meetings are held with each directorate to review progress against both the Corporate Plan and budget, and to update the activity and financial forecasts. These forecasts are for the balance of the current financial year, and we also produce a rolling forecast for the next twelve months. The level of our available free reserves is reported to the Council at each meeting, as corporate key performance indicator 5. For July, August and September, the level of available free reserves was £6.9 million, £6.6 million and £5.7 million respectively. These figures meant we met our monthly targets and so our progress towards restoring the level of available free reserves to at least £10 million by January 2016, is on track.
Make significant improvements in our information technology, security and governance.	G	<ul style="list-style-type: none"> Scheduled elements of the ICT strategy have been completed according to plan. This includes completing stages of work on the desktop upgrade, CMS upgrade and the TRIM supplier contract. We have continued to make progress against our information security improvement plan, developing and updating our information security policies and processes. An internal audit was carried out on data security. A number of recommendations were made and the report will be considered by the Audit Committee at its December meeting.

Ensure new Council members are fully equipped and supported to carry out their role effectively within a sound governance framework.	G	<ul style="list-style-type: none"> • A calendar for Council and committee meetings has been put together up to the end of 2014, with times and dates agreed by Chairs for each meeting. • The Council discussed ways of working in October 2013 and work is ongoing to review the standing orders, code of conduct for members, induction and development policy, and appraisal / effectiveness review processes. • Equality and diversity training for Council members has been arranged for October 2013.
Develop an assurance framework, which allows us to better monitor and understand our business delivery, risk and compliance.	G	<ul style="list-style-type: none"> • An assurance map has been developed and approved by Audit Committee and Council. Further work is ongoing to identify how and when assurances will be improved.
Begin to develop a corporate data strategy that enables analysis of information to support business needs, decision making and performance improvement.	R	<ul style="list-style-type: none"> • A data issues group was established and met on 26 September and there has been cross directorate work through other projects, for example NMC Online. • This work is rated as red as the data strategy is yet to be developed and there is currently no dedicated project resource to drive this work forward.

Corporate objective 8: We will build a culture of excellence by attracting, retaining and developing high quality staff to deliver our services.		
Activity	Status	Evidence from Q2
Modernise our approach to rewarding and incentivising staff.	G	<ul style="list-style-type: none"> • Council approval to key proposals from the pay and grading review was secured in September, enabling staff consultation to start in Q3. • The auto enrolment pension scheme was agreed by Remuneration Committee in July/August. Technical expertise has been secured and a project plan is in place. Proposals for the review of Defined Benefits scheme deferred to Q4 as agreed by Council.
Develop effective workforce planning tools	A	<ul style="list-style-type: none"> • Q1 workforce report issued and discussed by Directors. HR Pro workforce data available and training on use of system has been scheduled.

<p>that anticipate the short and long term staffing and skill needs of the organisation.</p>		<ul style="list-style-type: none"> Implementation of a new workforce planning process needs to follow Council's strategy day and be embedded in business planning cycle. This delay in implementation explains the amber rating. The template for directorate business planning includes a section on workforce planning.
<p>Implement an enhanced learning and development programme that aligns clearly with our corporate change programme and cultural development.</p>	<p>A</p>	<ul style="list-style-type: none"> A Q1 report of progress against the learning and development plan was issued to directors. Training on NMC behaviours began at the end of July for all staff and will finish at the end of November. Career, talent and succession planning approach partially included in pay and grading approach. More policy work is needed in this area.

Progress against our key performance indicators (KPIs)

This report presents performance information for the period up until 30 September 2013.

KPI 1	
Percentage of registration applications completed within 90 days	
Rationale:	In the short term we are able to measure receipt of completed initial paperwork through to entry to the register. Over time we will refine this to enable us to isolate NMC processing time and a separate record of time with the applicant. Relates to increased efficiency in Registration and improved customer service / communication.
Definition:	The KPI will measure the time elapsed between receipt by the NMC of a new application and where appropriate the applicant joins the register. Ultimately we hope to develop reporting to include processing time (based on "stopping the clock" when information or decisions are required from the applicant for any reason).

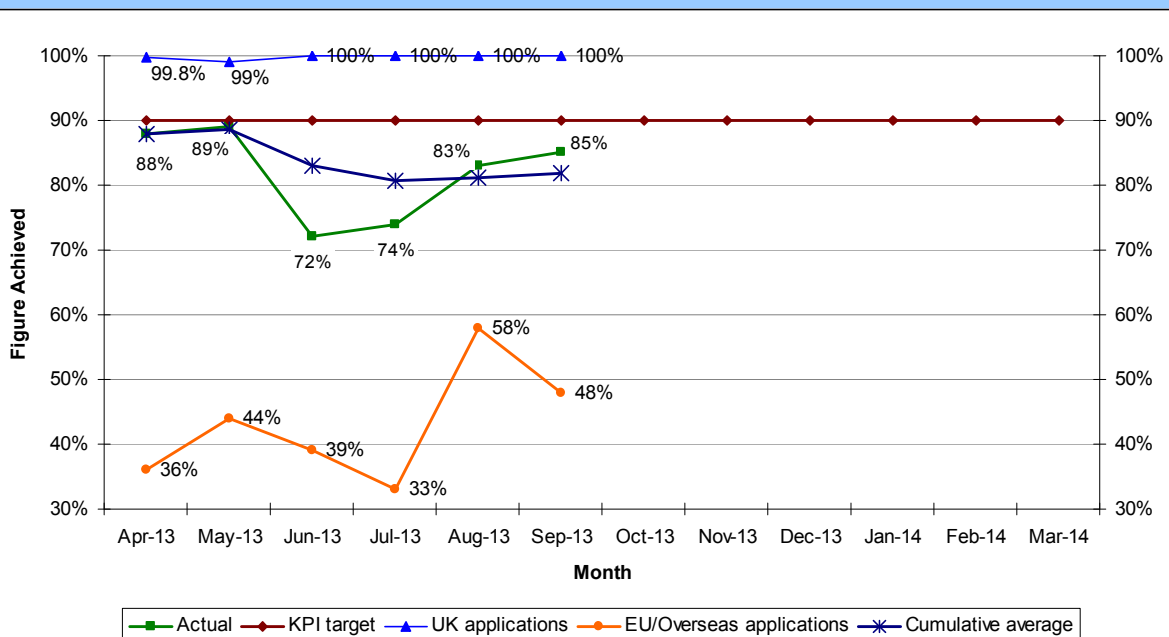
Corporate goal 1, objective 1

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.

		Current performance			Year end (March 2014)	
July	August	September	September 2013 profile	Year to date cumulative average	Year end average forecast	Year end average target
74%	83%	85%	90%	82%	86% (Amber)	90%

RAG rating: Year end average forecast vs. Year end average target

Graphical profile:



Commentary:

September and October are historically the busiest months of the year for UK registrations. Accurate forecasting and planning of resource ensured that we were able to register all applicants within 90 days and 99.6% within 5 days in September. November will see a return to normal monthly volumes and we forecast that performance will remain consistent at approximately 100% processed within 5 days for UK registrations.

We have seen a significant improvement in the overall processing times for EU applications from August, although we are now focusing on resolving the outstanding complex cases as the additional resource develops the expertise to work with less support. Considerable work continues in the Overseas area, with a particular activity in September to resolve older cases which were impacted by the high volumes generated by the temporary processing pause earlier in the year. These activities are reflected in the graph above. We continue to drive out the benefits of the recent recruitment and process improvements. As previously outlined the dip in overall performance is expected to continue through October, with performance in November returning to the target level, supported by a marked improvement in Overseas and EU processing from November onwards.

Red/Amber/Green rating:

Based on 10% variance threshold:

Green = figure matches or is higher than the target figure of 90%.

Amber = figure is between 80-89%.

Red = figure is 79% or lower.

KPI 2																																																											
Percentage of interim orders (IOs) imposed within 28 days of receipt of referral																																																											
Rationale:	We aim to protect the public in the most serious cases by applying restrictions to a nurse or midwife's practice as quickly as possible after the need is identified.																																																										
Definition:	Percentage of interim orders imposed within 28 days of the referral received date.																																																										
Corporate goal 1, objective 3																																																											
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Historical figure (Average for the year 2012-13)	July	August	September	September 2013 profile	Year to date cumulative average	Year end average forecast	Year end average target																																																				
64%	91%	85%	93%	80%	88%	84% (Green)	80%																																																				
RAG rating: Year end average forecast vs. Year end average target																																																											
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<table border="1"> <caption>Graphical Profile Data</caption> <thead> <tr> <th>Month</th> <th>Achieved (%)</th> <th>Cumulative average (%)</th> <th>KPI Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr-13</td><td>79%</td><td>79%</td><td>80%</td></tr> <tr><td>May-13</td><td>86%</td><td>81%</td><td>80%</td></tr> <tr><td>Jun-13</td><td>94%</td><td>84%</td><td>80%</td></tr> <tr><td>Jul-13</td><td>91%</td><td>86%</td><td>80%</td></tr> <tr><td>Aug-13</td><td>85%</td><td>87%</td><td>80%</td></tr> <tr><td>Sep-13</td><td>93%</td><td>87%</td><td>80%</td></tr> <tr><td>Oct-13</td><td></td><td>87%</td><td>80%</td></tr> <tr><td>Nov-13</td><td></td><td>87%</td><td>80%</td></tr> <tr><td>Dec-13</td><td></td><td>87%</td><td>80%</td></tr> <tr><td>Jan-14</td><td></td><td>87%</td><td>80%</td></tr> <tr><td>Feb-14</td><td></td><td>87%</td><td>80%</td></tr> <tr><td>Mar-14</td><td>88%</td><td>88%</td><td>80%</td></tr> </tbody> </table>								Month	Achieved (%)	Cumulative average (%)	KPI Target (%)	Apr-13	79%	79%	80%	May-13	86%	81%	80%	Jun-13	94%	84%	80%	Jul-13	91%	86%	80%	Aug-13	85%	87%	80%	Sep-13	93%	87%	80%	Oct-13		87%	80%	Nov-13		87%	80%	Dec-13		87%	80%	Jan-14		87%	80%	Feb-14		87%	80%	Mar-14	88%	88%	80%
Month	Achieved (%)	Cumulative average (%)	KPI Target (%)																																																								
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Performance against this KPI continued to remain above the 80% target in August and September.																																																											
The actual percentage of IOs imposed within 28 days may change slightly from month to month but this KPI is expected to be consistently met.																																																											
Red/Amber/Green rating:																																																											
Based on 10% variance threshold: Green = figure matches or is higher than the target figure of 80%. Amber = figure is between 70-79.9%. Red = figure is 69.9% or lower.																																																											

KPI 3

Percentage of cases progressed through the investigation stage within 12 months

Rationale: We aim to screen and investigate referrals within 12 months. We have a responsibility to balance the need for a swift decision on whether to refer the case for a substantive decision with the need for a proportionately thorough investigation.

Definition: The percentage of investigations which have been completed within 12 months of the referral received date.

Corporate goal 1, 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.

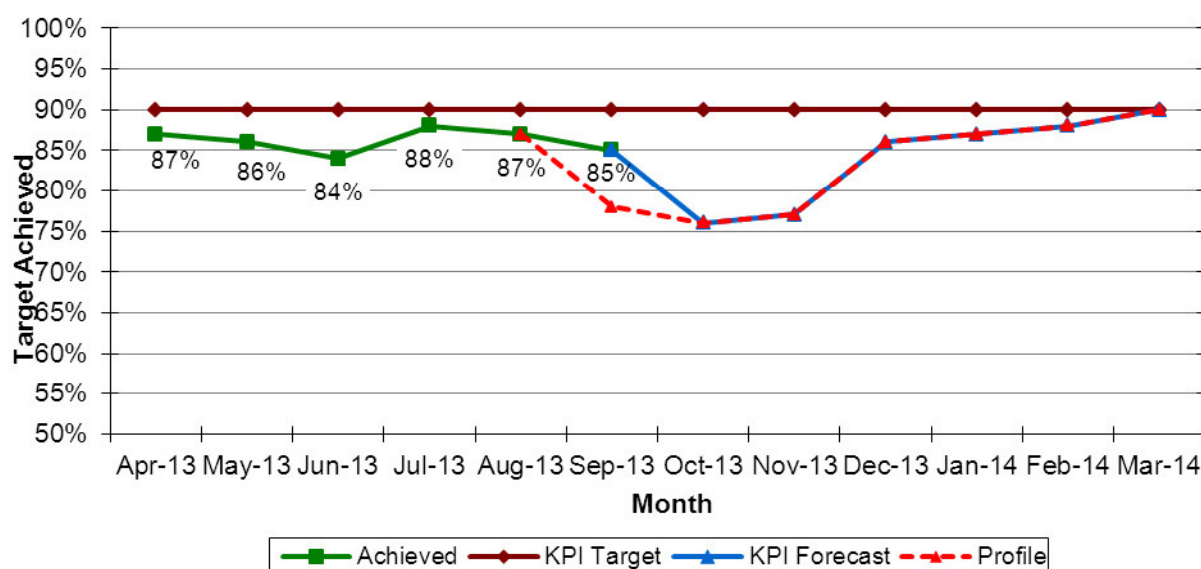
Historical figure (Average for the previous year 2012-13)	Current performance		Year end (March 2014)			
	July	August	September	September 2013 profile*	March 2014 current forecast	March 2014 target**
68%	88%	87%	85%	78%*	90% (Green)	90%

RAG rating: current forecast vs. March 2014 target

* Profile is the forecast frozen at July 2013

** Target is a spot target

Graphical profile:



Commentary:

This measure is taken when a case reaches the Investigating Committee (IC) decision point. Monthly performance is simply a percentage representation of cases passing that point in a month which were under 12 months old when they did so. We list cases for an IC decision as soon as we can so performance against the KPI can fluctuate, with a dependency on the age profile of cases listed in a month. We have forecast performance at below 90% because we know

that we have a number of cases which have or are about to miss the 12 month KPI.

Performance of 85% in September exceeded the forecast of 78%. The forecast has been profiled to take account of a cohort of older cases which will need to clear the IC over the coming months, and will adversely affect performance. A smaller number of those cases than anticipated were considered in September, which lifted performance, but this means that they will have a detrimental effect on the KPI when they do come through.

Further context is provided in the FtP performance dashboard.

Red/Amber/Green rating:

Based on 10% variance threshold.

For example:

Green = figure matches or is higher than the March 2014 target figure of 90%.

Amber = figure is between 80-89%.

Red = figure is 79% or lower.

KPI 4

Percentage of cases progressed through the adjudication stage to the first day of a hearing or meeting within 6 months

Rationale: When the investigating committee decides that there is a case to answer we have a responsibility to put it to a substantive committee as swiftly as possible.

Definition: The percentage of cases which have reached their first day of a hearing or meeting within six months of referral from the investigating committee.

Corporate goal 1, 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.

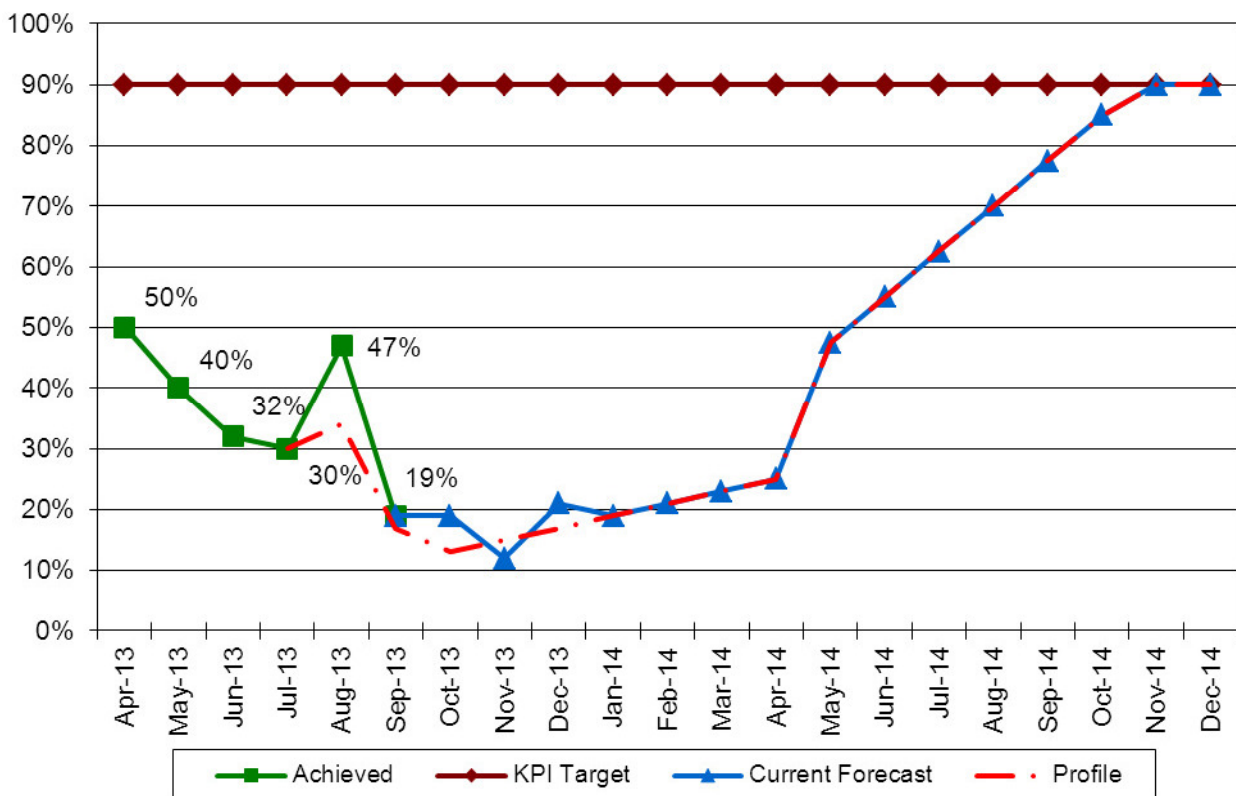
			Current performance		December 2014	
Historical figure (Average for the previous year 2012-13)	July	August	September	September 2013 profile*	December 2014 current forecast	December 2014 target**
39%	30%	47%	19%	19%	90% (Green)	90%

RAG rating: current forecast vs. Dec 2014 target

* Profile is the forecast frozen at July 2013

** Target is a spot target

Graphical profile:



Commentary:

This measure is calculated in the same way as KPI 3 and performance is dependent on which cases have their first hearing day during the month. There is currently a focus on historic cases which means that a large proportion of the data set has missed the six month target and the impact on the KPI is evident. Concentrating hearing room capacity on historic cases means that non-historic cases are being held back and will be older by the time they are heard, with many missing the KPI as a result. The forecast of KPI performance above reflects that we don't expect to achieve the target until late 2014. There will be some fluctuation in results as a mix of new and older cases progress so precise predictions of monthly performance are difficult, but we have used as much case level data as possible in compiling this forecast.

The KPI target is 90% but we do not anticipate performance to reach that level until December 2014.

The target date of December 2014 for this KPI is a condition attached to the Department of Health's £20m grant.

Red/Amber/Green rating:

Based on 10% variance threshold.

For example:

Green = figure matches or is higher than the December 2014 target figure of 90%.

Amber = figure is between 80-89%.

Red = figure is 79% or lower.

KPI 5

Available free reserves

Rationale:	<p>The NMC's budget and financial strategy is predicated on a gradual restoration of minimum available free reserves to a minimum target level of £10 million by January 2016. This KPI measures how close we are to our plan for achieving this target.</p> <p>This KPI also demonstrates delivery against meeting the target for available free reserves as agreed with the Department of Health.</p>
Definition:	The level of available free reserves at month end compared with budgeted available free reserves at that month end.

Corporate goal 3, objective 7

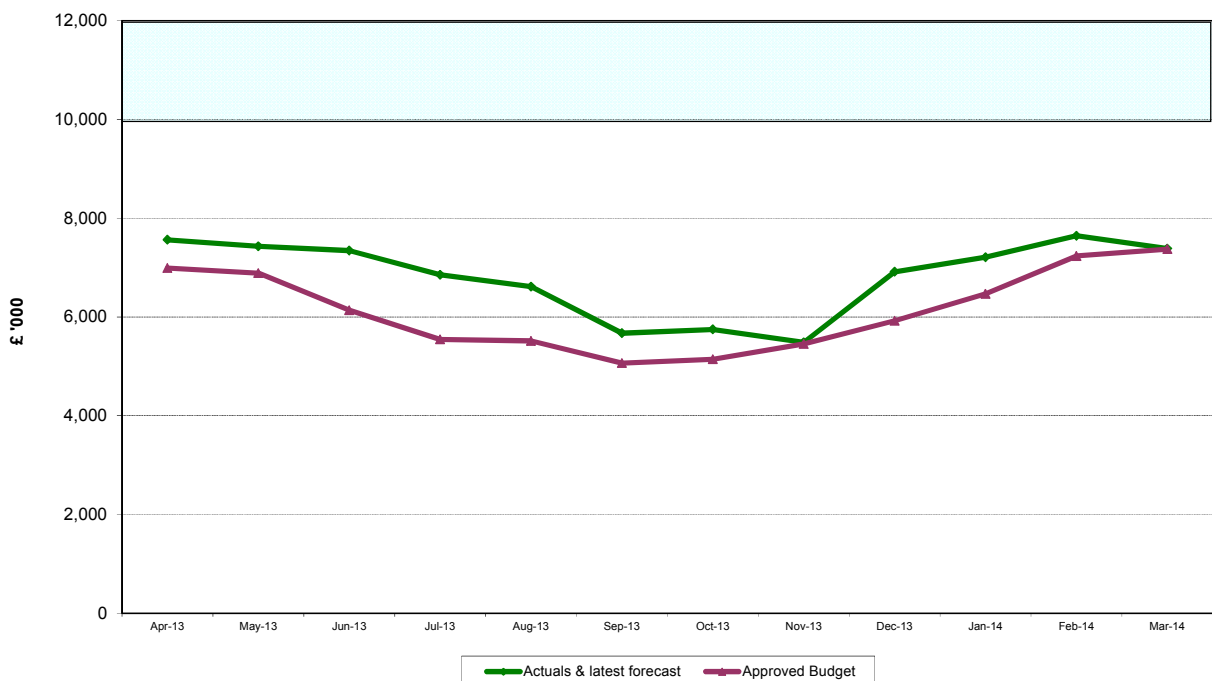
We will develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions.

			Current performance		Year end (March 2014)	
Historical figure (March 2013)	July	August	September	September 2013 budget*	March 2014 current forecast	March 2014 budget*
£7.4m	£6.9m	£6.6m	£5.7m	£5.1m	£7.4m (Green)	£7.4m

RAG rating: current forecast vs. March 2014 budget
 * Approved budget as at March 2013

Graphical profile:

September forecast & approved budget available free reserves 2013-2014



Commentary:

The target figure for March 2014 is similar to that of March 2013 and will fluctuate each month based on the pattern of budgetary expenditure. Based on the financial plan, more progress towards restoring the minimum reserves level of £10 million will be made in 2014-2015.

The actual available free reserves level at the end of September 2013 was £5.7m compared to a planned level of £5.1m. This is principally due to timing differences between actual and budgeted expenditure. The latest full year forecast projects that available free reserves at March 2014 will be on target, although some risks have been identified which are set out in the monthly financial report. The financial results and forecasts are reviewed monthly by the Executive Board, and corrective action will be taken if necessary to ensure we maintain progress to plan.

Red/Amber/Green rating:

Green = the figure matches or is above the target figure.
Amber = within 5% of the target figure.
Red = greater than 5% of the target figure.

KPI 6

Staff turnover rate

Rationale:	<p>The level of staff turnover has been consistently high and represents a high risk and cost to the NMC and an indicator of a sub-optimal organisational culture.</p> <p>A number of initiatives included within the Human Resources and Organisational Development Strategy are aimed at retaining staff, hence this KPI being a key measure of the effectiveness of that strategy.</p>
Definition:	<p style="text-align: center;"><u>Average monthly number of permanent leavers in the year to date * 12</u> Average number of permanent staff in post in year to date</p> <p>Average number of permanent staff is calculated by adding together the staff in post at either end of the elapsed months and dividing by the number of data points, e.g. average staff in post (SiP) in May would be: (SiP @ 31.03 + SiP @ 30.04 + SiP @ 31.05) / 3</p> <p>Average number of leavers is calculated simply by adding the total leavers in the year to date and dividing by the number of elapsed months.</p>

Corporate goal 3, objective 8

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

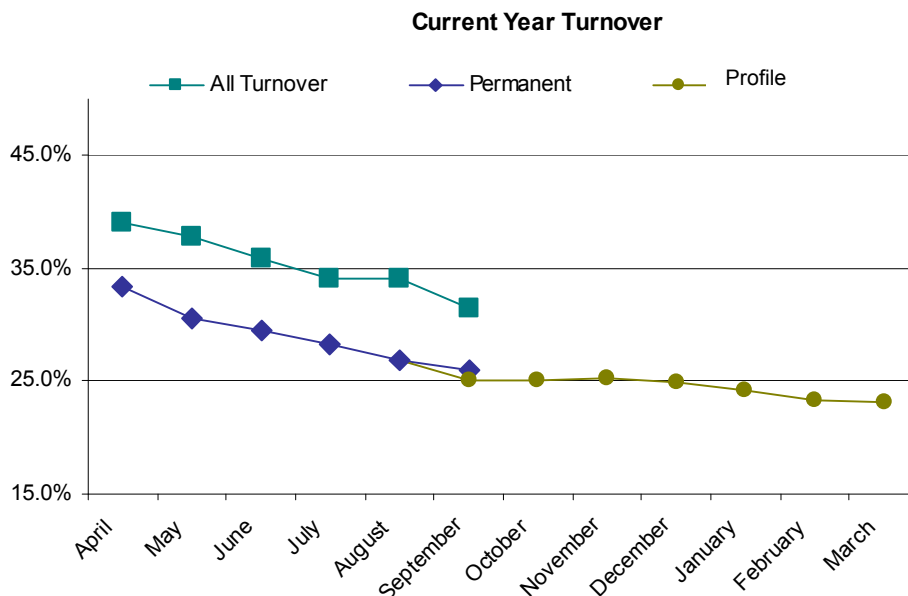
			Current performance		Year end (March 2014)	
Historical figure (as at April 2013)	July	August	September	September 2013 profile*	March 2014 current forecast	March 2014 target**
33.4%	28.2%	26.9%	26.0%	25.1%	23.5% (Amber)	23.2%

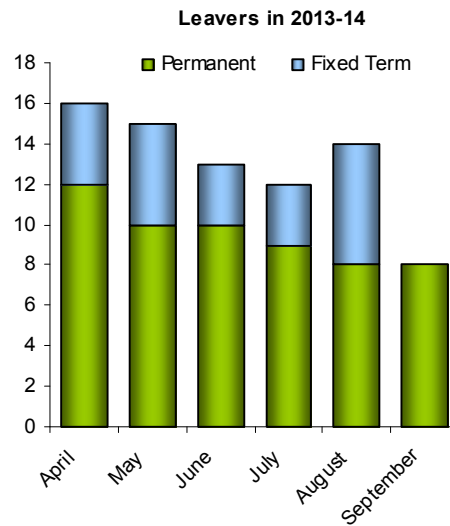
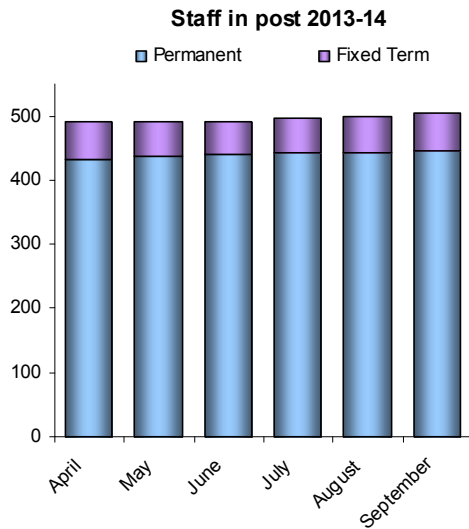
RAG rating: current forecast vs. March 2014 target

* Profile is the forecast frozen at August 2013

** Target is a spot target

Graphical profile:





Commentary:

The turnover target for September has marginally been missed as the pattern of reduction in permanent leavers has for now abated; 8 permanent staff left in September, the same as the previous month. The level of permanent turnover has nonetheless continued to reduce, by 0.9 percentage points compared to August, and by 7.4 percentage points since the beginning of the year.

The overall number of leavers is at its lowest in the year to date, however, as no fixed-term staff left in September. This has brought the overall turnover rate down to 31.5%.

The pattern so far this year suggests that the reasons for the high levels of turnover in recent months are having less of an impact as time goes on. We expect that, while subject to monthly fluctuation, the average number of permanent leavers will decrease further in the second half of the year but not necessarily dramatically.

The most common reasons for leaving cited in exit interviews this year are already being addressed by the various pieces of work taking place, including improved workforce planning, changes to induction practices, career management and talent development, and the organisational Learning Plan. As previously stated, the impact of these is likely to be most significant in the next business year.

Red/Amber/Green rating:

Green = the figure matches or is below the target figure.

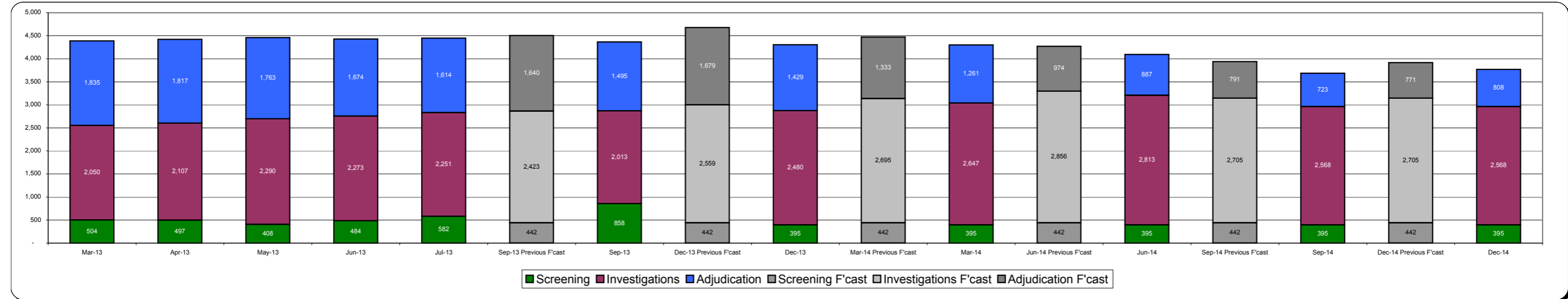
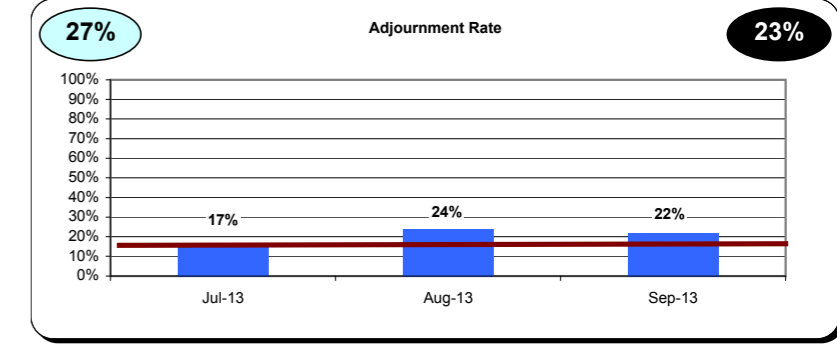
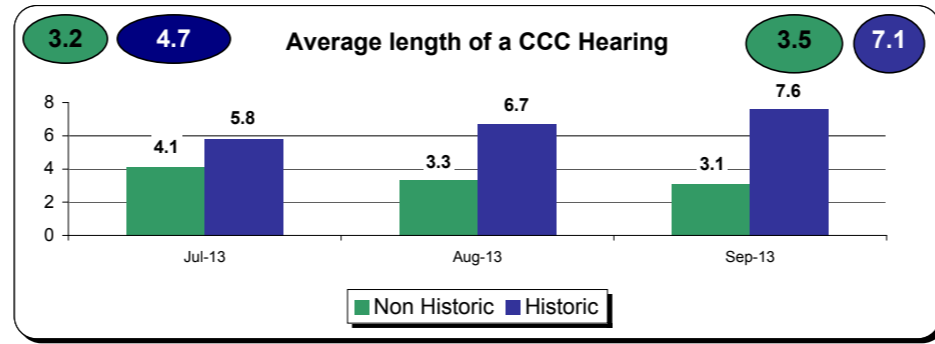
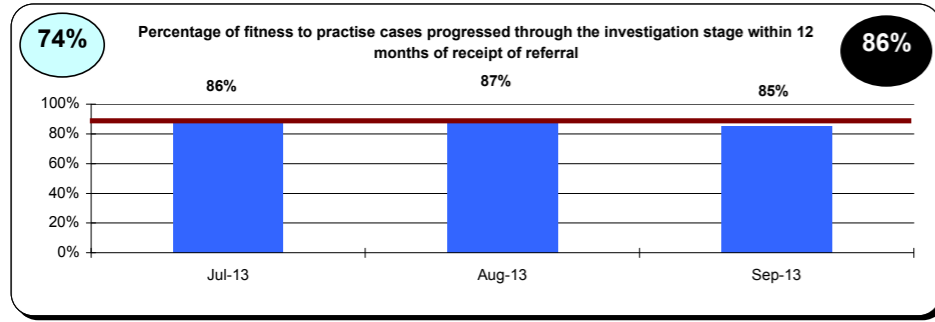
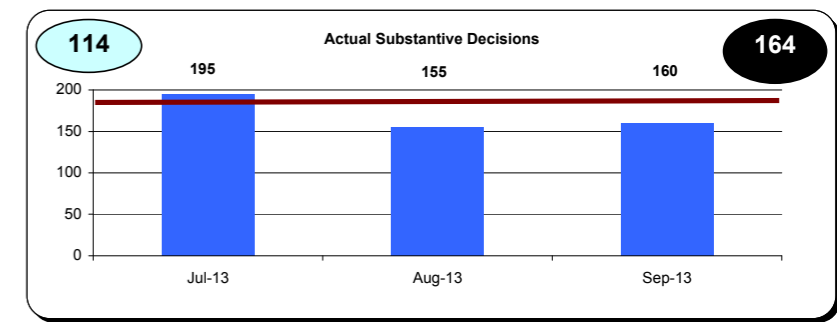
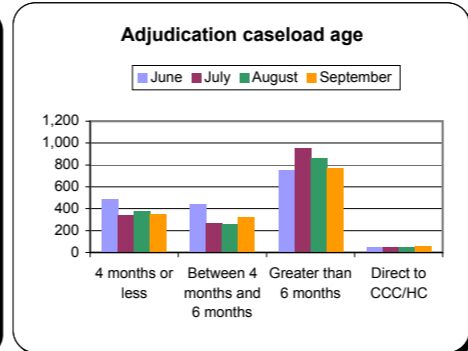
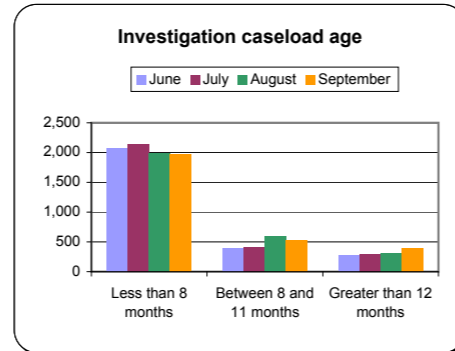
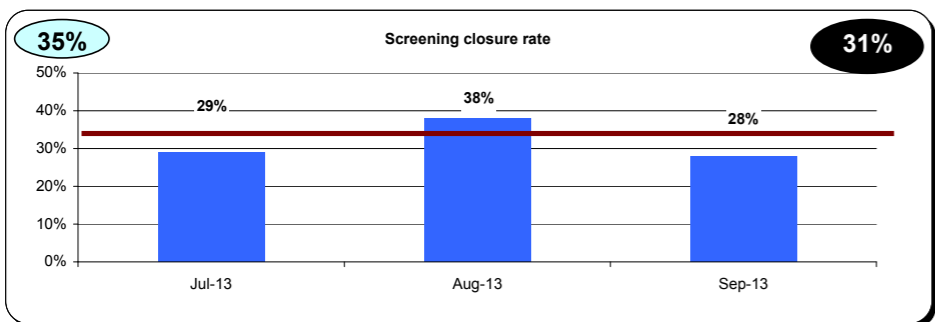
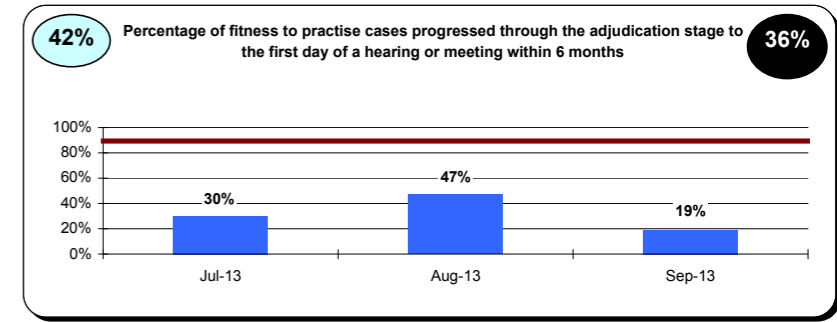
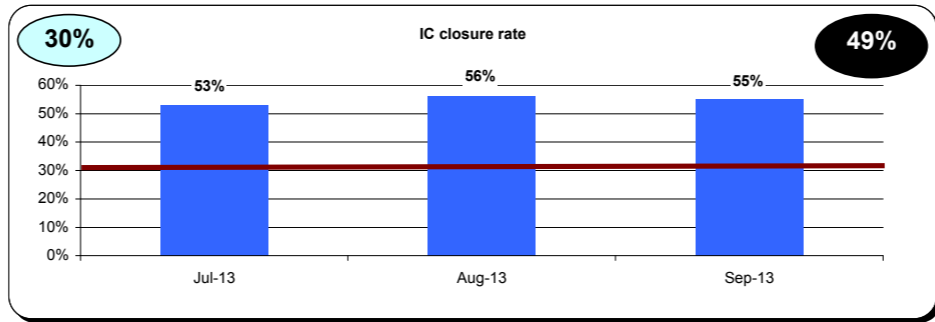
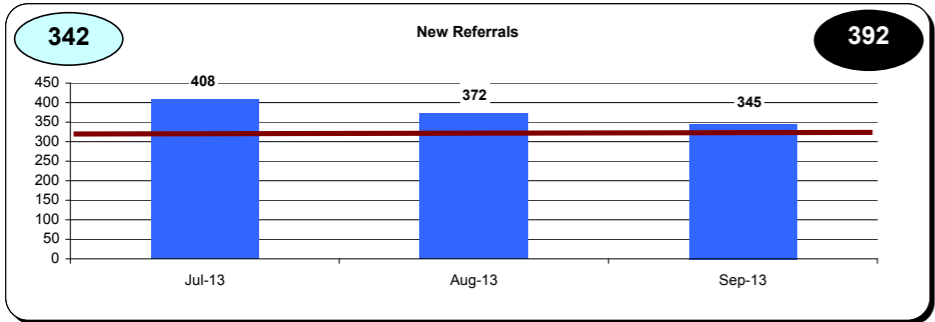
Amber = within 1% of the target figure.

Red = where there is a difference of greater than 1% of the target figure.

FtP Performance - July 2013 to September 2013

Longer Term Trend

Average over last 6 months



Corporate risk register

		Date: 7 November 2013			Issue No: 8 (following 29 October Executive Board meeting)												
No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action			Post-mitigation scoring			Risk Owner (and Sponsor)	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score	Likelihood	Impact	Score							
CR1 A	May-13 (previously risk Reg 2011/02. Date of origin: Apr 2011)	Integrity of the register - Current						Mitigation in place: (1) Standard operating procedures and improved training. (2) Daily reconciliation reports and manual processes to address system anomalies. (3) Overseas registration procedures strengthened following pause and review. (4) Council has committed to introduce a proportionate and effective model of revalidation by the end of 2015. (5) All overseas applicants are now required to attend the NMC in person to present original I.D Documents. (6) Advert for recruitment of Overseas ID Checkers currently in circulation - staff expected to begin in January 2014. Scheduling officer appointed. Planned action: (1) Implement Registration Improvement Programme (September 2013-September 2014). (2) Address prioritised system defects (November 2014). (3) Further process refinements and alignment of FtP and Registration data (ongoing). (4) Internal audit activity planned for Q2-4 2013 - 14 on registration control framework; and for Q4 2013-14 on registrant data integrity. (5) Establish longer term strengthened overseas process, incorporating competency test pending planned consultation (October 2014). (6) The Code and standards will be reviewed and revised to ensure they are compatible with revalidation. Guidance for revalidation will also be developed (December 2015).			4	4	16	Director, Registrations	19.09.2013 Updated with decision on revalidation, planned action and I.D checks. 07.10.2013 Updated with advert and scheduling officer appointed - dates amended for planned action - and implement audit committee recommendations removed from planned action as Moore Stephens are now consolidating the historical audit committee issues for future inclusion.	Open - on track. Risk reviewed monthly. Focused on current registration activity and therefore is more controllable through mitigation actions than the historic risk below. Risk reduction expected Jan 2014	No change
CR1 B	May-13 (previously risk Reg 2011/01. Date of origin: Apr 2011)	Integrity of the register - Historic						Mitigation in place: (1) Standard operating procedures and improved training. (2) Initial Overseas Audit (April 2002 - 2013) results indicate a strengthening of process over time (since 2007). (3) Council has committed to introduce a proportionate and effective model of revalidation by the end of 2015. (4) FtP/Registration working group who have identified all known issues relating to historical inaccuracies. (5) Daily reports available to FtP/Registration to identify anomalies for these to be rectified. Planned action: (1) Analysis of specific cohorts where potential issues/risks are identified - to provide assurance or scope any issues (ongoing). (2) Introduction of data integrity manager who will interrogate register to establish areas of risk (Jan 2014). (3) Investigate gathering employer data to allow analysis of appropriate registration (ESR) (July 2014). (4) Further risk based audits as required (ongoing).			5	4	20	Director, Registrations	07.10.2013 Update in relation to agreed revalidation model - risk based prep audit removed from planned action. 6.11.2013: Update in relation to historical inaccuracies around FtP case statuses.	Open - on track. Risk reviewed monthly. Involves a long lead time for any action to play forward and impact the risk scoring. Very marginal improvement predicted until after revalidation in place from 2015	No change

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Sponsor)	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
CR2	26/06/2013	Fitness to practise performance			5	5	25	Mitigation in place: (1) Detailed profiling and forecasting of caseload and activity and oversight by FtP Board. (2) Improved case management processes including voluntary removal and consensual panel determinations (3) Standard operating procedures and improved training for staff. (4) Increased staffing base. (5) Targeted review of adjudication caseload. (6) Increase in number of panel members and introduction of rolling recruitment for panel members and chairs. (7) Training for panel members and introduction of rolling programme. (8) Increased number of hearing venues. (9) External review of management information and forecasting assumptions (September 2013). Planned action: (1) Further workforce planning (March 2014). (2) Quality assurance framework to be fully implemented (December 2013). (3) Interim order proportionality review (December 2013). (4) Closer working with employers (April 2014). (5) Legislative change (July 2014). (6) Contingency planning for increase in hearing activity at the end of Q3.	3	5	15	Director, Fitness to Practise	31.10.2013	Open - on track Weekly performance/delivery against target reviewed at weekly management meeting and risk reviewed monthly. Risk reduction expected in early 2014 once adjudication caseload has decreased and new case management measures have embedded.	No change
		(1) Historic under investment in FtP. (2) Inflexible legislative framework. (3) Fluctuations in referrals above the forecast levels. (4) Possibility that processes may be unable to sustain required volume of case progression/hearings at the expected quality.	The quality of our decision making may be compromised and we may not achieve the investigation/adjudication targets.	(1) Public protection compromised. (2) Negative impact on registrants. (3) Negative impact on referrers. (4) Reputation damaged. (5) PSA Standards of Good Regulation not met. (6) Adverse PSA initial stages audit.											
CR3	May-13 (previously risk T30. Date of origin: May-13)	Revalidation			4	4	16	Mitigation in place: (1) On going engagement via Revalidation Strategic Advisory Group, Task and Finish Group, Patient and Public Forum and events in four countries. Employer Reference Group established. (2) Costed options developed in collaboration with stakeholders, preferred option agreed by Council 12/09/13. (3) Oversight and scrutiny by Revalidation Programme Board, Change Management Portfolio Board and Executive Board. (4) Informal consultation began 13/09/13 events calendar and social networks log established. Planned action: (1) Consultations - Informal (ongoing from 13/09/13); formal wider public (January 2014); Standards (April - June 2014). (2) Testing and piloting of new model - 2015. (3) Recruit and mobilise internal resources across NMC to ensure engagement and programme delivery is managed effectively. (4) Appropriate alignment of revalidation programme with registration improvement plan around online renewal process by November 2013.	3	4	12	Director, Continued Practice (sponsor) AD Revalidation (lead)	09.10.2013	Open - on track to reduce scoring. This will be achieved in Dec 2015	No change
		(1) Possible lack of stakeholder buy-in. (2) Complexity of the revalidation model. (3) Cost of revalidation process to the NMC and/or to the wider system.	(1) Revalidation model which has been signed off is not delivered: (a) by December 2015 and/or (b) in an effective manner.	(1) Public protection compromised. (2) Negative impact on registrants. (3) Reputation damaged. (4) PSA standards of good regulation are not met.											

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Sponsor)	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
CR4	01/06/2012 (previously risk T26. Date of origin: Jan-13)	Professional indemnity insurance (PII)			4	3	12	Mitigation in place: (1) Council decided NMC policy principles in April 2013. (2) NMC response to Department of Health consultation submitted May 2013. (3) Project plan currently overseen by Rag Programme Manager and existing staff. (4) Project Manager in place (01/07/2013). (5) NMC self declaration approach is approved. (6) New Notification of Practice form (method of capture) re-designed. (7) FAQs detailing NMC position for staff circulated in July to assist in responding to registrant queries. (8) Initial engagement with stakeholders completed. Planned action: (1) Changes required to Wiser (October 2013). (2) Implement in line with the direction from the Department of Health (not before Feb 2014).	3	3	9	Director, Registrations	19.09.2013 updated expected legislation date. 07.10.2013 - Initial stakeholder engagement complete, to implement in line with DOH not before Feb 2014. 08.11.13 Root cause relating to lack of project manager deleted.	Open - on track	No change
		(1) Short timescale for implementation following outcome of DH consultation. (2) Changes to Wiser carry inherent risk.	We may be unable to implement a proportionate solution to the PII requirement by the required deadline - initially 25 October 2013, but date yet to be confirmed by DH.	(1) Public protection compromised. (2) Negative impact on registrants. (3) Reputation damaged.											
CR5	May-13 (previously risk G39. Date of origin: Mar-13)	Financial resources			4	5	20	Mitigation in place: (1) Prudent budgeting aligned to corporate planning and change management programmes. (2) Financial strategy. (3) Risk based reserves policy. (4) Monthly finance and planning meetings with each directorate. (5) Monthly monitoring by Executive Board. (6) Standing financial report to the Council. (7) Grant secured to meet unexpected costs re overseas registrations (8) Mid year review of Financial resource requirements against corporate plan & emerging priorities. Planned action: (1) Annual review of registrant fees - spring 2014.	4	5	20	Director, Corporate Services	08.10.2013	Open - on track.	No change
		(1) Limited sources of income. (2) Possible increase in resource requirements as a result of external factors e.g. Francis report, external reviews, government policy etc. (3) Possible increase in fitness to practise referrals above forecast rate. (4) Resource requirements arising from several, simultaneous improvement projects. (5) Possibility that we do not achieve targeted efficiency savings.	We may have insufficient financial resources to meet all our planned operational requirements.	(1) Inability to deliver corporate objectives and/or improvement programme. (2) Negative impact on registrants. (3) Reputation damaged.											
CS4 (CR6)	May-13 (previously risk T24. Date of origin: Oct-12)	Risk: Information Security			5	4	20	Mitigation in place: (1) Information security and data protection policies. (2) Mandatory training for staff and panellists. (3) Oversight by Information Governance Steering Group. (4) Laptop encryption programme. (5) Information security gap analysis completed and independently validated, identifying risk areas. Improvement Plan in place. (6) Internal audit activity on data security completed. Planned action: (1) Implement information security improvement plan, addressing highest risk areas as priority. High risks completed by Dec 2013. (2) New email encryption solution will be rolled out by November 2013 (3) Enhanced coverage and compliance with training (monthly review).	4	4	16	Director, Corporate Services	06.11.13 planned action (2) deferred to November 2013.	Open - on track.	No change
		(1) Large volume, complex information processing. (2) Possibility that policies and procedures may be ineffective or inconsistently applied. (3) Security enhancements to some systems needed.	Sensitive information may be accessed by, or disclosed to, unauthorized individuals.	(1) Negative impact on data subject. (2) Regulatory intervention and/or fine by the Information Commissioner's Office. (3) Reputation damaged.											

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Sponsor)	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
CR7	May-13 (previously risk G20 & G35. Date of origin: 26.3.2012)	Quality of information			5	3	15	Mitigation in place: (1) Short term improvements to strengthen understanding of management information across registration and fitness to practise systems. (Cross reference CR1) (2) Short term improvements to support stakeholder engagement intelligence needs underway, including liaison with other regulators. (3) Data produced for annual reports. (4) Improved FtP MI to support corporate KPIs. (5) Initial intelligence shared with CQC. Planned action: (1) Further data test reports to be run (October-Dec). (2) QA Strategy to include providing assurance on data quality and management (ongoing). (3) Standard data sets being developed to be compatible with other regulators, eg CQC (December 2013). (4) Internal audit report on KPIs and MI to Audit Committee (December 2013).	5	3	15	Director, Corporate Governance	08.11.2013 Planned actions updated.	Open. Project in early stages and will require time to diagnose and correct. Links to ICT strategy, post 2014 for full implementation. Review Dec 2013 for implementation progress.	No change
(1) Inconsistency in collection and use of data. (2) Ownership and governance arrangements for data and information management fragmented. (3) Enhanced system and analysis tools needed.	We may not consistently provide a coordinated response to management information and data requests.	(1) Inability to deliver corporate objectives and/or improvement programme. (2) Barrier to making sound business decisions and prioritisation of work. (3) Ineffective use of resources. (4) Reputation damaged.													
CR8	May-13	Leadership, governance and management			3	5	15	Mitigation in place: (1) Regular meetings of Directors' Group, Change Management and Portfolio Board and directorate senior management teams. (2) Annual corporate planning process. (3) Induction of new Council and continuing learning sessions in seminar. (4) Human Resources and Organisational Development strategy in place and being implemented. (5) Executive Board now established. Planned action: (1) Implementation of governance review - October 2013.	1	5	5	Chief Executive	Reviewed 29.10.2013 - likelihood remains low.	Open - on track. Review October 2013. One year on from restructure, 6 months into tenure of new Council and new governance arrangements in place.	No change
(1) Transitional issues arising from reconstitution of the Council and concurrent governance review. (2) Organisational structure still embedding. (3) New executive team and varying levels of management experience across the organisation.	We may experience difficulties in implementing/prioritising decisions effectively and/or sustaining change.	(1) Inability to deliver corporate objectives and/or improvement programme. (2) Negative impact on staff. (3) Reputation damaged. (4) Ineffective use of resources.													
CS3 (CR9)	May-13 (previously risk T25. Date of origin: Oct-12)	Risk: Staffing			5	4	20	Mitigation in place: (1) Improved employee communication and engagement in place. (2) Human Resources and Organisational Development Strategy in place and being implemented. (3) Staff survey completed and action plans established (4) Learning and development programme launched. (5) Focus groups and CEO lunches ensure feedback is received. (6) Pay and grading briefings held in August and consultation started in October 2013. Planned action: (1) Pensions, pay and grading review - formal consultation commenced in October 2013; implement in January 2014. (2) Review of HR policies ongoing (complete by March 2014). (3) Career Pathways to be embedded in pay and grading proposals; (implement in January 2014). (4) Ongoing delivery of learning and development programme (all year). (5) Long term workforce planning aligned to strategic direction (commenced June 2013; completion March 2014).	3	3	9	Director, Corporate Services AD HR & OD	06.11.13	Open - on track. Review December 2013. Linked to KPI on employer turnover.	Reducing
(1) Perception that our rewards package is poor. (2) Organisational and people development historically a low priority. (3) Organisational structure still embedding. (4) Lack of clear career progression pathways.	We may experience continued high staff turnover.	(1) Inability to deliver corporate objectives and/or improvement programme. (2) Negative impact on staff morale, motivation, and performance. (3) Reputation damaged. (4) Ineffective use of resources. (5) Loss of corporate memory.													

No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action	Post-mitigation scoring			Risk Owner (and Sponsor)	Dates up-dated (log of dates for when risk was updated)	Status (open / closed plus clear indication of whether and when on track / not on track to reduce scoring)	Direction (of risk score from the previous issue)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score		Likelihood	Impact	Score				
CR10	May-13 (previously risk T29. Date of origin: Feb-13)	Profile and proactivity (1) Engagement with patients, public and stakeholders not yet fully embedded. (2) Complex healthcare landscape and regulatory environment. (3) Joint working with other regulators inconsistent.	The NMC's lack of public profile means we may not communicate our role effectively and therefore our role is not properly understood. Ineffective joint working inhibits sharing of information about potential identification of unsafe practice or health provision settings where nurses and midwives provide care.	(1) Inability to deliver public protection effectively. (2) Reputation damaged. (3) Inappropriate or lack of referrals to fitness to practise. (4) Inappropriate recommendations from external reviews.	4	4	16	Mitigation in place: (1) Strategic engagement commitment in place. (2) Programme of key stakeholder meetings ongoing between Chief Executive, Chair and senior staff with the DH, professional bodies and unions, patient groups, nurses, midwives and other regulators. (3) Patient and Public Engagement Forums held quarterly in England, joint patient and public forum run with the Richmond Group and General Medical Council. (4) Changes made to NMC website in response to Patient and Public Engagement Forum feedback. (5) First time attendance at the Citizen's Advice Conference. (6) Acquired corporate membership of Plain English Society and first Crystal Mark achieved for our refreshed guidance on Raising concerns. Guidance relaunched September 2013. (7) System in place for tracking FtP referrals to and from other regulators. Referrals are recorded on cross regulatory log. Planned action: (1) Patient and Public Engagement Forums to be held in Scotland, Wales and Northern Ireland (Sept 2013 - April 2014). (2) NMC employer roadshows to be launched (October - March 2014). (3) Website relaunch to make it more public focused and interactive (March 2014 onwards). (4) Plain English accreditation to be sought on all key publications (October 2013 onwards). (5) Memoranda of understandings to be underpinned with information and data sharing protocols (March 2014). (6) Business case approved by Executive Board in October and FtP to develop model to work proactively with employers across the UK (March 2014). (7) Next CMS release to enable fields in CMS to capture referrals to and from other regulators (Q2 2014-2015). (8) Planned internal audit activity to look at communication and engagement in Q1 2014 - 15.	3	3	9	Director, Corporate Governance	30.09.13 - Risk likelihood increased from 2 to 3 to reflect that website refresh proposals were not agreed by Executive Board. Also CMPB has noted that there is a need for a more strategic coordinated approach to this area of work, linked to Francis recommendations. 11.10.13 Mitigation and planned action updated in relation to FtP sharing information with other regulators. 08.11.13 Planned actions updated.	Open Review March 2014 to measure impact of activity.	Increasing

Risk matrix

1. Rating the likelihood

Likelihood of risk occurring			
Term	Score	Guidance	Evidence
Very high	5	There is strong evidence to suggest that this risk will occur during the Business Plan and Project life-cycle (typical likelihood of 81-100%).	A history of it happening at the NMC. Expected to occur in most circumstances.
High	4	There is evidence to suggest that this risk will occur during the Business Plan and Project life-cycle (typical likelihood of 51-80%).	Has happened at the NMC in the recent past. Expected to occur at some time soon.
Medium	3	There is some evidence to suggest that this risk may occur during the Business Plan and Project life-cycle (typical likelihood of 21-50%).	Has happened at the NMC in the past. Can see it happening at some point in the future.
Low	2	There is little evidence to suggest that this risk may occur in the Business Plan and Project life-cycle (typical likelihood of 6-20%).	May have happened at the NMC in the distant past. Not expected to occur for years.
Very low	1	There is no evidence to suggest that this risk may occur at all during the Business Plan and Project life-cycle (typical likelihood of 0-5%).	No history of it happening at the NMC. Not expected to occur.

2. Rating the impact (consequence)

Impact if risk occurs		
Term	Score	Guidance
Critical	5	Critical impact on the achievement of the Business, Project and Public Protection objectives and overall performance. Huge impact on costs and reputation. Very difficult and long term to recover.
Major	4	Major impact on costs, Business, Project and Public Protection objectives. Affects a significant part of the Business or project. Serious impact on output, quality, reputation and protection of the public issues. Medium to long term effect and expensive to recover from.
Moderate	3	Significant waste of time and resources. Impact on operational efficiency, output and quality, hindering effective progress on business objectives and project outcomes and protection of the public issues. Adverse effect on reputation. Medium term effect which may be expensive to recover.
Minor	2	Minor loss, delay, inconvenience or interruption. Short to medium term effect. Business and Project objectives not compromised. Protection of the public not prejudiced.
Insignificant	1	Minimal loss, delay, inconvenience or interruption. Can be easily and quickly remedied. Little or no effect on reputation or public protection issues.

3. Scoring likelihood against impact

Impact	CRITICAL	5	5	10	15	20	25
	MAJOR	4	4	8	12	16	20
	MODERATE	3	3	6	9	12	15
	MINOR	2	2	4	6	8	10
	INSIGNIFICANT	1	1	2	3	4	5
	Score		1	2	3	4	5
			VERY LOW	LOW	MEDIUM	HIGH	VERY HIGH
			Likelihood				

Risk scores: 1-8 Green 9-15* Amber 16-25 Red

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

Council

Monthly financial monitoring –September 2013 results

Action: For information.

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

Core regulatory function: Supporting functions.

Corporate objectives: 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 2013-2014 by month and year to date as at September 2013, plus the latest projections for the ‘year to go’ and full year 2013-2014.
- Annexe 2: Actual results and forecast projections by month to March 2014.
- Annexe 3: Graph showing forecast available free reserves versus the budget available free reserves for 2013-2014.
- Annexe 4: Graph showing forecast available free reserves versus the budget and financial strategy available free reserves for 2012-2016.
- Annexe 5: Graph showing forecast available free reserves versus the budget and financial strategy available free reserves for 2012-2016, with the fee level held at £100.
- Annexe 6: Waterfall graph showing the main variances in available free reserves between the budget and forecast for 2013-2014, by cost category.
- Annexe 7: Efficiency performance 2012-2014.

**Further
information:**

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

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Context:**Financial information**

- 1 The budget information used throughout these reports is based on the budget approved by the Council on 21 March 2013.
- 2 The budget was set in the context of the three year plan to achieve our Fitness to Practise KPIs by December 2014 and the minimum available free reserve target by January 2016. Progress towards meeting the available free reserves target is also regularly presented to the Council in the KPI report.
- 3 On a monthly basis, meetings are held with each directorate to review progress against both the Corporate Plan and Budget, and to update the activity and financial forecasts. These forecasts are for the balance of the current financial year, and we also produce a rolling forecast for the next twelve months.
- 4 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.
- 5 The Executive Board reviews and approves the financial results and forecast each month.
- 6 Where significant variances are identified during the year which would impact our achievement of our reserves target, directors will determine the necessary corrective actions.
- 7 This report summarises the outcomes of the Executive monthly review, and sets out the key variances to budget.

Discussion and options appraisal:**Executive summary**

- 8 Available free reserves at September 2013 month end were £0.6 million higher than budget. This was due in part to timing differences between actual and budgeted expenditure, and also to an overspend in FtP to date, offset by lower Central Pool expenditure.
- 9 The latest forecast is for available free reserves at March 2014 to be on budget at £7.4 million, but several risks have been identified which are set out at paragraph 28.
- 10 The reserve level of £7.4 million is below the £10 million minimum target, which we have committed to achieve by January 2016.
- 11 Within the full year forecast for revenue expenditure, there are a number of variances to budget within directorates, which have

effectively been funded to date by the Central Pool.

- 12 The Central Pool is a contingency fund set up during the budgeting process, to fund items which either cannot be accurately quantified during the budgeting process, or were not envisaged at the time. Funds are released to directorate forecasts on the approval of business cases by the Executive Board. A number of pieces of work were in an early scoping phase during the budget setting process this year, in particular in relation to Registrations.
- 13 The principal forecast expenditure variances to budget at this stage relate to:
 - 13.1 Grant income of £1.6 million has been factored in to the forecast, reflecting the current year grant funding from the Department of Health to support overseas registrations improvements. The related costs of £1.6 million are shown in the 'projects' expenditure category. The current year grant funding is principally to support the historical audit of overseas registrations and the implementation of electronic ID verification for overseas applicants. A second application will be made to support the development and implementation of competency testing for overseas applicants to the register.
 - 13.2 £1.5 million additional expenditure in Fitness to Practise, based on an additional 248 cases sent for external investigation, 331 additional hearing days held to date, approval of additional headcount, the external sample audit of initial stage case closures, and costs in relation to panellist training which were moved from HR/OD.
 - 13.3 £0.3 million additional expenditure in Registrations, principally in relation to the registrations improvement plan, and increased staffing levels.
 - 13.4 Facilities Management is forecast to be £0.4 million higher than budget due to £0.3 million dilapidations provision for all leased property and £0.1 million of photocopying costs moved from ICT.
 - 13.5 £0.3 million in capital expenditure (ICT) – increased costs of £0.7 million (£0.4 million relating to the online services project being initiated earlier than planned (from year 2 of the SDP), and £0.3 million brought forward from 2012-2013) are offset by £0.4 million reduced requirement for the Wisser upgrade project. £0.2 million of this saving has been reforecast into ICT business as usual to fund the initial stages of Phase 2 of the ICT Strategic Development Programme.

- 14 FtP Conduct and Competency Committee (CCC) hearings per day were 24 in September, which was 2 per day above budget. Other hearing days were also above budget.
- 15 We continue to negotiate 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 between £1.5 million and £2 million. This has not yet been factored into the forecast. The final amount is subject to negotiation, and HMRC processes take a considerable time.

Monthly management results

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

Actual results versus budget

- 17 The highlights for the six months to September against budget were:
- 17.1 A slight increase over budget in periodic fees, EU assessment fees and overseas applications fees, offset to an extent by lower interest income. The increase in overseas application fee income follows the resumption of overseas applications processing from 1 April.
- 17.2 Compared to the budget for revenue and capital expenditure, there is a net underspend of £0.6 million for the first six months of the year.
- 17.3 FtP is £1.4 million overspent year to date, driven by:
- 17.3.1 Additional £0.2 million costs relating to consultancy for the 'lean' review and the closed case audit (funding approved from the Central Pool).
- 17.3.2 An adverse operational variance of £0.6 million due to the higher level of hearing days, increased shorthand writers transcript requests, increased professional fees and additional requirements for external case presenters.
- 17.3.3 External investigations costs are £0.7 million higher than budget due to the increased number of cases being sent externally for investigation. Year to date, 506 cases have been sent externally versus a budget of 228.

- 17.4 Registration costs are higher by £0.2 million due mainly to higher than expected external costs associated with the initial review of overseas applications processing. This was under-provided in 2012-2013 but is not considered material enough to warrant a retrospective adjustment.
- 17.5 Facilities Management costs are higher by £0.2 million due mainly to £0.1 million of dilapidation costs and £0.1 million costs incurred during the office restacks this year and photocopier costs moved from ICT.
- 17.6 Costs in Continued Practice are £0.5 million lower than budget due to staff cost savings from vacancies, and lower QA of Education costs. The £0.2 million underspend on QA of Education to date has been recognised in the forecast as a saving.
- 17.7 HR & OD costs are £0.2 million lower than budget resulting from timing variances in staff recruitment and staff training costs. The full year forecast for these however is expected to be on budget. In addition, there are savings in relation to panellist training costs, which were budgeted in HR/OD, but it has now been agreed that these costs will now be picked up in FtP. The forecasts for both HR/OD and FtP have been adjusted to reflect this transfer.
- 17.8 Communications costs are £0.1 million less than budget due to timing of the website development, lower than expected printing costs and vacancies.
- 17.9 Expenditure in ICT is £0.2 million lower than budget due to vacancies and moving the photocopying costs to Facilities Management.
- 17.10 The favourable variance in the Central Pool (£1.7 million) is offset to an extent by increased spend in other departments representing costs that are being funded by the Central Pool (for instance consultancy costs in the FtP closed case audit, the pay and grading review in projects and the dilapidation provision in Facilities Management), and differences in timing and cost assumptions for the implementation of the registration improvement plan and the pay and grading review.
- 17.11 Total free reserves at September 2013 are £13.0 million. The pension deficit at this point is £7.3 million; therefore available free reserves at September 2013 are £5.7 million. This is £0.6 million better than budget at this point, but outside the reserves policy envelope agreed by Council in March 2013 (i.e. the risk based element of reserves to be in

a target range of £10 million to £25 million).

17.12 Total cash is £78.3 million at September 2013. This is £1.6 million better than budget, due to lower expenditure and a higher level of creditors at September.

Latest forecast

- 18 The full year forecast for 2013-2014 is based on the detailed reforecast by directors in October.
- 19 The highlights are as follows:
- 19.1 The latest forecast is for available free reserves at March 2014 to be on budget at £7.4 million, but some emerging risks to this are identified at paragraph 28 below.
- 19.2 Total free reserves are projected to be on budget at £14.1 million by March 2014.
- 19.3 The forecast yearend cash position is in line with budget at £75.3 million.
- 19.4 The income forecast is £1.8 million higher than budget, £1.6 million of which relates to the DH overseas grant funding and £0.2 million due to slightly increased periodic fees, EU assessment fees and the resumption of the processing of overseas applications to the register from 1 April, which was temporarily halted in the latter part of 2012-2013.
- 19.5 The Fitness to Practise expenditure forecast has increased by £1.5 million reflecting additional cases being sent out for external investigation (248 additional cases for the full year), higher hearing levels than budget to date, approved costs for additional headcount, an external audit of initial stage case closures, and costs in relation to panellist training which have been transferred from HR/OD.
- 19.6 The Registration forecast has increased by £0.3 million due to the external review of overseas registration (prior year), programme management support for the registrations improvement plan, and increased staffing levels. Costs associated with the registrations improvements plan and additional staff requirements were budgeted as potential bids to the central pool as they were not fully defined at that time.
- 19.7 Continued Practice is forecast to be £0.2 million lower than budget due to £0.2 million underspend year to date on QA of Education and reduced consultancy costs.
- 19.8 ICT is forecast to be broadly in line with budget, however

this masks a positive variance due to £0.1 million photocopying budget being moved to Facilities Management mitigated by £0.2 million increased costs to fund the initial stages of Phase 2 of the ICT Strategic Development Programme.

- 19.9 Facilities Management is forecast to be £0.4 million higher than budget due to £0.3 million approved dilapidations provision for all leased property and £0.1 million of photocopying costs moved from ICT.
- 19.10 The Central Pool position has been reduced to £1.1 million, reflecting approved expenditure now included in directorate forecasts. Where other budgeted requirements have now been reduced, these have been released and used to offset the forecast overspend in FtP.
- 19.11 Project expenditure includes the £1.6 million of expenditure now forecast this year for the registrations overseas audit and ID verification.
- 19.12 The capital expenditure forecast is £0.3 million higher than budget due to the approval of the online service project (funded from the central pool) and spend on the ICT strategy (£0.2 million) and the finance upgrade (£0.1 million), being carried forward from 2012-2013, offset by savings from the Wiser upgrade.

Efficiencies

- 20 Performance against efficiency initiatives is set out in Annexe 7.
- 21 As part of the financial strategy, efficiency savings of £25 million were identified in Fitness to Practise and are being actively targeted. £11 million of savings for 2012-2013 and 2013-2014 have been or are expected to be achieved, and the overall target is expected to be met by the end of the three year period.
- 22 Other efficiency savings in the NMC have been identified and are being tracked.
- 23 Further efficiency savings are expected to be identified both via the Corporate Efficiency Board and as part of the upcoming budgeting process.

Public protection implications:

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

Resource

- 25 The key financial indicators for current and projected levels are

implications:		discussed in this paper.
Equality and diversity implications:	26	An EQIA is not required in relation to this paper.
Stakeholder engagement:	27	None
Risk implications:	28	<p>There are a number of risks which should be considered on an ongoing basis when reviewing the financial position.</p> <p>28.1 Council's risk based reserve policy is that available free reserves should be held in a target range of £10 million to £25 million. Following the latest reforecast, our available free reserves will be £7.4 million by March 2014, 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. In our case, the financial strategy agreed by Council in 2012, the increased fee level and the Department of Health grant will build reserves back up to the required level.</p> <p>28.2 Increased hearing activity in all categories has increased the operational FtP spend to date versus budget. This is a cause for concern. This is being analysed to determine to what extent this represents an advance of hearing activity from later periods, and to what extent it represents a difference in the mix of hearing types required versus the budget assumptions. We are working on options to contain the costs but there is a strong possibility that this will impact our overall year end available free reserves target, and the achievement of KPI5.</p> <p>28.3 As a result of an increase in referrals this year it has been necessary to increase the number of cases sent for external investigation. This was a short term measure to manage the flow of cases through the inhouse case investigation teams. This will result in additional costs this year of £0.9 million. Again, this is likely to impact the overall year end financial position, and therefore options to contain costs in the NMC are being considered.</p> <p>28.4 The draft valuation of the pension scheme as at 31 March 2013 has now been received. It indicates that the scheme funding position has worsened. This is likely to increase our monthly deficit payments, which will have an impact on our available free reserves. We are reviewing the valuation and the assumptions on which it is based, with our pension advisers, and will be meeting scheme Trustees in</p>

November.

Opportunities

29 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 to increase funding or realise savings against projections, as follows:

29.1 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 15.

29.2 The corporate efficiency board is being re-shaped to provide greater focus on value for money and efficiency monitoring and reporting.

**Legal
implications:**

30 None.

Actual, budget & forecast 2013-2014
£000's

2013/2014	Month of September				April to September					October to March					Full Year				
	Actual	Budget	Prior Forecast	vs budget	Actual	Budget	Prior Forecast	vs budget	vs prior forecast	Forecast	Budget	Prior Forecast	vs budget	vs prior forecast	Actual/Forecast	Budget	Prior Forecast	vs budget	vs prior forecast
Periodic Fee Income	4,933	4,938	4,938	(5)	28,381	28,309	28,386	72	(5)	32,638	32,638	32,638	0	0	61,019	60,947	61,024	72	(5)
Grant Income	0	0	0	0	0	0	0	0	0	1,636	0	0	1,636	1,636	1,636	0	0	1,636	1,636
Overseas Applications	14	17	17	(2)	168	102	171	67	(2)	102	102	102	0	0	270	203	272	67	(2)
Eu Assessment Fee	43	26	26	16	259	158	243	101	16	158	158	158	0	0	417	316	401	101	16
Interest Income	98	123	123	(25)	653	740	678	(87)	(25)	740	740	740	0	0	1,393	1,480	1,418	(87)	(25)
Other Income	26	28	28	(2)	156	168	158	(11)	(2)	168	168	168	0	0	324	335	325	(11)	(2)
Total Income:	5,115	5,133	5,133	(18)	29,617	29,476	29,635	141	(18)	35,441	33,805	33,805	1,636	1,636	65,058	63,281	63,440	1,777	1,618
Office of the Chair & Chief Executive	64	48	67	(16)	316	283	318	(32)	3	358	283	352	(75)	(6)	673	566	670	(107)	(3)
Communication	78	74	79	(4)	293	436	293	143	1	543	465	538	(77)	(5)	835	901	831	66	(4)
Council Services	38	38	36	(0)	190	215	187	25	(2)	261	297	261	35	0	451	512	448	61	(2)
Governance	86	129	95	43	628	685	637	57	9	701	617	724	(84)	24	1,329	1,301	1,361	(27)	33
Policy	30	35	38	5	167	203	175	36	8	222	211	222	(11)	0	389	414	397	25	8
Corporate Governance	233	276	247	44	1,278	1,539	1,292	261	15	1,727	1,589	1,746	(137)	19	3,004	3,128	3,038	124	34
Registration	352	326	353	(26)	1,926	1,708	1,927	(218)	1	1,772	1,702	1,777	(69)	5	3,698	3,411	3,704	(287)	7
Continued Practice	235	241	279	6	1,062	1,533	1,106	471	44	1,792	1,552	1,777	(241)	(15)	2,854	3,085	2,883	230	29
ICT	416	462	487	46	2,409	2,576	2,480	167	71	2,549	2,311	2,444	(238)	(104)	4,958	4,887	4,924	(71)	(34)
Finance	118	211	141	93	833	977	856	144	23	1,135	1,022	1,142	(113)	7	1,968	1,999	1,998	31	30
Facilities Management	422	499	501	77	2,717	2,532	2,796	(185)	79	2,624	2,445	2,624	(180)	(0)	5,342	4,977	5,420	(365)	79
HR&OD	212	224	251	12	1,248	1,465	1,286	217	39	1,506	1,324	1,477	(182)	(29)	2,754	2,790	2,764	36	10
Corporate Services	1,168	1,397	1,379	228	7,207	7,550	7,418	343	211	7,814	7,103	7,688	(712)	(127)	15,021	14,652	15,106	(369)	84
Directors office	51	78	76	27	696	452	721	(244)	25	463	467	490	4	27	1,159	920	1,211	(239)	52
Screening	96	106	97	10	533	637	534	104	1	644	637	653	(7)	9	1,178	1,274	1,187	97	9
Case Investigations - Total	757	339	617	(418)	2,639	1,975	2,500	(664)	(139)	2,383	2,033	2,412	(351)	29	5,022	4,008	4,912	(1,014)	(110)
Investigations - IC	97	142	146	45	539	853	588	315	49	875	852	877	(23)	2	1,414	1,705	1,465	292	51
Case Management	22	24	29	2	201	144	208	(57)	7	175	144	175	(31)	1	375	288	383	(87)	7
Scheduling	57	70	69	13	415	420	428	5	13	405	420	419	15	15	820	840	847	20	27
Case Preparation	104	122	103	19	609	735	609	125	(1)	680	735	692	54	12	1,290	1,469	1,301	180	11
Admin / General	189	111	77	(78)	703	664	591	(38)	(112)	459	664	461	205	2	1,161	1,328	1,051	167	(110)
Adjudication	232	216	244	(15)	1,501	1,297	1,513	(204)	12	1,339	1,297	1,329	(42)	(10)	2,840	2,594	2,843	(246)	2
CCC	1,603	1,413	1,397	(190)	8,884	8,236	8,678	(648)	(206)	8,107	8,289	8,077	181	(30)	16,991	16,524	16,756	(467)	(236)
HC	77	55	55	(22)	563	329	540	(234)	(22)	321	321	321	0	0	883	649	861	(234)	(22)
Investigations - ICIO	185	241	234	56	1,313	1,448	1,362	135	49	1,384	1,413	1,384	29	0	2,697	2,861	2,746	164	49
Regulatory Legal Team	361	348	334	(14)	2,109	2,051	2,082	(59)	(27)	2,038	2,066	2,036	28	(2)	4,147	4,117	4,118	(31)	(29)
Panel support	71	154	78	82	560	668	567	108	6	906	667	897	(239)	(9)	1,466	1,335	1,464	(131)	(2)
FTP	3,902	3,418	3,556	(484)	21,266	19,910	20,920	(1,356)	(346)	20,179	20,004	20,224	(175)	45	41,445	39,914	41,144	(1,531)	(301)
Projects	606	7	43	(599)	686	86	123	(600)	(563)	1,199	20	71	(1,179)	(1,129)	1,885	106	193	(1,779)	(1,692)
Depreciation	235	256	241	21	1,382	1,534	1,387	152	6	1,611	1,534	1,620	(77)	9	2,993	3,068	3,007	75	14
NMC Corporate/General	2	5	5	3	108	28	111	(80)	3	44	28	28	(16)	(16)	152	57	139	(96)	(13)
Central pool	0	242	0	242	0	1,689	0	1,689	0	1,128	1,826	1,366	698	238	1,128	3,516	1,366	2,388	238
Revenue Spend	6,797	6,215	6,169	(581)	35,230	35,861	34,602	631	(627)	37,624	35,641	36,648	(1,983)	(977)	72,854	71,502	71,250	(1,352)	(1,604)
Surplus / (Deficit)	(1,682)	(1,082)	(1,037)	(599)	(5,613)	(6,385)	(4,967)	772	(645)	(2,183)	(1,836)	(2,842)	(347)	659	(7,796)	(8,221)	(7,810)	425	14
Capital	161	288	262	127	1,487	1,474	1,588	(14)	101	1,705	1,378	1,604	(327)	(101)	3,192	2,851	3,192	(341)	0
Total free reserves					12,986	12,380	13,536	607	(549)						14,138	14,129	14,138	10	0
Pension deficit					7,315	7,315	7,315	0	0						6,754	6,754	6,754	0	0
Available free reserves (excluding pension deficit & restricted funds)					5,671	5,064	6,221	607	(549)						7,385	7,375	7,384	10	0
Restricted funds					15,429	15,429	15,429	0	0						12,000	12,000	12,000	0	0
Cash at bank					78,347	76,737	77,894	1,610	453						75,319	75,310	75,319	10	0
Net inflow/(outflow) of funds					2,935	1,325	2,482	1,610	453						(93)	(102)	(93)	10	0
Substantive hearing numbers per day	24	22	22	2	22	21	22	1	0						22	22	22	0	(0)
Headcount	572	540	582	(32)											597	540	592	(57)	(4)

Actual and Forecast per month 2013-2014
£000's

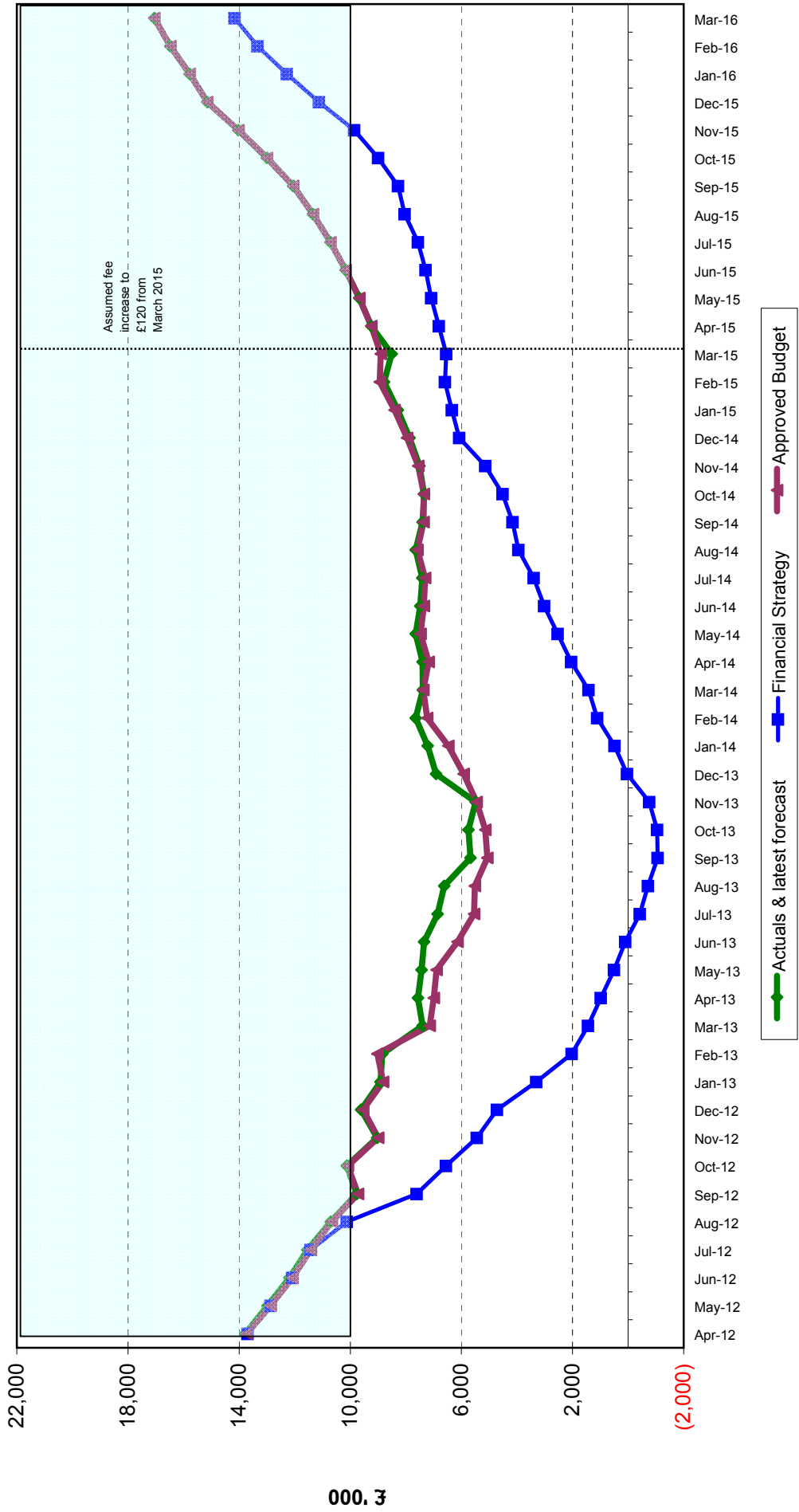
	Apr-13 Actual	May-13 Actual	Jun-13 Actual	Jul-13 Actual	Aug-13 Actual	Sep-13 Actual	Oct-13 Forecast	Nov-13 Forecast	Dec-13 Forecast	Jan-14 Forecast	Feb-14 Forecast	Mar-14 Forecast	Full Year 2013- 2014
Periodic Fee Income	4,524	4,624	4,697	4,755	4,847	4,933	5,209	5,307	5,418	5,513	5,595	5,595	61,019
Grant Income							544		884			208	1,636
Overseas Applications	41	19	14	39	40	14	17	17	17	17	17	17	270
Eu Assessment Fee	35	29	58	41	54	43	26	26	26	26	26	26	417
Interest Income	117	119	110	102	107	98	123	123	123	123	123	123	1,393
Other Income	29	24	19	33	25	26	28	28	28	28	28	28	324
Total Income:	4,746	4,815	4,898	4,970	5,073	5,115	5,948	5,502	6,496	5,707	5,790	5,998	65,058
Office of the Chair & Chief Executive	53	45	49	47	57	64	69	68	56	55	54	55	673
Communication	45	56	38	30	45	78	63	61	125	99	96	99	835
Council Services	38	28	37	29	20	38	40	48	28	38	75	33	451
Governance	127	119	92	104	100	86	103	111	136	103	103	143	1,329
Policy	28	26	27	25	30	30	38	38	38	38	38	34	389
Corporate Governance	238	229	194	188	196	233	243	259	327	277	312	309	3,004
Registration	450	271	246	267	340	352	331	275	280	275	297	314	3,698
Continued Practice	158	172	168	162	167	235	198	323	285	294	283	409	2,854
ICT	340	279	543	521	310	416	350	385	488	412	405	509	4,958
Finance	143	108	162	154	149	118	159	168	210	174	187	237	1,968
Facilities Management	477	398	471	481	469	422	339	438	441	445	426	535	5,342
HR&OD	164	202	179	236	254	212	251	253	201	257	257	286	2,754
Corporate Services	1,124	985	1,355	1,392	1,182	1,168	1,100	1,245	1,340	1,287	1,275	1,567	15,021
Directors office	74	206	159	130	76	51	76	81	77	77	77	77	1,159
Screening	89	79	87	87	95	96	100	109	109	109	109	109	1,178
Case Investigations - Total	247	295	339	434	568	757	598	424	340	340	340	340	5,022
Investigations - IC	122	122	83	55	59	97	144	146	146	146	146	146	1,414
Case Management	49	42	41	20	26	22	26	30	30	30	30	30	375
Scheduling	68	74	66	76	74	57	69	67	67	67	67	67	820
Case Preparation	105	98	78	114	111	104	104	115	115	115	115	115	1,290
Admin / General	69	107	67	113	158	189	75	77	77	77	77	77	1,161
Adjudication	233	236	290	252	259	232	222	223	223	223	223	223	2,840
CCC	1,242	1,537	1,425	1,580	1,497	1,603	1,528	1,402	1,069	1,432	1,306	1,369	16,991
HC	108	82	77	135	85	77	60	55	42	57	52	55	883
Investigations - ICIO	245	258	235	241	149	185	256	234	186	245	229	234	2,697
Regulatory Legal Team	393	275	376	391	312	361	343	347	314	350	337	347	4,147
Panel support	36	73	175	107	98	71	38	131	148	133	224	232	1,466
FTP	3,080	3,484	3,499	3,734	3,567	3,902	3,639	3,440	2,944	3,402	3,333	3,421	41,445
Projects	40	26	(8)	0	21	606	507	346	122	44	44	137	1,885
Depreciation	226	228	226	232	235	235	245	241	283	280	280	283	2,993
NMC Corporate/General	23	96	(40)	(3)	30	2	21	5	5	5	5	5	152
Central pool	0	0	0	0	0	0	0	0	0	293	293	541	1,128
Revenue Spend	5,393	5,536	5,689	6,020	5,794	6,797	6,353	6,202	5,642	6,212	6,175	7,041	72,854
Surplus / (Deficit)	(646)	(722)	(792)	(1,050)	(721)	(1,682)	(405)	(700)	855	(505)	(385)	(1,043)	(7,796)
Capital	79	303	190	334	420	161	428	466	378	143	126	165	3,192
Total free reserves	15,348	15,123	14,939	14,357	14,023	12,986	12,970	12,616	13,948	14,152	14,492	14,138	
Pension deficit	7,783	7,690	7,596	7,502	7,409	7,315	7,222	7,128	7,034	6,941	6,847	6,754	
Available free reserves (excluding pension deficit & restricted funds)	7,565	7,433	7,343	6,855	6,614	5,671	5,748	5,488	6,914	7,211	7,645	7,385	
Restricted funds	18,286	17,714	17,143	16,571	16,000	15,429	14,857	14,286	13,714	13,143	12,571	12,000	
Cash at bank	75,167	74,029	72,457	71,308	70,632	78,347	77,166	76,349	75,325	74,472	73,229	75,319	
Net inflow/(outflow) of funds - monthly	(245)	(1,138)	(1,572)	(1,149)	(676)	7,715	(1,181)	(816)	(1,024)	(853)	(1,243)	2,090	(93)
Substantive hearing numbers per day	19	22	22	23	22	24	22	22	22	22	22	22	22
Headcount	556	539	542	555	580	572	590	599	597	603	600	597	

September forecast & approved budget available free reserves 2013-2014

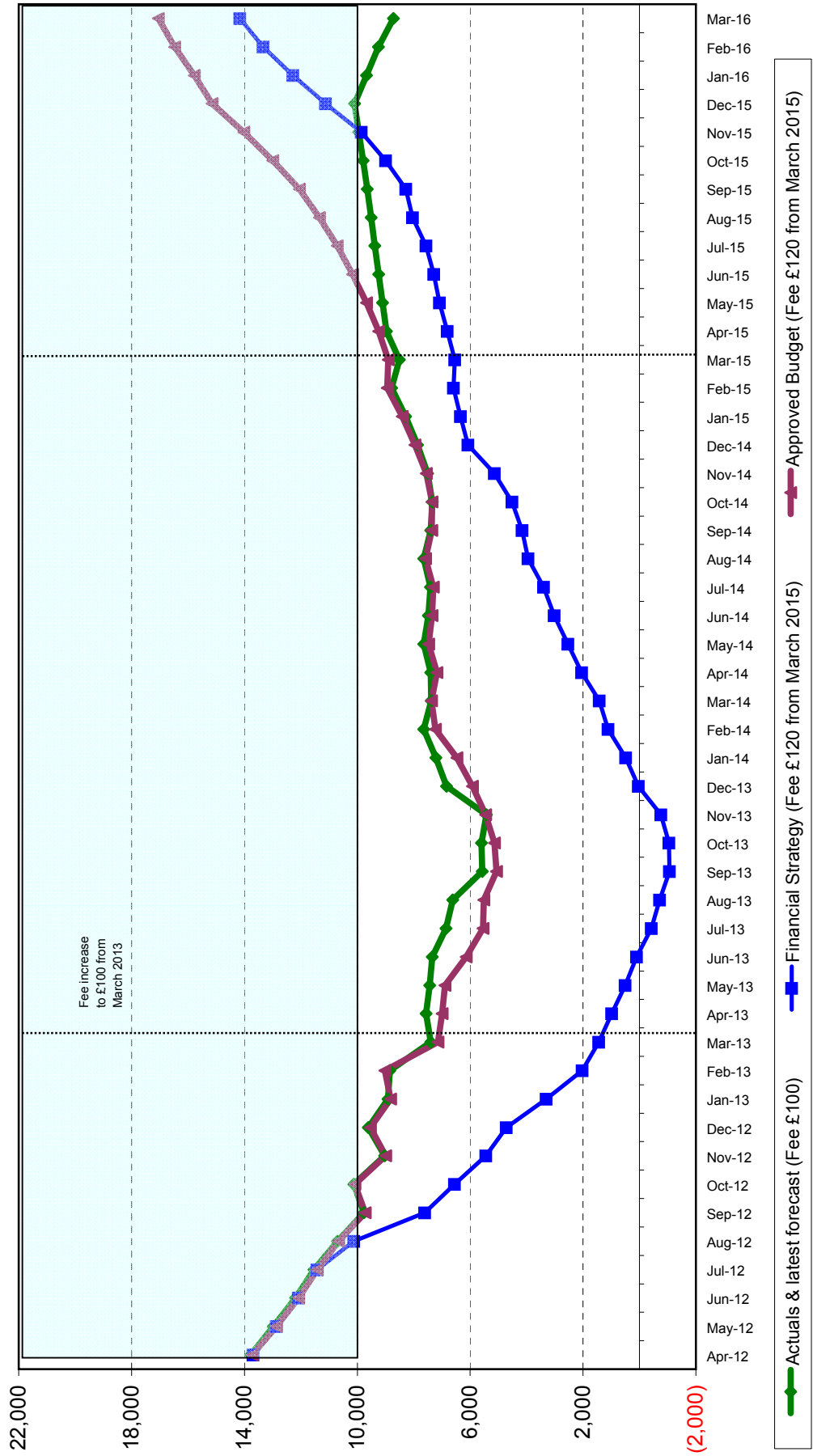
Annexe 3



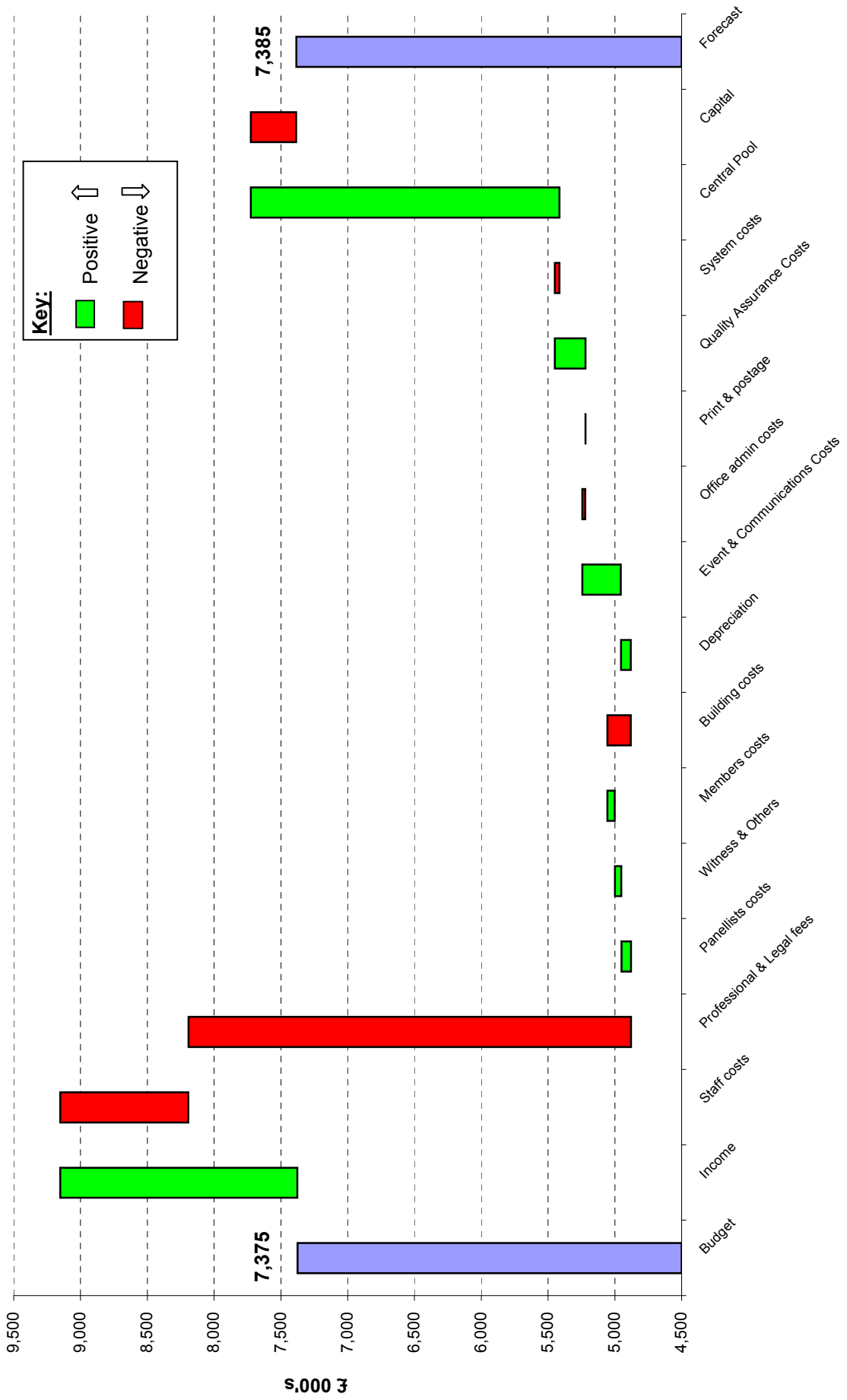
September forecast, approved budget & financial strategy available free reserves for 2012-2016
Annexe 4



September forecast, approved budget & financial strategy available free reserves for 2012-2016
Annexe 5



Available Free Reserves
2013-2014 Budget versus forecast by operational category



Efficiency performance 2012-2014

	Efficiencies assured by KPMG		Actual\Forecast		Variance		
	2012-2013	2013-2014	2012-2013	2013-2014	2012-2013	2013-2014	Total
In house investigations	2,100	5,340	695	4,010	(1,405)	(1,330)	(2,734)
Shorthand writers	1,013	1,981	460	2,035	(553)	54	(499)
IC2 / ICIO reduction		2,686	766	922	766	(1,764)	(998)
Voluntary removal		473	236	1,943	236	1,470	1,706
Headcount reduction from restructure (37 redundancies)			36	2,398	36	2,398	2,434
Vacant positions dis-established (28.4 positions)			1,679	1,679	1,679	1,679	3,358
Old Bailey			(74)	1,290	(74)	1,290	1,217
Staff pay freeze 2012-2013			300	300	300	300	600
Changes made to pin cards			100	100	100	100	200
NMC Review			200	200	200	200	400
Total	3,113	10,480	4,399	14,877	1,286	4,397	5,683
FIP Efficiencies	3,113	10,480	2,157	8,910	(956)	(1,570)	(2,525)

	2012-2013	2013-2014	2014-2015
Efficiencies assured by KPMG	3,113	10,480	11,546
In house investigations	2,100	5,340	6,260
Shorthand writers	1,013	1,981	1,901
IC2 / ICIO reduction		2,686	2,878
Voluntary removal		473	507
Total	3,113	10,480	11,546

Council

ICT Strategic Plan 2013-16

Action: For discussion.

Issue: The future ICT strategic plan for 2013-2016.

Core regulatory function: Supporting functions.

Corporate objectives: Corporate objective 1: “We will safeguard the public’s health and wellbeing by keeping and accessible accurate register of all nurses and midwives who are required to demonstrate that they continue to be fit to practise.”

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

Decision required: Members are recommended to:

- Discuss the strategic plan and underpinning investment presented in this paper.

Annexes: The following annexes are attached to this paper:

- Appendix 1: ICT Strategic Plan 2013-16
- Appendix 2: ICT Strategic Plan 2013-16 Key Deliverables

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 PSA Strategic Review in July 2012 was critical of the NMC's ICT systems stating that: *"the ICT systems currently in place at the NMC do not provide the basis for an efficient organisation."* The report went on to add:
 - (i) many systems were outdated and considered by staff to be ineffective requiring manual workarounds;
 - (ii) there were limited interfaces between systems leading to increased workloads and data inaccuracies;
 - (iii) the underpinning infrastructure is weak with numerous system outages impacting upon productivity;
 - (iv) the application underpinning the register (WISER) was considered high risk due to age and lack of support for the system and difficulty in implementing changes, with loss of productivity through system downtime and instability;
 - (v) a lack of interface between Case Management System (CMS) and WISER resulting in manual work and risk of data inaccuracy;
 - (vi) CMS was a source of frustration to staff in FtP and therefore is not fully used;

- 2 The overarching recommendation in the report was:

"It is clear that the ICT systems at the NMC require significant new investment and development to be able to support an efficient organisation and to be able to supply management with the information it needs to effectively manage the organisation. We recommend that before further investment is made the NMC ensures it understands the capabilities of the systems it has and how these can be accommodated in a sustainable ICT strategy."

- 3 In the report of the Health Select Committee's 2012 accountability hearing with the NMC, the PSA comments on our ICT systems were noted, as was the NMC's need to stabilise its systems and to properly scope its proposals for a long term IT strategy. The Committee commented not only on the need to develop IT systems to meet operational needs but also on the contribution of poor systems to staff morale and high turnover rates. Two specific points on the development of an IT strategy were made in the report of the hearing:

"The NMC will not be able to operate its FtP processes with genuine efficiency until it invests in IT systems that communicate with one another and are less resource intensive and cumbersome to operate. We recognise the NMC's desire to understand in detail what works well for other regulators but it needs to address this

matter with utmost urgency. If the systems cannot meet the demands made of them then the NMC cannot meet the demands made of it as a regulator.

“At our next accountability hearing (October 2014) we will seek evidence that the systems have been stabilised, that there is a long term plan in place to improve the IT infrastructure and that the existing systems are finally allowing staff to complete crucial tasks accurately and efficiently.”

- 4 Prior to the publication of the final PSA report the Council was presented with a draft ICT strategy in March 2012, which management had validated externally. KPMG endorsed the need to stabilise existing systems before making new investment.
 - 5 In September 2012 the Council approved a plan to stabilise the existing IT infrastructure (Stabilisation Phase) and to design the blueprint for future development (Evolve Phase) and investment in ICT. Funding of £1.397m and £1.545m for 2012-13 and 2013-14 respectively was approved as part of a £10m overall investment fund, of which £2.4m is forecast to be spent by March 2014.
 - 6 The Council requested that the Executive bring back in 2013 its proposals for the longer term investment and strategy for ICT and that is the subject of this paper.
- Discussion and options appraisal:**
- 7 In the 12 months since the commencement of the first phase of the strategy, we have made significant progress in mitigating risks and weaknesses set out in the PSA report through building the underpinning security and stability of the ICT infrastructure, a key priority as recognised by KPMG, before more transformational work can begin. The programme is set to deliver all of its key deliverables by December 2013 and within the budget approved by the Council.
 - 8 This initial phase has facilitated organisational learning both in terms of gaining better understanding of the risks and limitations of the underpinning infrastructure and in terms of business requirements. The programme has been adapted through this period to take account of that knowledge.
 - 9 By December 2013 we will have completed the following programme of work:
 - Moved our business critical systems onto a new supported version of Microsoft database software;
 - Improved performance and reliability by separating Production systems from Test and Development systems;
 - Upgraded the phone system to a newer supported version

enabling new ways of working and improved collaboration;

- Implemented a new Microsoft licensing program using a Government approved framework;
- Upgraded our desktop and laptop computers to supported versions of Microsoft office;
- Upgraded the email system to provide additional capacity and improved archiving and search capabilities;
- Upgraded the NMC records management system to a supported version and addressed historical performance and usability concerns;
- Upgraded our core HR and Finance systems;
- Made the system changes to support the implementation of PII legislation;
- Commenced a pilot of online services for registrants;
- Implemented a plan of security improvements such as the encryption of laptops and emails;
- Implemented management information capabilities which link FTP and Registration database information.

10 The key benefits from this programme of work are:

- Reduced organisational risk associated with software licensing and data protection compliance;
- Providing staff with modern software which will enable new ways of working, such as hot desking and online collaboration;
- Reducing the cost of ownership for the desktop and laptop computers and allowing rapid deployment of software installations and updates for the remainder of the strategic plan;
- Increased capacity and reliability of core systems but further upgrades are required in the next year to provide a long term sustainable solution;
- Delivering the technical capability to provide management information allowing quality and consistency to be regularly monitored by the business.

11 Since the strategy was agreed by the Council in 2012 there have been further regulatory developments and an acceleration of the timescale for significant business changes, not least arising from the findings and response to the Francis Report, the launch of

consultation on a test of competence for overseas nurses, planned introduction of revalidation, and the development of online services. These requirements have tested the capacity of the in house ICT team and our supply chain and therefore developing both organisational capacity and capability is a key factor to be considered in implementing our forward strategy.

- 12 Ordinarily an ICT strategic plan will be determined by the business strategy. The NMC's current business strategy is emerging and has, to date, focused more on tactical plans. Whilst the longer term business strategy is being defined through corporate and business planning, we are confident that the proposed ICT strategy will align with business need and key deliverables but will be developed to ensure maximum flexibility to address longer term change. We are also confident that the plan can be delivered within the resources set aside by the Council and the timescales set out in this strategic plan.
- Public protection implications:** 13 ICT is a critical component of our ability to deliver efficient and effective public protection through regulation. It is also a key enabler in providing high quality management information to enable us to discharge that role effectively.
- Resource implications:** 14 The organisation has set aside £10m for investment in ICT over three years 2013-14 to 2015-16. The proposals set out in this plan fall within those resources. Appendix 2 includes indicative resource requirements, which will be further developed through the business planning and budgeting process.
- Equality and diversity implications:** 15 The strategy will move the NMC to a more modern, digital way of delivering our services. This may have a differential impact on key stakeholders, particularly registrants, and this will be taken into account in the development of each project. Having IT systems that are accessible to all stakeholders will form a key strategic principle.
- Stakeholder engagement:** 16 There has been active engagement and participation from staff and management at all levels in the delivery of the first phases of the delivery programme. For the next stage of the strategy there will be extensive communication with staff affected by the proposals and targeted external stakeholders and other bodies.
- Risk implications:** 17 ICT is a key enabler in delivery of efficient and effective regulation and failure to modernise our systems is both a risk and a lost opportunity.
- Legal** 18 Legal considerations have been taken into account in drafting this

implications: strategy.

Appendix 1 – Information & Communications Technology (ICT) Plan 2013-2016

Strategic

Purpose

The purpose of this strategic plan is to enable the NMC to become a modern, efficient and effective regulator and thereby enhance public protection. Strong ICT infrastructure and systems that are directly aligned to current and future business need will enable the NMC to deliver its operations effectively, provide accurate and purposeful data and management information that can be shared collaboratively with other regulators and stakeholders. By this we mean:

Modern	External stakeholders and staff are able to access customer focused ICT solutions that are compatible with the latest standards and enable the Government “Digital by Default” strategy
Efficient	Investment in ICT can reduce our overall operational costs by allowing automation and elimination of existing manual work
Effective	Improvements in customer service, reduced processing times and critically the quality and quantity of data we store, analyse and share will enhance our core purpose of public protection

Scope

The strategic plan includes the entirety of the NMC’s ICT work, including infrastructure, networks, core applications, data security systems and information and data systems.

The strategic plan covers the period from December 2013 (end of first phase of the Strategic Delivery Programme (SDP) to March 2016. It recognises the significant portfolio of work required to be completed in this timeframe and therefore does not at this stage look beyond 2016. Over the course of the plan more consideration will be given to the longer time horizon but the activities included within this plan will have longer term impact and benefit in themselves.

Aims

The key aims of the strategic plan are:

- The NMC will have a reliable, secure, and efficient operational ICT environment
- Staff will be provided with the modern tools enabling them to operate in an efficient manner automating processes and eliminating paper where possible.
- Data will be recorded once in a timely fashion and made available to all staff who need it to ensure the NMC can take prompt decisions on the basis of accurate consistent intelligence and data
- The public, registrants and stakeholders will be able to access our services and the information we provide in a convenient and timely way
- Information sharing within the NMC and with our stakeholders will be done in a controlled but convenient fashion.

- ICT will be able to respond quickly to changes to the internal, external or legislative environment
- Operational costs will be driven down by automation and elimination of duplication of effort
- More flexible working arrangements will be enabled potentially reducing fixed and variable costs
- Information and data governance and security will be improved.

Key Business Needs

Within the timescale of this strategic plan there are a number of already defined critical business priorities, which this plan will deliver: The benefits from this work will fall into three primary classes:

- Risk mitigation – reduction in risks associated with legislation or lost working time due to hardware and software failures
- Capability Enhancement – introducing a new capability for the NMC such as revalidation or the response to the Francis report.
- Operation Savings – reductions in vendor expenditure and staffing levels

The table in Appendix 2 shows the key projects to be included in this plan and the estimated resources required to implement them. Each project will be subject to a formal approval process by the Executive Board, which will provide more detailed information on costs and benefits to be derived.

Strategic Decision Points

Over the course of this strategic plan there are some critical decision points for the Executive Board:

- (i) WISER replacement - when and how to replace WISER – Q4 2013 decision as critical to business planning process
- (ii) CRM implementation – formal decision on strategic vendor partnership – Q1 2014 as part of the WISER replacement project.
- (iii) CMS – whether to continue to enhance the existing system or replace it and by when – Q4 2014
- (iv) Cloud – whether to move to Cloud-based service provision – during 2014
- (v) Document management – formal decision on strategic vendor partnership - Q1 2014 as part of the WISER replacement project.
- (vi) Supply Chain – in line with contract support renewal points

Capacity & Capability

The existing ICT capabilities require investment to ensure that the NMC can;

- Define detailed long term plans to support the implementation of the strategy
- Operate in a reliable secure technology environment
- Ensure ICT solutions can be modified swiftly and reliably to support operational and legislative changes

The capacity and capability to meet these requirements will be provided by a mix of permanent staff, contractors and vendors. A full assessment of long term capacity and capability is an essential element of this plan including ensuring that the NMC has the following key skills to manage this change:

- Programme and project management
- Business and systems analysis
- Technical Architecture planning
- Vendor management
- Business relationship and customer service management

A long term objective will be to reduce the number of vendors used by ICT, to improve commercial terms and simplify operational management. The use of outsourced services will be reviewed to ensure we have the appropriate balance of cost, reliability and security.

Although the use of Cloud computing models will be actively considered in a number of the projects above, Cloud vendors will not be utilised unless a thorough due diligence process and associated risk assessment have been approved by the Executive board.

Appendix 2 – ICT Strategic Plan 2013-2016 Key Deliverables

Priority	Estimated Budget	Benefit category	Expected benefit
Strategic Development Plan Phase 2 – further improvements to our infrastructure, including facilitating flexible working, Cloud readiness and procurement work.	£0.5m	Risk mitigation Operational Savings	Operational risks associated with lost or unproductive working time will be reduced by continuing investment in ICT technology to ensure we have appropriate levels of reliability, capacity and security.
Agile ICT – enhancing the environment, tools and skills within the NMC to deliver rapid change	£0.5m	Risk mitigation Operation Savings	Improved quality of systems reducing staff time due to errors, and tools enabling systems to be swiftly changed and tested to improve organisational agility.
Registration Improvement Plan – delivering further online services and WISER enhancements	£0.4m	Capability Enhancement Operation Savings	Further enhancements to WISER to support short to medium term business led changes to our Registrations directorate.
Public Register Enhancements – development of a new public register solution fully integrated with FtP and registrant data	£0.2m	Risk mitigation Capability Enhancement Operation Savings	Improved service capabilities to the public, employers and other key stakeholders to ensure that the Register and the associated FtP information are automatically accessible to all who need them in a variety of formats.
Revalidation – changes to online capability to support revalidation and related audit	£0.2m	Capability Enhancement	ICT improvements to our systems to enable the online platform for the business led Revalidation programme and supporting functions such as auditing and reporting.

WISER replacement – complete replacement for WISER and supporting document management and rules engine	£2.0m	Risk mitigation Capability Enhancement Operation Savings	Operational and reputational risk mitigation by replacing unsupported and obsolete technology used by our Registrations Directorate. The replacement solution will enable new ways of working leading to operational savings and improved customer service.
CMS Enhancements – enhancement to management system to support new processes and improve forecasting	£0.5m	Operation Savings Risk mitigation Capability Enhancement	Operational savings driven by automation of processes and a new business model which will enable improved forecasting and costing information. Operational risks associated with manual errors will be reduced and there will be improved information flows.
Risk & Intelligence Sharing – solution to allow sharing of risk and data intelligence with third parties, fully integrated with FtP and the Register	£0.2m	Capability Enhancement	Changes to our system to enable the new capabilities required to support the recommendations of the Francis Report including risk and intelligence sharing with key stakeholders.
Management Information – continuing programme of enhancements to Dashboards and reports	£0.3m	Capability Enhancement Operation Savings	Introduction of improved automated reporting will reduce operational costs. New data visualisation and analysis tools will improve statistical and analytical capabilities.
CRM Phases - deployment to all business areas and integration with CMS and WISER	£0.2m	Capability Enhancement	Improved customer service, stakeholder management capabilities and potential operational savings by adopting a shared view of our customers and stakeholders across all business units.
Website Enhancements – enabling new	£0.2m	Capability Enhancement	The main website solution will become

services on the website and updating software			Risk Mitigation	obsolete during the next strategic planning cycle and therefore to ensure continuity of our digital services must be upgraded. These changes will enable new capabilities to support mobile devices and integrate with Social Media sites.
iNMC – consolidation of all web services to enable a digital platform consistent with Government Digital Strategy.	£0.8m		Capability Enhancement Operational efficiency	Towards the end of the strategic planning cycle it is likely that changes in the external environment and our business processes will demand a refreshed integrated digital solution in line with the Government's Digital Strategy.
Total		£6.0m		

Note: These budgets are initial estimates and will be refined as part of the business planning and budgeting cycle.

Council

Key themes to inform the NMC education strategy

Action: For discussion

Issue: The Council is invited to provide a steer on the five key themes that are intended form part of a NMC education strategy.

Core regulatory function: Education and setting standards.

Corporate objectives: Strategic objective 2: “We will set appropriate standards for the 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.”

Decision required: The Council is recommended to comment on the five key themes that the education strategy will be addressing particularly in relation to their impact on public protection.

Annexes: None.

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

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Context:

- 1 The NMC has responsibility for setting standards for education and quality assuring programmes delivered against our standards. Nursing and midwifery education programmes are currently being delivered by 79 approved education institutions (AEIs) across the UK.
- 2 The NMC education function protects the public by ensuring that student nurses and midwives complete programmes that have been delivered against regulatory standards. The quality assurance function ensures education programmes meet regulatory standards on an ongoing basis and all nurses and midwives that successfully complete these programmes are fit to join or remain on the register.
- 3 Nursing and nurse education are under considerable scrutiny following the publication of the Francis, Cavendish, Berwick and Keogh reports with many suggesting that nurses do not have the necessary knowledge and skills and often fail to demonstrate the core values of caring and compassion in their practice.
- 4 With regard to midwifery education, it is important that our standards for pre-registration midwifery education accurately reflect a balance between normality around pregnancy and women's health and complexity; for example, women with pre existing medical conditions and women who have diverse social and psychological needs.
- 5 Service users and carers need to be at the centre of our education function and, although we have made progress in certain areas, there is more work to be done.
- 6 Higher education, like healthcare delivery, is experiencing stringent financial constraints so we need to be more aware of the policy drivers for both contexts as nursing and midwifery students will be expected to learn and achieve in both academic and practice settings.
- 7 All four countries of the UK adopt different models for commissioning education as part of workforce planning activity so it is vital that we fully understand the four country contexts when setting standards.
- 8 The changes in England this year are considerable and it would be easy for our education strategy to be overly influenced by these changes so it is important that we actively listen, inform and influence strategic stakeholders across all four countries so that our regulatory responsibilities take account of local and national policy drivers.

Discussion**Progress on our education and QA of education functions**

- 9 The QA Framework for education and local supervising authorities went live on 1 September 2013 indicating what we want to achieve over the next three years and provides criteria by which our success

will be measured.

- 10 In our formal response to the Francis report in July 2013, we stated our commitment to evaluating the 2010 standards for pre registration nursing education and this work begins this year with the themes we expect all AElS to self report.
- 11 Also in July 2013 - following a robust procurement process - we awarded the new QA operations contract to Mott MacDonald. So far Mott MacDonald have recruited both lay and registrant reviewers who have participated in a very successful two-day training event in September.
- 12 Mott MacDonald are working with us to deliver a new QA portal that will ensure that AElS can submit evidence to demonstrate that they meet the criteria we have set. The portal also presents significant gains in analysing QA intelligence.
- 13 We have successfully introduced our response to concerns for education and LSAs. Early indicators are positive with some AElS reported incidents by exception stating local actions and outcomes that we review and escalate when necessary.
- 14 The Council agreed the policy and Executive Board agreed the standards development and standards evaluation methodologies to ensure that our approach is targeted, consistent and proportionate in ensuring that our standards promote confidence that nurses and midwives are capable of providing safe, competent and compassionate care.
- 15 In June 2013, the Council agreed the governance structure for education and we have now recruited to the newly formed Education Advisory Group. Its first meeting is scheduled for January 2014.

Next steps: development of the education strategy

- 16 In January 2014 the Education Advisory Group will have an opportunity to inform and shape our education strategy. This ensures that key stakeholder group representatives across the UK can influence the vision, direction and aims of the NMC.
- 17 The Council will then receive the proposed education strategy in March 2014. The intention is that the Council will discuss and agree the priorities and aims of the Council, reflecting the importance of our education function over the next three years. We will ensure these are consistent with the Council's overall strategic intent particularly around engagement, proportionality and effectiveness in regulation as well as risk and intelligence.
- 18 The strategy will focus on the challenges and opportunities that the NMC faces, taking into account the external policy drivers across the UK higher education and health and social care sectors and

legislation currently being reviewed within the UK and EU.

- 19 Equally it is vital that nursing and midwifery education is suitably agile to ensure that our standards for education meet the changing needs of service users and this includes changing age demographics, the need for supporting care for individuals with chronic long term conditions, delivering safe, compassionate care regardless of setting.
- 20 As a result there are five main themes that the education strategy will focus on during the next three years and the following provides headlines within those five areas. These will be prioritised accordingly by the Education Advisory Group.

Intelligence and risk

- 21 Effective intelligence and risk management support our commitment to better protect the public through sharing knowledge with other professional, system regulators and education commissioners in the four countries of the UK. We have had early conversations with some of the Local Education and Training Boards (LETBs) in England and are due to hold conversations soon with NHS Education Scotland about data sharing to ensure that our intelligence is risk and evidence based, focuses on patient safety and avoids duplication.

Students and service users

- 22 Currently our knowledge of what students experience during their nursing and midwifery programmes is during QA events, so the sample size is inevitably small. In line with other professional regulators it is our intention to develop a student survey that will identify risk and measure the outcomes of education from a student perspective.
- 23 We strengthened the need for service users to contribute to all aspects of programme design, delivery and evaluation within pre registration. However, this remains patchy in post registration programmes so we will continue to work with AEs in developing this further and through the standards development process.
- 24 It is our intention to establish dedicated listening events with service users and carers in order to confirm the nurse and midwife's role and responsibility in their care and how this differs to care that they may receive from a health care support worker.

Pre registration and post registration standards for education

- 25 Most of the programmes we regulate (in terms of student numbers) are pre registration nursing and midwifery programmes. Our role as a regulator for these programmes is clear as they are linked to the

integrity of our register and its role in public protection.

- 26 The education strategy will set out our commitment to evaluate our pre registration standards and will also address the implications of the forthcoming changes in EU Directives.
- 27 However our role as a regulator for the programmes we regulate in post registration is less clear with many based on earlier custom and practices. So it is important that we prioritise our work in this area in ensuring that there is a clear rationale that addresses a public protection need.
- 28 We need to decide if there is a public protection imperative in continuing with standards for specialist nursing education in primary care settings, whether they should be completely revoked or whether public protection would be enhanced by setting standards for specialist or advanced practice education or indicate that this is a role for the royal colleges.
- 29 It is also crucial that the Council decide on the future of standards for specialist community public health nursing that leads to registration on the third part of the register.
- 30 The overseas competency test project is underway as part of the overall registrations improvement programme however a competency test may also have benefits for returning to the register and continuing practice as part of the revalidation process.

31 **Strategic stakeholder engagement**

- 32 We know we need to continue to improve in this area as we recognise gaps in our coverage. We intend to engage across all four countries with strategic leaders in education commissioning, vice principles and Council of Deans of Health within higher education, Directors of Nursing, educational leads from practice and the Chief Nurses from all four countries.
- 33 Although we are accustomed to consulting during standards review, we do not have mature relationships with prominent stakeholders who deliver our programmes in nursing in the same way we have for midwifery. Therefore we intend to address this so that we can listen and inform our direction in specific programme standards.

Quality assurance

- 34 Approximately 1,000 programmes are delivered by the 79 AEs, so one can argue that the risks are too widely spread. We are currently reviewing the 79 AEs against our published AEI criteria. There is a view that reducing or capping the number of AEs permitted by the NMC to deliver programmes may enable us to manage relationships and risks in a consistent and proportionate way.

- 35 Currently we require AElS to reapprove programmes every six years even if the standards have not changed in that time so we need to decide whether it is more proportionate to move to indefinite approval of NMC programmes unless standards change in order to focus more on programme monitoring.
- 36 Although we have just embarked on a new contract for the delivery of our QA operation, the Council will have to decide if this approach remains sensible or whether it is appropriate to deliver the QA operational delivery in house in the future.
- Public protection implications:** 37 It is important that the education strategy ensures that we continue to set appropriate standards for the education and practice and assure the quality of education programmes, so that we can be sure that all those on our register are fit to practise as nurses and midwives in the care they provide to the public.
- Resource implications:** 38 Any additional costs will be presented when the actual education strategy is presented to the Council in March 2014 and will form part of the business planning process for 2014 onwards.
- Equality and diversity implications:** 39 Under the Equality Act 2010, we have a requirement to analyse the effect of our policies and practices in education on students and service users. Part-time study, returning to the register after a period of parental leave, overseas training requirements are some of the areas we have identified as key for a detailed equality analysis.
- Stakeholder engagement:** 40 There is a plan for stakeholder engagement in the development of the education strategy across all four countries in order that their views can be reflected in the strategy.
- Risk implications:** 41 Publishing our education strategy ensures that the direction of travel for our education function is known however planning and delivering these changes has the potential to destabilise the status quo. We must develop an education strategy that is outcome focussed in determining the benefits that the future education changes will bring to public protection.
- Legal implications:** 42 None at this time as this paper is restricted to providing high level indicators. However any recommendations affecting parts of the register and specialisms in particular will have to be considered in the context of the Law Commission review. EU directives on recognition of professional qualifications and patient rights will also have an impact on requirements we set within our standards and how we recognise qualifications from elsewhere in Europe.

Council

Update on Francis report and other related healthcare reviews

Action: For discussion.

Issue: This paper provides a further update on matters arising out of the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis report) and other related healthcare reviews and a progress report on our planned actions in response to the Francis report and the other reviews.

Core regulatory function: Fitness to Practise, Registrations, Education, Standards.

Corporate objectives: The recommendations in the report are relevant to all the NMC's Corporate Objectives.

Decision required: None.

Annexes: The following annexe is attached to this paper :

- Annexe 1: Progress report on planned actions in NMC Francis response

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:**Background**

- 1 On Wednesday 6 February 2013 the report of the Mid Staffordshire NHS Foundation Trust Public Inquiry chaired by Robert Francis QC (the Francis report) was published.
- 2 The government published its initial response to the Francis report on Tuesday 26 March 2013. The government response raised a number of new issues which were not specific recommendations made in the Francis report itself.
- 3 Update papers have been provided at each Council meeting and the Council approved our formal response to the Francis report on 18 July 2013. This response is on the NMC website (www.nmc-uk.org/About-us/Our-response-to-the-Francis-Inquiry-Report) and includes a detailed action plan.
- 4 Following the publication of the Francis report a number of separate reviews were set up to address some specific issues arising out of the report. The Council was given an update paper in relation to three of these reviews at its September 2013 meeting: the Cavendish Review which looked in to the role of health and social care support workers; the Keogh Review which looked at 14 hospital trusts that were deemed to be outliers in terms of mortality data and the Berwick Review looked at patient safety in the round.
- 5 We have continued to engage with a number of working groups overseeing the work being taken forward by the wider healthcare system following the publication of these reports. This paper provides a further update on matters arising in this area since the last meeting and also provides an update for the Council on our progress against planned actions in response to the Francis report and other reviews.

For Information**Progress on planned actions in our Francis response**

- 6 Many of the recommendations in the Francis report were in line with our existing business and improvement plans and they are being taken forward as part of existing projects under our current change programme.
- 7 In our published response to the Francis report we included a table summarising all our planned actions and a proposed timetable for completion of each of those actions. A progress report on our planned actions is attached as Annexe 1 to this paper.
- 8 All deadlines to date have been met. We are also still on track to deliver each of the planned actions within the specified timetable save for the website work which is likely to be completed later in

2014 than originally planned.

- 9 Further details about each of these projects will be provided to the Council in due course and final decisions over precise implementation timings and funding priorities may still have to be made by the Council.

Progress on actions arising out of other related healthcare reviews

The Camilla Cavendish review

- 10 This review related to the role of healthcare and care assistants and we reported to the Council on this review in September 2013.
- 11 We stated that we would:
- 11.1 Meet with HEE to discuss recommendations relating to the development of a new national certificate of fundamental care.
 - 11.2 Continue to participate in the HEE steering group on HCA experience as a pre-requisite for nursing degrees.
 - 11.3 In time, evaluate the evidence from HEE pilots and consider whether making HCA experience a pre-requisite for nursing degrees will enhance public protection.
- 12 We have started our engagement with HEE on these issues and further details about the HEE- led steering group are detailed below.

Don Berwick's safety review

- 13 This review addressed issues of improving patient safety in the NHS and we reported to the Council on this review in September 2013. We stated that we would:
- 13.1 include in our evaluation of the 2010 pre-registration nursing standards scrutiny of quality/safety sciences as an aspect of the curriculum.
 - 13.2 continue to improve our work with patients and service users through our engagement plan for this stakeholder group.
 - 13.3 refresh our Memoranda of Understanding and introduce protocols for joint working with other regulators as detailed in our Francis response.
- 14 All these commitments are reflected in the planned actions set out in our response to the Francis report and our progress against these actions are detailed above and set out in Annexe 1.

The Keogh Review

- 15 This was a targeted review into the quality of care and treatment provided by 14 hospital trusts in England that were deemed to be outliers in terms of mortality data. We reported to the Council on this review in September 2013. We stated that we would:
- 15.1 Address the issue of hearing the views of student nurses in our education strategy which comes to Council in November 2013.
 - 15.2 Invite the student nurses involved in the Keogh rapid responsive review teams for each of the 14 trusts to a listening event at the NMC in Autumn 2013 to hear how they think the NMC can better support and use student nurses' feedback on issues of patient safety and care quality.
 - 15.3 Visit 11 of the Keogh trusts in Sept-Oct 2013 in order to understand and monitor risks.
 - 15.4 Factor the findings of the Keogh review in risk-based decision making about our 2013-14 schedule of monitoring visits to education providers.
- 16 All these commitments are being taken forward:
- 16.1 A paper focusing on our education strategy which will be coming to the Council's November meeting includes a commitment to seeking the views of student nurses and we are in the process of organising a listening event including the student nurses from the Keogh Trusts.
 - 16.2 Katerina Kolyva, Director of Continued Practice and Sarah Page, Director of Fitness to Practise have been carrying out joint visits to each of the 11 trusts. They will have visited 10 Trusts by November's Council meeting and the final visit is scheduled for the end of December. More information about these visits is set out in the Chief Executive's report.
 - 16.3 The information from the Keogh review and our own visits has been factored into our risk-based decision making around the scheduling and planning of monitoring visits to education providers and LSAs.

Further post- Francis reviews and working groups

- 17 We have also engaged with a number of further reviews and initiatives arising out of the Francis report which have a potential impact on our work.

Clwyd/Hart Independent Complaints Review

- 18 The Clwyd/Hart independent review of the NHS hospitals complaints system: "*Putting patients back in the picture*" was published on 28 October 2013. The review was co-chaired by the Rt. Hon Ann Clwyd MP for the Cynon Valley and Professor Tricia Hart, Chief Executive, South Tees Hospitals NHS Foundation Trust. It was commissioned by the Prime Minister and the Secretary of State for Health to consider the handling of concerns and complaints in NHS hospital care in England.
- 19 The review received written (2500 responses) and oral evidence from patients, relatives and carers. Evidence was also sought from complaints managers, frontline staff and board members.
- 20 The review was very critical of the complexities of the existing NHS complaints systems and made a number of recommendations for improvements which were set out under four 'areas of change'.
 - 20.1 Improving the quality of care.
 - 20.2 Improvements in the way complaints are handled.
 - 20.3 Greater perceived and actual independence in the complaints process.
 - 20.4 Whistleblowing.
- 21 Recommendations were directed at a wide range of groups and organisations including trusts, patients, professional bodies, healthcare professionals, leaders and managers, systems and professional regulators (including the NMC and GMC and CQC), education and training providers, Parliamentary and Health Service Ombudsman (PHSO), HEE, DH, and various NHS bodies.
- 22 The Council will be pleased to note that the three pledges we had made in relation to the complaints-handling in the Code review and revalidation work, improved witness support and closer joint working and information sharing with other regulators were noted and well-received.
- 23 There was also a series of case studies about good practice, including one about an education programme which included a positive reference to our role in the quality assurance of education.
- 24 We are now reviewing the report in detail and will update the Council in due course as to whether we consider that any further action needs to be taken in response to the report beyond the pledges we have already made and the actions we have already planned in response to the Francis report and the other reviews.

Steering group led by Health Education England (HEE)

- 25 This group was set up to take forward the proposed pilots for pre-degree care experience for English trainee nurses. We sit on the steering group. The first pilots have commenced and we will await the evaluation of those pilots with interest.

A new PSA review on duty of candour

- 26 The PSA was asked by the Department of Health (DH) to look at how professional regulation can encourage registrants to be candid. We engaged with PSA on this review and the report of this review has now been completed and is being considered by DH. We have been engaging in turn with DH as to what steps can be taken to strengthen our Code in this area.

The NHS Bureaucracy review

- 27 The initial review findings were completed and published by the NHS Confederation on 22 March 2013. An Advisory Group was then set up to progress the second stage of the review. Representatives on the Advisory Group are from the main regulatory and oversight bodies including the NMC, providers, commissioners and clinicians. The report from this review is now expected in late November 2013. We will update the Council when the outcomes of this review and any further initiatives are known.

DH led Patient Safety Working Group

- 28 We were invited to join this working group which brings together all the organisations concerned with patient safety within the NHS in England, including systems and professional regulators as well as NHS bodies. The work of this group has been informing the government's full response to the Francis report and facilitating the sharing of new developments and good practice in the area of patient safety.

Next steps

- 29 The government's full response to the Francis report is currently due to be published on 19 November 2013. It is understood that it will address all 290 recommendations in the Francis response as well as setting out the government's response to the recommendations set out in the related healthcare reviews outlined above.
- 30 We have been engaging with DH on the drafting of the response. We have made them aware of all our planned actions and sought to work towards a common understanding as to the concerns that need to be addressed and the most appropriate way forward. In doing so, we must always bear in mind our role as a four-country professional regulator with responsibility for registrants working in a wide range of

different settings.

- 31 As the government's full response will probably be published shortly before the date of the November Council meeting, a verbal update can be given to the Council if necessary in relation to any significant developments.

Public protection implications:

- 32 All the planned actions outlined in the draft response document are intended to enhance public protection.

Resource implications:

- 33 There are no direct resource implications arising out of this update paper. The individual projects outlined in the response have all received, or will require, separate approval by the Council including consideration of the resource implications.

Equality and diversity implications:

- 34 Under the Equality Act 2010, we have a requirement to analyse the effect of our policies and practices and how they further the equality aims.
- 35 Equality impact assessments will be undertaken as part of each project before any final decisions are reached.

Stakeholder engagement:

- 36 Appropriate stakeholder mapping and engagement with key stakeholders will be planned and undertaken as part of each project.

Risk implications:

- 37 The full risk implications will be assessed as part of each project.

Legal implications:

- 38 None at present.

Progress report on planned actions in NMC Francis response November 2013

Planned Action	Current timetable	Progress to date
<p>1. Raising our public profile and encouraging appropriate referrals to improve our ability to act promptly to protect the public</p>	<p>Website re-launch – by April 2014</p> <p>New public and employer guidance documents – by April 2014</p> <p>Public and patient facing information about the new Code – by Dec 2014</p> <p>This work is also supported by our plans for strategic engagement and our ongoing work with patient and public groups</p>	<p>The business case for this project is due to be considered by the Executive Board in mid-November. This work is likely to be completed a little longer than originally planned during 2014.</p> <p>These other planned projects are currently on track.</p> <p>Further interim steps have already been taken to raise our profile including the recent re-launch of our raising concerns guidance; increased national media coverage of our work, and our increased engagement with patient and public groups.</p>
<p>2. Developing more risk-based and proportionate fitness to practise processes to ensure that our resources are effectively targeted on public protection and introducing regional advisors to provide employer liaison and advice</p>	<p>Paper to Council on options for more risk-based and proportionate fitness to practise processes – Sept 2013</p> <p>Designing an operating model for regional advisers – July-Dec 2013</p> <p>Pilot of model for regional advisers – Jan-June 2014</p> <p>Evaluation of pilot and further development work – July-Dec 2014</p> <p>Implementation of regional adviser model – Jan 2015</p>	<p>The Council approved the new approaches set out in this paper and process change is already underway in FtP.</p> <p>A business case for the regional adviser project was approved by the Executive Board in November 2013 and further detailed planning work is now underway so this project is currently on track. The final timings will be the subject of further prioritisation decisions by the Council.</p>

Annexe 1

<p>3. Improving our joint working and intelligence sharing arrangements with other professional and systems regulators</p>	<p>Finalise new operational protocol and data sharing agreement with the Care Quality Commission (CQC) – by Dec 2013</p> <p>Explore data sharing agreement with the General Medical Council (GMC) – by April 2014</p> <p>Review and update all existing Memorandum of Understanding (MOUs) and agree a new MOU with the Disclosure and Barring Service (DBS) – by April 2014</p> <p>Develop operational protocols and data sharing agreements with systems regulators in other UK countries and other UK professional regulators – during 2014–15</p>	<p>A revised Memorandum of Understanding (MOU) with the CQC has been signed by the Chief Executive. Work on the new operational protocol and data sharing agreement with CQC is well underway and is on track to meet this timetable.</p> <p>Initial approaches have already been made to the GMC and the systems regulators in the other 3 UK countries about developing similar operational protocols so these actions are also on track.</p> <p>Work on reviewing the other MOUs is not underway yet but will be commenced before the end of 2013.</p>
<p>4. Improving the NMC witness experience for those involved in fitness to practise proceedings</p>	<p>Analysis of witness feedback and interviews, scoping of plans and introduction of any quick changes – by Dec 2013</p> <p>All new witness support arrangements in place – by April 2014</p>	<p>All witness feedback received between August 2012 and May 2013 has been analysed and the latest data from May and October 2013 is currently being analysed.</p> <p>A witness experience working group meets monthly to push improvements forward. We have mapped the "witness experience" so that we have a clear overview of our current practices. We are also working with Victim Support to discuss our witness support arrangements and receive advice on best practice. Overall, these plans are on track to meet this timetable.</p>

Annexe 1

<p>5. Reviewing the Code and other practice standards</p>	<p>Gather initial evidence for the Code and standards review, aligned with revalidation consultation – Sept-Dec 2013 Development of new code and standards for practice supported by relevant guidance to deliver revalidation and respond to Francis – Nov 2013 – March 2014 Code and standards formal consultation on the basis of substantive draft – April – July 2014 Further development of code post consultation – July – Nov 2014 Council approval of new code and standards – Nov 2014 Publication of new code and standards – Dec 2014</p>	<p>The Code evidence review report has been completed. Principles for the revised code are being developed. Planning for consultations underway Overall these plans are still on track to meet this timetable.</p>
<p>6. Evaluating our pre-registration education standards</p>	<p>Establishment of Education Advisory Group – Nov 2013 Methodology scoped and agreed with Education Advisory Group – March 2014 First phase of evaluation based on agreed methodology – June 2014 Report to Council on first phase – Sept 2014 Development of further evaluation work will be informed by results of first phase.</p>	<p>The Education Advisory Group has been established, its terms of reference have been agreed and its first meeting is set for Jan 2014. A high level methodology for the evaluation of standards was signed off by the Executive Board in October 2013. Further development and planning will now be undertaken. We have also increased our engagement on education in Scotland. Overall these plans are still on track to meet this timetable although decisions over timings and funding priorities still have to be made by the Council.</p>
<p>7. Making changes to our legislation so that our processes are more efficient and allow us to more effectively protect the public</p>	<p>Section 60 timetable fixed by the Department of Health (DH) DH Resources Board – July 2013 Drafting and consultation – 2013/14 Legislative changes in force – by July 2014</p>	<p>Work on the FIP s. 60 Order is progressing and the drafting stage is nearing completion. The consultation stage is likely to start in early 2014. Overall these plans are still on track to meet this timetable.</p>

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8. Developing a proportionate revalidation model	Options paper to Council – Sept 2013 Development of new code – by Dec 2014 (see detailed timetable above) Implementation of agreed model – by Dec 2015	This paper went to Council in September as planned and the recommended option was accepted. Overall these plans are still on track to meet this timetable.
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Council

Standards and guidance on requirements for the five year rule

Action: For decision.

Issue: Confirm the standards and approve guidance on the requirements for the five year rule.

Core regulatory function: Registration / Education / Setting standards

Corporate objectives: Corporate 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 practice as nurses and midwives”.

Decision required: The Council is recommended to:

- Confirm the standards and approve the guidance on the requirement for the five year rule, as set out in Annexe 1 (paragraph 12).

Annexes: The following annexes are attached to this paper:

- Annexe 1: Standards and guidance on the requirements for those who first apply for registration more than five years after being awarded an approved qualification

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 In March 2013 Council decided that for any person who first applied for registration more than five years after being awarded an approved qualification, the standard required is that the person must be able to demonstrate at the point of registering the qualification that the NMC standards that currently apply to the qualification have been met.
 - 2 In doing so, Council was acting to address the specified '*additional education, training and experience*' for five year applicants, as required in part 9(2)(a)(ii) of the *Nursing and Midwifery Order 2001* (the Order).
 - 3 Council also agreed to the Executive overseeing the development of guidance which describes the means by which, applicants who applied for registration for an approved qualification more than five years after being awarded that qualification, may be able to demonstrate that they meet the current NMC standards relevant to that qualification.
 - 4 The proposed guidance on the requirements was drafted and then consulted on over a two month period. The consultation was conducted by an external contractor and details provided on the NMC website.
- Discussion and options appraisal:**
- 5 The consultation resulted in 90 responses from organisations and individuals.
 - 6 There was broad agreement with the NMC proposals as laid out in the draft guidance.
 - 7 Approximately 75% of individuals and organisations agreed that nurses or midwives who apply to register a qualification awarded more than five years previously should be required to undertake an education and training programme. This falls to 66% if this requirement is taken to apply those who have been working in the field of their qualification since having been awarded it, and rises to 80-90% approval if such individuals were not required to undertake education and training.
 - 8 66% of individuals and organisations thought competence testing would be an appropriate alternative to an education and training programme, where available.
 - 9 67% of nurses and midwives who responded were aware that they should apply to the NMC to register their qualification within five years of being awarded it. Suggestions for improving the guidance focused on the importance of publicising the existence of the rule, standards and guidance and that the rule should be mentioned annually by the NMC in each return of information.

- 10 To ensure that the requirements are clearly specified and comply with our obligations under the Order, the Council is asked to confirm the following standards:
- 10.1 *The five-year applicant must be able to demonstrate, at the point of registering the approved qualification that the NMC standards that currently apply to that qualification are met¹.*
- 10.2 *A five year applicant must undertake either, an approved test of competence or an approved programme that leads to initial registration on a part of the register in order to demonstrate that they meet the current standards that apply to that qualification.*
- 11 The Council is also asked to approve the guidance on the requirements as set out in Annexe 1.
- 12 **Recommendation:** To confirm the standards and approve the guidance on the requirements (Annexe 1).
- 13 The next step is to publish the standards and guidance on the requirements. When this is done, the NMC will have met its obligations as stated in part 9(2)(a)(ii) of the Order.
- Public protection implications:**
- 14 The decision on applying current standards to five year applicants has established a uniform approach in relation to the issue.
- 15 It would also enable nurses or midwives who have not practised since qualification to demonstrate that they have the current knowledge and skills to enter the register.
- Resource implications:**
- 16 Development of the guidance has been a small project with an identified staff resource. The cost of the consultation, analysis and report has been quoted at £7,000 + VAT.
- Equality and diversity implications:**
- 17 An equality analysis was completed as part of the project with a particular focus on equality characteristics around parental leave and part-time workers that may have impacted on individuals to register their qualification within five years.
- Stakeholder engagement:**
- 18 Key stakeholders including educators, professional organisations and all current five year applicants were informed about the

¹ For example, if you were awarded an approved qualification as a midwife in 2004 you would now need to be able to demonstrate, at the point of registering that qualification, that you meet the current standards that apply to midwives, that is, the *Standards for pre-registration midwifery education (NMC, 2009) - Standard 17*.

consultation. We also made mention of it at a number of NMC and other events.

- Risk implications:** 19 The standards and guidance address a risk that the NMC was not fully meeting the requirements of the Order to specify 'additional education, training, and experience' relating to the five-year rule.
- Legal implications:** 20 The Order and registration rules envisaged we would put in place a process by which individuals affected by the five year rule could demonstrate their competence to practise by undertaking further education, training or experience. Applying a standard to these individuals and approving appropriate guidance should address this vulnerability.

Annexe 1

Standards and guidance on the requirements for those who first apply for registration more than five years after being awarded an approved qualification

Introduction

- 1 The Nursing and Midwifery Council (NMC) exists to safeguard the health and wellbeing of the public. We do this through maintaining a register of all nurses and midwives eligible to practise in the UK, and by setting standards for their education, training and conduct.
- 2 This document confirms the standards that must be met by those who first apply for registration more than five years after being awarded an approved qualification and also sets out the ways in which five year applicants can demonstrate that they meet those standards.

Background

- 3 Our Order and Rules specify that an applicant seeking to register an approved qualification must apply within five years of being awarded that qualification.

Purpose

- 4 The purpose of this document is to:
 - 4.1 Confirm the standards to be followed by a person who first applies for registration more than five years after being awarded an approved qualification, and
 - 4.2 Provide guidance on the ways in which a person who first applies for registration more than five years after being awarded an approved qualification can meet the standards.

Standards

- 5 The five-year applicant must be able to demonstrate, at the point of registering the approved qualification that the NMC standards that currently apply to that qualification are met¹.
- 6 A five year applicant must undertake either, an approved test of competence or an approved programme that leads to initial registration on a part of the register in

¹ For example, if you were awarded an approved qualification as a midwife in 2004 you would now need to be able to demonstrate, at the point of registering that qualification, that you meet the current standards that apply to midwives, that is, the *Standards for pre-registration midwifery education (NMC, 2009) - Standard 17*.

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order to demonstrate that they meet the current standards that apply to that qualification.

Guidance on the requirements

7 There are two possible ways in which five-year applicants may demonstrate that they meet the current standards that apply to their approved qualification:

7.1 Tests of Competence

7.1.1 Three tests have been developed with an approved education institute that can apply to five-year applicants who wish to register as nurse (adult and children's only) or midwife.

7.1.2 A five-year applicant can undertake competence testing in order to demonstrate that she meets the following standards:

- Standards for pre-registration nursing education (NMC, 2010)² – Standards for competence (adult and children's nursing competencies)
- Standards for pre-registration midwifery education (NMC, 2009)³ - Standard 17

7.1.3 Five year applicants considering competence testing should contact the NMC to determine whether they are eligible to undertake competence testing and to ascertain whether the tests are ready to be used.

7.2 Undertaking an education and training programme

7.2.1 A five-year applicant may undertake an education or training programme in order to demonstrate that she meets any of our standards⁴.

7.2.2 This includes, in addition to the adult and children's nursing and midwifery standards listed above, the following standards:

- Pre registration - *Standards for pre-registration nursing education* (NMC, 2010) – Standards for Competence (mental health and disabilities competencies)⁵

² <http://standards.nmc-uk.org/PreRegNursing/statutory/competencies/Pages/Competencies.aspx>

³ http://www.nmc-uk.org/Documents/NMC-Publications/nmcStandardsforPre_RegistrationMidwiferyEducation.pdf

⁴ Although five-year applicants have always had this option open to them, the NMC has now spelt this out in guidance because for five year applicants who have not practised in the intervening period, the NMC considers this to be the best option in the interests of public protection.

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- Post-initial registration - *Standards of proficiency for specialist community public health nurses* (NMC, 2004) and related circulars - *Standards of proficiency for entry to the register* (2001)⁶.

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⁵ <http://standards.nmc-uk.org/PreRegNursing/statutory/competencies/Pages/Competencies.aspx>

⁶ <http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Specialist-community-public-health-nursing/>

Council

Revised standing orders

Action: For decision.

Issue: The Standing Orders, which regulate the conduct of Council and committee business, have been reviewed to ensure they are simplified, up to date, take account of the findings of the governance review, and reflect good practice.

Core regulatory function: Supporting functions.

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

Decision required: The Council is recommended:

- To adopt the Standing Orders with effect from 1 December 2013 (paragraph 3).
- To approve the delegations set out in paragraph 4 and authorize the Chair, on the advice of the Secretary, to approve consequential amendments to the current terms of reference of the Appointments Board (paragraph 5).

Annexes: The following annexe attached to this paper:

- Annexe 1: Draft Standing Orders (NB: the Annexes referred to in the draft Standing Orders – the Scheme of Delegation and the Terms of Reference of Committees – have already been approved by the Council and are not attached with this paper.)

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

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- Context:**
- 1 The Council has the power under the Nursing and Midwifery Order 2001 (the Order) to issue Standing Orders. The current Standing Orders have been in force since October 2011, with some amendments, most recently in April 2013 to reflect the reduction in the size of the Council. A fundamental review has now been conducted to ensure that the Standing Orders are simplified, up to date, take account of the findings of the governance review, and reflect good practice. Benchmarks used in reviewing the Standing Orders include:
 - 1.1 Standing Orders of other regulators.
 - 1.2 Guidance / models issued by the Department of Health, the Charity Commission, and Companies House.

Discussion: Summary of changes to the Standing Orders

- 2 The draft Standing Orders are significantly different in layout to the current version. For this reason, a marked up version showing the changes has not been produced. The substantive changes are summarised below. References below to numbered Standing Orders are to the draft Standing Orders (Annexe 1):
 - 2.1 Standing Order 1.3 makes it clear that only specified sections relate to the Practice Committees (i.e the Conduct and Competence Committee and the Health Committee). This is implicit in the current version.
 - 2.2 The Nursing and Midwifery Council (Constitution) Order 2008 (the Constitution Order) allows the Council, if the Chair is absent for a prolonged period or a casual vacancy occurs, to nominate a Deputy Chair. The Constitution Order and the current Standing Orders make no reference to the procedure for doing so. Accordingly, Standing Order 3.3.2 introduces a simple procedure for electing a Deputy Chair.
 - 2.3 Standing Order 3.6 largely replicates current provisions regarding the provisional suspension of members of the Council. The power of the Chair to provisionally suspend members 'in exceptional circumstances' has been removed as it was not replicated in benchmark organisations.
 - 2.4 The current provisions permit the Council to issue standard directions to the Practice Committees. In keeping with the Council's strategic remit, Standing Order 4.1.3 permits the Council to delegate this function. Proposals regarding delegation are set out below [paragraph 4]. The power has been expanded to include a wider set of documents relating to members of Practice Committees, viz.:

- 2.4.1 a code of conduct for members;
 - 2.4.2 policies and procedures governing the recruitment and selection, induction and development, appraisal, and performance management of members of Practice Committees;
 - 2.4.3 arrangements for the reimbursement of expenses and the payment of allowances to members of Practice Committees.
- 2.5 Standing Order 4.2.5 delegates to the Chair responsibility for appointing and removing members of the Midwifery Committee. This is consistent with the Schedule of Delegation agreed by the Council in July 2013. The composition of the Midwifery Committee remains a matter for the whole Council. The selection of Partner Members of the committee will continue to be undertaken by a selection panel including the Chair of the Committee and a Director.
- 2.6 The current provisions permit Discretionary Committees to set up task and finish groups. Standing Order 4.3.3 makes it clear that committees should not delegate their functions without prior authorization of the Council. This is in keeping with the Council's decision, following the governance review, to reduce the number of committees.
- 2.7 Standing Orders 4.3.4, 4.3.7, and 4.3.8 delegate to the Chair responsibility for appointing and removing members of Discretionary Committees (i.e. the Audit Committee and the Remuneration Committee), This is consistent with the Schedule of Delegation agreed by the Council in July 2013.
- 2.8 Following the governance review, the Council adopted the principle that (a) Discretionary Committees should be composed solely of Council members; (b) where a gap is identified in the capability required for a particular committee, external input may be sought for a limited period. Accordingly, Standing Order 4.3.5 makes the decision to supplement a committee's membership a matter for the Council on the advice of the committee.
- 2.9 Standing Order 5 consolidates the procedure for meetings of the Council and committees. It is considerably shorter and simpler than existing provisions. Complex and redundant rules of debate have been removed to reflect our consensual way of working. Other notable changes are as follows:
- 2.9.1 Standing Order 5.2 clarifies the position on public access to meetings and the publication of papers.

- 2.9.2 Standing Order 5.6.1 permits meetings of the Council and of committees to be conducted by video / teleconference at the Chair's discretion.
 - 2.9.3 Standing Order 5.6.4 clarifies the rights of the Chair, Chief Executive and Registrar, the Directors, and the Secretary to attend and participate in meetings.
 - 2.9.4 Standing Order 5.7.4 codifies our current practice of 'below the line' items.
 - 2.9.5 Standing Order 5.9 expands and clarifies provisions relating to minutes of meetings.
 - 2.9.6 Standing Order 5.10 clarifies the procedure for taking decisions between meetings.
- 2.10 In line with practice at other organisations, Standing Order 6.3.3 requires a report on the use of the Common Seal to be made to the Council.
- 3 **Recommendation:** To adopt the Standing Orders with effect from 1 December 2013.

Delegation of responsibilities under the revised Standing Orders

- 4 To ensure that (a) the Council is able to focus on strategic matters; (b) there are appropriate mechanisms for issuing and amending guidance for, and policies governing, Practice Committees, it is proposed to delegate the powers under Standing Order 4.1.3 as follows:
- 4.1 4.1.3 (a) [standard directions] to the Chief Executive and Registrar.
 - 4.2 4.1.3 (b) [code of conduct], (c) [recruitment etc policies]; (d) [expenses and allowances] to the Appointments Board for the time being, pending the conclusion of the ongoing review of the mechanisms for overseeing Panel Member appointments.
- 5 **Recommendation:** To approve the delegations set out in paragraph 4 and authorize the Chair, on the advice of the Secretary, to approve consequential amendments to the current terms of reference of the Appointments Board.

Public protection implications:

- 6 No direct public protection implications.

Resource implications:

- 7 No resource implications.

Equality and diversity implications:	8	Equality analysis screening has been undertaken. A potential impact on disability has been identified with regard to accessibility of meetings and documents. Internal guidance on accessibility is being put together in response.
Stakeholder engagement:	9	The Standing Orders are internal regulations. As such, no external consultation has taken place.
	10	Internal consultation with the Fitness to Practise and Continued Practice directorates has taken place.
Risk implications:	11	By regulating the proceedings of the Council and committees, the Standing Orders are intended to promote effective decision-making and reduce any risk of procedural dispute. There is a risk that inappropriate Standing Orders could have the opposite effect. To reduce the likelihood of that happening, the review has taken account of (a) good practice in the sector and elsewhere; (b) the findings of the governance review; (c) our current practice.
Legal implications:	12	<p>Article 12, Schedule 1 of the Nursing and Midwifery Order 2001 (the Order) provides that</p> <p>(1) <i>Subject to any provision made by this Order or under this Order (otherwise than by standing orders), the Council may by standing orders make provision in respect of—</i></p> <p style="margin-left: 40px;">(a) <i>its procedure;</i></p> <p style="margin-left: 40px;">(b) <i>the performance of its functions;</i></p> <p style="margin-left: 40px;">(c) <i>the constitution of its committees and sub-committees, other than the Practice Committees and the Midwifery Committee;</i></p> <p style="margin-left: 40px;">(d) <i>the procedure of any of its committees or sub-committees;</i></p> <p style="margin-left: 40px;">(e) <i>the performance by any of its committees or sub-committees of their functions; and</i></p> <p style="margin-left: 40px;">(f) <i>the standards of education, training, attendance and performance expected of the members of its committees and sub-committees.</i></p> <p>(2) <i>Standing orders of the Council may make provision with regard to the provisional suspension of a member from office, pending the taking of a decision about the suspension or removal from office of the member [by the Privy Council].</i></p>

- 13 The proposed revised Standing Orders have been drafted to ensure compliance with the Order and the following subsidiary legislation:
 - 13.1 The Nursing and Midwifery Council (Constitution) Order 2008.
 - 13.2 The Nursing and Midwifery Council (Midwifery and Practice Committees) (Constitution) Rules 2008.
 - 13.3 The Nursing and Midwifery Council (Fitness to Practise) Rules 2004.
- 14 The policy team has reviewed compliance independently of the drafting process.

Standing Orders

Made by the Council under Article 12, Schedule 1 of the Nursing and Midwifery Order 2001

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Standing Orders

1 Application

- 1.1 The Nursing and Midwifery Council (“NMC”) is the independent professional regulator for nurses and midwives in the United Kingdom. The NMC is established by the Nursing and Midwifery Order 2001 (the “Order”).
- 1.2 These Standing Orders are made by the Council under Article 12, Schedule 1 of the Order and have effect from [DATE] unless and until revoked or amended by resolution of the Council. Together with the provisions of the Order, and any subsidiary regulations, they establish the fundamental procedures by which the Council and its committees conduct their business.
- 1.3 With the exception of Standing Orders 4.1 and 6.1 these Standing Orders do not apply to the Practice Committees.
- 1.4 The Council may by resolution suspend any Standing Order, other than one prescribed by the Order or any other legislation.

2 Interpretation

- 2.1 Unless otherwise indicated, in these Standing Orders,

2.1.1 the terms used have the same meaning as in the Order;

2.1.2 the following definitions apply:

Chair As the context requires, the Chair of the Council, the Chair of a committee, or any other person presiding at a meeting of the Council or of a committee.

Chief Executive and Registrar The person appointed by the Council under Standing Order 6.3.

Constitution Order The Nursing and Midwifery Council (Constitution) Order 2008 (as amended).

Director A person appointed by the Chief Executive and Registrar under Standing Order 6.4.

Discretionary Committee A committee established by the Council under Article 3(12) of the Order.

Panel Member	A person, who is not disqualified under Standing Order 4.1.4, appointed as a member or Chair of a Practice Committee in accordance with the Statutory Committees Constitution Rules.
Partner Member	A person, who is not a member of the Council, appointed to the Midwifery Committee or to a Discretionary Committee of the Council in accordance with these Standing Orders.
Statutory Committees Constitution Rules	The Nursing and Midwifery Council (Midwifery and Practice Committees) (Constitution) Rules 2008 (as amended).
Secretary	The person appointed by the Chief Executive and Registrar under Standing Order 6.5, or their nominee.

2.1.3 references to any statute or statutory provision include a reference to that statute or statutory provision as from time to time amended, modified, or re-enacted;

2.1.4 words in the singular include the plural and words in the plural include the singular;

2.1.5 words importing the masculine gender include the feminine and words importing the feminine gender include the masculine.

2.2 The Chair of the Council is the final authority on the interpretation of the Standing Orders (on which she / he shall be advised by the Secretary).

3 The Council

3.1 Powers of the Council and scheme of delegation

3.1.1 The powers of the Council are set out in the Order.

3.1.2 The matters reserved to the Council, and the responsibilities delegated to the Chair and to the Chief Executive and Registrar, are set out in the scheme of delegation adopted by the Council from time to time [Annexe 1]. The responsibilities delegated to committees are set out in the terms of reference [Annexe 2].

3.2 The Chair and members of the Council

3.2.1 In accordance with the Order and the Constitution Order,

- (a) the Council consists of six registrant and six lay members, at least one of whom lives or works wholly in each of England, Scotland, Wales, and Northern Ireland;
- (b) the Chair and members of the Council are appointed, and their terms of office determined, by the Privy Council.

3.3 Nomination of a Deputy Chair

3.3.1 Where it is open to the Council under Article 9(2) of the Constitution Order to nominate a Deputy Chair, the Council will meet as soon as possible to determine the nomination.

3.3.2 The nomination will be determined as follows:

- (a) the Chief Executive and Registrar will act as chair of the meeting until the nomination is determined;
- (b) any member of the Council may nominate her/himself;
- (c) if no more than one member is nominated, that person will serve as Deputy Chair;
- (d) if more than one member is nominated, the members present will elect by vote one of the nominees to serve as Deputy Chair.

3.3.3 A Deputy Chair nominated in accordance with Standing Order 3.3 will cease to hold office in accordance with Article 9(3) of the Constitution Order.

3.4 Conduct

3.4.1 Members of the Council are required to observe the Code of Conduct adopted by the Council from time to time.

3.5 Education and training

3.5.1 Members of the Council are required to observe the policies governing the induction, development and appraisal of members adopted by the Council from time to time.

3.6 Provisional suspension of members of the Council

3.6.1 Article 7 of the Constitution Order sets out the circumstances in which the Privy Council may suspend or remove a member from office.

3.6.2 The Council may by resolution provisionally suspend a member of the Council from office until the Privy Council has reached a decision on whether or not to suspend or remove the member under the Constitution Order.

- 3.6.3 Any motion proposing the provisional suspension of a member of the Council must be circulated to all members by the Secretary, acting on the instruction of the Chair, and decided in accordance with the Standing Orders.
- 3.6.4 Any motion proposing the provisional suspension of the Chair of the Council must be circulated to all members by the Secretary, acting on the instruction of the Chief Executive and Registrar, and decided in accordance with the Standing Orders.
- 3.6.5 Any decision of the Council to suspend provisionally a member will have effect immediately. Any member who is provisionally suspended is not entitled to attend meetings of the Council or its committees, exercise any of the functions of a member, or otherwise participate in Council business.
- 3.6.6 If a member has been provisionally suspended, the Council is required by the Constitution Order to notify the Privy Council in writing of the provisional suspension as soon as is reasonably practicable.
- 3.6.7 If the Privy Council decides not to suspend or remove the member from office, the Constitution Order requires the Council to terminate the provisional suspension.

4 Committees of the Council

4.1 Practice Committees

- 4.1.1 The appointment, removal, and suspension of Panel Members are regulated by the Statutory Committees Constitution Rules.
- 4.1.2 The proceedings of the Practice Committees are regulated by the Nursing and Midwifery Council (Fitness to Practise) Rules 2004.
- 4.1.3 The Council (or a person or body authorized by the Council) may issue from time to time:
- (a) standard directions for Practice Committees;
 - (b) a code of conduct for Panel Members;
 - (c) policies governing the recruitment and selection, induction and development, appraisal, and performance management of Panel Members;
 - (d) policies for the reimbursement of expenses and the payment of allowances to Panel Members.
- 4.1.4 A person is disqualified from appointment as a Panel Member if that person has served as a member of the Council or as a Partner Member of

the Midwifery Committee or of a Discretionary Committee at any time in the previous five years.

4.2 Midwifery Committee

- 4.2.1 Article 41 of the Order requires there to be a Midwifery Committee, whose remit is to advise the Council, at the Council's request or otherwise, on any matters affecting midwifery.
- 4.2.2 Subject to the provisions of the Order, the responsibilities of the Midwifery Committee are set out in terms of reference issued by the Council from time to time [Annexe 2].
- 4.2.3 Except as provided for in Standing Order 5.7.8, the Midwifery Committee may not delegate any of its functions without prior authorization of the Council.
- 4.2.4 Subject to the provisions of the Statutory Committees Constitution Rules, the composition of the Midwifery Committee is determined by the Council.
- 4.2.5 The Chair of the Council is authorized to exercise the functions of the Council under the Statutory Committees Constitution Rules for the appointment, removal, and suspension of the Chair and the members of the Midwifery Committee.
- 4.2.6 Partner Members of the Midwifery Committee will be selected on the basis of relevant skills and experience by a selection panel including the Chair of the committee and a Director.

4.3 Discretionary Committees

- 4.3.1 Under Article 3(12) of the Order, the Council may establish Discretionary Committees in connection with the discharge of its functions and delegate any of its functions to them, other than the power to make rules.
- 4.3.2 The responsibilities of the Discretionary Committees are set out in terms of reference issued by the Council from time to time [Annexe 2].
- 4.3.3 Except as provided for in Standing Order 5.7.8, a Discretionary Committee may not delegate any of its functions without the prior authorization of the Council.
- 4.3.4 The Chair and the members of Discretionary Committees are appointed by the Chair of the Council from amongst the members of the Council.
- 4.3.5 Any decision to supplement the membership of a Discretionary Committee by appointing a Partner Member is a matter for the Council on the advice of that committee.

- 4.3.6 Partner Members will be selected on the basis of relevant skills and experience by a selection panel including the Chair of the committee and a Director.
- 4.3.7 The duration of the term of office of each Chair and member of a committee is determined by the Chair of the Council and,
- (a) in the case of a member of the Council, may not exceed the period from the date of appointment as a member of the committee to the date on which that person's current term of office on the Council is due to expire;
 - (b) in the case of a Partner Member, may not exceed three years from the date of appointment, renewable once.
- 4.3.8 A Partner Member may be suspended or removed from office by the Chair of the Council on the same conditions as a member of a Statutory Committee may be suspended or removed under the Statutory Committees Constitution Rules.

5 Meetings and proceedings of the Council and committees

5.1 Meetings

- 5.1.1 The Council will ordinarily meet no less than six times a year, in accordance with a schedule drawn up by the Secretary and approved by the Council.
- 5.1.2 The Secretary will call a special meeting of the Council as soon as practicable following receipt of a written request, specifying the nature of the business to be transacted, from:
- (a) the Chair of the Council;
 - (b) seven or more members of the Council; or
 - (c) the Chief Executive and Registrar.
- 5.1.3 Subject to any general direction from the Council regarding the frequency of meetings, committees will ordinarily meet at such intervals as the members may determine. The Secretary will draw up a schedule of meetings for the approval of each committee.
- 5.1.4 The Secretary will call a special meeting of a committee as soon as practicable following receipt of a written request, specifying the nature of the business to be transacted, from the Chair of the committee.

5.2 Public access to meetings

- 5.2.1 The Council is committed to open and transparent governance and operates on the presumption that its business should be conducted in public, unless there is an overriding reason for it to be conducted in private.
- 5.2.2 Members of the public are permitted to attend public meetings of the Council. The agenda and supporting papers for public meetings will be published online before the meeting.
- 5.2.3 The Chair may, at her or his discretion, allow time during public meetings for statements or questions to be made by members of the public. Members of the public are not otherwise permitted to participate in meetings.
- 5.2.4 The Chair may, at her or his discretion, instruct members of the public to withdraw from a public meeting, or part of a public meeting, if:
- (a) a confidential matter arises in discussion; or
 - (b) it otherwise appears to the Chair to be necessary to do so in the interest of good conduct of the meeting.
- 5.2.5 The Chair will determine which business is to be transacted in private. Items of business that will usually be considered in private include, without limitation:
- (a) information constituting or comprising personal data;
 - (b) information provided to the NMC in confidence;
 - (c) preparation of documents with future publication dates (unless it is in the public interest for draft documents to be discussed in public);
 - (d) matters relating to relations between the NMC and its employees;
 - (e) the terms of, or expenditure under, a tender or contract for the purchase or supply of goods or services or the acquisition or disposal of property;
 - (f) any matter relating to legal proceedings that are being contemplated or instituted by or against the NMC;
 - (g) any matter which, if publicly disclosed, would, or would be likely to, prejudice the effective conduct of the NMC's affairs.
- 5.2.6 Members of the public are not permitted to photograph, transmit, audio-record, or video-record proceedings of the Council without the prior

authorization of the Chair. Any breach of this Standing Order may result in action by the Chair under Standing Order 5.2.4.

5.2.7 Meetings of committees are not normally open to the public.

5.3 Agenda and supporting papers

5.3.1 Any member wishing to raise an item of business at a meeting should notify the Chair at least fourteen days before the meeting.

5.3.2 Each item of business will normally be accompanied by a supporting paper.

5.3.3 The agenda and supporting papers for ordinary meetings will normally be sent to members not less than seven days before the meeting.

5.3.4 The agenda and supporting papers for special meetings will normally be sent to members not less than three days before the meeting.

5.3.5 Papers may only be tabled at a meeting with the permission of the Chair.

5.3.6 The non-receipt of the agenda and / or supporting papers for a meeting by any member will not invalidate the meeting or any business transacted at the meeting.

5.4 Chairing of meetings

5.4.1 Subject to Standing Orders 5.4.2 and 5.4.3, the Chair will, if present, preside at all meetings.

5.4.2 If the Chair is absent from a meeting, the members present will nominate one of their number to preside at that meeting.

5.4.3 If the Chair is unable to preside because she or he has a material conflict of interest in an item of business under discussion, the other members present will nominate one of their number to preside for the duration of the discussion of that item of business.

5.5 Quorum

5.5.1 As defined in the Constitution Order, the quorum of the Council is seven members.

5.5.2 As defined in the Statutory Committees Constitution Rules, the quorum of the Midwifery Committee is half of the total number of members of the committee, plus one.

5.5.3 The quorum of a Discretionary Committee is a majority of the members of that committee.

5.5.4 Business transacted before a meeting becomes inquorate will not be invalidated by the later lack of a quorum.

5.5.5 If a meeting

- (a) is not quorate within half an hour of the time appointed for the meeting, or
- (b) becomes inquorate during the course of the meeting,

the Chair will declare the meeting closed and the remaining business will be carried over to the next meeting.

5.6 Attendance at meetings

5.6.1 At the discretion of the Chair, a meeting may be conducted wholly or partly by teleconference or videoconference. All participating members will be deemed to be present and counted in the quorum.

5.6.2 A member who

- (a) participates in less than 75% of the meetings which they are expected to attend in any financial year; or
- (b) is absent from two consecutive meetings of the Council or of the same committee in any financial year,

will be regarded as having made an insufficient contribution to the work of the Council. This will be taken into account as part of the appraisal process and may constitute grounds for removal from office.

5.6.3 In exceptional circumstances, the Chair of the Council may grant a leave of absence to a member for a defined period.

5.6.4 Subject to Standing Order 5.8,

- (a) the Chair of the Council is entitled to attend and to speak at any meeting of a committee of which she or he is not a member;
- (b) the Chief Executive and Registrar is entitled to attend and to speak at any meeting;
- (c) each Director is entitled to attend and, with the consent of the Chair, to speak at any meeting of the Council and at any meeting of a committee whose business relates to that Director's executive remit;
- (d) the Secretary is entitled to attend and, with the consent of the Chair, to speak at any meeting.

5.6.5 The Chair may invite any person to attend a meeting in whole or in part to speak or to present a report.

5.7 Procedure at meetings

5.7.1 The order of business at meetings will follow the agenda, unless otherwise directed by the Chair, at whose discretion the order may be altered at any stage.

5.7.2 No business other than that which has been included in the agenda will be discussed at a meeting, with the exception of urgent business, which may be discussed at the discretion of the Chair.

5.7.3 The Chair will:

- (a) maintain order and ensure that all members have sufficient opportunity to express their views on the matters under discussion;
- (b) determine all matters of order, procedure, and relevancy;
- (c) determine in which order those present should speak;
- (d) determine whether or not a vote is required and how it is to be carried out.

5.7.4 Items of business for information only will normally be taken without discussion, unless otherwise directed by the Chair. Such items will be clearly marked on the agenda. Any member who wishes an item for information to be open for discussion should notify the Chair or the Secretary not less than two days before the meeting.

5.7.5 Decisions will normally be reached by consensus rather than by a vote. Decisions will be reached by means of a vote if:

- (a) the Chair feels that no clear consensus has been reached and that there is significant disagreement with, or reservations about, a proposal;
- (b) a member requests that a vote be taken;
- (c) the Chair concludes, for any other reason, that a vote should be taken.

5.7.6 Any proposal put to a vote will be decided by a simple majority of the members present and voting. The Chair will declare whether or not a resolution has been carried. In the event of a tie, the Chair will have an additional casting vote.

5.7.7 The minutes of the meeting will normally record only the numerical results of a vote, showing the numbers for and against the proposal and any

abstentions. Any member may require that their particular vote be recorded in the minutes provided they ask the Secretary immediately after the result of the vote is declared.

5.7.8 The Council or a committee may resolve to delegate decisions on agenda items to the Chair. Any such resolution will be recorded in the minutes.

5.7.9 The Council or a committee may resolve to defer a decision on an agenda item. Any resolution to defer a decision, together with the reasons for doing so, will be recorded in the minutes.

5.8 Conflicts of interest

5.8.1 Any member who has a personal, financial, or other interest in any item of business in the agenda must declare fully to the meeting the nature and extent of the interest.

5.8.2 If a member declares an interest in accordance with Standing Order 5.8.1, the Chair will determine whether there is a material conflict of interest and, if so, whether and to what extent (if at all) that person should participate in discussion and decision of the matter.

5.8.3 If the Chair declares an interest in accordance with paragraph 5.8.1, the remaining members will determine whether there is a material conflict of interest and, if so, whether and to what extent (if at all) the Chair should participate in discussion and decision of the matter.

5.8.4 Notwithstanding the provisions of Standing Order 5.5.5, where there is no longer a quorum as a result of a decision under Standing Order 5.8.2 or 5.8.3, discussion of that item of business will be adjourned and the meeting will proceed to the next item for which a quorum exists.

5.8.5 Any NMC employee who is in attendance at a meeting must declare any interests in the same way as members. The Chair will determine whether there is a material conflict of interest and, if so, whether and to what extent (if at all) that person should participate in discussion of the matter. An employee will normally be required to withdraw from a meeting where her or his position is under discussion.

5.9 Minutes of meetings

5.9.1 The Secretary will record the minutes of every meeting.

5.9.2 The minutes will record:

- (a) the names of:
 - (i) the members present;
 - (ii) the officers in attendance;

(iii) any members whose apologies have been received.

(b) any declarations of interest;

(c) the withdrawal of any member from the meeting on account of a material conflict of interest.

5.9.3 The minutes will record the key points of discussion and decisions in the order in which business was transacted at the meeting. The minutes will not attribute comments to particular members unless specifically requested by the member concerned or by the Chair.

5.9.4 The draft minutes, once reviewed by the Chair, will be circulated to all members and included in the agenda for the next meeting for confirmation as a correct record.

5.9.5 Once confirmed as a correct record, the minutes will be signed by the Chair and retained by the Secretary in the minute book.

5.9.6 The confirmed minutes of public meetings of the Council will be published on the NMC website.

5.9.7 Each committee will report to the Council fully and promptly following every meeting. The full minutes of committee meetings are ordinarily available to any Council member on request to the Secretary.

5.10 Decisions by correspondence

5.10.1 Any matter capable of being decided at a meeting may instead be decided by correspondence by a simple majority of the members entitled to vote upon it.

5.10.2 Where, in the opinion of the Chair, a significant matter requires a decision between meetings, and it is not practical to convene a special meeting, a document explaining the matter, together with instructions for responding, will be circulated by the Secretary for decision by correspondence.

5.10.3 The Secretary will notify all members of the outcome of any decision by correspondence and will record it in the minute book.

5.11 Action by Chairs of committees

5.11.1 The Chair of a committee has the power to authorize action on minor, non-contentious, or urgent matters falling within the committee's responsibilities which arise between meetings. The Chair will take reasonable steps to consult with other committee members before doing so. The Secretary will be consulted in advance and will keep a record of any decisions for report to the next meeting.

6 General provisions

6.1 Register of interests

- 6.1.1 'Interests' in this context means all interests, whether of a financial or non-financial nature, which might influence, or might be perceived as influencing, the person concerned in their conduct of NMC business. If the person is in doubt as to whether an interest is sufficiently relevant to be declared, the interest should be declared.
- 6.1.2 The following are required to enter their interests annually in the register of interests and to maintain the accuracy of their entry in the register by notifying the Secretary of changes in a timely manner:
- (a) members of the Council;
 - (b) Panel Member;
 - (c) Partner Members;
 - (d) the Chief Executive and Registrar;
 - (e) the Directors and assistant directors;
 - (f) any inspectors, reviewers, and assessors acting on behalf of the NMC.
- 6.1.3 Entries in the register of interests will be published as required by the Order.

6.2 Allowances and expenses

- 6.2.1 The Council will determine the arrangements for the reimbursement of expenses and the payment of allowance to Council members, Partner Members, and members of the Midwifery Committee.

6.3 Chief Executive and Registrar

- 6.3.1 The Council will appoint a Chief Executive and Registrar to direct the affairs and manage the resources of the Nursing and Midwifery Council.
- 6.3.2 The Council (or a body authorized by the Council) is responsible for determining the remuneration of the Chief Executive and Registrar.
- 6.3.3 In order to carry out her / his responsibilities effectively, the Chief Executive and Registrar may delegate such matters as she / he thinks appropriate.

6.4 Directors

- 6.4.1 The Chief Executive may appoint Directors to carry out such responsibilities as she / he may specify.
- 6.4.2 The Council (or a body authorized by the Council) is responsible for determining the remuneration of the Directors.

6.5 Secretary

- 6.5.1 The Chief Executive and Registrar will appoint a member of staff to act as Secretary to the Council and its committees.

6.6 Common Seal

- 6.6.1 The Chief Executive and Registrar (or a member of staff appointed by the Chief Executive and Registrar) is responsible for the safe custody of the Common Seal.
- 6.6.2 The affixing of the Common Seal will be attested,
- (a) in the case of statements under seal, and any other classes of documents specified by the Council, by the signatures of the Chief Executive and another member of staff with due authorization;
 - (b) in the case of all other documents required to be executed under seal, by the signatures of a member of the Council and the Chief Executive and Registrar (or another member of staff authorized specially or generally by the Chief Executive and Registrar).
- 6.6.3 A report on the use of the Common Seal will be presented to the next meeting of the Council.

6.7 Electronic communication

- 6.7.1 Any notice or document required to be made in writing and/or sent under these Standing Orders may be recorded and/or sent by electronic means.

Council

Chair's report

Action: For information.

Issue: This paper reports on the Chair's activities since the report to Council in September 2013.

Core regulatory function: This paper covers all of our core regulatory functions.

Corporate objectives: The Chair's activities encompass all of the NMC's corporate objectives.

Decision required: No decision is required. The Council is invited to note this report.

Annexes: There are no annexes to this paper.

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

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- Context:** 1 Given the activity undertaken by the Chair in conjunction with the chief executive, this report needs to be considered alongside the chief executive's report, also on this meeting agenda.
- Discussion** 2 The key focus of this period has been on the preparations for attendance at the Health Committee annual scrutiny hearing which took place on 8 October 2013. The Chair and the Chief Executive updated the committee members on the organisation's progress since the 2012 strategic review report and developments since our previous appearance before the committee, including our response to the Francis Inquiry Report.
- 3 The Chair continues to engage with officials at the Department of Health, including the permanent secretary, Una O'Brien and there have been a number of meetings with the secretary of state, the Rt Hon Jeremy Hunt and the parliamentary undersecretary of state for health services, Dr Dan Poulter.
- 4 The Chair met Bill Moyes, the recently-appointed Chair of the General Dental Council and Bob Nicholls, the Chair of the General Pharmaceutical Council, to discuss matters of regulatory interest.
- 5 On 4 September 2013, the Chair and the chief executive met colleagues from the key professional stakeholder bodies for the latest high-level meeting. The meeting covered the position with professional indemnity insurance, the NMC's FtP performance and approaches to four-country engagement.
- 6 On 31 October 2013, the Chair attended the latest meeting of the chairs of the regulatory bodies. The meeting covered a range of topics including regulators' engagement with Health Education England (HEE) and how regulators work collaboratively and share capabilities where possible. The NMC host the next meeting in February 2014.
- 7 The Chair and the chief executive met with Katherine Rake, Chief Executive, and Anna Bradley, the Chair, of Healthwatch England. The meeting focused on effective information sharing and a further is being arranged for early in 2014.
- 8 The Chair visited Peter Walsh, the chief executive of Action for Victims of Medical Accidents (AVMA). The recommendations of the Francis Inquiry were discussed, particularly the statutory duty of candour, an issue that AVMA have been campaigning for. NMC progress in FtP was raised, as was the progress and implications of the Law Commission's work.
- 9 The Chair and the chief executive spent a day meeting with staff and patients at the Ashworth high security medical centre in Liverpool. The visit was at the invitation of the hospital's executive director and

director of nursing.

Public protection implications:	10	None directly from the paper. Public protection implications arising from the activities in this paper are addressed as part of individual workstreams and projects.
Resource implications:	11	None directly from this paper. Resource implications of the NMC's activities in the various workstreams and projects referenced in the paper are dealt with in financial monitoring reports.
Equality and diversity implications:	12	None directly from the paper. Equality and diversity issues are dealt with as part of the conduct of individual workstreams and projects.
Stakeholder engagement:	13	Stakeholder engagement is detailed, as appropriate, in the body of this report.
Risk implications:	14	None directly from the paper.
Legal implications:	15	None directly from the paper.

Council

Report of decisions taken by the Chair since the last Council meeting

- Action:** For information.
- Issue:** The report details decisions taken by the Chair under delegated powers (as per NMC Standing Orders).
- 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:** Members are asked to note the Chair’s decisions taken on behalf of the Council since the last meeting.
- Annexes:** The following annexes are attached to this report:
- Annexe 1: Chair’s action sign-off sheet (extension of first term of office for one Fitness to Practise panel member)
 - Annexe 2: Chair’s action sign-off sheet (re-appointment of 98 Conduct and Competence Committee panel members for a second term of four years, 14 Practice panel members for an extension of two months to their first term of appointment, effective from 1 October 2013, and 21 Investigating Committee panel members for a second term of one year)
- 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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- Chair's actions**
- 1 **Extension of first term of office for one Fitness to Practise panel member**
 - 2 The individual concerned (Glenys Evans) was the only Fitness to Practise panel member whose term of office expired in August 2013.
 - 3 As a result, her term of office was extended to bring her into line with other panelists. She was then considered in the proposal outlined in Annexe 2.
 - 4 The Chair, on behalf of the Council, agreed the recommendation on 21 August 2013. A copy of the signed action sheet is available as Annexe 1.
 - 5 **Re-appointment of 98 Conduct and Competence Committee panel members for a second term of four years, 14 Practice panel members for an extension of two months to their first term of appointment, effective from 1 October 2013 and 21 Investigating Committee panel members for a second term of one year.**
 - 6 The Appointments Board has agreed to the principle that a proactive rolling recruitment programme should be adopted for panel members on practice committees.
 - 7 The Conduct and Competence Committees and Practice Panels, administered by the NMC as part of its Fitness to Practise function, identified a business need for members of these committees whose performance was of sufficient quality to be re-appointed. This will help ensure that the efforts to manage the current caseload could be continued.
 - 8 The future workload of Investigating Committees is subject to legislative change. As a result, the Chair has agreed that 21 Investigating Committee panel members have their first terms extended for a second term of one year.
 - 9 The current commitment to clear historic cases is an undertaking which has been made to stakeholders, including the PSA and Department of Health. This commitment requires full capacity from the NMC.
 - 10 The Chair, on behalf of the Council, agreed the recommendations on 30 August 2013. A copy of the signed action sheet is available as Annexe 2.

- Public protection implications:** 11 The effective fulfillment of the NMC's Fitness to Practise function is central to its role in public protection.
- Resource implications:** 12 Any additional costs associated with the appointment of members are covered within existing Fitness to Practise budgets.
- Equality and diversity implications:** 13 Equality and diversity implications have been considered as part of the appointment process.
- Stakeholder engagement:** 14 Engagement with the Council will be required if there is a recommendation for a rule change with regards to the Practice Committee.
- 15 Existing panel members will be notified of all recruitment campaigns and in particular will be encouraged to apply for panel chair roles.
- 16 Panel members whose first term of appointment is due to expire in September 2013 will be advised of the reappointment criteria and current business need.
- Risk implications:** 17 There are no risk implications arising directly from this report. The reappointment of panel members and panel chairs will assist the NMC in fulfilling its public protection obligations.
- Legal implications:** 18 None at this time.

Chair's Action

The Chair of any committee shall have the power to authorise action on minor, non-contentious or urgent matters falling within the authority delegated to it by the Council between meetings of the committee. The Chair will take reasonable steps to consult with other committee members before doing so. The Secretary to the Committee will be informed of such actions and will keep a record of them for report to the next meeting (Standing Order 47).

Date: 21/08/2013

Requested by: Loraine Ladlow

Detail:

The Chair is asked to extend the first term of office for the following Fitness to Practise panel member to allow the Appointments Board to consider all upcoming reappointments at their September meeting:

Glenys Evans

Ms Evans is the only Fitness to Practise panel member who comes to the end of her first term in August 2013.

In September 2013, 138 Fitness to Practise panel members come to the end of their first term. The Appointments Board will be meeting in September to consider which of these panel members to recommend to the NMC Council to appoint for a second term.

The extension of Ms Evans' first term for a period of one month will allow her to be considered by the Appointments Board for recommendation to a second term at the same time as the other 138 panel members.

The extension is for a period of one month from 31 August 2013 to 30 September 2013.

Signed _____

Mar Addis

(Chair)

Item 15 - Annexe 2

Chair's Action

The Chair of any committee shall have the power to authorise action on minor, non-contentious or urgent matters falling within the authority delegated to it by the Council between meetings of the committee. The Chair will take reasonable steps to consult with other committee members before doing so. The Secretary to the Committee will be informed of such actions and will keep a record of them for report to the next meeting (Standing Order 47).

Date: 30/09/2013

Requested by: Loraine Ladlow

Detail: To meet the increase of Fitness to Practise activity, it has become necessary to re-appoint panel members who consistently perform effectively and are coming to the end of their first term of appointment.

The Appointments Board have recommended the re-appointment to a second term of four years , effective from 1 October 2013, for the following 98 Conduct and Competence Committee panel members:

No.	Name	Committee	Chair	Lay or Registrant
1	Michael Cann	CCC/HC	Yes	Lay
2	Christine Castledine	CCC/HC	Yes	Lay
3	Charles Philip Jewell	CCC/HC	Yes	Lay
4	Catherine Hinton	CCC/HC	Yes	Registrant
5	Brian Yates	CCC	Yes	Lay
6	Julian Weinberg	CCC	Yes	Lay
7	Judith Allfrey	CCC/HC	No	Lay
8	Sarah Bowie	CCC/HC	No	Lay
9	Ceri Channon	CCC/HC	No	Lay
10	Maurice Cohen	CCC/HC	Yes	Lay
11	Mike Collins	CCC/HC	No	Lay

12	Catherine Elliott	CCC/HC	Yes	Lay
13	Glenys Valerie Evans	CCC/HC	No	Lay
14	Michael Libby	CCC/HC	No	Lay
15	Elsbeth Metcalfe	CCC/HC	No	Lay
16	Paul Moulder	CCC/HC	No	Lay
17	Paul Pharaoh	CCC/HC	No	Lay
18	Robin Stephenson	CCC/HC	No	Lay
19	Mary Thomas	CCC/HC	Yes	Lay
20	Miranda Winram	CCC/HC	No	Lay
21	Helen Bishop	CCC/HC	No	Registrant
22	Helen Cameron	CCC/HC	No	Registrant
23	Joy Duxbury	CCC/HC	No	Registrant
24	Julia Grant	CCC/HC	No	Registrant
25	Alison Hobden	CCC/HC	No	Registrant
26	Julie Humphreys	CCC/HC	No	Registrant
27	Vina Mayor	CCC/HC	No	Registrant
28	David Parry	CCC/HC	No	Registrant
29	Simon Williams	CCC/HC	No	Registrant
30	Diane Rawstone	CCC/HC	No	Registrant
31	Gillian Anderson	CCC	No	Lay
32	Carole Baines	CCC	No	Lay
33	Janet Blundell	CCC	No	Lay
34	David Braybrook	CCC	No	Lay
35	Frank Bridge	CCC	No	Lay
36	Nalini Chavda	CCC	No	Lay

37	Winston Churchill	CCC	Yes	Lay
38	Jeremy Colwill	CCC	No	Lay
39	Sylvia Dean	CCC	No	Lay
40	Susan Gilhespie	CCC	No	Lay
41	Catherine Grindell	CCC	No	Lay
42	Jane Lacey-Hatton	CCC	No	Lay
43	Corinna Kershaw	CCC	No	Lay
44	Pradeep Khuti	CCC	No	Lay
45	Mary Margaret Nicol	CCC	No	Lay
46	James Peacock	CCC	No	Lay
47	Jacqueline Pearce	CCC	No	Lay
48	Stephen Pett	CCC	No	Lay
49	William Paul Ard	CCC	Yes	Lay
50	Cheryl Beach	CCC	Yes	Lay
51	John Crawley	CCC	Yes	Lay
52	David Flinter	CCC	Yes	Lay
53	Monica French	CCC	Yes	Lay
54	Annie Hitchman	CCC	No	Lay
55	Jacinta Mackie	CCC	No	Lay
56	Joseph Magee	CCC	No	Lay
57	Pauline Robson	CCC	No	Lay
58	Sally Ruthen	CCC	Yes	Lay
59	Angela Stones	CCC	No	Lay
60	Linda Summers	CCC	No	Lay
61	Neil Sykes	CCC	No	Lay

62	Katrina Tanner	CCC	No	Lay
63	Jennifer Taylor	CCC	No	Lay
64	Nalini Varma	CCC	No	Lay
65	Jack Walsh	CCC	Yes	Lay
66	Mollie Weatheritt	CCC	No	Lay
67	Thomas Woods	CCC	No	Lay
68	Fiona Barrie	CCC	No	Registrant
69	Roger Cobley	CCC	No	Registrant
70	Janet Hargreaves	CCC	No	Registrant
71	Victoria Heilbron	CCC	No	Registrant
72	Lesley Kay	CCC	No	Registrant
73	Peter Liptrot	CCC	No	Registrant
74	Sue Marriott	CCC	No	Registrant
75	Mary McCartney	CCC	No	Registrant
76	Rona McKay	CCC	No	Registrant
77	Nicola Rabjohns	CCC	No	Registrant
78	Jacqueline Rendell	CCC	No	Registrant
79	Carol Sanders	CCC	No	Registrant
80	Lynn Smith	CCC	No	Registrant
81	Carole Yearley	CCC	No	Registrant
82	Paul Theed	CCC	No	Registrant
83	Penny Tindle	CCC	No	Registrant
84	James Richardson	CCC	No	Registrant
85	Linda Stone	CCC	Yes	Lay
86	Rose Bedford	CCC	N	Registrant

87	Geraldine Bevan	CCC/HC	N	Registrant
88	Sarah Goodwin	CCC	N	Registrant
89	Alan Harris	CCC	Y	Lay
90	Karen Heenan	CCC/HC	Y	Lay
91	Duncan Henderson	CCC	N	Lay
92	Hilda Jiah	CCC	N	Registrant
93	Anne Johnstone	CCC/HC	N	Lay
94	Robert Lloyd-Richards	CCC	N	Lay
95	Marianne Murdoch	CCC/HC	N	Registrant
96	Hiranya Garbha Narayan	CCC	N	Lay
97	Pippa Nightingale	CCC	N	Registrant
98	Nagarajah Thevamanoharan	CCC	N	Lay

Detail: To meet the increase of Fitness to Practise activity, it has become necessary to re-appoint panel members who consistently perform effectively and are coming to the end of their first term of appointment.

The Appointments Board have recommended the re-appointment to a second term of one year, effective from 1 October 2013, for the following 21 Investigating Committee panel members:

No.	Name	Committee	Chair	Lay or Registrant
99	Judith Alderton	IC	N	Lay
100	Carole Cheesman	IC	N	Lay
101	Satya Schofield	IC	N	Lay
102	Nicole Smith	IC	N	Lay
103	Thomas Bingham	IC	N	Lay
104	Sally Griffiths	IC	N	Lay
105	Sean Hamilton	IC	N	Lay

106	Colin Kennedy	IC	N	Lay
107	Linda Kerr	IC	N	Lay
108	Sue Wadham	IC	N	Lay
109	David Clarke	IC	N	Lay
110	Simon Cox	IC	N	Registrant
111	Pauline Daniels	IC	N	Registrant
112	Linda McGrath	IC	N	Registrant
113	Nicola Neale	IC	N	Registrant
114	Jennifer Pennington	IC	N	Registrant
115	Jean Salter	IC	N	Registrant
116	Andrea Stebbings	IC	N	Registrant
117	Jennifer Frost	IC	N	Registrant
118	Isabella Leeman	IC	N	Registrant
119	Wendy Warren	IC	N	Registrant

Detail: To meet the increase of Fitness to Practise activity, the Appointments Board have recommended the extension of two months to the first term of appointment, effective from 1 October 2013, for the following 14 Practice Committee panel members:

No.	Name	Committee	Chair	Lay or Registrant
120	Marie Carey	CCC	N	Lay
121	Pauline Clarke	CCC	Y	Registrant
122	Jennie Fecitt	CCC/HC	N	Registrant
123	Penny Griffith	CCC	Y	Lay
124	Marie Heffernan	CCC	N	Lay

125	Dawn Johnston	CCC	N	Registrant
126	Kathleen King	CCC/HC	N	Registrant
127	Beatrice Nyamande	CCC/HC	N	Registrant
128	Donna O'Boyle	CCC	N	Registrant
129	David Thorpe	CCC	N	Registrant
130	Dawn Pike	CCC	N	Registrant
131	William Payne	IC	N	Lay
132	Joanne Craddock	IC	N	Registrant
133	Marian McDonald	IC	N	Registrant

Signed Mor Addison (Chair)

I declare that Brian Yates is known to me personally via a separate, professional, connection. MGA

Council

Chief Executive's report

Action: For information.

Issue: This paper reports on high level strategic engagement and key developments against the NMC's Corporate Plan 2013-2016.

Core regulatory function: This paper covers all of our core regulatory functions.

Corporate objectives: This paper reports against all of the NMC's corporate objectives.

Decision required: None.

Annexes: The following annexe is attached to this paper:

- Annexe 1: Change Programme and Portfolio Delivery high level plan.

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

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- Context:** 1 This paper is a standing item on the Council's agenda and reports on our high level strategic engagement and key developments against the Corporate Plan 2013-2016.

Discussion **Strategic context**

Chief Executive's activity

- 2 On 8 October 2013, along with the Chair, the Chief Executive gave evidence to the Health Select Committee at the NMC's annual scrutiny meeting. The appearance before the committee provided the opportunity to update members on the progress since last year's appearance. The committee was interested to hear about developments at the NMC since the Professional Standards Authority's 2012 strategic review, our plans for the introduction of revalidation and Francis Inquiry-related workstreams, such as how we raise our profile and promote our 'Raising Concerns' guidance.
- 3 The Chair and Chief Executive have met the Secretary of State for Health on two occasions to discuss aspects of the NMC's performance and in preparation for the Department of Health's formal response to the Francis Inquiry Report, expected in November 2013.
- 4 The Chief Executive continues to engage with key professional stakeholders, including the Chief Nursing Officer for Scotland, the Royal College of Nursing, the Royal College of Midwives and Unison. Discussions have focussed on the NMC's core regulatory work.
- 5 The Chief Executive has met with a number of individual Westminster parliamentarians to follow up on correspondence relating to concerns expressed about the outcomes of fitness to practise cases made by their constituents.
- 6 At the end of September 2013, the Chair and Chief Executive spent a day at the Ashworth high security medical centre in Liverpool. The visit was at the invitation of the hospital's Executive Director and Director of Nursing. The visit provided an opportunity to see nurses at work in a very demanding setting.

Joint regulatory working

- 7 The Chief Executive continues to engage with the other professional healthcare regulatory bodies through meetings of the Chief Executives' Steering Group. Attendees at recent meetings have included the Law Commission and Health Education England (HEE), in addition to the regular attendance of the Department of Health and the Professional Standards Authority. The Chief Executive also met separately with the Chief Executive of HEE to discuss joint working

arrangements.

- 8 Accompanied by the Chair, the Chief Executive met with their opposite numbers from Healthwatch England. A helpful introductory discussion covered the future approach to information sharing and a follow-up meeting is being scheduled for early in 2014.

Professional Standards Authority

- 9 The Professional Standards Authority performance review process for 2013-2014 is currently underway. We are required to submit evidence of our performance against the 24 Standards of Good Regulation by 5 December. The required evidence is currently being gathered across the organisation and the Council will be briefed on the content of the submission during the confidential session of the meeting.

External reviews

- 10 Since 4 October the Director of Fitness to Practise and the Director of Continued Practice, have been visiting the 11 Trusts placed into special measures following Sir Bruce Keogh's review, the full report of which was published in July 2013. The directors will have visited 10 out of the 11 Trusts by November's Council meeting and the final visit is scheduled for the end of December. The purpose of these visits has been to develop a constructive dialogue with the directors of nursing across various issues that affect public protection by discussing their thoughts and experiences in relation to their engagement and relationship with the NMC. Discussion topics have ranged from the role of fitness to practise through to education, the relationship with local supervising authorities and revalidation.

Four country engagement

- 11 On 7 October the Director of Continued Practice attended a meeting of the steering group for the CNO review of nursing and midwifery education in Scotland, which we will be considering as part of our strategic context for the NMC Education strategy.
- 12 We have undertaken five supervisor of midwives roadshows in all four countries of the UK during October as part of the consultation on the revised standards for the preparation of supervisors of midwives. These events also provided us with an opportunity to do some early engagement on the review of the code and developing the guidance for revalidation. We also provided an update on our proposals for revalidation.

Patient and public engagement activity

- 13 Following our participation in a joint stand with other regulators at the Citizen's Advice annual conference in September, we are exploring how we can add information about our organisations to the Citizen's

Advice Bureau's advice guide which is used by advisers and by the public.

- 14 NMC staff attended the National Childbirth Trust (NCT) conference on 14 September. This was a useful intelligence gathering exercise that helped us to understand how the NCT functions and hear experiences of staff, practitioners and volunteers. Those present expressed an interest in knowing more about the NMC and we will be approaching NCT about including information about us on their intranet site.
- 15 On 9 October NMC staff attended the launch of Healthwatch England's first annual report. At this event Healthwatch England also announced a draft set of consumer rights which aims to put the patient's voice at the heart of health and social care. We continue to work with Healthwatch and will be including information about the role of the NMC in Healthwatch England's e-newsletter which is sent to all Local Healthwatch groups.
- 16 NMC staff observed a 'King's In conversation' event with patients. These events are being run by King's College Hospital to gather feedback from staff and patients to help them form an action plan in response to the Francis report. Observing this event allowed us to hear first hand from patients of their experiences of nursing care.
- 17 The next meeting of our England Patient and public engagement forum will take place on 19 November. Work continues on the development of a Scotland Patient and public engagement forum. This is being co-created with the Health and Social Care Alliance and Scottish Health Council and with input from the Scottish government.
- 18 NMC staff attended the quarterly meeting of the Health professions regulators patient and public engagement forum. This group is a way to share best practice and consider future joint working opportunities.

Regulatory priorities

Registration

- 19 September and to a lesser extent October are historically the busiest months of the year for Registration. The Registration Centre took approximately 49,000 calls in September, with over 1200 UK applicants being registered. This represents an increase of 3000 calls on the same period in 2012.
- 20 Overseas registration remains challenging as the revised policy is kept under review during the bedding in period. In September we introduced a new IT based ID verification procedure to improve confidence and assurance levels in documentary evidence on

identity. All overseas applicants are now required to attend the NMC in person to verify their identity and training.

- 21 There are currently 33 registration appeals pending. Of these, 30 are appealing against the Registrar's decision to reject their applications and three are appealing against additional conditions in the form of adaptations that the Registrar has requested they complete prior to registering.
- 22 In September three appeals were heard, of which one was dismissed and two were upheld. In October seven appeals started. Of these, five were adjourned and two were completed. Of the two completed, one was upheld and one was dismissed.

Quality Assurance of education and midwifery supervision

- 23 In September we published the Quality Assurance (QA) of education monitoring results for 2012-13, as part of closing the outgoing QA framework.
- 24 We have drafted the NMC annual report on Local Supervising Authority (LSA) QA, which was discussed by Midwifery Committee on 22 October and which will be formally presented to the Midwifery Committee and the Council in November 2013.
- 25 The new QA framework went live on 1 September 2013 and the two day training event held in September was positively evaluated by the 114 recruits, 18 of whom were lay reviewers. Further training events have occurred via webinar sessions and they too have been positively received.
- 26 Four Approved Education Institutions (AEIs) and one LSA Midwifery Officer have already engaged with our 'responding to concerns' processes by providing exceptional reporting on adverse issues and subsequent actions outside of routine reporting times, which is encouraging.
- 27 The new QA contract with Mott MacDonald is progressing well and in accordance with all service level agreements. Phase one of the ICT project plan has been completed and we are on target for completion in December. NMC staff have now received their passwords for the new QA portal that Mott MacDonald is developing. This is a considerable step forward in managing our intelligence around QA activity and AEIs and LSAs are already engaging with the new portal system.

Standards development

- 28 We have completed the methodologies for the development and evaluation of our standards and these were agreed by the Executive Board at its October meeting.

- 29 We have also completed an evidence review of the Code which is being considered by the Revalidation Strategic Advisory Group.
- 30 The consultation on the revised standards for the preparation of supervisors of midwives and the guidance for the five year rule concluded in October 2013. The standards and guidance will be finalised following consideration of the consultation reports and will be presented to the November Council for decision
- 31 A project manager was appointed in September for the implementation of the new competency test for applicants trained outside the EU. The scoping of the project is ongoing and will be completed in November. The consultation has now closed and analysis of the 700 responses is underway.

Change programme

- 32 The purpose of our change programme, which is overseen by the Change Management and Portfolio Board, is to deliver the necessary changes to make us a modern, effective, efficient and economic regulator that has the trust and confidence of patients and the public.

Business cases

- 33 At its meeting in October the Board:
- 33.1 Discussed a business case for the introduction of case examiners and agreed that the financial efficiencies identified be further reviewed by the finance team, before submission to the Executive Board for approval.
- 33.2 Discussed a business case for the introduction of regional representatives and agreed that the possibility of cost reductions be explored by utilising consultation and engagement activities already planned, before submission to the Executive Board for approval.

Registration Improvement Programme

- 34 Work continues on the Registration Improvement Programme to strengthen both our UK registration policy and our routine communications. Additional focus is also being given to our preparation for the introduction of NMC Online (Phase 1 - limited functionality to a small user community) in November 2013, as this will provide the base for wider implementation next year.

Revalidation

- 35 The Council has approved the revalidation model for phase 1.
- 36 The Revalidation Strategic Advisory Group, Employers Reference

Group and Revalidation Communications Group have been set up.

- 37 An extensive calendar of engagement events has been established by the revalidation team, with over 50 events scheduled around the UK in the next four months. Many of these events include a 'Q&A' session for stakeholders, which have been received very well to date. We are using information from these face to face events to inform next year's consultation.
- 38 The current supplier of revalidation consultation has been engaged to deliver the stage 1 online consultation. The tender process has been reviewed and initiated for the stage 2 consultation scheduled for April to July 2014.

ICT strategy

- 39 Phase 1 of the Council approved ICT strategy continues to progress well with completion scheduled for December 2013 and transition of the work into normal business activity by the end of January 14. An ICT Strategic Plan has been developed to move forward on the next stages of the improvement journey and is reported separately to Council.

Pay and grading

- 40 We have commenced formal consultation with staff on proposals for the introduction of a new pay, grading and job evaluation scheme, introduction of job families, a new pay structure and changes to our benefits package.
- 41 This follows extensive staff briefings in August and regular communications on progress. The consultation started on 30 October and is being held collectively through the Staff Consultative Group and with individual members of staff. There is no legal duty to consult on the proposals but it is good practice to do so. The consultation will run until the end of November with an implementation date of 1 January 2014. The number of staff negatively impacted is small and we hope that the proposals are well received overall. An equality assessment has been undertaken to determine whether there is any impact for specific groups of staff.

Internal corporate business

Human Resources and Organisational Development

- 42 As part of a cycle of policy reviews, our disciplinary, capability, grievance and harassment policies have all been revised and will be implemented from 1 December 2013.

Business planning

- 43 We have begun this year's round of business planning which will

culminate in the publication of our corporate plan for 2014-2017. Directors and assistant directors will present their respective proposed business plans and budgets to the Chief Executive and other directors in January 2014. The Council is scheduled to approve the corporate plan at its meeting on 26 March 2014.

Public protection implications:	44	Public protection implications arising from the activities in this paper are addressed as part of individual workstreams and projects.
Resource implications:	45	The resource implications of the various workstreams and projects are described in the monthly financial monitoring report on the meeting agenda.
Equality and diversity implications:	46	Equality and diversity is addressed as part of individual workstreams and projects, with equality impact assessments carried out as appropriate.
Stakeholder engagement:	47	Stakeholder engagement is detailed, as appropriate, in the body of this report.
Risk implications:	48	Any high level corporate risks that arise from the activities described in this paper are detailed in the risk register which is included elsewhere on the meeting agenda.
Legal implications:	49	Legal implications that arise from the activities in this paper are addressed as part of individual workstreams and activities.

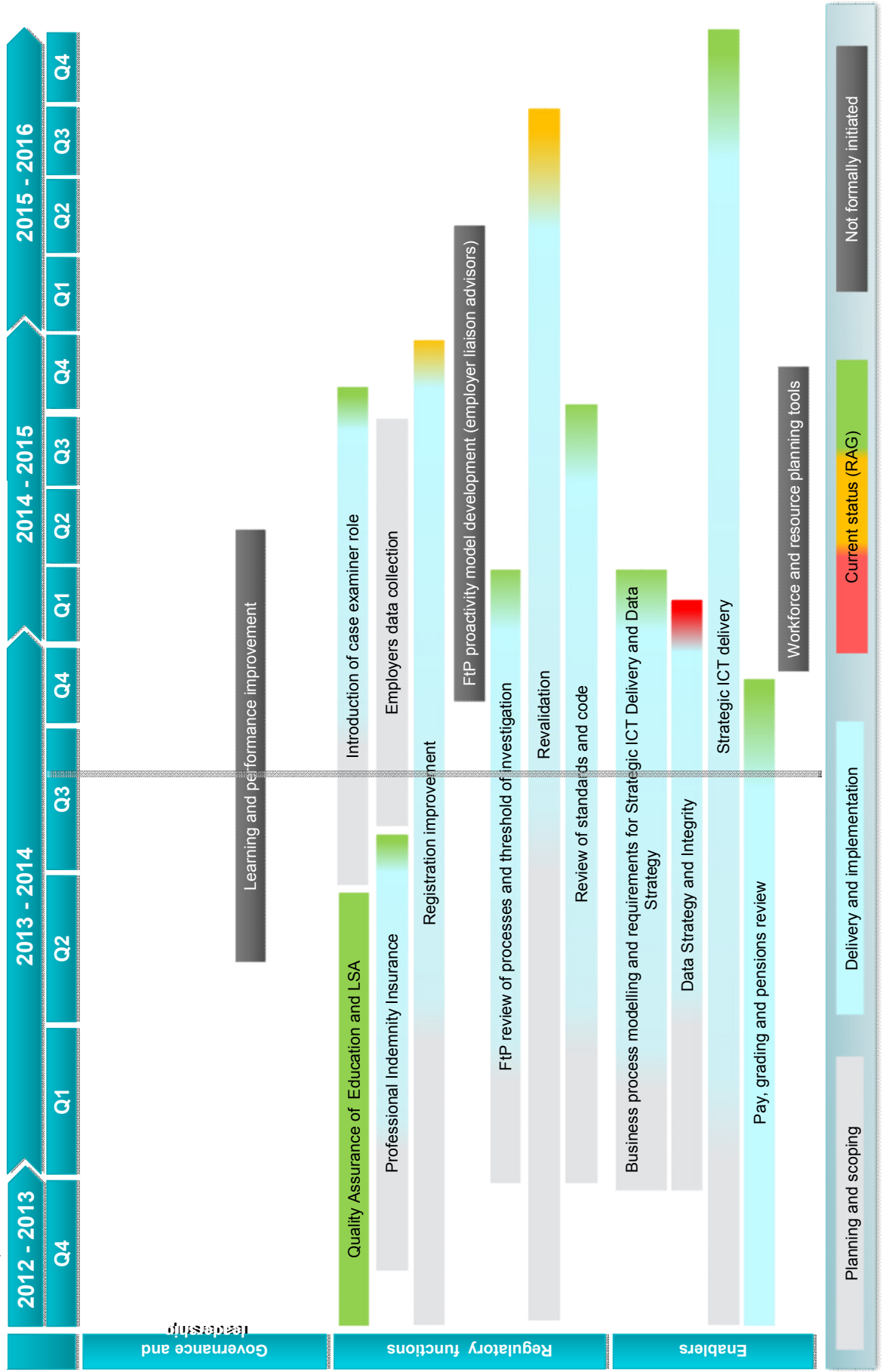
Item 16

NMC/13/172

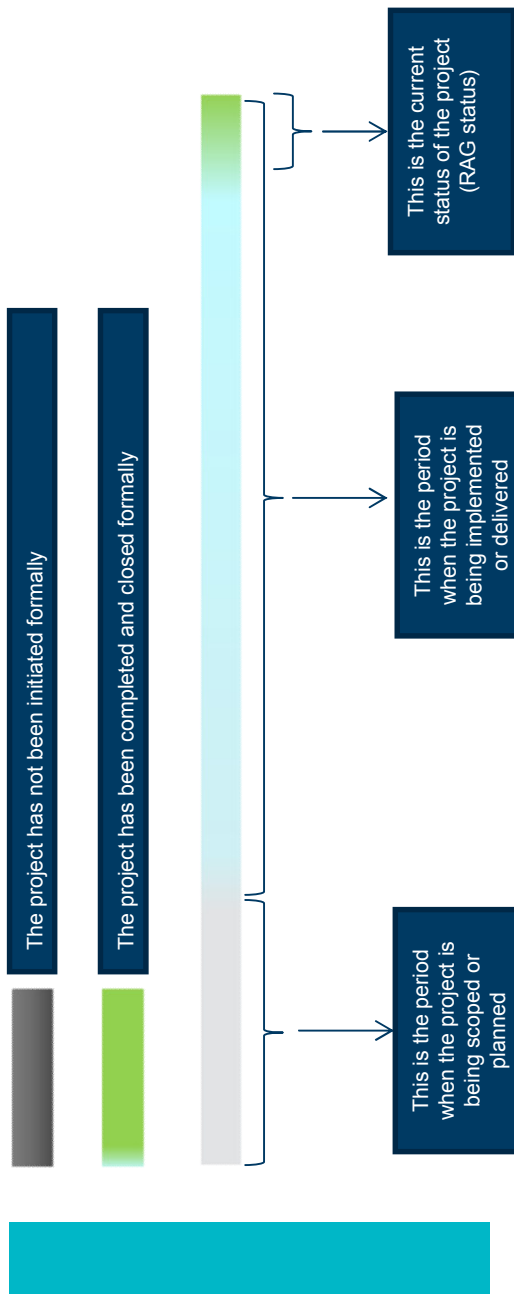
21 November 2013 – Annexe 1

Change Programme and Portfolio Delivery

Version 31, 5 November 2013



Understanding the plan



Description of RAG status	
Red	The project requires remedial action to achieve its objectives OR the project will or has missed deadline identified in the business plan.
Amber	The project has a problem but action is being taken to resolve this OR a potential problem has been identified and no action may be taken at this time but it is being carefully monitored. Risk of missing deadline and/or budget is realistic due to complexity and/or legislative dependencies.
Green	The project is on target to deliver within the tolerances. No indication of a risk or an issue that can not be managed.

Council

Overseas registration

Action: For information.

Issue: An overview of the current status of overseas registration and an outline of activities and issues faced in this area of work in 2013, including independent review work undertaken during the year.

Core regulatory function: Registrations.

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

Decision required: None.

Annexes: None.

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

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Context: 1 This paper is an overview of the current status of overseas registration and an outline of activities and issues faced in this area of work in 2013. This includes the independent review work undertaken during the year.

Discussion: Action to date

- 2 As part of our continuous improvement programme, in late 2012, the NMC commissioned an independent review of the overseas registration process to confirm whether the registration policies and processes were being appropriately applied and were robust in meeting the NMC's core function to protect the public. Specifically, the review focused on a high level review of the policy, processes and compliance associated with the registration of nurses who completed their training overseas.
- 3 An initial assessment identified that improvements were necessary to strengthen the process and ensure an evidence-based assessment for all countries. To facilitate the introduction of a new process, all overseas processing was paused in January 2013 and resumed on 2 April 2013. The pause enabled us to introduce a strengthened verification process, requiring certification of key documents as well as specific changes to the assessment of an applicant's training and experience to ensure consistency. Applications already at advanced stages of processing continued, with the revised policy applying to full applications (Stage 2) received after 2 April 2013.
- 4 An assessment of a sample of historical records was undertaken to assess whether the previous process had led to any specific weaknesses or errors. The results of this sample led us to commission a more statistically significant audit of the overseas register, focused on specific areas indicated by the sampling work – for example, the time period. Specifically, the review investigated the NMC's compliance with its historical procedures and compared these to the current approach to public protection.
- 5 In addition, the NMC decided to enhance its ID verification procedures and explore the development and introduction of a competency based test for all overseas applicants. In September 2013 the NMC introduced face-to-face ID verification interviews for all overseas applicants. This includes the use of IT based advanced ID verification techniques.

Review summary

- 6 The key findings of the targeted review in Summer 2013 were that there were some historical weaknesses in the administrative processes employed between 2002 and 2007. Non-compliance reduced over time and the review highlighted that strong controls

had been in place since 2007.

- 7 The subsequent, more extensive, review confirmed this position, with the incidence of non-compliance being at a similar statistical level. Any incidence of non compliance found was highlighted and investigated, and the majority of anomalies have been resolved on follow up. A small number of cases are still in progress.

Planned action

- 8 A revised end-to-end overseas registration process is being developed, which will have competency testing for all overseas applicants at its heart, in support of public protection. A consultation has recently been conducted on competency testing, with responses currently being analysed as part of the planned work. It is intended to introduce the revised process and competency tests in September 2014 and this is expected to replace the existing Overseas Nursing Programme (ONP). The end goal is a robust and transparent overseas registration process.

Public protection implications:

- 9 Public protection has been the primary driver for all overseas registration review activities.

Resource implications:

- 10 No direct resource implications, as the paper is for information only.

Equality and diversity implications:

- 11 No direct equality and diversity implications, as the paper is for information only.

Stakeholder engagement:

- 12 Stakeholder consultation on overseas competency test closed on 6 November 2013 and responses are being analysed.

Risk implications:

- 13 Overseas registration risks are managed in accordance with the risk management policy and reported on the corporate and directorate risk registers.

Legal implications:

- 14 No direct legal implications, as the paper is for information only.

COUNCIL and COMMITTEE SCHEDULE OF BUSINESS 2014

The items highlighted in red are annual items.

COUNCIL: STANDING ITEMS	
SEMINAR	OPEN SESSION
<ul style="list-style-type: none"> Briefing from Chief Executive & Registrar Review of Council papers 	<ul style="list-style-type: none"> Minutes and matters arising Chair's report (including Chair's actions) Chief Executive's report Francis implementation update Performance and risk report Financial report Committee reports Schedule of business Questions from observers

COMMITTEES OF COUNCIL: STANDING ITEMS		
MIDWIFERY COMMITTEE	AUDIT COMMITTEE	REMUNERATION COMMITTEE
<ul style="list-style-type: none"> Minutes and matters arising Schedule of business 	<ul style="list-style-type: none"> Minutes and matters arising Schedule of business Receipt of reports on internal audit programme Outstanding internal audit recommendations 	<p>All Remuneration Committee agenda are confidential.</p>

COUNCIL: 28-29 JANUARY 2014
Deadline for receipt of papers: 15 January 2014
Despatch date: 21 January 2014

OPEN SESSION 29/01/14

- Approach to review of the Code and guidance to support revalidation
- Competency test for overseas applicants – consultation results
- Business assurance framework and quality assurance update
- Accommodation strategy
- PSA audit of FtP cases
- Future of the Appointments Board

COMMITTEES OF COUNCIL: 25-26 FEBRUARY 2014	
Audit Committee 25/02/14	Midwifery Committee 26/02/14
<ul style="list-style-type: none"> • Approval of internal audit work programme for 2014 – 15 • NAO audit plan • Process and timetable for tender for external audit provision • Post-implementation review of risk management policy • PRIVATE session between internal audit providers and members of the Committee • Francis report – governance recommendations 	<ul style="list-style-type: none"> • Review of Committee effectiveness • Francis report update • Standards to support revalidation • Standards development - preparation of supervisors of midwives • Quarterly quality monitoring report of the LSAs (including future QA of LSAs) • Seminar on revalidation

COUNCIL: 25—26 MARCH 2014
Deadline for receipt of papers: 12 March 2014
Despatch date: 18 March 2014

OPEN SESSION 26/03/14

- **NMC 2014 – 17 Corporate Plan and budget**
- **Annual fees review**
- Review of equality and diversity strategy objectives
- **Planned development of Standards and guidance 2014/15**
- Registration Improvement Plan

COMMITTEES OF COUNCIL: 29-30 April 2014		
Midwifery Committee 29/04/14	Audit Committee 30/04/14	Remuneration Committee 30/04/14
<ul style="list-style-type: none"> • Review of Committee effectiveness • Francis report update • Standards to support revalidation • Standards development - preparation of supervisors of midwives • Quarterly quality monitoring report of the LSAs (including future QA of LSAs) 	<ul style="list-style-type: none"> • Annual review of internal audit charter • Internal audit effectiveness • Internal audit annual opinion • NMC assurance map • Annual review of Committee effectiveness • Annual review of risk management 	<p>All Remuneration Committee agenda are confidential.</p>

COUNCIL: 3—4 JUNE 2014
Deadline for receipt of papers: 21 May 2014
Despatch date: 27 May 2014

OPEN SESSION 04/06/14

- **Annual review of Council and Committee effectiveness**
- Health and safety annual report
- **Annual equality and diversity report 2013 – 14**

COMMITTEES OF COUNCIL: 24—25 JUNE 2014	
AUDIT COMMITTEE 24/06/14	MIDWIFERY COMMITTEE 25/06/14
<ul style="list-style-type: none"> • Draft annual report and accounts • Draft fitness to practise annual report • External auditors' report • NAO audit completion report • Draft annual governance statement • Quality assurance update • PRIVATE session between external audit providers and members of the Committee 	<ul style="list-style-type: none"> • Review of Committee effectiveness • Francis report update • Standards to support revalidation • Standards development - preparation of supervisors of midwives • Quarterly quality monitoring report of the LSAs (including future QA of LSAs)

COUNCIL: 29—30 JULY 2014
Deadline for receipt of papers: 16 July 2014
Despatch date: 22 July 2014

OPEN SESSION 30/07/14

- **Draft annual report and accounts**
- **Draft fitness to practise annual report**
- Business assurance framework and quality assurance update
- PSA strategic review stock take
- **Welsh language scheme annual report**

COUNCIL: 30 SEPTEMBER – 1 OCTOBER 2014
Deadline for receipt of papers: 17 September 2014
Despatch date: 23 September 2014

OPEN SESSION 01/10/14

- Revalidation progress report

COMMITTEES OF COUNCIL: 28—29 OCTOBER 2014		
MIDWIFERY COMMITTEE 28/10/14	AUDIT COMMITTEE 29/10/14	REMUNERATION COMMITTEE 29/10/14
<ul style="list-style-type: none"> • LSA Annual Report 	<ul style="list-style-type: none"> • External audit programme • Francis report – governance recommendations 	<p>All Remuneration Committee agenda are confidential.</p>

COUNCIL: 3 – 4 DECEMBER 2014
Deadline for receipt of papers: 19 November 2014
Despatch date: 25 November 2014

OPEN SESSION 04/12/14

- **LSA Annual Report**
- Proposed Code and standards to support revalidation
- **Education Annual Report**
- Education strategy update

Meeting of the NMC Council

to be held from 09:30 to 12:45 on Thursday 21 November 2013
in the Council Chambers at 23 Portland Place, London W1B 1PZ

Agenda

Mark Addison
Chair of the Council

Matthew McClelland
Secretary to the Council

- | | | | |
|----|---|------------|-------|
| 1. | Welcome from the Chair | NMC/13/157 | 09:30 |
| 2. | Apologies for absence | NMC/13/158 | |
| 3. | Declarations of interest | NMC/13/159 | |
| 4. | Minutes of the previous meeting
Chair | NMC/13/160 | |
| 5. | Summary of actions
Secretary | NMC/13/161 | |

Corporate reporting

- | | | | |
|----|--|------------|-------|
| 6. | Performance and risk report
Chief Executive and Registrar | NMC/13/162 | 09:40 |
| 7. | Monthly financial monitoring – September 2013 results
Director of Corporate Services | NMC/13/163 | 10:00 |

Matters for discussion

- | | | | |
|----|---|------------|-------|
| 8. | ICT strategy
Director of Corporate Services | NMC/13/164 | 10:15 |
|----|---|------------|-------|

Break – 11:15

9. **Education strategy** NMC/13/165 11:30
Director of Continued Practice

10. **Update on Francis report and related healthcare reviews** NMC/13/166 12:30
Chief Executive and Registrar

Matters for decision

11. **Standards and guidance on requirements for the five year rule** NMC/13/167 12:40
Director of Continued Practice

12. **Revised standing orders** NMC/13/168 12:50
Secretary

13. **Questions from observers** NMC/13/169 13:00

LUNCH: 13:15 – 14:15

Matters for information

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

14. **Chair's report** NMC/13/170
Chair

15. **Chair's actions taken since the last meeting of the Council** NMC/13/171
Chair

16. **Chief Executive's report** NMC/13/172
Chief Executive and Registrar

- | | | |
|-----|---|------------|
| 17. | Reports from Committees | NMC/13/173 |
| | Chair of the Midwifery Committee (oral update) | |
| 18. | Overseas registrations | NMC/13/174 |
| | Director of Registration | |
| 19. | Council and committees' schedule of business | NMC/13/175 |
| | Secretary | |

The next public session of Council is scheduled to be held on Wednesday 29 January 2014 at 9.30am at 23 Portland Place, London, W1B 1PZ.