

## Meeting of the Council

To be held from 09:30am on Wednesday 27 September 2017  
in Stratford

### Agenda

Dame Janet Finch  
Chair

Fionnuala Gill  
Secretary

- |          |  |           |              |
|----------|--|-----------|--------------|
| <b>1</b> | <b>Welcome and Chair's opening remarks</b> | NMC/17/74 | <b>09:30</b> |
| <b>2</b> | <b>Apologies for absence</b>               | NMC/17/75 |              |
| <b>3</b> | <b>Declarations of interest</b>            | NMC/17/76 |              |
| <b>4</b> | <b>Minutes of the previous meeting</b>     | NMC/17/77 |              |
|          | Chair                                      |           |              |
| <b>5</b> | <b>Summary of actions</b>                  | NMC/17/78 |              |
|          | Secretary                                  |           |              |
| <b>6</b> | <b>Chief Executive's report</b>            | NMC/17/79 |              |
|          | Chief Executive and Registrar              |           |              |

### Matters for decision

- |          |  |           |       |
|----------|--|-----------|-------|
| <b>7</b> | <b>Nursing Associates</b>  | NMC/17/80 | 09:40 |
|          | <b>a) Standards of proficiency</b><br><b>b) Assurance framework for legacy cohorts</b> |           |       |
|          | Director of Education, Standards and Policy  |           |       |
| <b>8</b> | <b>Transformation</b>  | NMC/17/81 | 10:20 |
|          | Director of Transformation   |           |       |
| <b>9</b> | <b>Midwifery update</b>  | NMC/17/82 | 10:50 |
|          | Director of Education, Standards and Policy  |           |       |

**10 The Welsh language scheme monitoring report 2016–2017** NMC/17/83 11:05

Director of Education, Standards and Policy

**11 Panel member reappointments** NMC/17/84 11:15

Director of Fitness to Practise

**Refreshment Break** 11:20

### **Matters for discussion**

**12 English Language requirements** NMC/17/85 11:35

Director of Registration and Revalidation

**13 ELS report one year on** NMC/17/86 11:45

Director of Fitness to Practise

### **Corporate reporting**

**14 Performance and Risk report** NMC/17/87 11:55

Director of Resources

**15 Financial monitoring report** NMC/17/88 12:20

Director of Resources

### **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.*

**16 Chair's action taken since the last meeting** NMC/17/89

Chair of the Council

**17 Decision by correspondence: Allowance for new Chair from May 2018** NMC/17/90

Secretary

**18 Questions from observers**

NMC/17/91 12:35

Chair of the Council

**(Oral)**

**Lunch (12:45–13:15)**

Meeting of the Council  
Held at 23 Portland Place, London, W1B 1PZ on Wednesday 5 July 2017.

## Minutes

### Present

#### Members:

|                  |        |
|------------------|--------|
| Dame Janet Finch | Chair* |
| Sir Hugh Bayley  | Member |
| Karen Cox        | Member |
| Maura Devlin     | Member |
| Maureen Morgan   | Member |
| Robert Parry     | Member |
| Marta Phillips   | Member |
| Derek Pretty     | Member |
| Stephen Thornton | Member |
| Lorna Tinsley    | Member |
| Ruth Walker      | Member |
| Anne Wright      | Member |

\* *Not present for NMC/17/63*

#### NMC Officers:

|                   |   |
|-------------------|---|
| Jackie Smith      | Chief Executive and Registrar                                     |
| Adam Broome       | Director of Resources   |
| Emma Broadbent    | Director of Registration and Revalidation                         |
| Geraldine Walters | Director of Education, Standards and Policy                       |
| Clare Padley      | General Counsel**   |
| Sarah Daniels     | Deputy Director of Human Resources and Organisational Development |
| Fionnuala Gill    | Secretary to the Council  |
| Pernilla White    | Governance and Committee Manager                                  |

\*\* *Present from NMC/17/64*

## **Minutes**

### **NMC/17/53 Welcome and Chair's opening remarks**

1. The Chair welcomed all attendees to the meeting and welcomed Marta Phillips to her first formal meeting of the Council as a new lay member.
2. The Chair noted that the draft Annual Report and Accounts 2016–2017 and the draft Annual Fitness to Practise Report 2016–2017 must not be publicised or communicated through social media or by any other means until they have been laid in Parliament. Observers were asked to return copies provided to NMC staff at the end of the meeting.
3. The Chair indicated that NMC/17/69: Appointments Board Annual Report 2016–2017 and NMC/17/70 Annual Health and Safety Report 2016–2017 would be taken as discussion items.

### **NMC/17/54 Apologies for absence**

1. Apologies were received from Matthew McClelland, Director of Fitness to Practise and Judith Toland, Director of Transformation.

### **NMC/17/55 Declarations of interest**

1. The following declarations of interest were made.
2. NMC/17/62 – Annual Revalidation Report 2016–2017: All registrant members and Geraldine Walters. This was not considered prejudicial as the individuals were not affected any more than other registrants.
3. NMC/17/63 – Reappointment or recruitment process: Chair of the Council: The Chair of the Council had a material interest and confirmed that she would withdraw for the discussion of this item and that Anne Wright would assume the Chair.
4. NM/17/64 - English language stocktake: Ruth Walker declared an interest as an employer. This was not considered material as the Health Board would not be affected any more than other employers.
5. NMC/17/65 – Nursing Associate Update: All registrant members and Geraldine Walters. This was not considered material as the individuals were not affected any more than other registrants.
6. NMC/17/66 – Midwifery Update: Lorna Tinsley and Ruth Walker. This was not considered prejudicial as the individuals were not affected any more than other registrants.

**NMC/17/56 Minutes of the previous meeting**

1. The minutes of the meeting on 24 May 2017 were agreed as an accurate record.

**NMC/17/57 Summary of actions**

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

**NMC/17/58 Chief Executive's report**

1. The Council considered a report from the Chief Executive and Registrar on key external developments, strategic engagement, and media activity since the previous Council meeting. In discussion, the following points were noted:
  - a) The Section 60 (S60) rule changes had been signed off and laid in Parliament. The changes would come into effect from the end of July 2017.
  - b) The position was more complex in relation to nursing associates with possible legislative delays to the separate S60 order required for the regulation of this role. Further updates would be provided.
  - c) The annual PSA performance review for the current year would be targeted on aspects of Registration and Fitness to Practise work.
  - d) Three versions of the education consultation surveys were available on the NMC website: a short version aimed mainly at patients and the public; one for people with learning disabilities; and a longer survey aimed organisations and registrants. To date, 5000 responses had been received to the short survey and 250 responses to the longer survey; the aim was to secure 1000 responses to the longer survey by the closing date. An extensive engagement programme to support the consultation was underway including webinars; twitter discussions; and some 30 consultation events across the four countries. The Council welcomed the way in which the comments made on the proposed consultation had been reflected in the approach taken.
  - e) It would be important to ensure that midwives contributed to the consultation on areas that may affect them. The areas were made explicit in the surveys but consideration would be given to how this could be made more prominent. It was recognised that there would be a need to revisit elements of the education framework, once the future midwife proficiencies were developed to ensure that any issues specific to midwifery were addressed appropriately.
  - f) There had been recent widespread coverage of the recent

publication of Registration data across national and local broadcast and print media showing that the numbers leaving the register were higher than those joining it. The Council commended and thanked the Chief Executive and Registrar for the extensive media engagement she had undertaken.

- g) The data indicated a downward trend in UK registrants leaving the register in particular. The data could be broken down further by UK country and by profession. Data would be published on a quarterly basis going forward.
- h) It was important to ensure employers and workforce planners were aware of the pattern of changes in the Register. The Chief Executive and Registrar chaired a group of key stakeholders with whom the data was shared to help inform their work on workforce issues.
- i) The Council welcomed the proposals for a UK Advisory Forum. The Forum may result in joint work in the various countries, as well as an opportunity for listening and sharing information. It was important not to see the Forum in isolation from other engagement and activities across the four countries and to stress that the NMC was open to input at all times, not just when the Forum met in a particular country. Specific arrangements for England were also envisaged as part of the Forum.
- j) Following recent terrorist incidents, the Chief Executive had held a meeting with chief nursing officers, representatives from the GMC, NHS England and other professional colleagues. A joint statement with the GMC on health care professionals' response in emergency incidents was planned. The experiences of colleagues in Northern Ireland may be of valuable assistance in this respect.

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| <b>Action:</b> | <b>Consider how to ensure midwives are aware of those aspects of the education consultation affecting them to encourage responses</b> |
| <b>For:</b>    | <b>Director of Education, Standards and Policy</b>  |
| <b>By:</b>     | <b>31 July 2017</b>   |

**NMC/17/59    Audit Committee Annual Report 2016–2017**

1. The Chair of the Audit Committee introduced the report, which outlined the Committee's work during 2016–2017 and meetings in April and June 2017.
2. The Audit Committee was able to provide assurance to the Council and through its work in reviewing the comprehensiveness and reliability of governance, risk management and the control environment. The Committee had welcomed the stabilisation of the Resources team. There had been good progress by the Executive in clearing internal audit recommendations and the Committee was satisfied that the

Executive should resume responsibility for this. Generally there had been improvements in the control environment during the year, although there was further work needed in finance, procurement and contract management.

3. The Committee had reviewed the accounting policies and was satisfied with the integrity of the financial statements and the annual report. The Committee was therefore able to recommend to the Council that it could approve signature of the letters of representation and the annual report. Substantial additional work had been undertaken this year to ensure the annual report and accounts could be ready for submission to Parliament before the summer recess and thanks were extended to the Governance and Finance teams.
4. The Committee had also undertaken a review of membership skills and had received training.

#### **NMC/17/60 Annual Report and Accounts 2016–2017**

1. The Chief Executive and Registrar introduced the report which was both the Council's Annual Report to Parliament and the Trustee's report to the Charity Commission for England and Wales and the Office of the Scottish Charity Regulator.
2. This had been a year of significant achievements including:
  - a) The first year of implementation for revalidation, the biggest change to how we regulate nurses and midwives in our history. This had been a major success with over 200,000 nurses and midwives revalidating successfully by 31 March 2017.
  - b) The Council's agreement to be the regulator for nursing associates.
  - c) Working with stakeholders across the four countries on the development of proposals for the future nurse and education framework, which were subject to public consultation.
  - d) Securing long awaited changes to our Fitness to Practise legislation which will come into force later this year.
  - e) Supporting the successful transition of midwifery supervision to the new arrangements in the four countries in the UK.
  - f) Strong performance throughout the year against our registration key performance indicators, exceeding our targets.
  - g) Achieving our best ever review from the Professional Standards Authority, meeting all but one of the Standards of Good Regulation.



3. In discussion, the following points were noted:
  - a) In relation to the strategic priority 2: use of intelligence, progress had been more limited than in other areas, due to a lack of clarity about what the organisation was seeking to achieve. However the report probably understated the extent of activity. A small piece of work had been commissioned, which would be brought to the Council in the Autumn for consideration of the next steps.
  - b) The Council was keen to encourage widespread dissemination of the report to encourage registrants and the public to read it. The communications plan included the development of a shorter, more accessible version of the report for widespread dissemination; a newsletter to everyone on the register; email circulation of the report to key stakeholders and use of social media.
4. The Director of Resources introduced the accounts and expressed thanks to staff, NAO and external auditors for their work. The accounts were unqualified and no post balance sheet events were anticipated prior to the report being signed.
5. The Council agreed that there were no material uncertainties about the NMC's ability to continue as a going concern.
6. **Decisions: The Council**
  - i. **authorised the Chair to sign the draft letter of representation to the external auditors and the Chair and Chief Executive to sign the draft letter of representation to the NAO.**
  - ii. **approved the draft Annual Report and Accounts 2016–2017.**

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|----------------|--|
| <b>Action:</b> | <b>The Chair and Chief Executive to sign the relevant letters of representation and the annual report and accounts</b> |
| <b>For:</b>    | <b>Secretary</b>   |
| <b>By:</b>     | <b>6 July 2017</b>   |

**NMC/17/61 Annual Fitness to Practise Report 2016–2017**

1. The Director of Registration and Revalidation introduced the draft Annual Fitness to Practise Report, which had been reviewed by the Audit Committee.
2. In discussion, the following points were noted:
  - a) A different approach to data had been adopted to align with the data supplied to the PSA for performance review purposes. This meant that instead of counting the number of individuals going through FTP, the data reflected the number of cases (which may be more than one for any individual). This meant that it was not possible to provide comparative data for previous years but did provide a clearer

picture of the caseload.

- b) A new approach to coding allegations had been introduced during the year and the report included a sample of allegation data based on this. The Council welcomed the opportunities which the new allegation coding provided to inform other work, including reviewing standards. In particular, the data was timely given the current consultation on standards for prescribing and medicines management. Information about where the allegation took place and by profession would be useful in the future.
- c) Work continued to improve the amount of data disaggregated by profession and this was included where available. Further areas would be included in next year's report.
- d) Key achievements included making great strides with the Employer Link Service and the introduction of a new digital audio recording system in the Stratford hearing centre.
- e) The significant number of referrals from the public was noted and there was more work to do to support them through the process.
- f) Hearing costs had reduced whilst maintaining the quality of decisions. The wording around this should be made clearer.
- g) In terms of timeliness, performance was still below where it should be, due to the continued need to focus on older cases and legislation hindering efficiency. The recent S60 changes should enable significant improvements to be made.
- h) The equality and diversity findings highlighted a successful use of current intelligence. The findings pointed in two different directions and there would be value in looking further at the data for potential systemic issues.
- i) Following the changes to midwifery regulation, it would be important to ensure that the implications of the changes in relation to FTP referrals could be captured in the 2017–2018 report, whilst also taking into account the impact of the other changes introduced by the section 60.
- j) The Council noted that the report was an example of good use of available data.

3.

**Decision: The Council approved the draft Annual Fitness to Practice Report 2016–2017, subject to the minor amendment suggested.**

**Action:** Amend the wording around costs of hearings prior to submission to Parliament

**For:** Director of Fitness to Practise

**By:** 6 July 2017

**Action:** Consider the scope for further investigation of the equality and diversity data to identify systemic issues

**For:** Director of Fitness to Practise

**By:** 27 September 2017

**Action:** Consider how the impact of the changes to midwifery regulation in terms of FTP referrals and the other section 60 changes will be captured in reporting on 2017–2018

**For:** Director of Fitness to Practise

**By:** 27 September 2017

#### **NMC/17/62 Annual Revalidation Report 2016–2017**

1. The Director of Revalidation and Registration introduced the first Annual Report on Revalidation and expressed appreciation to stakeholders and organisations for their work in supporting nurses and midwives through revalidation. This was the year one of the first three year cycle of revalidation and provided useful information which would be fed into the process for years two and three.
2. In discussion, the following points were noted:
  - a) The report provided reassurance that those who do not meet the standards were not able to revalidate. Contact was made with people leaving the register to understand the reasons and showed that in most cases this was due to being unable meet the requirements for revalidation, such as practice hours.
  - b) The breakdown of settings, showing where those revalidating were working (Table 10) was very helpful in showing the increasingly diverse settings in which registrants worked. There was a need to ensure that self-employed individuals and those working in more isolated settings are equally able to revalidate. The value of working in peer groups was one approach that might be encouraged. More support may also be needed to help non-UK registrants revalidate, as the evidence suggested that they find it more difficult to find a confirmer.
  - c) Analysis by IPSOS MORI confirmed the robustness of the verification process. The algorithm would be tweaked slightly and data would continue to be collected over the next two years as part of the first full three year cycle of revalidation.
  - d) It was pleasing to see that such a high proportion (96.8 percent) of

nurses and midwives who revalidated had an annual appraisal.

- e) The comparison of registration type before and after revalidation (Table 6, page 70) of the report could be presented more clearly. The data raised questions about whether it was satisfactory to only be aware of changes in registration type every three years, which may need to be considered further.
- f) It was desirable to demonstrate that the investment in revalidation was making a difference in terms of enhancing public protection and whether revalidation would lead to less FTP referrals over time. However, this may be challenging due to the very small proportion of registrants referred to fitness to practise and would not be practical to address now but could be considered for the longer term.
- g) The report was noted as another good use of data.

3.

**Decision: The Council approved the publication of the Annual Report on Revalidation 2016–2017.**

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| <b>Action:</b> | <b>Consider amendments to the presentation of information on changes to registration type following revalidation</b> |
| <b>For:</b>    | <b>Director of Registration and Revalidation</b>   |
| <b>By:</b>     | <b>27 September 2017</b>   |

***Secretary's note: The Chair withdrew from the discussion and Anne Wright assumed the Chair for item 11.***

**NMC/17/63 Reappointment or recruitment process: Chair of the Council**

1. The Secretary introduced the paper. The Chair of the Council's first term was due to expire on 30 April 2018. Under the Council's agreed policy, the Chair was eligible to be considered for reappointment for a further term should she wish to apply, without an open competition. The Professional Standards Authority (PSA) was responsible for scrutinising the process and providing assurance to the Privy Council that it was robust. Reappointment was a matter for the Privy Council.
2. The Chair of the Remuneration Committee introduced the points to be considered by the Council. The Committee had reviewed the role and person specification and proposed that this should be revised and aligned with the revised role for Council members as agreed by the Council in November 2016. The key changes included stronger emphasis on leading external relationships, in partnership with the Chief Executive and a more explicit focus on managing the Council.
3. In discussion, it was confirmed that the role and person specification and time commitment would apply to the current process for reappointment or recruitment and should reflect the current needs of the

Council. The role and time commitment would be subject to review whenever there was a reappointment or recruitment process, to ensure they still met the need at that time.

***Revised Chair role and person specification***

4. In discussion of the revised Chair role and person specification, the following points were noted:
  - a) Benchmarking information had been considered from both other regulators and more widely.
  - b) The redrafted role and specification met current needs and reflected current levels of activity.

5. **Decision: The Council approved the revised Chair role and person specification.**

***Time commitment***

6. In discussion of the time commitment, the following points were noted:
  - a) Three days a week reflected the current reality and increased activity in relation to external relationships. The NMC is the largest and most complex regulator, yet when benchmarked against other regulators the existing time commitment was at the lower end of the scale. If the time commitment was increased to three days, remuneration needed to be considered.
  - b) The challenging agenda before the Council necessitated an increased time commitment and formal acknowledgment of the breadth of the work described in the role description.
  - c) It was important not to blur the boundaries between the Executive/non-Executive roles. The Committee was satisfied that the revised role description made it clear that the Chair was responsible, with the Council, for holding the Chief Executive to account.
  - d) The section on external relationships deliberately talked about leading in partnership with the Chief Executive. It was important that the Chair and Chief Executive come to an agreement about respective responsibilities. A Chair's specific responsibilities for external relationships would be distinct from those of the Chief Executive.
  - e) The Council should monitor roles/boundaries, for example through the Chair's actions as reported to the Council and annual appraisal.
  - f) There was flexibility around when/how the three day commitment could

be met; it did not have to be the same three days each week and could be averaged out over the year.

- g) The increased time commitment would send a clear message that the role should be the dominant and principal role of whoever undertakes it. This should be made clear as it was important to be honest and upfront about the expectations.

7. **Decision: The Council approved the Remuneration Committee's recommendation that the time commitment be increased to three days a week.**

***Reappointment policy, process and timetable***

8. In discussion of the reappointment process, the following points were noted:

- a) The proposed process followed as closely as possible that adopted for reappointment of Council members, subject to necessary modifications to reflect that this was the role of the Chair and to ensure compliance with PSA guidance.
- b) The formal 360 degree exercise would include seeking views from external stakeholders and would be undertaken by an external independent expert. The views collected from stakeholders would be reflected on in coming to a judgment, and would be one element, which would be weighed alongside the other evidence and information set out in the paper. Expert external advice would be available to the Panel to assist in this respect.
- c) There had been some discussion about the membership of the Reappointment Panel. It was proposed that the Chair of the Remuneration Committee should join the Vice Chairs on the Panel. The proposed way forward would avoid a 'logjam' situation and would assist with maintaining confidentiality.
- d) The Council would be delegating both the conduct of the process and the decision to the Reappointment Panel.

9. **Decision: The Council approved the reappointment process, including delegating full authority to a Reappointment Panel comprising the two Vice-Chairs and the Chair of the Remuneration Committee.**

***Recruitment process***

10. **Decision: The Council approved the proposed recruitment process, including delegating authority to the Remuneration Committee to identify Selection Panel members.**

## **NMC/17/64 Review of English language requirements**

1. The Director of Revalidation and Registration introduced the report on the current stocktake on English language requirements. The NMC's role as a regulator was to ensure public protection. However, there was also a need to be cognisant of workforce pressures.
2. Considerable feedback had been received from registrants, employers, recruitment agencies and other interested parties. As yet there had been limited work done to understand the views of the public and patients and it would be important to do that as well. Information had been sought from the British Council who administered the International English Language Test System (IELTS), but it should be recognised that this only covered those who indicated that they were taking the test as part of an application to be a nurse or midwife.
3. So far, although limited, the stocktake had provided no compelling evidence that the current standard was not fit for purpose or that the level was set too high. However, more work would be helpful.
4. In discussion, the following points were noted:
  - a) The Writing element of IELTS had been identified as the most challenging for all who take the test, from whatever professional background. However, it is an important dimension as recordkeeping was an area of challenge for nurses and midwives, as indicated by the FTP data.
  - b) The British Council provided a range of free guides and practice materials to test takers and employers/recruiters to support preparation for the test. However, it was not consistently used by applicants or employers. More work to signpost this and encourage more support for applicants was proposed.
  - c) There were two versions of the IELTS: Academic and General Training. The NMC currently used the Academic version as did the other regulators apart from the HCPC who also accept the General Training version. This could be further explored. It was suggested that the 'Academic' label might be misleading. The suitability of other available tests such as the Occupational English Test (OET) could also be explored further.
  - d) This was an issue for other regulators, not just the NMC. There may be value in working together for example on information for applicants to highlight the process and the support offered by the British Council, particularly to applicants taking the test abroad.
- 3.

**Decision: The Council noted the findings in the report and supported the recommendations to:**

- i. Develop improved signposting and support from the NMC in relation to preparation for the IELTS test, including gathering and sharing best practice from employers.
- ii. Explore a new strategic solution, considering in particular the OET.
- iii. Further explore the Writing element of IELTS and the evidence base.
- iv. Conduct work with patient and public groups to understand their views and perspectives on this debate.

**Action:** Take forward the actions set out above  
**For:** Director of Registration and Revalidation  
**By:** 27 September 2017

### **NMC/17/65 Nursing Associate Update**

1. The Director of Education, Standards and Policy introduced a report updating the Council on the work to introduce regulation for Nursing Associates (NAs). This covered the proposed approach to the development of the Code, standards of proficiency and standards for education providers. Currently the expectation was that the role would be used in England only and would be a generic role, acting as a bridge between the registered nurse and health care assistants.
2. It was important to note that the consultation on the registered nurse standards would be finalised before formal consultation could be undertaken on standards for NAs. A working draft of the NA standards would be considered by the Council in September 2017, with formal consultation in Spring 2018.
3. In discussion the following points were noted:
  - a) The importance of engaging with the registrant workforce as well as the pilot sites and to take on board feedback and concerns. The current engagement with the pilot sites was helpful in both working through the approach to the standards and in terms of supporting those on the pilots to be successful.
  - b) Whilst it was important to engage with the pilot sites, it was equally important to recognise that the standards would be set by the NMC. The enthusiasm of the trainees in the pilots was encouraging and the Council would welcome an opportunity to hear from them.
  - c) Clarity would be critical in terms of the differentiation between a registered nurse and a nursing associate. In particular, it would be critically important in terms of delegation to be clear about authority, accountability and responsibility. This would be challenging but work should continue.



- d) There may be scope to learn from other regulators for example the medical profession and dental professions where people work in teams with delegation and different responsibilities.
- e) There was no clarity yet around the possible apprenticeship route for NAs. There would be a need to avoid confusion around registered nurse apprenticeships and nursing associate training.
- f) Consideration needed to be given to how the registrant workforce was being prepared and supported to understand the NA role. Good communications and guidance would be needed. The challenges of this should not be underestimated given the size of the registrant population. Valuable lessons could be learnt from the successful communications around the changes to midwifery supervision and revalidation.

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| <b>Action:</b> | <b>Consider how the Council might hear directly from pilot sites and trainees</b>                                   |
| <b>For:</b>    | <b>Director of Education, Standards and Policy</b>  |
| <b>By:</b>     | <b>27 September 2017</b>  |
| <b>Action:</b> | <b>Consider the support and preparation needed for the registrant workforce for the introduction of the NA role</b> |
| <b>For:</b>    | <b>Director of Education, Standards and Policy</b>  |
| <b>By:</b>     | <b>27 September 2017</b>  |

**NMC/17/66 Midwifery Update**

1. The Director of Education, Standards and Policy introduced the update on midwifery. The Midwifery Panel was due to meet on 6 July.
2. The update focused on the initial work on the standards of proficiency for the future registered midwife being led by Professor Mary Renfrew. A Thought Leadership Group had been set up, to feed directly into the development of the new standards. Membership of this group would grow to ensure all relevant stakeholders are involved. The key areas of focus were: the drivers for change, including a number of high profile reviews; uncertainties in the current and future landscape, possibilities for the changing shape of midwifery education; and a range of needs for the new standards of proficiency.
3. Information was being gathered from Approved Education Institutions in relation to education provided on fetal monitoring following recent coroners' reports.
4. In discussion, the following points were noted:
  - a) The proposed launch of refreshed website material, including around the work of the Midwifery Panel was welcome. This would be

communicated to all midwives.

- b) The importance of also engaging with women and the public around the proposed revision of the standards. This was being done through groups such as the NCT and mumsnet. It would be helpful to have a full picture of the range of stakeholders being engaged in this work.
- c) International perspectives and evidence were also being gathered.

5. The Chair noted the previous commitment made that the Council as a whole would take responsibility for midwifery and maternity matters. All Council members would need to be comfortable taking decisions on the future standards. A programme to strengthen members understanding and knowledge of midwifery and maternity matters was planned to ensure that this was the case.

**Action:** Provide information on the range of stakeholders being involved in the work on the standards of proficiency for the future registered midwife as part of the next update report  
**For:** Director of Education, Standards and Policy  
**By:** 27 September 2017

**Action:** Develop Council member programme on midwifery and maternity matters  
**For:** Chair of the Council/Secretary  
**By:** 27 September 2017

#### **NMC/17/67 Performance and Risk report**

1. The Council considered a report on the year to date progress update.
2. ***Year to date progress against the corporate plan for 2017–2018***
  - a) The report presented the picture at the year to date which indicated that seven of the twelve commitments were currently on track (green) but that there was uncertainty around delivery of five commitments (amber).
  - b) As indicated in the financial monitoring report elsewhere on the agenda, capacity to deliver the commitments may be affected by financial pressures. The position would need to be reassessed in the light of the full financial results for the first quarter.
3. ***Registration and revalidation performance, KPIs and dashboard***
  - a) Performance against the KPIs remained consistent, however the 30 day target had not been met in May 2017.
  - b) The percentage of EU/Overseas registration applications within 60

days had not been met in April 2017 due to vacancies in the team. However, performance recovered in May 2017 and was on track for the rest of the year.

- c) Call centre performance was consistent and remained on target for year end. Call volumes had gone down month by month as a result of the drive to promote online services. It would be overambitious to set a target of 100%, since this would have significant resource implications, but there may be scope to set a more stretching target as performance continued to build.
- d) In terms of reasons for call abandonment, there was a need to have the right technology in order to assess this accurately, for example, calls may be abandoned due to redirection to the website or due to length of time waiting for a response. Current systems did not enable such analysis.
- e) In relation to revalidation, a small amount of applications selected for verification were rejected for incomplete or inaccurate information.
- f) Revalidation rates by country, related to the country where the individual was registered, which may not reflect where they practiced.

4.

#### ***Fitness to Practise performance, KPIs and dashboard***

- a) In relation to the Interim Order KPI (KPI 4), May 2017 had seen an isolated performance of 82 percent of orders imposed within 28 days, although this was still above the 80 percent target.
- b) Consideration should be given to the public protection implications of the current target of 80 percent, although it was noted that performance usually considerably exceeded this. This suggested that the target may need to be more challenging. However, it was noted that the NMC had the most stringent timelines compared with other regulators since the 28 day target applied from when the case was opened, rather than when all the required information was available. A fuller report on this would be provided at the next meeting.
- c) Overall caseload and timeliness targets were broadly on track to date. The Investigations timeliness target had been corrected from 30 weeks to 32 weeks to better reflect operational processes and to align with the Case Examiner target.

5.

#### ***Customer service performance***

The Registration and Revalidation and FTP directorates had worked together to develop a new customer service performance measure

which combined customer satisfaction and customer effort. In discussion, the following points were made:

- a) Response rates were high. In relation to the customer satisfaction score, given the inclusion of FTP scores it should be recognised that there was always likely to be a proportion of those who would be dissatisfied with engagement with FTP for reasons unaffected by the interaction.
- b) Information from those who found it difficult to interact with the NMC (customer effort score) was being fed into the work on the transformation programme.

### **Staff turnover**

- 6. The Council requested that the staff turnover KPI be reinstated in future reports, so that the Council could continue to monitor performance even if no target was set.

### **Corporate risk summary**

- 7. The Council welcomed the revised approach to the corporate summary of risks, which was now at the right strategic level.
- 8. There were two red rated risks, relating to capacity and capability. It was unlikely that the People Strategy would provide sufficient mitigation for the capability risk and there may also be a need to consider re-prioritisation, expectations, demands and the need to take stock overall.
- 9. The Council shared a responsibility for ensuring that it did not continuously add to the work on the Executive without considering what should be delayed or stopped.

**Action: Consider whether the call abandonment target is sufficiently challenging**

**For: Director of Registration and Revalidation**

**By: 27 September 2017**

**Action: Provide an explanation for the Interim Order target and consider whether this is sufficiently challenging**

**For: Director of Fitness to Practise**

**By: 27 September 2017**

**Action: Include staff turnover information in the performance and risk report**

**For: Director of Resources/Deputy Director HR and OD**

**By: 27 September 2017**

**Action: Consider further the mitigations needed in respect of the risk**

around capability

**For: Director of Resources/Deputy Director HR and OD**  
**By: 27 September 2017**

**NMC/17/68 Financial monitoring report**

1. The Council considered a report on financial performance for the two months to 31 May 2017. A full first quarter report would be available at the Council's meeting on 25 July 2017.
2. The year to date picture was a variance of £0.4 million above budget. This was mainly due to lower income than forecast when the budget was set.
3. Directorates were experiencing financial pressures caused by the challenging external environment and the need to maintain delivery. Mitigations were being put in place to help manage the pressures as set out in the report. The contingency fund of £0.5 million would also assist.
4. The approach to managing investments was being reviewed and would be brought back to the Council in September 2017.
5. A clearer picture would be available on efficiencies, once the Council had decided on the next steps relating to the transformation programme.
6. No funding had yet been received from the Department of Health in relation to Nursing Associates.
7. Once the first quarter report was available, the Council may wish to reflect on whether the 2017–2018 budget represented a road map or a safety belt.

**NMC/17/69 Appointments Board Annual Report 2016–2017**

1. The Council considered the annual report of the Appointments Board and the valuable role it played.
2. The Council expressed its thanks to the Chair and members of the Board for the significant work undertaken during the year.

**NMC/17/70 Annual Health and Safety Report 2016–2017**

1. The Council considered the Annual Health and Safety Report 2016–2017. In discussion the following points were noted:
  - a) The report was a very helpful picture of activities during the year.
  - b) In addition, it was essential that the Council had assurance that fundamental health and safety issues relating to security, safety and

fire were under control, not least in the light of recent tragic events.

- c) The security of all NMC buildings was subject to regular review and there was regular contact with the police. A separate security review of the Portland Place premises had been scheduled due to its location.
- d) Contact had been made with all NMC landlords to request a fresh fire risk assessment. The Council would receive an update on the additional work once completed.

|                |  |
|----------------|--|
| <b>Action:</b> | <b>Provide an update to Council on the additional work around health and safety issues</b> |
| <b>For:</b>    | <b>Director of Resources</b>   |
| <b>By:</b>     | <b>27 September 2017</b>   |

**NMC/17/71 Chair's action taken since the last meeting**

- 1. The Council noted the Chair's actions since the last meeting.

**NMC/17/72 Council meeting dates 2018–2020**

- 1. The Council noted the meeting dates for 2018–2020.

**NMC/17/73 Questions from observers**

- 1. The Chair invited questions from observers. The following comments were made:
  - a) Unite welcomed the recently published data on registration. Concerns were raised about the impact of the withdrawal of the NHS bursary scheme and the potential strain on those having to pay back considerable education costs.
  - b) The RCM suggested that the Council could use the data to influence consideration by others of issues such as working conditions and quality of care cited as reasons for leaving the register.
  - c) In relation to the approach to the code for nursing associates, the RCM suggested that there may be value in looking at the approach in Australia where there is a code for registered nurses and nursing associate equivalents and a separate code for midwives.
  - d) The RCM asked how responses to the education consultation would be assessed, in particular around support, supervision and assessment, given the different approaches in the professions. It was confirmed that responses would be analysed by profession.
  - e) On English language testing, the RCM could provide information to

support maintaining the higher score.

- f) A recruitment agency representative asked when decisions would be made on English Language testing. Some non UK applicants spend a lot of money trying to pass the exam; applicants were struggling with the writing element as recognised and found it difficult to improve scores above 6.5. The evidence for the need for a score of 7 would be welcome. In response it was noted that the work was being taken forward as quickly as possible. A timeline would be developed and shared with stakeholders. The writing element would be further explored and the public safety aspect of any change would need to be considered.

The next meeting of the Council in public will be held on Wednesday 27 September 2017 at the NMC Office at 2 Stratford Place.

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

**SIGNATURE:** .....

**DATE:** .....

DRAFT

## Council

### Summary of actions

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

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## Summary of outstanding actions arising from the Council meeting on 5 July 2017

| Minute           | Action   | Action owner                                | Report back to:<br>Date: | Progress to date  |
|------------------|--|---|--------------------------|---|
| <b>NMC/17/58</b> | <p><b>Chief Executive's report</b></p> <p>Consider how to ensure midwives are aware of those aspects of the education consultation affecting them to encourage responses</p> | Director of Education, Standards and Policy | 31 July 2017             | <p>Email notice to all midwifery registrants sent on 25 July 2017 with information about the education framework and how to access and take part in the consultation. Social media, Twitter chats and updated midwifery hub on the NMC website went live on 1 August 2017.</p> <p>We have so far received 1,053 responses to the consultation on nursing proficiencies and education standards, which includes 76 midwives; midwives represent 8% of all responses to the consultation but only 5.3% of our register. The targeting of midwives on social media proved effective to increase activity.</p> <p>We have received 515 responses to the prescribing and Standards for Medicine Management consultation.</p> |
| <b>NMC/17/60</b> | <p><b>Annual Report and Accounts 2016–2017</b></p> <p>The Chair and Chief Executive to sign the relevant letters of representation and the annual report and accounts</p>    | Secretary                                   | 6 July 2017              | Completed. The relevant letters of representation and the annual reports and accounts were signed by the Chair and Chief Executive and Registrar on 5 July 2017.  |
| <b>NMC/17/61</b> | <b>Annual Fitness to Practise</b>  | Director of Fitness to                      | 6 July 2017              | Completed. Report amended before  |

| Minute           | Action  | Action owner                              | Report back to:<br>Date: | Progress to date  |
|------------------|---|---|--------------------------|---|
|                  | <p><b>Report 2016–2017</b></p> <p>Amend the wording around costs of hearings prior to submission to Parliament</p>  | Practise                                  |                          | submission to Parliament.   |
| <b>NMC/17/61</b> | <p><b>Annual Fitness to Practise Report 2016–2017</b></p> <p>Consider the scope for further investigation of the equality and diversity data to identify systemic issues</p>  | Director of Fitness to Practise           | 27 September 2017        | We intend to repeat the analysis of equality and diversity data in 2019–2020. By then, we will have significantly improved the data we hold through the first complete cycle of revalidation. |
| <b>NMC/17/61</b> | <p><b>Annual Fitness to Practise Report 2016–2017</b></p> <p>Consider how the impact of the changes to midwifery regulation in terms of FTP referrals and the other section 60 changes will be captured in reporting on 2017–2018</p> | Director of Fitness to Practise           | 27 September 2017        | We will report on the impact of section 60 changes at the end of the first full year of operation.  |
| <b>NMC/17/62</b> | <p><b>Annual Revalidation Report 2016–2017</b></p> <p>Consider amendments to the presentation of information on changes to registration type following revalidation</p>   | Director of Registration and Revalidation | 27 September 2017        | Completed: amendments made before publication of the report.  |

| Minute    | Action   | Action owner                                | Report back to:<br>Date: | Progress to date   |
|-----------|--|---|--------------------------|--|
| NMC/17/64 | <p><b>Review of English language requirements</b></p> <p>Take forward the following actions (as set out in the minutes):</p> <ul style="list-style-type: none"> <li>i. Develop improved signposting and support from the NMC in relation to preparation for the IELTS test, including gathering and sharing best practice from employers.</li> <li>ii. Explore a new strategic solution, considering in particular the OET.</li> <li>iii. Further explore the Writing element of IELTS and the evidence base.</li> <li>iv. Conduct work with patient and public groups to understand their views and perspectives on this debate.</li> </ul> | Director of Registration and Revalidation   | 27 September 2017        | <p>Points ii and iv are currently being addressed as part of stage 1 of our English language review.</p> <p>Work to address points i and iii is to be carried out at a subsequent stage.</p> |
| NMC/17/65 | <p><b>Nursing Associate Update</b></p> <p>Consider how the Council might hear directly from pilot sites and trainees</p>   | Director of Education, Standards and Policy | 27 September 2017        | A session which will include learning from the pilot sites is planned for the Council Seminar in January 2018 which will be the end of year one of the pilots.                               |
| NMC/17/65 | <b>Nursing Associate Update</b>  | Director of Education,                      | 27 September             | To date, we have prepared an information   |

| Minute           | Action   | Action owner                                | Report back to:<br>Date: | Progress to date  |
|------------------|--|---|--------------------------|---|
|                  | Consider the support and preparation needed for the registrant workforce for the introduction of the NA role | Standards and Policy                        | 2017                     | <p>pack for employers which can be shared with their workforce. The pack contains information on the role of the nursing associate within the nursing team, and how the role is intended to bridge the gap between health care assistants and registered nurses.</p> <p>The packs also contain information for employers, educators and general public on our progress in developing the nursing associate regulatory tools. We are also updating the website to reflect this information, which will be accessible to the wider workforce, and considering content for a webinar before the end of the year.</p> <p>Next February ahead of the consultation, we plan to create materials, including infographics and videos, and host events that aim to explain the role and its place in nursing teams.</p> <p>There is a meeting with NHS Employers in September to consider in more detail how to prepare the workforce.</p> |
| <b>NMC/17/66</b> | <p><b>Midwifery Update</b></p> <p>Provide information on the range of stakeholders being involved in</p>     | Director of Education, Standards and Policy | 27 September 2017        | Please see midwifery update paper on agenda, in particular annexe 2.  |

| <b>Minute</b>    | <b>Action</b>   | <b>Action owner</b>                             | <b>Report back to:<br/>Date:</b> | <b>Progress to date</b>  |
|------------------|---|---|----------------------------------|--|
|                  | the work on the standards of proficiency for the future registered midwife as part of the next update report  |   |                                  |  |
| <b>NMC/17/66</b> | <b>Midwifery Update</b><br><br>Develop Council member programme on midwifery and maternity matters  | Chair of the Council/Secretary                  | 27 September 2017                | Preparation of a programme is underway. A briefing will be provided at the Seminar in October 2017.                      |
| <b>NMC/17/67</b> | <b>Performance and Risk report</b><br><br>Consider whether the call abandonment target is sufficiently challenging                                  | Director of Registration and Revalidation       | 27 September 2017                | We will consider this as part of our normal midyear review of targets and in considering proposed targets for 2018–2019. |
| <b>NMC/17/67</b> | <b>Performance and Risk report</b><br><br>Provide an explanation for the Interim Order target and consider whether this is sufficiently challenging | Director of Fitness to Practise                 | 27 September 2017                | An explanation is provided within the FtP Performance and Risk Report on the agenda.                                     |
| <b>NMC/17/67</b> | <b>Performance and Risk report</b><br><br>Include staff turnover information in the performance and risk report                                     | Director of Resources/Deputy Director HR and OD | 27 September 2017                | This information is provided in the Performance and Risk report on the agenda.   |
| <b>NMC/17/67</b> | <b>Performance and Risk report</b>  | Director of Resources/Deputy                    | 27 September 2017                | This information is provided in the Performance and Risk report on the   |

| Minute           | Action   | Action owner          | Report back to:<br>Date: | Progress to date   |
|------------------|--|-----------------------|--------------------------|--|
|                  | Consider further the mitigations needed in respect of the risk around capability   | Director HR and OD    |                          | agenda.  |
| <b>NMC/17/70</b> | <p><b>Annual Health and Safety Report 2016–2017</b></p> <p>Provide an update to Council on the additional work around health and safety issues</p> | Director of Resources | 27 September 2017        | The update is included in the confidential papers due to the sensitive nature of security matters. |

## Summary of outstanding actions arising from the Council meeting on 24 May 2017

| Minute           | Action   | Action owner                                | Report back to:<br>Date: | Progress to date   |
|------------------|--|---|--------------------------|--|
| <b>NMC/17/41</b> | <p><b>Chief Executive's report</b></p> <p>Provide further information when available on NMC's work with others to take forward the recommendations in the House of Lords report on long-term sustainability of the NHS</p> | Director of Education, Standards and Policy | 5 July 2017              | A number of workstreams within the corporate plan support the ambitions of the House of Lords report. All of these workstreams involve engagement and collaboration with external bodies. For example, our work on the future nurse standards which includes reference to technology and public health and explicitly supports new models of care; our work on the new nursing associate role; our work to develop a new model of education quality assurance; and the ongoing engagement with national work on regulatory reform. We will in future report on this through those workstreams. |
| <b>NMC/17/42</b> | <p><b>Future nurse standards and education framework: consultation</b></p> <p>Track changes made as a result of consultation responses</p>   | Director Education, Standards and Policy    | January 2018             | Not yet due.   |

## Summary of outstanding actions arising from the Council meeting on 29 March 2017

| Minute           | Action   | Action owner                    | Report back to:<br>Date: | Progress to date   |
|------------------|--|---------------------------------|--------------------------|--|
| <b>NMC/17/30</b> | <p><b>Fitness to Practise performance, KPIs and dashboard</b></p> <p>Provide separate information on cases dealt with under existing and new rules in future reports</p> | Director of Fitness to Practise | 27 September 2017        | Information is provided in the Performance and Risk report.  |
| <b>NMC/17/35</b> | <p><b>Draft Budget 2017–2020</b></p> <p>Present a final version of the budget, including final transformation costs based on the full business case</p>                  | Director of Resources           | 27 September 2017        | The latest implications to the future financial position are reflected in the Transformation report on the agenda. |



## Summary of outstanding actions arising from the Council meeting on 25 January 2017

| Minute           | Action  | Action owner                    | Report back to:<br>Date: | Progress to date                   |
|------------------|---|---------------------------------|--------------------------|------------------------------------|
| <b>NMC/17/13</b> | <b>Employer link service</b><br><br>Provide a report on the impact of the first year of the Employer Link Service when appropriate. | Director of Fitness to Practice | 27 September 2017        | See separate report on the agenda. |

## Summary of outstanding actions arising from the Council meeting on 28 September 2016

| Minute           | Action   | Action owner                                | Report back to:<br>Date: | Progress to date   |
|------------------|--|---|--------------------------|--|
| <b>NMC/16/74</b> | <b>Equality and Diversity Annual Report 2015-2016</b><br><br>Provide a detailed plan setting out the specific actions and targets to progress the priorities set out in the report (paragraph 37). | Director of Education, Standards and Policy | 25 January 2017          | The action plan will be brought to Council in November 2017 along with the Equality and Diversity annual report 2016–2017. |

## Council

### Chief Executive's report

**Action:** For information.

**Issue:** The Council is invited to consider the Chief Executive's report on (a) key developments in the external environment and (b) key strategic engagement activity.

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

**Strategic priorities:** Strategic priority 3: Collaboration and communication.

**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 is a standing item on the Council agenda and reports on (a) key developments in the external environment; and (b) key strategic engagement activity. Recent strategic engagement has focused primarily around the education consultation and the issue of English language testing.

**Discussion: A: External developments**

**Nursing Associates legislation**

2 We are in ongoing dialogue with the Department of Health (DH) about the legislation.

**Senior stakeholders**

3 Since the last report to Council, there have been a number of changes to senior level stakeholders:

3.1 Gill Walton has replaced Cathy Warwick as the Chief Executive of the Royal College of Midwives (RCM). The Chief Executive is meeting with her for an introductory meeting later in September 2017. Ms Walton has been invited to join the NMC's Midwifery Panel.

3.2 Rachel Power has taken up office as the new Chief Executive of the Patients Association and the Chief Executive will be meeting with her in October 2017.

3.3 Ted Baker is the new Chief Inspector of Hospitals at the Care Quality Commission (CQC). We have requested an early meeting.

**B: Accountability and oversight**

**Professional Standards Authority – Standards of Good Regulation**

4 We have responded to Professional Standards Authority's (PSA) consultation on their Standards of Good Regulation (SoGR). Our response welcomes the review of the SoGR and the opportunity to ensure that they take account of recent developments in healthcare and the regulatory environment. Our response calls for a further refinement of their approach.

5 Following the meeting with the Secretary of State for Health in June 2017, the Chief Executive met with the Minister for Health on 19 July 2017, accompanied by the Chair, and again on 13 September 2017 to discuss the issue of language testing requirements for overseas qualified nurses and midwives.

- 6 Accompanied by the Chair and the Director of Registration and Revalidation, the Chief Executive met Dr Sarah Wollaston, the Chair of the Health Select Committee on 6 September 2017, to update her on our work and find out the Committee's priorities for the parliamentary session. Arrangements are in hand to meet with the newly-appointed members of the Committee when they are confirmed.
- 7 Dr Wollaston confirmed that, as part of its future workplan, the Committee intends to prioritise work on the nursing workforce and will be holding a formal hearing before the end of 2017 at which we will be invited to give evidence.
- 8 Plans have been finalised for the Chief Executive to attend the Conservative and Labour Party conferences in September and October 2017. The Chief Executive will be leading engagement with selected MPs at the Conservative Party Conference. We are also hosting a joint fringe event with the Royal College of Nursing (RCN) at both conferences where we will be discussing the value of nursing. This is the first time we have promoted key issues for nursing jointly with the RCN at party conferences.
- 9 We are in discussion with the Director of the All Party Parliamentary Group (APPG) on Health about arranging a joint event with the APPG in spring 2018 focusing on midwifery issues.
- 10 At the invitation of Rosie Cooper MP and Baroness Greengross, we spoke at the inaugural APPG for Continence Care meeting in early July 2017 about our education consultation. Attendees spoke positively about our education consultation and the APPG made a formal submission to our consultation and invited a further discussion with us at the end of the year.
- 11 The Chief Executive has continued to engage key stakeholders in the House of Lords including discussions with Lord Willis (30 August 2017), Baroness Emerton (1 September 2017) and Baroness Watkins (6 September 2017) on a range of current issues, including the impact of Brexit and the approach to language testing.

### **UK Chief Nursing Officers**

- 12 The Chief Executive took part in a number of teleconferences with the four chief nursing officers over the summer.

### **Department of Health**

- 13 The Chief Executive continues to engage on a regular basis with senior officials at the Department of Health on a range of matters, including the regulation of nursing associates, English language testing and regulatory reform. The Chief Executive spoken

separately with the Deputy Director, Professional Regulation and the Director of Workforce.

## **C: Stakeholder Engagement and Communication**

### **Implementation of Fitness to Practise changes**

- 14 On 13 September 2017, the Assistant Director for Registration and Revalidation attended the GMC's Revalidation Oversight Group. This group has been established following the publication of the GMC report 'Taking Revalidation Forward' and includes representatives of stakeholder organisations across the UK, as well as the GMC itself. We have been invited to attend this group to explore how we can more closely align our work on revalidation. A verbal update will be given at the Council meeting.

### **General Medical Council (GMC)**

- 15 The Chief Executive spoke to the GMC's Chief Executive on 28 June, 31 July and 5 September 2017 as part of their regular series of catch-up conversations.

### **Commissioner for Older People in Northern Ireland (COPNI)**

- 16 On 21 June 2017, the Chief Executive spoke with the Commissioner for Older People in Northern Ireland (COPNI) regarding their ongoing investigation into concerns about a nursing home. We are working closely with COPNI through our Employer Link Service

### **Care Quality Commission**

- 17 On 22 August 2017, the Chief Executive met the CQC's Deputy Chief Inspector of Hospitals to discuss a variety of topics including current issues with health visiting and midwifery matters. We are following these matters up as part of our ongoing engagement activity.

### **Professional bodies meeting**

- 18 On 10 July 2017, the Chief Executive and the Chair met representatives from the Royal College of Nursing (RCN), the RCM, Unite/CPHVA and Unison for the regular quarterly catch-up meeting. Among the issues discussed were the introduction of nursing associates, Brexit and the NMC's midwifery agenda. The Chief Executive met separately with the Chief Executives of the Royal Colleges of Nursing on 29 June 2017 and Midwives on 26 July 2017.

### **Lessons Learned review**

- 19 The Chief Executive met the PSA's Director of Scrutiny and Quality,

and his colleagues as part of their review work on 12 July 2017.

### **Education consultations**

- 20 The Chief Executive met the Executive Director and Chair of the Council of Deans of Health (CoDh) on 29 June 2017. The Chief Executive is progressing further engagement with a key group of CoDh stakeholders in late October 2017.
- 21 On 19 July 2017, the Chief Executive attended the Nursing Times Deputies Congress in Leeds. The NMC's Director of Education, Standards and Policy spoke at the event on the subject of transforming nursing through the new standards in nurse education. The Chief Executive took part in a Q&A session on the current challenges for the NMC; and the role of nurses in leading change.

### **Midwifery**

- 22 On 6 July 2017, the Chief Executive chaired the latest meeting of the midwifery panel. Members discussed a presentation by Dr Bill Kirkup, one of the panel members, on the changing face of the regulation and the impact on the midwifery profession.
- 23 The Panel has agreed to establish a Future Midwifery Sponsoring Board which will oversee the work of the development of the new pre-registration midwifery standards being led for us by Professor Mary Renfrew, the lead advisor to the project. The Board will meet for the first time in October 2017.
- 24 Plans are being progressed for the first NMC midwifery listening event, as agreed by Council earlier in the year. The first event will be held in London on 18 October 2017. Dates for the two proposed events to take place in other UK locations in 2018 are being agreed.

### **Application of the NMC Code in an emergency situation**

- 25 Following recent terrorist incidents, we convened discussions with a number of organisations to develop information for nurses and midwives who might be called upon to respond to unexpected incidents or emergencies. We issued additional guidance on our website in August 2017.

### **Establishment of a UK Advisory Forum**

- 26 The first UK advisory Forum will take place in Edinburgh on 3 November 2017. Invitations have been sent and we are working closely with the Chief Nursing Officer for Scotland and her team on developing the agenda for the event.

### **D: Media activity**

- 27 There was widespread coverage in the trade press following

changes to our fitness to practise processes. The Chief Executive carried out an interview with Nursing Times about the importance of the changes and the benefits they would bring. Nursing Standard also covered the introduction of the changes carrying details from our press release and multiple case studies.

- 28 In July, the Sunday Times published a column by a journalist making a number of derogatory and unfounded claims about the nursing profession. Working closely with the RCN, we issued a joint letter to the editor of the Sunday Times expressing our concern at the content of the column and correcting a number of the unfounded remarks. The letter was published by the Sunday Times and received widespread support from the profession across social media.
- 29 The Chief Executive was interviewed by the Health Service Journal on 31 August 2017 as part of the consultation on the pre-registration nursing standards.
- 30 There is continuing coverage in national print, broadcast and trade media about our English language testing policy. Our Director of Registration and Revalidation gave an interview to Nursing Standard while the Chief Executive gave an interview to Radio 4's 'World Tonight' programme outlining the work we are doing to explore other language testing options which was broadcast on 21 August 2017.

**Public protection implications:**

- 31 No direct public protection implications.

**Resource implications:**

- 32 No direct resource implications.

**Equality and diversity implications:**

- 33 No direct equality and diversity implications.

**Stakeholder engagement:**

- 34 Stakeholder engagement is detailed in the body of this report.

**Risk implications:**

- 35 No direct risk implications.

**Legal implications:**

- 36 No direct legal implications.

## Council

### Nursing associate standards of proficiency

|   |  |   |   |
|---|--|---|---|
| <b>Action:</b>  | For decision.  |   |   |
| <b>Issue:</b>   | Seeks approval for the release of an early working draft of the nursing associate standards of proficiency.  |   |   |
| <b>Core regulatory function:</b>  | Education and Registration.  |   |   |
| <b>Strategic priority:</b>  | Strategic priority 1: Effective regulation.  |   |   |
| <b>Decision required:</b>   | Council is asked to approve release of an early working draft of the nursing associate standards of proficiency ('Release 1'), for the benefit of the nursing associate test sites.  |   |   |
| <b>Annexes:</b>   | <p>The following annexes are included with this report:</p> <ul style="list-style-type: none"><li>• <b>Annexe 1*</b>: Insight and background on the development of the working draft version of the nursing associate standards of proficiency.</li><li>• <b>Annexe 2*</b>: Working draft version of the nursing associate standards of proficiency.</li></ul> <p>*Please note that <b>Annexes 1 and 2</b> are not included in the published Council papers. This is so that the draft standards of proficiency are not released until Council has agreed this is appropriate.</p> |   |   |
| <b>Further information:</b>   | <p>If you require clarification about any point in the paper or would like further information please contact the author or the director named below.</p> <table><tr><td>Author: Emma Westcott<br/>Phone: 020 7681 5797<br/><a href="mailto:emma.westcott@nmc-uk.org">emma.westcott@nmc-uk.org</a></td><td>Director: Geraldine Walters<br/>Phone: 020 7681 5924<br/><a href="mailto:geraldine.walters@nmc-uk.org">geraldine.walters@nmc-uk.org</a></td></tr></table>   | Author: Emma Westcott<br>Phone: 020 7681 5797<br><a href="mailto:emma.westcott@nmc-uk.org">emma.westcott@nmc-uk.org</a> | Director: Geraldine Walters<br>Phone: 020 7681 5924<br><a href="mailto:geraldine.walters@nmc-uk.org">geraldine.walters@nmc-uk.org</a> |
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- Context:** 1 In January 2017 Council agreed to a request from the Secretary of State to regulate the new role of nursing associate. At this point in time the first trainees had already started nursing associate programmes as part of Health Education England's (HEE) test site programme.
- Four country factors:** 2 Health policy and workforce are devolved matters. At the present time the legislation allowing the NMC to regulate nursing associates is likely to apply in England, as only England is currently planning to use the role. From the NMC's perspective, whether the nursing associate role is used UK-wide or not, all four countries of the UK retain a stake in the NMC's approach to regulation, because we are a UK wide regulator and because of mobility within the UK labour market.
- Discussion:** 3 In March 2017 we set out an aspiration to develop and share an early working draft of the nursing associate standards of proficiency with current nursing associate test sites in Autumn 2017. We want to take this unusual step in order to give test sites the best possible opportunity to absorb and prepare for the NMC's likely expectations of people who apply to join our nursing associate register.
- 4 This version has no formal status and we expect the standards to develop further, through engagement with a wider range of stakeholders and in response to the changes to the nursing standards that may be required following the consultation on those proficiencies. This release does not replace any of the normal stages of NMC standards development – it is additional.
- 5 Following this early working draft, we will share two further public versions, at the conventional points in the standards development cycle: a draft that comes to Council for approval in advance of consultation, and a final version that is approved by Council after consultation. Council can only approve the nursing associate proficiencies once it is the regulator of nursing associates in statute, and that is dependent on parliamentary time. For the nursing associate standards of proficiency there will be three different 'releases':
- 5.1 *Release 1:* early working draft developed through a first wave of engagement, for the benefit of test sites (Autumn 2017).
- 5.2 *Release 2:* draft presented to Council for statutory consultation, following more widespread engagement and taking account of the response to the new nursing proficiencies (Spring 2018).

- 6 *Release 3: final version for Council approval, following statutory consultation (Autumn 2018, provided the Section 60 has completed by that date).*
- 7 Release 1 of the nursing associate standards of proficiency will be shared with Council members at the Council meeting. It is an early working draft of the nursing associate standards of proficiencies, drawing on the new nursing standards which have been the subject of extensive consultation.
- 8 This draft has benefited from the input of a range of stakeholders, and there will be the usual wider engagement before formal consultation takes place in Spring 2018.
- 9 **Recommendation: Council is asked to approve release of an early working draft of the nursing associate standards of proficiency ('Release 1'), for the benefit of the nursing associate test sites.**

**Public protection implications:**

- 10 Ensuring public protection will be of paramount importance when setting the nursing associate standards of proficiency.

**Resource implications:**

- 11 In agreeing to regulate nursing associates, Council was clear that the costs of bringing a new profession into regulation must not be borne by existing registrants. DH has agreed to meet reasonable NMC costs and we are working together to agree the resources required.

**Equality and diversity implications:**

- 12 The nursing associate programme is the subject of a full EqlA which is being overseen by the programme management group. The impact assessment will be informed by data from the pilot and apprenticeship programmes.

**Stakeholder engagement:**

- 13 The nursing associate programme has a comprehensive communications and engagement plan, approved by the nursing associate Board.

**Risk implications:**

- 14 The risks associated with pre-approval qualifications have been considered.

**Legal implications:**

- 15 Legislative change is required to enable the NMC to regulate nursing associates.

## Council

### Assurance framework for 'legacy cohorts'

**Action:** For decision.

**Issue:** Seeks the Council's agreement to the policy approach to the management of 'legacy cohorts' who will apply to join the nursing associate (NA) part of the register.

**Core regulatory function:** Registration.

**Strategic priority:** Strategic priority 1: Effective regulation.

**Decision required:** The Council is asked to approve a policy that, subject to appropriate assurance being provided, specified groups who qualify as NAs prior to NMC programme approval can be deemed as having gained a qualification comparable to an NMC approved programme (paragraph 18).

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

- Annexe 1: High level assurance framework.

**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 January 2017 the Council agreed to a request from the Secretary of State to regulate the new role of NA. At this point in time the first trainees had already started NA programmes.
- 2 There will be two routes to qualification as a NA in training before the NMC has set NA standards of proficiency or approved NA programmes. We refer to these as 'legacy cohorts' and every regulator that brings a new group into regulation needs a policy for the management of legacy cohorts into registration. The two routes are: Health Education England (HEE) NA test sites and NA apprenticeships, which may be available before the end of 2017.
- 3 In agreeing to regulate NAs, the Council noted the risks associated with bringing those without an approved qualification onto the register, and has been clear that a robust process must be in place to assess the standard of legacy applicants. This is understood and supported by the Department of Health (DH) and HEE.
- 4 This paper proposes a policy approach to the management of 'legacy' applications to join the NA part of the register.

**Approach to legislative provisions**

- 5 The DH is responsible for the legislative change that will allow the NMC to regulate NAs. There will shortly be a DH consultation on the proposed changes to our legislation. These proposals will need to include provisions for the Council's management of applications from those who embarked on training before the NMC approves NA programmes.
- 6 We need to agree a policy that provides the Council with assurance for 'legacy' programmes. For programmes to be deemed comparable they do not need to be the same as approved programmes, but we need to be clear about what would be sufficient.
- 7 The DH will also need to make provision in the legislation for the possible eventuality that a legacy programme cannot be deemed comparable.

**Four country factors:**

- 8 Health policy and workforce are devolved matters. At present, the legislation allowing the NMC to regulate NAs is likely to apply in England, as only England is currently planning to use the role. From the NMC's perspective, whether the NA role is used UK-wide or not, all four countries of the UK retain a stake in the NMC's approach to regulation, because we are a UK wide regulator and because of mobility within the UK labour market.

**Discussion:****Assurance of comparability of qualifications**

- 9 Our education framework, which has been subject to recent consultation, has two main components:
  - 9.1 Outcomes: Assurance that graduates of programmes can meet our expectations of those joining our register (standards of proficiency).
  - 9.2 Processes: Assurance that programme delivery supports the outcomes we specify (programme and provider requirements).
- 10 Our approach to legacy qualifications needs to consider both components.

**Standards of proficiency**

- 11 We committed to developing an early working draft of our NA standards of proficiency because we want to give legal cohorts the best possible opportunity to absorb and prepare for the NMC's likely expectations of people who apply to join our NA register.
- 12 We have been engaging test site trainees, educators and employers in the early working draft and there is confidence that the programmes underway can support trainees to meet these sorts of standards. Stakeholders also understand that this is a pre-consultation draft and will be subject to further change.
- 13 We will ask test site providers to confirm that trainees have met our standards of proficiency.

**Provider and programme requirements**

- 14 We have mapped the HEE curriculum framework against our education framework. It does not set the same requirements as the NMC sets for those programmes we approve currently, or envisage setting for NA programmes, but there is broad comparability.
- 15 Quality assurance of the test sites against HEE's curriculum would provide a good degree of assurance about the comparability of these qualifications. It would also provide an opportunity for any unwarranted variation to be addressed. We are discussing the scope of this with HEE and we have identified a small number of issues on which we would value some additional assurance to inform our assessment of comparability.

**NA apprenticeships**

- 16 An initial NA apprenticeship standard was published in early September 2017. It is too early to assess whether the NMC will be able to achieve a level of assurance regarding NA apprenticeships

that will enable the Council to deem them programmes comparable to approved programmes. The Council's confirmation of the policy approach to legacy cohorts will be helpful because apprenticeship providers and employers will be able to plan with awareness of the Council's expectations.

### **Recommendation**

- 17 The Council is invited to consider the view that the HEE test sites present a *relatively* low transitional risk to the integrity of our register, provided that the quality assurance activity set out in **Annexe 1** is delivered to an agreed standard. This means their programmes could be deemed comparable to NMC approved programmes and they will present their qualifications, along with our other registration requirements, to join the register. If it proves possible to secure the same level of assurance, successful graduates of NA apprenticeships could also apply for registration under these terms.
- 18 **Recommendation: The Council is asked to approve a policy that, subject to appropriate assurance being provided, specified groups who qualify as NAs prior to NMC programme approval can be deemed as having gained a qualification comparable to an NMC approved programme.**

### **Next steps**

#### **Autumn 2017**

- 19 HEE will finalise plans for the quality assurance of test sites against its curriculum framework, which will include a specific focus on the NMC's key areas for assurance. These are set out at a high level in **Annexe 1**.

#### **Late 2017/early 2018**

- 20 Test sites are quality assured. HEE takes steps to address any compliance or wider quality issues arising from the quality assurance.

#### **Early 2018**

- 21 HEE informs the NMC of the outcomes of its quality assurance by test site. The NMC takes a preliminary decision regarding the comparability of the programme delivery.
- 22 NMC continues to assess whether sufficient assurance can be achieved regarding NA apprenticeships to view them as programmes comparable to approved programmes.

#### **Early 2019**

- 23 Test sites that meet all programme delivery assurance requirements

will have assessed trainees against the NMC standards of proficiency and notify the NMC of outcomes. Those trainees can apply to join the NA part of our register.

24 We will also develop an approach to the management of applications to join the register from programmes that do not meet our assurance requirements.

**Public protection implications:**

25 Ensuring public protection will be of paramount importance when considering the NMC's approach to the management of legacy cohorts.

**Resource implications:**

26 In agreeing to regulate NAs, the Council was clear that the costs of bringing a new profession into regulation must not be borne by existing registrants. The DH has agreed to meet reasonable NMC costs and we are working together to agree the resources required.

**Equality and diversity implications:**

27 The NA programme is the subject of a full equality impact assessment which is being overseen by the NA Delivery Board.

**Stakeholder engagement:**

28 The NA programme has a comprehensive communications and engagement plan, approved by the NA Board.

**Risk implications:**

29 The risks associated with bringing pre-approval trainees into registration are set out in the paper.

**Legal implications:**

30 Legislative change is required to enable the NMC to regulate NAs.

## **‘Legacy cohorts’ – a high level quality assurance framework**

1. This document sets out at a high level the areas in which the NMC will require assurance in respect of nursing associate (NA) programmes that begin before the NMC is the statutory regulator of NAs, and approving programmes that lead to NA qualifications.
2. We have compared the Health Education England (HEE) curriculum framework with the NMC’s proposed education framework and our programme requirements (sections 1 and 2).
3. We also identified a number of key issues over and above the HEE curriculum framework where the NMC requires particular assurance (section 3).
4. For clarity, this is a proposed framework for the assurance of ‘legacy’ programmes only. It is not the framework that will apply to NAs when the NMC is the regulator and starts to approve NA programmes. We will be discussing our eventual programme and provider requirements with stakeholders over the next six months, prior to formal consultation.

### **Section 1: HEE curriculum framework ‘education framework’ requirements**

5. *These are HEE requirements that overlap with NMC requirements. Confirmation that ‘legacy’ NA programmes comply with these requirements will be an important part of NMC assurance.*
6. *Governance*
  - 6.1 Test site partnerships must include at least one education provider, which must be [...] an NMC accredited [sic] provider of pre-registration nursing education<sup>1</sup>.
  - 6.2 Programmes will be co-produced through partnership working via AELs, health and care providers and individuals who access and/or are in receipt of services and/or families and carers.
  - 6.3 AELs will be expected to use the [HEE] curriculum framework to devise programmes that deliver the aims and learning outcomes.
  - 6.4 The programme combines academic and work-based learning through close collaboration between employers and education providers.
  - 6.5 AELs should include their usual protocols and practice for raising concerns about individual trainees.
  - 6.6 AELs should include their usual protocols and practice for allowing individual trainees to raise concerns.

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<sup>1</sup> This requirement is not set out in the HEE curriculum framework, it is in the test site grant agreement. It will also be a requirement for the NA apprenticeship, prior to the NMC becoming the statutory regulator.



### *Programme structure*

- 6.7 The programme combines academic and work-based learning.
- 6.8 Placements should provide opportunities to work with a variety of multi-professional teams.
- 6.9 The programme should allow reasonable adjustments to meet the needs of trainees with disabilities.

### *Supervision*

- 6.10 Trainees should have appropriate supervision in all work-based contexts.
- 6.11 Trainees should have appropriate supervision or mentoring across the whole programme that will monitor and direct progress over time.
- 6.12 Trainees should be supervised by a registered nurse or other appropriate health or care professional when employed and on placement.

### *Assessment*

- 6.13 A wide variety of assessment methods and a mixture of continuous and end-point assessments should be used.

## **Section 2: HEE curriculum framework 'programme requirements'**

7. *These are HEE requirements that overlap with NMC requirements. Confirmation that 'legacy' NA programmes comply with these requirements will be an important part of NMC assurance.*

### 8. *Programme structure*

- 8.1 Trainee NAs will be expected, over the two-year programme, to have approximately 3,375 hours (or 50% of their time, whichever is greatest) devoted to structured learning activities.
- 8.2 The NA qualification will be at academic level 5.

### *Placements*

- 8.3 Trainee NAs must experience placements [across] a wide range of health and care settings.
- 8.4 Trainee NAs must experience placements in each of the three health and care settings: hospital; at home; and close-to-home.
- 8.5 The trainee NA should experience at least two substantial external placements totalling 675 hours on placement over the duration of the two year programme.

### *Entry requirements and recruitment*

- 8.6 On entry, trainees should be able to work at level two literacy and numeracy.

- 8.7 On entry, trainees should demonstrate the ability to study a programme at academic level five.
- 8.8 Individuals will need to demonstrate the appropriate values and attitudes for the programme in line with HEE's value-based recruitment programme.

### **Section 3: NMC supplementary areas of interest**

9. *These are aspects of provision where the NMC will have a particular focus. 9.1 and 9.5 are not part of the HEE curriculum framework but reflect the fact that we now know when trainees qualify they will be preparing for professional registration. 9.2. and 9.3 are HEE requirements, but NMC will want to know they are met for each trainee. 9.4 relates to assessment, which is in the HEE curriculum framework but we believe will benefit from closer attention, as the assessment of legacy cohort trainees is so central to the integrity of the NMC register.*

- 9.1 The programme must be suitable to support trainees to achieve the NMC NA standards of proficiency.
- 9.2 All trainees via the programme must have access to the required number of learning hours.
- 9.3 All trainees via the programme must experience the required range and quality of practice placements.
- 9.4 There must be sufficient rigour in the plans for the assessment of trainees' academic and professional attainment.
- 9.5 Trainees must have had the opportunity to reflect on the NMC's Code and what it means to be a registered professional.

*At the end of programmes, and in respect of individual trainees:*

- 9.6 Confirmation of the trainees who have met the NMC's NA standards of proficiency.
- 9.7 Confirmation that each trainee has benefited from the required learning hours.
- 9.8 Confirmation that each trainee has experienced the required breadth of practice placements.

## Council

### Transformation

**Action:** For decision.

**Issue:** Reshaping Transformation.

**Core regulatory function:** Supporting Functions.

**Strategic priority:** Strategic priority 4: An effective organisation.

**Decision required:** The Council is asked to:

- confirm whether it is content with the revised approach to transformation.
- confirm whether it is content with the key deliverables for 2017–2018.
- approve an additional £3.3 million of spend to 31 March 2018. This will bring the total Transformation budget to £5.8 million for 2017–2018.

**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 Transformation Vision and Programme was approved by the Council in March 2017. Since then there have been considerable and increasing pressures on the NMC which have exacerbated capacity and capability challenges. The Council agreed at the July 2017 meeting to a de-risked and re-prioritised approach for the programme and asked for a paper outlining deliverables within 2017–2018, budget requirements and implications of the changes. This paper provides the detail for this reshape.
- Discussion:** 2 Since July 2017 we have undertaken a fundamental rethink on transformation. This has been undertaken on the basis of mitigating the following risks:
- 2.1 Increasing external pressures.
  - 2.2 Capacity and capability overload.
  - 2.3 Delivery of benefits both financial and non-financial.
  - 2.4 Budgetary pressures.
- 3 The reshaped approach is based on delivery in three key areas for 2017–2018. These corporate deliverables are recommended on the basis of de-risking, whilst critically, still maintaining the overall intent of the transformation. They also provide foundation delivery that enables us to continue the transformation in subsequent years.
- 4 To clearly restate and confirm we are still focused on delivering the vision of transformation ie improved public protection. This covers all aspects of the NMC: people, processes and systems.
- 5 The rationale for prioritising the key areas are based on the following criteria and work is already well underway:
- 5.1 Creating the overall shape of the organisation for the future; providing the parameters and alignment for delivery to enable the system and application change, organisation re-design and business process re-design.
  - 5.2 Prioritising FtP for delivery of potential benefits and savings and improving public protection. This also fits with potential changes to regulation and our role as thought leaders in this space.
  - 5.3 Improvement in customer service and the foundation for the stakeholder approach of the future NMC.
  - 5.4 Reducing volume of calls and contact via elements of self-service and delivering stakeholder benefits.
  - 5.5 Key foundation work in preparation for moving off our current

applications and ensuring our data is in a fit state for transition.

- 6 The recommended main corporate deliverables for 2017–2018 are set out below.
  - 6.1 **High level enterprise design and detailed design for Fitness to Practise.** Defining, detailing and building the future business model.
  - 6.2 This programme of work delivers: the changes required; the shape of the future organisation; and how we will get there including:
    - 6.2.1 Overall design of the future top level end-to-end processes.
    - 6.2.2 People impact, including future capability requirements, impact on structure and ways of working.
    - 6.2.3 The further development of the underpinning technology roadmap and implementation.
  - 6.3 This work drives the roll out, timing and integration of the full implementation and benefits plans over the period required to take us to our new business model. Much work has already been undertaken on this following the March 2017 approval and budget. This work has already begun to give us greater insight into our processes and systems than we have had previously. We now understand the inter-relationship between current systems, processes and data in a way we have not been able to do previously and are able to be clear on the impact of changes.
  - 6.4 From the high level work we have done so far we will be able to move onto the detailed work to enable us to redesign our approach to fitness to practise. The aim is to resolve more cases earlier and significantly reduce the number of full hearings. The Fitness to Practise (FtP) programme is in development and it is anticipated that while we will begin the work in 2017 under this budget heading, the majority of spend will be in 2018–2019.
  - 6.5 It is critical however that we maintain a focus on the overall coherence of the future NMC design and impact on other business areas, hence the need to continue the development of the overall enterprise design. This is critical in the re-design of business processes and specifying the requirements for our future business applications and migrating to an integrated system.

- 6.6 We could just deliver the FtP element of this work however it will be a very different direction from the original programme and would not drive out the original vision and benefits concerning systems, processes, data and people. It would not deliver as robust an approach nor drive the operational benefits and savings.
- 6.7 This approach will also ensure we do not repeat the mistakes of the past, implementation without understanding or managing the impact of change across process, systems, data and people. It will reduce the incidence of poor scoping of projects and programmes which has inevitably incurred additional costs during implementation. Overall, it will drive efficiencies in change and result in reduced operating costs as in the original Transformation Programme.
- 6.8 **Insight and Intelligence.** This delivery programme gives us in 2017–2018:
- 6.8.1 Immediate mitigation of some of the data risks we currently carry and improvement in the data we provide externally.
  - 6.8.2 Foundations for a future integrated system and underpins future data migration.
  - 6.8.3 The ability to begin the intelligent interrogation of our data to provide insight.
- 6.9 Building on the regulatory intelligence and data and reporting architecture work delivered already as part of the Transformation, we are continuing the development of the following in the 2017–2018:
- 6.9.1 a data strategy and a research strategy;
  - 6.9.2 data warehouse containing CMS, Wiser, NMC Online and CRM data enabling structured data extraction;
  - 6.9.3 data governance arrangements to ensure ownership and stewardship;
  - 6.9.4 risk assessment coding work in FtP so we can assess levels of harm;
  - 6.9.5 improved and structured data in registrations, revalidation and education to broaden our understanding of the nurse/midwife regulatory journey and environments in which they operate.
- 6.10 We have already delivered considerable improvement in this area via implementation of better and faster reporting and

accuracy of data and identification. For example, we have undertaken a 'proof of concept' on some internal reporting that has significantly reduced the time taken to produce performance reports; from two days down to 15 minutes. A further example is in the time and effort to produce reports for the business. Previously the Data and Reporting team workload consisted of manual driven reports compilation which would mean that reports would take up to 6 days to produce. With some of the improvements we have introduced this element of their work has reduced by 40%. Obviously this brings significant benefits and opportunities for redeployment of resources into more value added and effective work that brings insight rather than just plain data. It is an illustration of the organisation improvements we have already delivered.

- 6.11 If we do not continue with this work we will not reach our ambition to be a thought leader in regulation nor be able to contribute effectively to the risk intelligence approach to regulation.
- 6.12 It will also impact on the speed with which we are able to move to new systems. This is by ensuring we are fully aware of the impact of change and do not rush into seemingly simplistic solutions that end up costing more as other issues emerge during the life of a project.
- 6.13 Overall these developments will give us the confidence and ability to 'mine' our data to gain insight and intelligence, and further inform our regulatory operations, the development of policy and strategy, and enhance our information sharing with other regulators and key stakeholders. The Regulatory Intelligence Unit is beginning to deploy this now.
- 6.14 **Customer Insight and Improvement.** This programme delivers in 2017–2018:
  - 6.14.1 Enhancements to our customer service that will improve the reputation and relationship of the NMC with registrants.
  - 6.14.2 Immediate improvements to some online services to provide a better customer journey and access.
  - 6.14.3 Greater insight into our varied customer base which ensures we design services based on need. This will feed into the customer contact approach for the future.
- 6.15 The specific delivery underway for 2017–2018 is focused on customer insight research, revised web content and online

referrals. This provides:

- 6.15.1 Improved customer journey through our website and impact on customer satisfaction.
  - 6.15.2 Reduces the volume of calls into the Registration and Revalidation call centre thereby releasing resources to focus on other improvements.
  - 6.15.3 Benefits that should start to deliver by year end and into 2018–2019 based on reduced ‘failure demand’, automation and reduced FoI requests as we are able to publish on the website.
- 6.16 Already with the work undertaken to date we have gained considerable insight into our contact volumes and identified opportunities to better reduce, direct and manage customer queries and issues. We have developed a ‘roadmap’ which clearly outlines the priorities for immediate action, for example tackling ‘lost pin’ queries, moving from a downloadable only form to one that can be completed online and improving overall navigation. We have also developed ‘customer personas’ which we are using to build customer journeys and improve existing process and experience.
- 6.17 It is important to note that we are not proposing in this year to undertake fundamental ‘digital’ transformation as this requires integration with the back end systems and is part of the future migration to new applications.

### **Enabling Projects – resilience and improvement**

- 7 The reshaping of the change approach also includes building resilience and improvement. This is being delivered via three key enabling projects as set out below.
- 7.1 **Change management and organisation development.** This supports the implementation of the People Strategy. This is about delivering culture change, enhancing capability and building our capability requirements for the future. It will deliver career development, training, internal communications, management style and embedding change. We have already established a Change Champion network and Business Change Leads in Directorate to support and engage staff in change. In addition we have begun the roll out of Leadership Development Programme (LDP – over 100 managers already undertaken the first phase) to develop skills in change management and performance improvement. It also incorporates work underway on the organisation design both for the longer term vision together with the ‘transition’ states required. Without a clear approach such as



this, that addresses how we will successfully manage change and engage staff, we will not deliver the reformed organisation.

7.2 **Ways of Working.** Introduction of flexible, agile working which will reduce pressure on our current and future accommodation requirements and also support culture change. This is also supporting the People Strategy in developing a modern work environment and responding to our staff's desire for a more flexible approach to work. We have already started to deliver on this via the move to a 7:10 desk ratio, new flexible working HR policies and procedures and training for managers. A benefit of this already is the 'restack' of Portland Place releasing the need and cost for Hanover Square.

7.3 **IT improvements.** These will address security issues, tackling out of date and incompatible software, drive consistency and provide the foundations to move onto new systems. We are also scoping opportunities for improvement to telephony. We have significantly underinvested in IT in the past and have a legacy of both security and performance issues. Some of these improvements are projects that would have been tackled via the move to new systems in the original transformation programme. As we are now revising the original roadmap for the migration to new systems, urgent remedial work is required. We have managed to build stability and some resilience however our IT estate is ageing and will continue to present a challenge and cost in maintenance. Not doing some of this work will risk current stability and also not begin some of the essential foundation work in preparation for the change in the future.

8 Taken together these three key deliverables and three enablers provide early delivery, a de-risked approach and critical foundations for continuing the drive towards the transformation vision.

9 The main focus for this paper is the reshape and budget for 2017–2018 however we are working on the potential deliverables and budget for 2018–2019 which flow from the work for this financial year. These are outlined in the section below on the budget and will be further developed as we go through the corporate and business planning for 2018–2019.

### **Continuous Improvement**

10 This change approach is also about building continuous improvement and capability. This work will lead to embedding a consistent methodology and discipline to enable some early re-design of processes and incremental change.

- 11 We are building an approach of process re-design and system thinking. This builds on prior experience and work already underway, and will drive the prioritisation of potential changes and projects based on robust cost/benefit analysis. This will ensure spend is aligned to the overall benefits and the people, process and technology changes as originally proposed in the transformation programme. This builds on the work already undertaken in defining the enterprise model and the coherent co-ordinated organisation wide review of process design.
- 12 Initial focus will be on supporting improvement in core business areas such as procurement, finance and HR. We will also build on work underway in other areas such as Registration and Revalidation to ensure corporate alignment and co-ordination.
- 13 This will not be about increasing spend but will be about a refocus and co-ordination of existing resources and a continuing build of internal capability.
- 14 To provide assurance to this approach we have been developing our internal capability in key corporate areas. We have focused on the Corporate Programme Management Office and Business Architecture function to provide a consistent, robust methodology. We now have more of the capacity and capability in-house, to manage a 'change portfolio' in a way which we didn't have previously. We have developed our in-house approach to process re-design including software tools in support of consistent methodology. We will continue build on this throughout 2017–2018. A further advantage of this approach will be a reduced reliance on external support and reduction of cost in overall programme management.

### **Benefits Realisation**

- 15 We are also developing our benefits realisation framework as an integral part of all of our programmes. Implementing and fully embedding this disciplined approach is essential to ensure we do not lose sight of the need to realise benefits and make decision based on robust analysis.
- 16 It is important however, to note that the full realisation of the transformation vision cannot be delivered wholly through continuous improvement and a step change will be required in process and systems in the near future as we reach end of life and maintenance issues. At the appropriate stage this will require a substantial investment. Our aim is to combine the continuous improvement and overall enterprise architecture approach and discipline to ensure effective, co-ordinated and managed change in preparation for this.

## **Budget for 2017–2018**

- 17 As agreed by the Council in March 2017 the budget was £2.5 million to the end of July 2017. At the Council seminar in June 2017 we confirmed we would continue to work within that budget through to the end of September 2017.
- 18 The planning and development work for FtP is underway and we will be bringing a plan to the Council seminar in December 2017 with analysis of budget requirements and benefits. The proposed budget for the remainder of 2017–2018 includes provision for design and preparatory work in FtP. The majority of delivery expenditure will be budgeted from 2018–2019.
- 19 The required budget for the remainder of 2017–2018 to deliver the reshaped approach is now £3.3 million in addition to the £2.5 million initially allocated. Together this means that the overall spend planned for 2017–2018 will be £5.8 million.
- 20 The breakdown of actual spend to end August 2017 and planned spend to the end of the financial year is set out below.

| Budget by Deliverable Type                                | £m | YTD        | YTG         | Total      |
|---|----|------------|-------------|------------|
|   |    | Apr to Aug | Sept to Mar |            |
| High Level Enterprise Design                              |    | 0.5        | 0.8         | 1.3        |
| Customer  |    | 0.4        | 0.5         | 0.9        |
| Insight & Intelligence                                    |    |            | 0.9         | 0.9        |
| <i>Key Delivery Subtotal</i>                              |    | <i>0.9</i> | <i>2.2</i>  | <i>3.1</i> |
| Technology - IT Improvements                              |    | 0.1        | 0.5         | 0.6        |
| Ways of Working   |    |            | 0.1         | 0.1        |
| Change Management & Staff Engagement                      |    | 0.3        | 0.5         | 0.8        |
| Programme Mgt & Prog Office                               |    | 0.5        | 0.6         | 1.1        |
| <i>Contingency (5% of External Partner &amp; Product)</i> |    |            | 0.1         | 0.1        |
| <i>Enabling Delivery Subtotal</i>                         |    | <i>0.9</i> | <i>1.8</i>  | <i>2.7</i> |
| <b>Total Budget 2017/18</b>                               |    | <b>1.8</b> | <b>4.0</b>  | <b>5.8</b> |

| Budget by Resource Type     | £m | YTD        | YTG         | Total      |
|-----------------------------|----|------------|-------------|------------|
|                             |    | Apr to Aug | Sept to Mar |            |
| <i>Internal Staff</i>       |    | <i>0.1</i> | <i>0.7</i>  | <i>0.8</i> |
| <i>External Resource</i>    |    | <i>1.6</i> | <i>1.6</i>  | <i>3.2</i> |
| <i>External Partners</i>    |    | <i>0.1</i> | <i>1.0</i>  | <i>1.1</i> |
| <i>Product</i>              |    | <i>0.0</i> | <i>0.6</i>  | <i>0.6</i> |
| <i>Contingency</i>          |    | <i>0.0</i> | <i>0.1</i>  | <i>0.1</i> |
| <b>Total Budget 2017/18</b> |    | <b>1.8</b> | <b>4.0</b>  | <b>5.8</b> |

| Budget Released / Requested                 | £m | Total      |
|---|----|------------|
| <i>Budget released to Date</i>              |    | <i>2.5</i> |
| <i>Budget Requested (Sept 2017 Council)</i> |    | <i>3.3</i> |
| <b>Total Budget 2017/18</b>                 |    | <b>5.8</b> |

- 21 It is important to note that the majority of these costs are staff related. This includes cross charging of permanent staff who are working either part time or full time on the change projects in addition to temporary and interim contractors and an element of consultancy.
- 22 The change projects and programmes will be led by the Executive Team and governed, controlled and advised through the Corporate PMO. This will ensure that each programme will have a robust and consistent business case which provides the analysis of impact, cost and benefits. This will enable clear investment decisions to be made and managed via a portfolio approach which is aimed at ensuring we deliver on priorities and realise the benefits. It clarifies the discussion on funding streams, ie how we can either drive efficiency through BAU budgets or the need for clear investment drawing from Reserves. It further reinforces accountability for delivery across the Executive Team.
- 23 The additional budget and benefits from the FtP work will be

proposed at the Council seminar in December 2017. The majority of spend is likely to be in 2018–2019 and we consider we have sufficient budget in 2017–2018 to cover the preparation and potential proof of concepts.

- 24 The business planning process and initial work on the 2018–2019 budget is also underway and we will ensure alignment as we work through the different demands. The intention is to present the overall NMC budget to the Council in January 2018 covering all elements of both BAU and change.

### **Potential options for 2018–2019**

- 25 Given the need to rapidly re-plan the development of transformation during 2017–2018, the appropriate change programmes for 2018–2019 are still in development. At this stage we are proposing the following key deliverables:
- 25.1 FtP programme implementation and delivery including phase one of moving off CMS (case management legacy system).
  - 25.2 Continuation of the customer success programme including beginning the move to a contact centre approach as described in the original plan.
  - 25.3 Continuing our implementation of, and support to, the People Strategy.
  - 25.4 Continuing the build of our insight and intelligence function.
  - 25.5 Continuing the design of processes and systems to enable a move from other legacy systems onto an integrated platform and solution.
- 26 The estimate at this stage for the above in 2018–2019 is £5.5 million.
- 27 As we continue to work through this plan we will begin to identify and potentially realise benefits. We are fully aware that we must drive and realise benefits across the NMC.

### **Decisions Required**

- 28 Council is asked to determine if it is content with the approach detailed in this paper. An alternative is to do nothing however in the view of the Executive this is not sustainable. As stated in the original outline business case we are working on underinvested, out of date legacy systems, poorly designed business processes and to a model of regulation that is under review. Doing nothing would mean the NMC does not deliver on its vision to be a thought leader in regulation and drive improvement in public protection.

- 29 The Council is asked to:
- 29.1 confirm whether it is content with the revised approach to transformation.
  - 29.2 confirm whether it is content with the key deliverables for 2017–2018.
  - 29.3 approve an additional £3.3 million of spend to 31 March 2018. This will bring the total Transformation budget to £5.8 million for 2017–2018.

### **Next Steps**

- 30 An update on progress to the Council in January 2018 on the 2017–2018 change portfolio and an outline plan for 2018–2019. A final plan, aligned to the Corporate Plan and budget for 2018–2019 will be brought to the Council for final decision in March 2018. The plan for 2018–2019 will reflect benefits to be delivered in 2018–2019.

### **Public protection implications:**

- 31 None.

### **Resource implications:**

- 32 Decisions on Transformation spend and work strands need to be taken in the context of our wider financial position. This is very constrained as set out below.

### **Implications for 2017–2018 Transformation spend**

- 33 The potential spend for Transformation as set out in the paper to the Council in March 2017 was £11.7million in 2017–2018. The £5.8 million now proposed for the full year reflects the significant re-scoping of the project. In particular, activity now dropped includes establishing the contact centre in Manchester and the associated estates, recruitment, training and redundancy costs (£3.0 million in 2017–2018).
- 34 No financial savings have been quantified in 2017–2018 from Transformation.

### **Impact on Available Free Reserves (AFR) and future years**

- 35 The minimum target level for AFR set by Council is £10 million.
- 36 As set out in the separate Financial Monitoring Report, the current forecast for all other NMC activity is for a £1.9 million deficit (compared to a breakeven budget) this year. The proposed Transformation spend will take this to a forecast £7.7 million deficit. This will result in Available Free Reserves (AFR) on a cash

committed basis of about £16.2 million at 31 March 2018.

- 37 The initial estimated spend for Transformation in 2018–2019 of £5.5 million will take this AFR down to close to £10 million, assuming that we break even on all other activity. However, if, as planned, we make savings from Section 60 implementation of between £3.5 and £4.5 million in 2018–2019, these will be available to offset other likely commitments, and so enable us to maintain AFR at or above £10 million. At this point, no financial benefits have been quantified from Transformation in 2018–2019. We have committed to providing benefits for 2018–2019, post the December 2017 Council Away Day discussion, in final form for the Council meeting in March 2018 in time to inform 2018–2019 budget setting.

### Implications

- 38 Given our AFR target, we are faced with a very tight financial position. This is in the context of a risky external environment in terms of income levels and external demands on our resources. This will continue into 2019–2020.

- 39 In order to achieve our AFR target, we will need to focus on:

- achieving Section 60 savings;
- ensuring choices around Transformation and other project spend prioritise financial impacts, whether in terms of prioritising early savings or minimising cost; and
- making savings and avoiding extra cost on business as usual activity.

- 40 This will need to be delivered through both the current corporate and business planning currently underway and the ongoing decision-making and monitoring of projects.

- 41 We will continue to report to each Council meeting on our financial position.

**Equality and diversity implications:**

- 42 None.

**Stakeholder engagement:**

- 43 None.

**Risk implications:**

- 44 Key risks around transformation are reflected in the Corporate Risk Register that Council reviews at every meeting.

**Legal implications:** 45 None.



## Council

### Midwifery Update

**Action:** For decision.

**Issue:** Provides an update on midwifery matters and proposes a revised timeline for the development of the new standards of proficiency for future midwives.

**Core regulatory function:** All regulatory functions.

**Strategic priority:** Effective regulation.

**Decision required:** The Council is asked to approve a revised timeline for development of the standards of proficiency for future midwives (**annexe 1**) and agree that the corporate plan commitment be adjusted accordingly.

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

- Annexe 1: Revised timeline for the standards of proficiency for the Future Midwife.
- Annexe 2: Stakeholder engagement on the new standards of proficiency

**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 As part of our commitment to ensuring that matters relating to midwifery regulation and maternity services are mainstreamed within NMC business, the Council receives regular updates on midwifery issues. This report:
    - 1.1 Updates the Council on development of the standards of proficiency for future midwives and seeks Council's approval to a revised timeline for this work;
    - 1.2 Provides information on stakeholder engagement; and
    - 1.3 Updates the Council on the work of the Midwifery Panel.
- Four country factors:**
- 2 Different approaches to midwifery issues and maternity services across the four countries are highlighted in the body of the paper, as appropriate.
- Discussion**
- New standards of proficiency for Future Midwives**
- 3 As Council is aware, Professor Mary Renfrew is leading work to develop the new standards of proficiency for future midwives.
  - 4 Professor Renfrew has engaged with the Midwifery Panel on the future midwife proficiency standards and at its last meeting the Panel discussed 'Defining Midwifery' and the Lancet Series Framework for Quality Maternal and Newborn Care. The Panel supported use of the framework to inform the new midwifery standards and noted that this would be tested further through engagement with professionals, women and families.
  - 5 As referenced in the Chief Executive's report, a Future Midwife Sponsoring Board has been set up to:
    - 5.1 Comment and advise on the content and presentation of the standards.
    - 5.2 Give a perspective on the ability of AEs and practice learning environments to deliver the new standards.
    - 5.3 Provide a four country, multiagency perspective.
    - 5.4 Advise on engagement and communication of the standards to the public and the wider profession.
    - 5.5 Act as ambassadors for the project within their own networks.
  - 6 The Board will include members of the Midwifery Panel as well as a range of other stakeholders from across the four countries, and

meets for the first time on 5 October 2017.

- 7 In light of the complexity of the work involved and our ambition to maximise the level of stakeholder engagement (see below), we have reviewed the original timetable for this work. A proposed revised timeline is at annexe 1. As this represents an adjustment to our 2017-2018 corporate plan commitment to deliver the draft standards by spring 2018, the Council's agreement to the revised timetable is sought.
- 8 If agreed, this will increase the time available to engage with midwives, women, families, and healthcare professionals before public consultation on the new standards in 2019. The new standards will be implemented in September 2020. The new timeline has been discussed with key external stakeholders who are supportive.
- 9 **Recommendation: The Council is asked to agree a revised timeline for development of the standards of proficiency for future midwives at annexe 1 and that the 2017-2018 corporate plan commitment be adjusted accordingly.**

#### **Stakeholder engagement**

- 10 At the last meeting, Council requested further information on stakeholder engagement in developing the new standards of proficiency for registered midwives. Examples of engagement already undertaken or underway include:
  - 10.1 Professor Mary Renfrew and the team met with colleagues from the Royal College of Paediatrics and Child Health, Royal College of Obstetricians and Gynaecologists, and the Royal College of GPs during July and August 2017.
  - 10.2 The Chief Executive accompanied Professor Renfrew to a meeting of the Shelford Group on 11 July 2017 to talk about the progress with the development phase of the consultation.
  - 10.3 Professor Renfrew and colleagues also attended a listening event hosted by Salford University on 31 August 2017 about 'The midwife of the future' and joined the Heads of Midwifery Advisory Group meeting in Wales on 21 September 2017 to talk about the Future Midwife project.
  - 10.4 A Midwifery Thought Leadership Group has been set up and has met three times, with a Virtual Thought Leadership Group (VTLG) also established. We hosted the first VTLG webinar on 17 August 2017 and were encouraged by the level of interest and suggestions received.
- 11 In addition, UK-wide stakeholder engagement events are planned from October 2017 through to February 2018. Plans to run focus

groups with service users aligned with each engagement event are also progressing. An overview providing examples of stakeholders involved is attached at **annexe 2**.

- 12 In August 2017, we launched a new 'midwifery hub' on our website to increase the visibility and accessibility of midwifery related information. This includes information about our work on the standards of proficiency for the Future Midwife, as well as enhanced details about the Midwifery Panel and midwifery regulation.

### **Listening events**

- 13 In addition to engagement around the standards, plans are being progressed for the first NMC midwifery listening event, as agreed by Council earlier in the year. The first event will be held in London on 17 October 2017. Dates for the two proposed events to take place in other UK locations in 2018 are being agreed.

### **Midwifery Education and Policy Advisor**

- 14 In July 2017, Helen Shallow was appointed as NMC Midwifery Education and Policy Advisor. She is working closely with Professor Mary Renfrew and the Future Midwife project team.

### **Midwifery Panel update**

- 15 The Midwifery Panel continues to meet to address strategic issues facing midwifery and maternity services. Matters addressed at the most recent meeting, in addition to the future midwife proficiency standards, included:
  - 15.1 Considering the challenges facing midwifery identified by the RCM publication "*The Gathering Storm*" including workforce demands, shortage of midwives and insufficient clinical experience for students in some areas. Whilst mindful that the NMC's role as regulator does not extend to issues such as workforce numbers or employment matters, the Panel explored the inter-relationship with the NMC's core regulatory functions of setting standards, registration, revalidation, and fitness to practise and the role the Employer Link Service (ELS) can play in acting as a bridge with providers.
  - 15.2 Better use of data to improve insight and intelligence, increased collaboration and sharing of information with other regulators and wider stakeholder engagement, in line with our ambition to become a more dynamic regulator.
  - 15.3 The changing face of the regulation and the impact on the midwifery profession: the Panel received a presentation from Dr Bill Kirkup and discussed this in the context of our approaches to fitness to practise, encouraging transparency

and learning from failures.

16 The Panel next meets on 5 October 2017.

**Public protection implications:**

17 Public protection is the core foundation upon which our standards are built.

**Resource implications:**

18 Provision for the future midwives standards of proficiency programme is contained within the Education programme budget

**Equality and diversity implications:**

19 A full equality impact analysis will be undertaken as part of the future midwives standards programme.

**Stakeholder engagement:**

20 Extensive stakeholder engagement is built into the programme.

**Risk implications:**

21 No specific risk implications arising from this report. Risks relating to development of the future midwife standards are captured through the programme.

**Legal implications:**

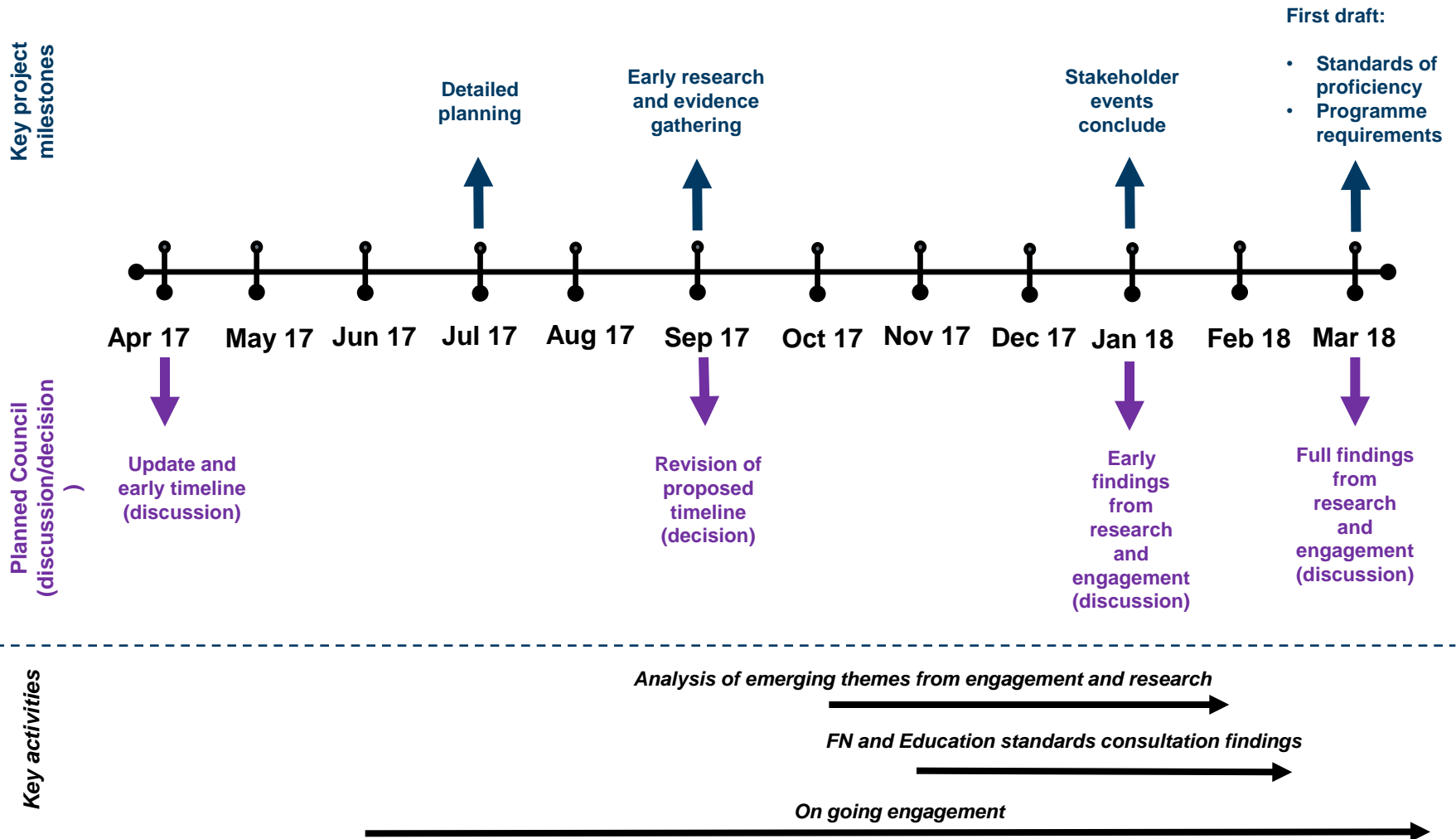
22 None arising from this paper.

# Council timeline

## Proposed Revision of Future Midwife Timeline (September 2017)

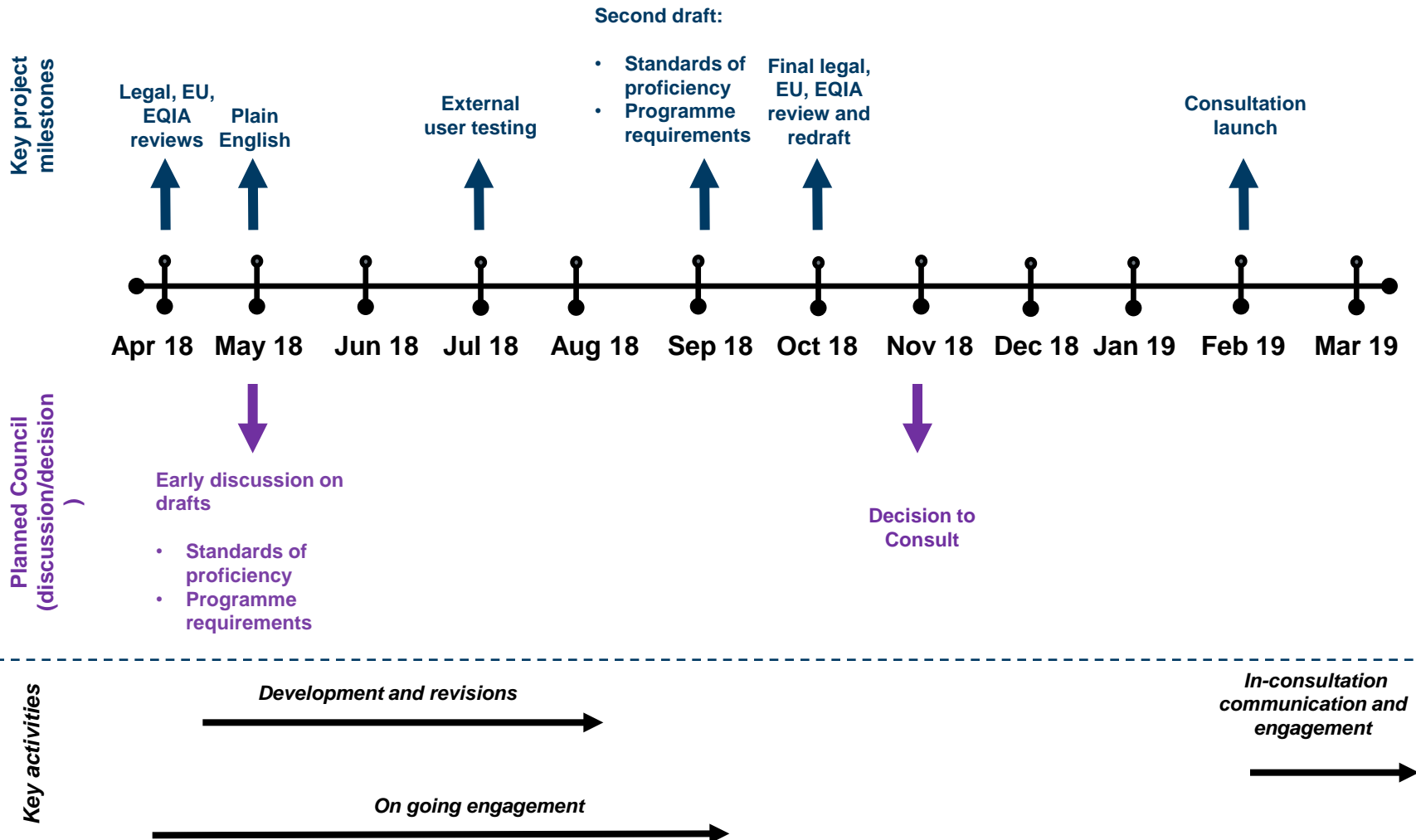
# Future Midwife Council timeline

## April 2017 – March 2018



# Future Midwife Council timeline

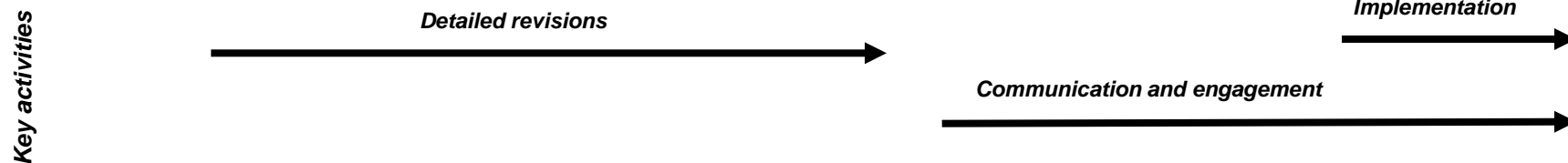
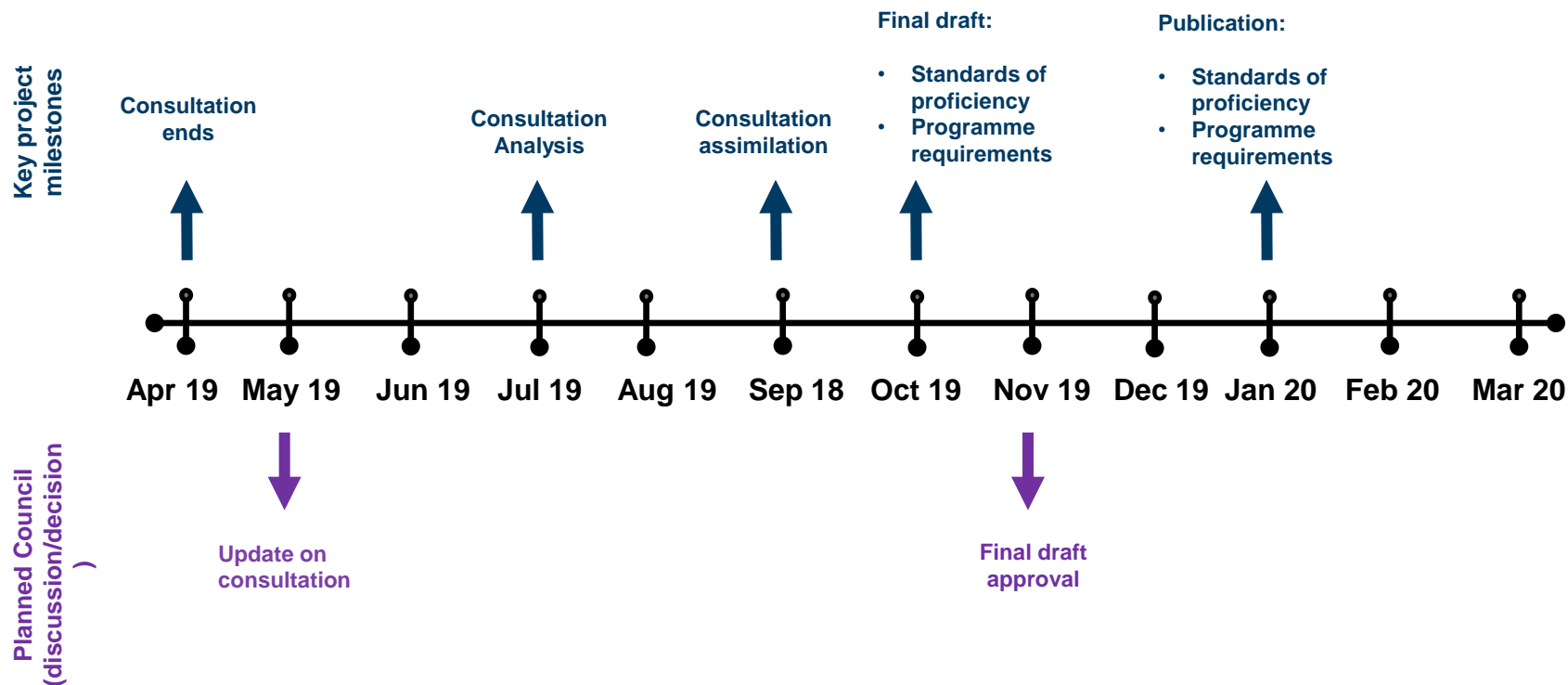
## April 2018 – March 2019





# Future Midwife Council timeline

## April 2019 – March 2020



## Future midwife: stakeholder engagement

- 1 We are compiling a comprehensive stakeholder map of stakeholders with an interest in the development of new pre-registration standards for the future midwife. To date, we have over 800 stakeholders with an interest in the development of new pre-registration standards for midwives. We are actively encouraging individuals to get involved in this work and so far we have received 160 expressions of interest via the website.
- 2 We are mindful of the wide range of people who may interact with midwives, multiple environments in which they work and the diversity of the stakeholders interested in midwifery. Our communications and engagement activity is being planned to engage as widely and effectively as possible.

| Healthcare professionals  | Employers   | Educators  | Women and families  | Policy makers and influencers   |
|---|---|--|---|---|
| Midwives including: <ul style="list-style-type: none"> <li>• newly qualified</li> <li>• independent midwives and associated organisations</li> </ul> Student midwives<br><br>Interdisciplinary healthcare professionals | Providers of health and care services, eg. Health trusts and boards | Lead Midwives for Education<br><br>Academics including: <ul style="list-style-type: none"> <li>• professors</li> <li>• researchers</li> <li>• lecturers</li> </ul> | Advocacy groups, including: <ul style="list-style-type: none"> <li>• SANDS</li> <li>• NCT</li> <li>• Mumsnet</li> <li>• Breastfeeding networks</li> <li>• Netmums</li> <li>• La Leche League</li> <li>• Bliss</li> <li>• Tommy's</li> <li>• The Gender Trust</li> </ul> | Royal colleges<br>Unions<br>Regulators<br>Chief Nursing Officers<br>UK governments<br>Parliamentarians<br>Representative bodies<br>Public health organisations<br>All Party Parliamentary Groups<br>Transformation Programme<br>Board (England)<br>Best Start Implementation Board (Scotland)<br>AIMS<br>Neonatal nurses association<br>British Association of Perinatal Medicine |

3 A range of communications activity will support our face-to-face engagement:

| Online  | Events  | Media  | Thought Leadership Groups |
|---|---|--|---------------------------|
| Website – new midwifery hub<br>Twitter chats<br>Webinars<br>Blogs<br>Surveys<br>Email | Individual meetings<br>Focus groups – partnering with advocacy groups<br>‘Roadshow’ events<br>Input into partners’ events | Trade press<br>National and local press – eg to encourage participation from women and families<br>NMC newsletters | TLG<br>Virtual TLG        |

## Council

### The Welsh Language Scheme Monitoring Report 2016–2017

**Action:** For discussion.

**Issue:** This paper presents the NMC's Welsh language scheme monitoring report 2016 – 2017.

**Core regulatory function:** Supporting functions.

**Strategic priority:** Strategic priority 1: Effective regulation.  
Strategic priority 3: Collaboration and communication.  
Strategic priority 4: An effective organisation.

**Decision required:** None.

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

- Annexe 1: The Welsh language scheme monitoring report 2016–2017.

**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, as a public body that exercises statutory functions in Wales, is subject to the Welsh Language Act 1993 which requires us to:
- 1.1 Establish the principle that the English and Welsh languages should be treated on a basis of equality in the conduct of public business.
- 1.2 Facilitate the use of the Welsh language.
- 2 In 2011, the Welsh government introduced the Welsh Language Measure, which granted the Welsh language official status in Wales and established the Office of the Welsh Language Commissioner.
- 3 Our Welsh language scheme was prepared in accordance with the Welsh Language Act 1993. It was approved by the Welsh Language Board in accordance with section 14(1) of the Welsh Language Act 1993 on 19 January 2011.
- Four country factors:** 4 This report is of particular relevance to Wales and Welsh speakers.
- Discussion:** 5 This is our fifth Welsh language scheme monitoring report covering the period 1 April 2016 to 31 March 2017.
- 6 After the report has been discussed it will be translated into Welsh and submitted to the Welsh Language Commissioner by 30 November 2017.
- Public protection implications:** 7 This report does not have any implications for public protection.
- Resource implications:** 8 Resource implications arising from this report relate to the compilation, translation and publication of the report, which are covered within current staffing and budgeting resources.
- Equality and diversity implications:** 9 Welsh language considerations are included in our equality analysis toolkit and will continually be reviewed to ensure that in all of our work we uphold the commitments we have made in our Scheme.
- Stakeholder engagement:** 10 Communications, Fitness to Practise, Registration and Revalidation, Education Standards and Policy teams have been engaged and submitted information to complete this report.
- Risk implications:** 11 None arising directly from this report. However, there is an operational and reputational risk related to non-compliance with the scheme. This risk is monitored through the Education Standards and Policy Directorate risk register.

**Legal implications:**

12 As outlined in the risk implications.

Item 10: **Annexe 1**  
NMC/17/83  
27 September 2017

# The Welsh language scheme monitoring report

1 April 2016–31 March  
2017

## **Introduction**

### **Our role**

We exist to protect the public by regulating nurses and midwives in the UK. We do this by setting standards of education, training, practice and behaviour so that nurses and midwives can deliver high quality healthcare throughout their careers.

We maintain a register of nurses and midwives who meet these standards, and we have clear and transparent processes to investigate nurses and midwives who fall short of our standards.

### **Corporate commitment**

Members of the Council, the Executive and all staff play a part in delivering our Welsh language scheme.

Specific responsibilities include the following:

- The Council is responsible for determining our overall strategy.
- The Executive are responsible for implementing our strategy and for determining internal policies and business plans that support the delivery of the Welsh language scheme.
- The Director of Education, Standards, and Policy is responsible for coordinating business planning and for monitoring delivery in relation to the Welsh language scheme.
- The Policy Team is responsible for monitoring legislative change and impact on NMC business planning in relation to compliance with the Welsh Language Act 1993. The Equality and Diversity Policy Manager (based in the Policy Team) is responsible for driving forward Welsh language awareness and providing support and guidance for individual action owners and our staff on compliance with our Welsh Language Scheme.

### **Welsh language progress**

In accordance with Section 21 of the Welsh Language Act 1993, we have adopted the principle that, in the conduct of public business and the administration of justice in Wales it will treat Welsh and English equally, as far as is appropriate in the circumstances and reasonably practicable. In January 2011, our Welsh language scheme was approved by the Welsh Language Board.

The aim of the annual monitoring report is to summarise our progress in implementing our Welsh language scheme during the period from 1 April 2016 to 31



March 2017. We are pleased to share our progress over the past year. A summary report (based on questions from the Welsh Language Commissioner's Office) is set out in Annexe one which demonstrates how we are implementing each area of the scheme.

We recognise that it is important that we continue to focus on our role and Welsh language scheme to achieve our high standards. We will continue to engage with the Welsh Language Commissioner to help inform and develop our approach, especially in light of the Commissioner's proposed new standards.

## **Welsh Language Standards**

We engaged with the Welsh government throughout the year on proposals for Welsh language standards that are anticipated to replace our Welsh language scheme in the future, providing detailed feedback. We have met with other healthcare regulators to discuss the potential implications of any Welsh language standards.

We are committed to Welsh language equality and will continue to work with the Welsh Government, the professional regulators and PSA in shaping the statutory standards to ensure they are targeted, reasonable and proportionate. And, we have provided feedback on the Welsh Government's Welsh language strategy.

At the time of writing, we await the conclusion of the Welsh government consultation on Welsh language standards that could be applicable to us.

## **Key actions for the next year**

Over the next year, we will continue to focus our efforts on:

- Continuing to raise the profile of Welsh language across the organisation to ensure staff are fully aware of what is required under our Welsh language Scheme.
- Monitor the timeline for implementation of any proposed new standards.

## **Conclusion**

We will continue to embed the Welsh language scheme in our day to day activities and raise awareness of our scheme with staff as our work evolves.

We will continue to engage closely with the Welsh Language Commissioner and other healthcare regulators to ensure the smooth transition to any proposed Welsh Language Standards Regulations.

## Annexe one: Summary report of the implementation of the Welsh language scheme from 1 April 2016 to 31 March 2017

|  |  |
|--|--|
| <p><b>New policies and initiatives</b><br/>Number and percentage of new policies and initiatives that were subject to a language impact assessment.</p> <p>An example of a policy or initiative which was amended following consideration of the language impact assessment.</p> | <p>Consideration of the impact of our regulatory policies on Welsh language speakers in Wales is now embedded in the policy development cycle for all of our regulatory policies. This is completed through a section in our equality impact assessment template. There were five regulatory policies in the reporting period where consideration was given to the effects the policy would have on the use of the Welsh language.</p> <ol style="list-style-type: none"> <li>1. Consequential changes to our regulation of midwives as a result of the Department of Health's s.60 to remove Part VIII of the Nursing and Midwifery Order 2001 (as amended).</li> <li>2. Changes to the NMC's statutory objectives resulting from The Health and Social Care (Safety and Quality) Act 2015. [to note, this was not included in last year's return, but was just in the 2015-16 year].</li> <li>3. 'Whistleblowing' to the NMC: fulfilling our statutory role as a 'prescribed person'.</li> <li>4. FtP s.60 changes.</li> <li>5. Education framework</li> </ol> <p>The education framework is currently going through consultation. Several engagement events are taking place in Wales. We started reviewing the Welsh language impacts at the start of the planning for review of the Education Framework and proficiencies in the reporting period and will continue to do so until implementation in 2018/19.</p> |
| <p><b>Contact with the public</b><br/>Number of publications available to the public.</p> <p>Number of publications available to the public in Welsh.</p>  | <p>We continue to translate and publish all core documents in the Welsh language. Examples would include all the documents on which we are consulting before we change the education standards. We also translated our film about the future of education, which includes interviews with a Welsh-speaking nurse.</p>  |

|  |  |
|--|--|
|  | <p>There are currently 102 publications available in Welsh on our website out of a total of 2055.</p>  |
| <p><b>Complaints</b></p> <p>Number of all complaints received about the conduct of practitioners in Wales.</p> <p>Number of complaints received in Welsh about the conduct of practitioners in Wales.</p> <p>Number of complaints received about the operation of the Welsh language scheme.</p>   | <p>308 referrals received regarding nurses and midwives with a registered address in Wales. This equates to 6% of all referrals received between 01 April 2016 and 31 March 2017.</p> <p>We received no referrals in Welsh during 2016-17.</p> <p>We received no complaints about the operation of the Welsh language scheme in the reporting period 2016-2017.</p>  |
| <p><b>Information technology</b></p> <p>Percentage of the organisation's website that is available in Welsh.</p> <p>Evidence relating to any plans to improve or increase the Welsh Language provision on the website.</p> <p>Evidence relating to the process used to ensure that existing content, updates and new content, complies with the requirements of the Welsh language scheme.</p> | <p>The main website features an 'about us' in Welsh page, accessed through a 'Cymraeg' button in the navigation. This page draws together key information about us as a regulator, as well as 29 core Welsh language documents. The page has had 3,726 unique visits during the reporting period. The page on the Welsh language scheme has had 365 unique visits in the year from 1 Apr 2016 to 31 Mar 2017. In total there is 1 webpage in Welsh, out of a total 4138 pages on the site: 0.03 percent.</p> <p>We continue to offer the Browsealoud function on the website, which enables users to translate the whole site into Welsh, either to read or listen to (using Google translate).</p> <p>We continue to review existing website content to ensure compliance with our policy of ensuring all significant documents are available in Welsh. These documents always sit alongside the English language versions.</p> |
| <p><b>Publicity</b></p> <p>Evidence of the methods used to promote the organisation's Welsh</p>  | <p>The link to the Welsh language page is prominent on the homepage of our website. There is a clear link to</p>   |

language services e.g. telephone services, website, providing evidence etc.

the page, in Welsh, on our commitment to the Welsh language scheme, which sits under 'About us'.

We respond to requests for information and resources to be available in different formats but have received none for availability in Welsh by email nor has our contact centre received any requests for a Welsh language speaker. We would, however, respond to any demand.

### **NMC Council Meeting in Wales**

We rotate our Council meetings between the four countries. We held a public NMC Council meeting and a range of stakeholder events in Wales from 22–24 May 2017. The actual meetings did not take place during the reporting period but the planning for the events and ensuring that the needs of speakers of the Welsh language were accommodated in the meetings and events started in September 2016, this included:

- sending invitations to the meeting and stakeholder events in both Welsh and English.
- asking people in advance what their Welsh language needs were.
- publishing all materials for the Council meeting in both Welsh and English. (Both online and hard copies available on the day).
- offering live interpretation at the Council meeting.
- seeking feedback through surveys (in English and Welsh).

In addition, each of the surveys for feedback included a specific question on our approach to the Welsh language scheme:

Are you satisfied with the approach to communicating with speakers of the Welsh language at these meetings?'

The responses in each case were 'Yes; No; Not applicable.' The combined result for all surveys were:

|                |    |    |
|----------------|----|----|
| Yes            | 68 |    |
| Not applicable |    | 43 |

|  |   |
|--|---|
|  | <p>Blank 15<br/> No 1<br/> Yes and No 1<br/> Total 128</p> <p>The majority of responses (111 out of 128) therefore were either satisfied with our approach to the Welsh language or said it was 'not applicable to them'.</p>   |
| <p><b>Fitness to practise cases</b><br/> Number of hearings held in Wales.</p> <p>Number of hearings where a request was made by the witness to speak Welsh.</p> <p>Number of hearings in which evidence was presented in Welsh.</p>   | <p>We held 118 substantive events and 27 non-substantive events (156 substantive cases and 78 non-substantive cases were considered at these events).</p> <p>There were no requests made by a witness to speak Welsh.</p> <p>There were no hearings in which evidence was presented in Welsh.</p>   |
| <p><b>Language awareness training</b><br/> Number and percentage of the organisation's new staff (i.e. new since 1 April 2014) who have received training to raise awareness of the Welsh language scheme's commitments.</p> <p>Number and percentage of the organisation's entire workforce who have received training to raise awareness of the Welsh language scheme's commitments.</p> | <p>E&amp;D training attendance from 1st April 2016 – 31 March 2017: 202 eligible staff joined the organisation and 172 attended face to face E&amp;D training = 85%</p> <p>E&amp;D training attendance from 1st April 2014 – 19 July 2017: 478 staff attended E&amp;D between these dates. We do not hold data about training attendance before 2014 and Welsh language awareness was not included as part of the E&amp;D training course before 2014</p> <p>Our Learning and development iNet page which includes our Welsh resources was visited 714 times by 498 unique users from 1 April 2016 to 19 July 2017.</p> <p>Our learning portal has the following resources available to staff:</p> <ul style="list-style-type: none"> <li>• e-Learning course - This module is designed to raise awareness of the Welsh language and is aimed at anyone interested in the history of</li> </ul> |

Welsh, from past to present day.

- Welsh Surface languages – Online resources to learning Welsh online
- BBC learning Welsh - Learning guides and online videos

We have bespoke equality impact assessment workshops for policy staff that include Welsh language assessment. In the reporting period there were two workshops run. In the reporting period two of the four policy teams had workshops.

## Council

### Panel member reappointments

- Action:** For decision.
- Issue:** Re-appointment of two panel members of the Fitness to Practise Committee.
- Core regulatory function:** Fitness to Practise.
- Strategic priority:** Strategic priority 1: Effective regulation.  
Strategic priority 4: An effective organisation.
- Decision required:** The Council is recommended to approve the reappointment with immediate effect, of the two panel members to a second term of office to the Fitness to Practise Committee as listed in **Annexe 1**.
- Annexe:** The following annexe is attached to this paper:
- Annexe 1: List of recommended re-appointments.
- 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 Nursing and Midwifery Council (Midwifery and Practice Committees) (Constitution) Rules 2008 state that a panel member appointed to a practice committee may be appointed to a further term by the Council. No person can serve more than two terms.
  - 2 There are two panel members coming to the end of their first term on 30 September 2017 that the NMC wishes to appoint to a second term.
  - 3 The Appointments Board at its meeting on 6 September 2017 approved the recommendation to Council to reappoint the two panel members to the Fitness to Practice Committee.
- Four country factors:**
- 4 Same in all UK countries.
- Discussion:**
- 5 The two panel members have met the required standards for reappointment.
  - 6 The Appointments Board have scrutinised the performance data of the two panel members and recommends to Council the appointment of the two individuals listed in **Annexe 1** to the Fitness to Practise Committee.
  - 7 **Recommendation: The Council is recommended to approve the reappointment with immediate effect, of the two panel members to a second term of office to the Fitness to Practise Committee as listed in Annexe 1.**
- Public protection implications:**
- 8 Panel members are required to make decisions at fitness to practise events that protect the public.
- Resource implications:**
- 9 No direct resource implications. Panel member costs are included in existing budgets.
- Equality and diversity implications:**
- 10 No equality and diversity implications have been identified as a result of these changes.
- Stakeholder engagement:**
- 11 The NMC has engaged with both of panel members eligible for appointment advising of the process. Each individual in this group has been provided with a personal activity and engagement report, and the opportunity to comment upon it.
- Risk implications:**
- 12 None identified.



**Legal implications:**

- 13 No legal implications identified.
- 14 Panel members are not employees and the panel member service agreement in place does not guarantee a second term of appointment.

### List of individuals to be reappointed to the Fitness to Practise Committee

Following the recommendation from the Appointments Board, the Council is asked to approve the reappointment of the following panel members to the Fitness to Practise Committees for a further term:

| # | Full Name     | Term in Office | Practice Committee            | Chair/<br>Lay/Registrant | Action Required   |
|---|---------------|----------------|-------------------------------|--------------------------|---|
| 1 | John Brookes  | First          | Fitness to Practise Committee | Chair                    | Re-appoint for a second term to the Fitness to Practise Committee on 01/10/2017 for a period of four years to expire on 30/09/2021. |
| 2 | Nicholas Cook | First          | Fitness to Practise Committee | Chair                    | Re-appoint for a second term to the Fitness to Practise Committee on 01/10/2017 for a period of four years to expire on 30/09/2021. |

## Council

### English Language requirements

**Action:** For discussion.

**Issue:** English Language requirements update.

**Core regulatory function:** Registration and Revalidation.

**Strategic priority:** Strategic priority 1: Effective regulation.

**Decision required:** The Council is asked to:

- Confirm that authority is delegated to the Chair and Chief Executive to sign off the finalised revised policy and guidance if this is required in advance of the next Council meeting (paragraph 15.1).
- To note that this is stage one in our stocktake of English language requirements. Next steps include evaluating other potential types of evidence, developing additional support for applicants and exploring the writing element of IELTS (paragraph 15.2).

**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 At its meeting on 5 July 2017, the Council commissioned further work as part of its stocktake of the English language standard.
- 2 This work continues and as a first stage we are now carrying out a short, targeted consultation with key stakeholders on the following proposals:
  - 2.1 Aligning language requirements for overseas applicants with the requirements for European Economic Area (EEA) applicants.
  - 2.2 Accepting other language assessments in addition to IELTS providing they meet our criteria.
- 3 These proposals represent the first stage of our work and work continues to look at the writing element of the IELTS test and to explore other potential forms of evidence that would meet our standard.
- 4 The Council is invited to note progress made since July 2017 on our criteria for assessing English language tests, policy proposals and stakeholder consultation.
- 5 A verbal update will also be given to the Council at the meeting covering the latest feedback from stakeholders.

**Four country factors:**

- 6 Same in all UK countries.

**Discussion****Aligning EEA and non-EEA language requirements**

- 7 Maintaining public protection is our paramount consideration and we must ensure that any extension of our current policy continues to ensure that nurses and midwives are able to communicate effectively both verbally and in writing with patients, the public and other professionals.
- 8 Our existing English language policy for EEA nurses and midwives was agreed by the Council on 8 July 2015 following public consultation. Currently only EEA nurses and midwives are able to supply one of three types of evidence to demonstrate they have the necessary command of English:
  - 8.1 a score of 7.0 in IELTS;
  - 8.2 a recent pre-registration nursing or midwifery programme that was taught and examined in English; or
  - 8.3 registration and two years of registered practice with a nursing or midwifery regulator in a country where English is the first

and native language.

- 9 We are consulting on proposals that, subject to the individual satisfying the set standard, any one of these types of evidence be accepted for all non-UK trained nurses and midwives.

### **Accepting other English language tests**

- 10 As part of the stocktake we have developed draft criteria for assessing other English language tests. This draws on research commissioned by the General Medical Council in 2015. Our initial examination of appropriate tests, so far, indicates that the Occupational English Test (OET) matches our criteria, will not negatively impact on patients and also may be a preferred choice for some nurses and midwives because it tests English language in a nursing and healthcare context. We are also exploring other tests and how they match against our criteria.

### **Operational changes and resources**

- 11 We are exploring the changes that would be required to our internal processes and systems for receiving and managing international applications, should we proceed with these proposals. We have estimated that an additional 6.0 FTEs are required.
- 12 The estimated additional costs for the remainder of 2017–2018 total £145,300 which cover the consultation, IT changes and additional staff costs. Ongoing costs from next year include the full year cost of the additional staff (£198,000) and support for updated systems, approximately £1,000 pa.

### **Stakeholder consultation**

- 13 The consultation is taking the form of targeted stakeholder engagements, ensuring that we are contacting groups or representatives including nurses and midwives, employers, patients and service users, educators and test providers. We are able to take this approach because we have previously consulted on the English language requirements in relation to EU/EEA in 2015 and we are now seeking to align the EU/EEA and overseas language policies to ensure more fairness and consistency in approach.

### **Post-consultation**

- 14 We intend to publish a report on the consultation and our final draft policy and guidance, as appropriate, in the latter half of October 2017. Guidance will be updated, if appropriate, following approval by the Council.

- 15 **Recommendations: The Council is asked to:**
- 15.1 **Confirm that authority is delegated to the Chair and Chief Executive to sign off the finalised revised policy and guidance if this is required in advance of the next Council meeting.**
- 15.2 **To note that this is stage one in our stocktake of English language requirements. Next steps include evaluating other potential types of evidence, developing additional support for applicants and exploring the writing element of IELTS.**

**Public protection implications:**

16 The proposed policy changes may have implications for public protection. The consultation will provide further evidence on this.

**Resource implications:**

17 We have estimated that an additional 6.0 full time equivalents are potentially required for these changes.

**Equality and diversity implications:**

18 We are conducting an equality impact assessment as the work develops. We expect minimal negative impact as the proposed policy change is focused on expanding current choice for non-UK trained nurses and midwives rather than limiting choice for one group.

**Stakeholder engagement:**

19 Initial meetings suggest a positive response from stakeholders. A consultation will be carried out. An update will be provided at the Council meeting.

**Risk implications:**

20 Stakeholders may raise concerns that we have not gone far enough. However, public protection is our overriding duty.

**Legal implications:**

21 Proposed changes are in line with the Nursing and Midwifery Order 2001.

## Council

### Employer Link Service report one year on

**Action:** For information.

**Issue:** Employer Link Service year one update.

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

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

**Decision required:** None.

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

- Annexe 1: ELS activity dashboard.

**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 provides an update on the Employer Link Service's (ELS) first full year of operation since 1 April 2016.

**Four country factors:** 2 Same in all UK countries. Information on the UK reach of ELS engagement during 2016–2017 can be found at **Annexe 1**.

**Discussion: Background**

- 3 A number of drivers led to the creation of ELS including the need to address the growing number of referrals, the time taken to resolve cases and the need to identify and act on local concerns.
- 4 The establishment of ELS was given added significance as a result of the report of the Mid Staffordshire NHS Foundation Trust Public Inquiry in February 2013. In particular, Robert Francis QC made a specific recommendation for the NMC with a view to addressing the 'regulatory gap' between the systems regulator and the professional regulators.
- 5 Recommendation 232 stated that 'the NMC should consider providing support and guidance locally for employers and others with concerns about nurses and midwives'. The need to identify and act on local concerns in the light of recent high-profile incidents, such as Morecambe Bay, means that health regulators need mechanisms for engaging locally and working with employers and other regulators.
- 6 By establishing and continuing to develop ELS we are seeking to transform our relationships with employers so that we:
  - 6.1 have good links to Directors of Nursing and Heads of Midwifery to support two-way exchange of information about underperforming nurses and midwives.
  - 6.2 enhance our access to local information about nurses and midwives who might pose a professional regulatory risk.
  - 6.3 improve knowledge among Directors of Nursing and midwives of the thresholds for referral into our procedures.
  - 6.4 have a vehicle for sharing our data about nurses and midwives whose practice might pose a regulatory risk, including regional trends.
  - 6.5 increase our influence and enhance our reputation with the employers of nurses and midwives.
  - 6.6 provide support to employers in relation to revalidation and changes in NMC policy.



- 7 The rise in FtP referrals and associated case work has created a need to identify and implement ways of reducing this demand, which in 2014-2015 accounted for almost 80 percent of the NMC's budget, whilst ensuring that all appropriate referrals are encouraged and suitably progressed.
- 8 Developing more effective relationships with stakeholders, especially employers, is seen as viable means of positively influencing the volume and quality of appropriate FtP referrals. It is also seen as an effective way of disseminating key corporate messages to assist in, for example, effective roll out of revalidation, as well as a mechanism for conveying feedback from employers to inform service improvement initiatives internally.

### **Establishment of ELS**

- 9 In 2016-2017 we appointed a centrally based team of six ELS regulation advisers to cover the four countries. The ELS regulation adviser role requires sufficient seniority to build confidence with nurse directors, strong relationship skills and expert fitness to practise knowledge and regulatory expertise to deal effectively with individual cases.
- 10 The service was set up to have centrally based regulation advisers who could be deployed across the four countries based on need. As the service developed, we have assigned the advisers geographical areas whilst maintaining the principle of having a centrally based resource. The geographical split is as follows: South West, South East, London, East, Midlands, Wales, North West, North East, East Scotland, West Scotland and Northern Ireland. This approach has worked well and has been welcomed by employers while ensuring good coverage across the UK – see the map at **Annexe 1**.
- 11 This has enabled us to gain a deeper understanding of local health economies and environments in which nurses and midwives practice; build more effective regulatory relationships with Directors of Nursing and Heads of Midwifery on a one-to-one basis; and to develop relationships with their counterparts in the four systems regulators (Care Quality Commission, Healthcare Improvement Scotland, Health Inspectorate Wales and the Regulation & Quality Improvement Authority in Northern Ireland) as well as professional regulators such as the GMC to aid collaboration and intelligence sharing.
- 12 The day to day role of the ELS regulation adviser includes:
  - 12.1 Establishing a programme of individual meetings with Directors of Nursing and Heads of Midwifery to discuss nurses and midwives in difficulty and the threshold for formal

referral to the NMC, discussing employer open case lists and other matters connected to the regulation of nurses and midwives.

- 12.2 Supporting FtP case managers with cases that are encountering delays, by identifying and resolving issues with employers. Ensuring a timely exchange of information between the NMC and employers on individual cases.
- 12.3 Identifying the training needs of senior employers, with regards to NMC processes, and provide opportunities for meeting such training needs.
- 12.4 Responding to employers of concern, and risks, identified through analysis of data and reports from other NMC functions or other healthcare regulators.
- 12.5 Providing an advice line to all employers of nurses and midwives on whether a referral is necessary.
- 12.6 Attending local healthcare forums and intelligence sharing networks.

## **Performance**

- 13 The ELS target for the first year of operation was to introduce the service to all NHS/HSC boards and trusts and 20 of the largest independent sector employers. By the end of the year, Regulation Advisers had met with 98 percent of NHS trusts and meetings were held with the remaining four during the first quarter of 2017-2018. With the exception of one, meetings had been scheduled in the year but had been rescheduled by the Trust. In terms of the independent sector, the target was exceeded by three.
- 14 In the first year of operation, ELS also handled almost 2000 telephone calls and met with employers and other key stakeholders on almost 500 occasions.
- 15 ELS provides a referral advice line for employers. The purpose of the advice line is twofold. Firstly, to provide advice to employers on specific cases in relation to whether a referral is necessary so that we can stop unnecessary referrals being made. Secondly, to provide advice on the information needed to ensure that the referral is of high quality and proceeds through the FtP process efficiently. During the first year of operation a total of 656 calls were received in relation to potential FtP referrals. A total of 152 referrals that otherwise may have been referred were deemed not to meet the referral threshold and, as a direct result of ELS activity, were not made. There were 174 calls where we have advised employers to complete their local investigation first with a view to ELS providing further advice upon completion of the local investigation. The

outcomes of all advice line calls are at **Annexe 1**.

- 16 When surveyed, the majority of callers to the advice line were very positive about the advice provided by the ELS with 99 percent saying they would call again and 100 percent stating that we helped them fully or partially with their query.
- 17 Learning sets provide an opportunity to engage with larger audiences to build understanding of our referral thresholds as another route to reducing unnecessary referrals. These have been extremely well received with evaluations consistently at 95–100 percent satisfaction for participants agreeing that: the practical scenarios helped them understand the concepts discussed; they felt more confident in identifying cases that should be referred to the NMC; understood the information needed by the NMC to support a referral; and felt they had improved their knowledge of the principles of FtP.
- 18 ELS attended 168 local information and intelligence sharing groups, speaking engagements and other healthcare sector forums. These include systems regulator led events in Scotland, Wales, England and Northern Ireland. These meetings are an opportunity for the NMC to better understand local issues and concerns and contribute to wider discussions around improving patient care at a local level.

### **Future plans**

- 19 During 2017–2018, ELS will continue to focus on maintaining and developing existing regulatory relationships with senior level nurses in the public and private sectors. Already, there is evidence to demonstrate this effectiveness with intelligence being shared with regulation advisers which has enabled us to be more proactive when it comes to fitness to practise concerns.
- 20 We will also extend our reach into other healthcare sectors, such as care homes and primary care, by establishing relationships with other key stakeholders such as Clinical Commissioning Groups in England and other relevant bodies in Wales, Scotland and Northern Ireland. We also intend to use our relationships with the four country system regulators and regional and local quality surveillance groups to gain better insights into these areas.
- 21 There will be a strong focus on building the NMC's regulatory intelligence capability to drive and act on intelligence products from the Regulatory Intelligence Unit (RIU) that highlight regulatory risks. This will include:
  - 21.1 Designing and delivering tailored learning sets for employers and appropriate stakeholders to address specific issues arising from intelligence products.

21.2 Benchmarking referral activity by trust to identify changes in referral patterns and allegation types that might indicate a regulatory intervention may be necessary.

21.3 Identifying themes and trends to feedback to employers, including feedback about FtP outcomes relating to their referral activity so they can take any necessary action to reduce unnecessary referrals and/or manage issues more effectively locally.

21.4 Supporting the development of an intelligence driven education QA programme.

22 We will continue to work with colleagues to identify further opportunities to expand the support provided by ELS and our regulatory intelligence function. This will enable us to help further drive down unnecessary referrals and hearing activity by more upstream work with employers.

23 ELS will continue working with system regulators and relevant healthcare professional regulators to identify settings that pose the most risk for nursing and midwifery care to help drive up improvements in patient safety across health economies.

**Public protection implications:** 24 Our Employer Link Service is primarily driven by the need to protect the public, by ensuring that employers make appropriate referrals and by attending and feeding into local intelligence networks.

**Resource implications:** 25 The resources for the ELS are covered within existing budgets.

**Equality and diversity implications:** 26 None.

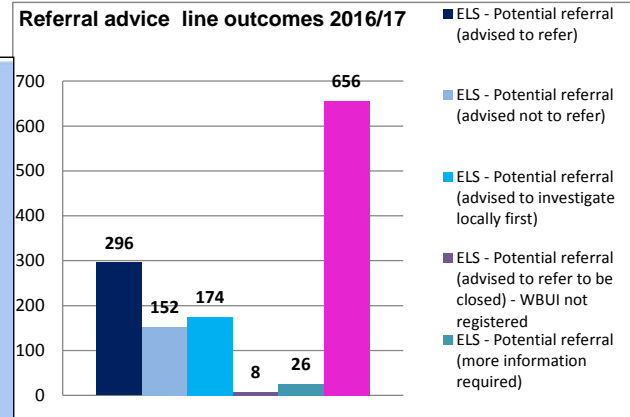
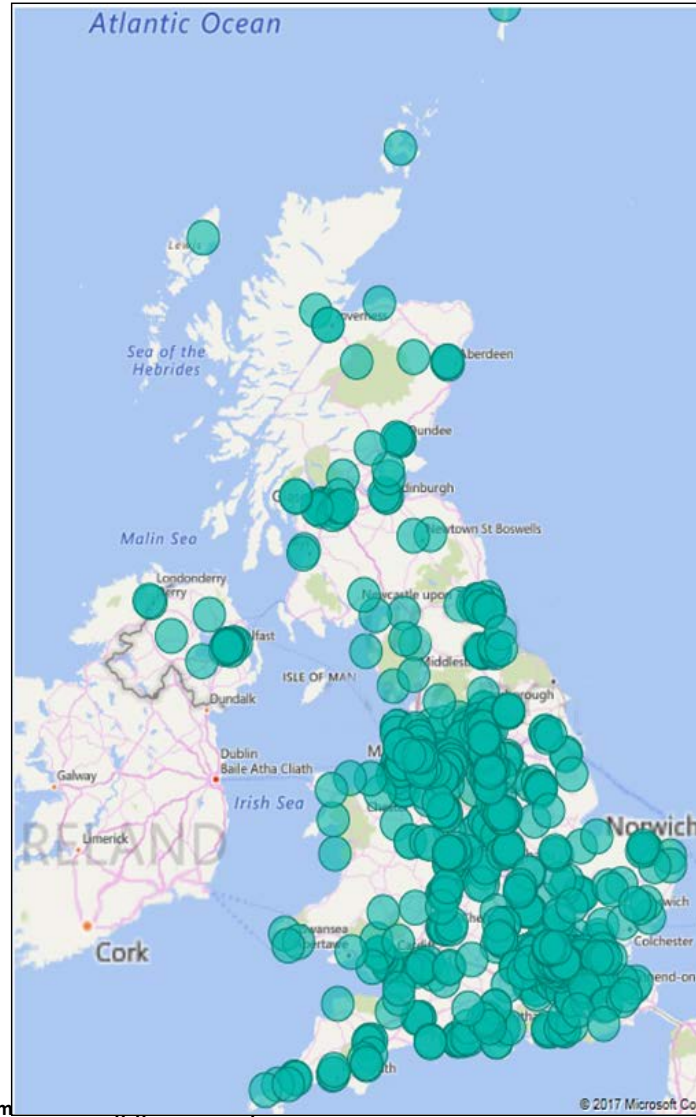
**Stakeholder engagement:** 27 This papers sets out all engagement with employers and other stakeholders undertaken by ELS in 2016-2017.

**Risk implications:** 28 None.

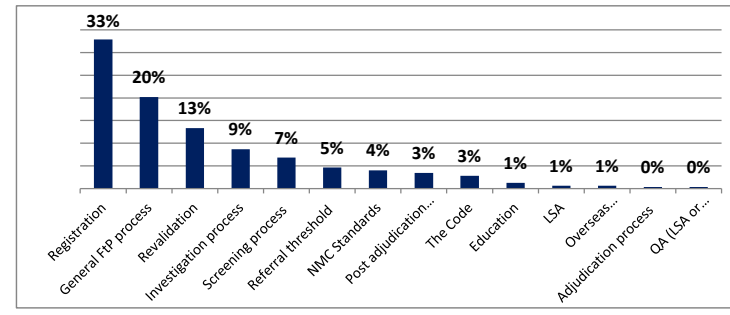
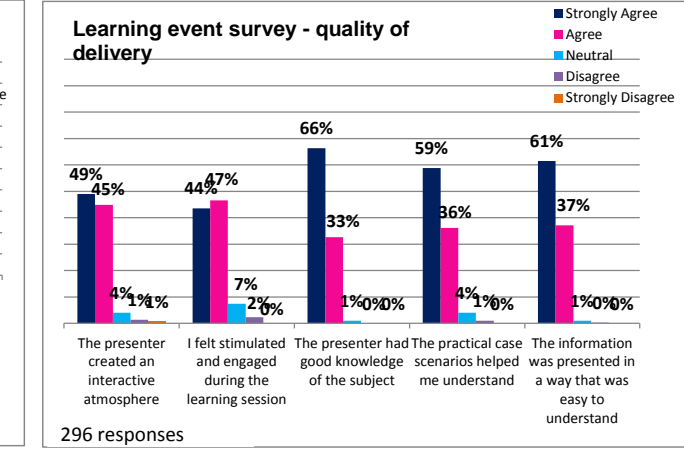
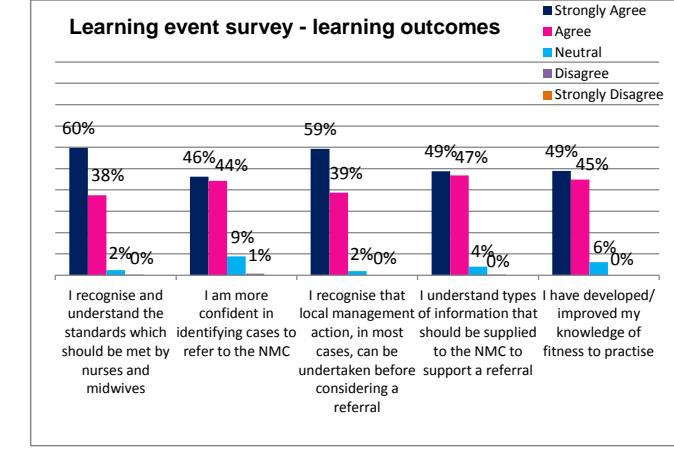
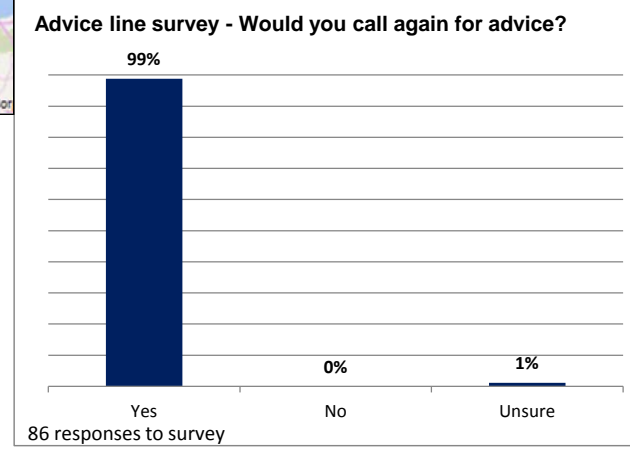
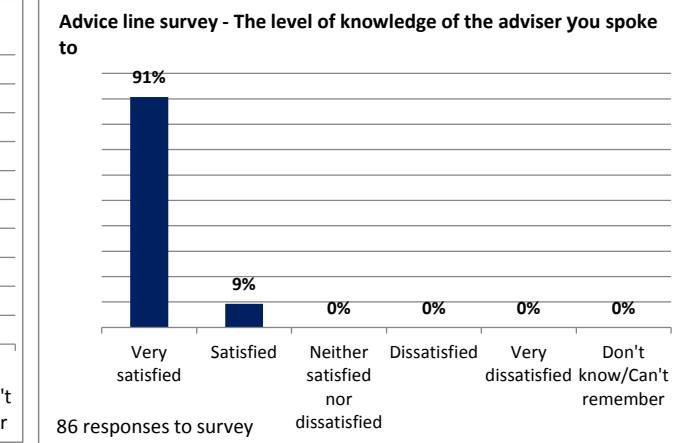
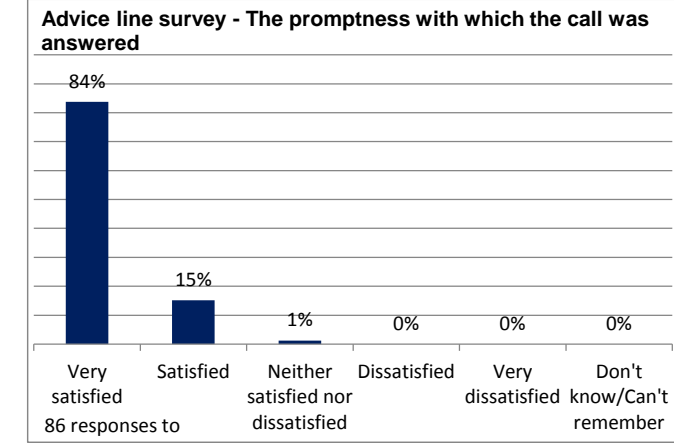
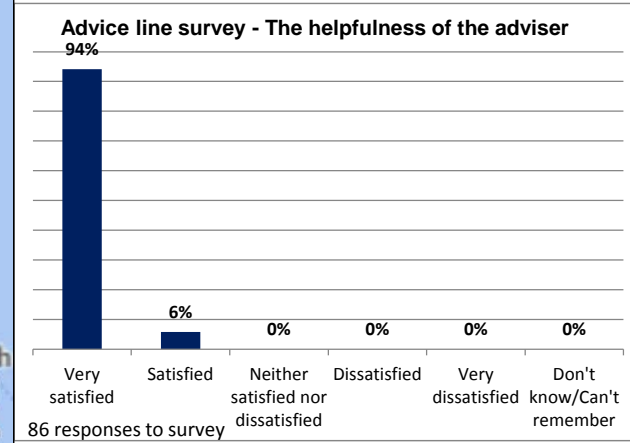
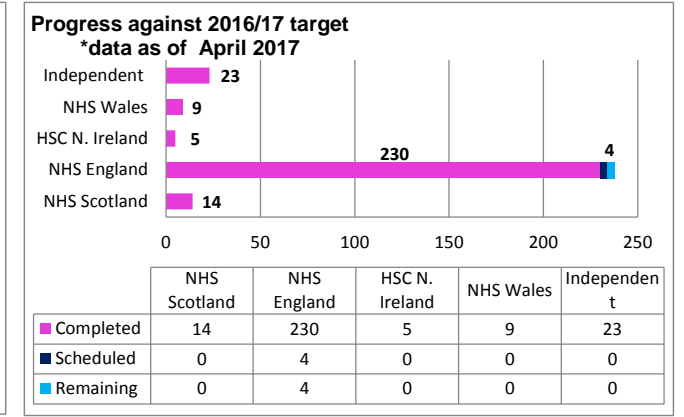
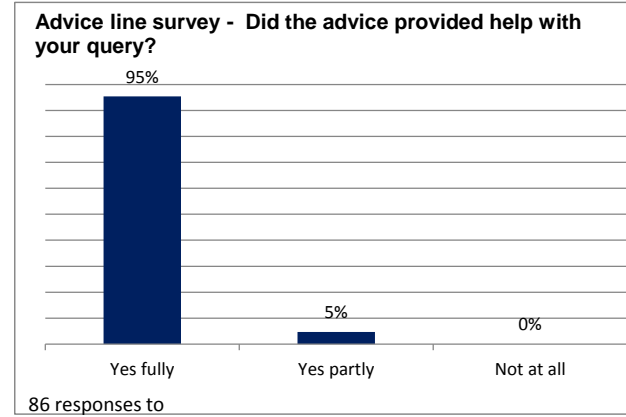
**Legal implications:** 29 None.

ELS Dashboard 2016-2017

ELS UK reach - based on recorded activities (calls and meetings)



\*WBUI = Not currently registered but will be under investigation if readmitted to the register



## Council

### Performance and Risk report

**Action:** For discussion.

**Issue:** The latest overview of performance and risk management.

**Core regulatory function:** All functions.

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

**Decision required:** The Council is asked to:

- Discuss our KPI performance for June to August 2017 (paragraph 12).
- Discuss the corporate risk summary (paragraph 16).

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

- Annexe 1: Performance reports including year to date progress update against corporate KPIs.
- Annexe 2: Corporate risk summary.

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

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**Context:**

- 1 This report provides the latest overview of performance and risk management across the organisation.
- 2 Further improvements in reporting about performance and risk are intended over the next six months and will be a key outcome of 2018–2019 annual business planning.

**Four country factors:**

- 3 These are taken into account in considering our risks and through our operational performance.

**Discussion: Performance (annexe 1)**

- 4 **Annexes 1a to 1g** present information on performance for June to August 2017, including a year to date summary against our five corporate key performance indicators (KPIs).
- 5 Corporate KPIs relating to the processing of UK registration applications are on track (**Annexe 1a**). In the last three months our corporate target for completing applications within 10 days improved from 96.3% to 98.2% and is above target. Our achievement of the legislative target for completion within 30 days remains above target at 99.2%. EU/Overseas completion of applications within 60 days again remains very high at 96.9% and above target.
- 6 We exceeded our 80% target for imposing Fitness to Practise (FtP) interim orders within 28 days as shown in **Annexe 1b**. Performance marginally dipped during July 2017 due to the volume of referrals and a higher proportion requiring interim order consideration. August 2017 saw the highest number of interim order hearings scheduled in over two years. We have not identified any particular trends and will continue to monitor regularly.
- 7 The percentage of FtP cases concluded within 15 months of being opened remains stable at 76% but marginally below target (see **Annexe b**). This is in line with our forecast and indicative of our continuing prioritisation for the progression of older cases. We forecast being back on track by the end of the year.
- 8 A Section 60 update is at **Annexe 1d**. Section 60 changes were successfully launched on 31 July 2017. Using the new powers we have had Case Examiner decisions in which we offered undertakings in four cases, issued warnings in six cases and issued advice in one case since August 2017.
- 9 Our customer measures are presented at **Annexe 1e**. The measure reflects customer feedback about the service experienced from our FtP and Registration and Revalidation teams. For the period June to August 2017, 76.1% of customers indicated that they were satisfied/very satisfied with the service they received and 69.3% of

customers agreed that the NMC made it easy for them to manage their issue. We have set ourselves initial targets of 75% and 70% against the satisfaction and effort (ease); satisfaction exceeded target for this period and effort marginally missing target by less than 1%. Work continues to analyse the responses to consider actions to improve the experience for service users to make our services easier to use.

- 10 **Annexe 1g** presents a 12 month summary of the five corporate KPIs, four of which are on track against target. Closure of FtP cases within 15 months is below target at 75% (variance is 5%). We are taking appropriate action to address progression of older cases and are forecast to be back on track by the end of the year.
- 11 At Council's request we have reinstated the staff turnover measure at **Annexe 1f**. From May to August 2017 the average rate of permanent staff turnover was 25.2% with turnover fluctuating between 24.0% and 26.0%. Compared to last year, turnover remains higher than desired. FtP had the highest rate of voluntary staff turnover at 25% and Registration and Revaluation had the lowest rate at 10%. In the 12 month period to August 2017 there were 157 permanent leavers, 90% of which were voluntary. High turnover contributes to risks around capacity and capability to deliver; management action is continuing and includes monitoring turnover and the reasons why people leave so we can understand the main drivers contributing to their departure. We will use this data to consider options to reduce turnover in the longer term.
- 12 **Recommendation: The Council is invited to discuss our KPI performance for June to August 2017.**

### **Corporate risks (annexe 2)**

- 13 **Annexe 2** presents our corporate risk summary. The Council undertook an annual risk review in April 2017 to consider the current corporate risks the NMC faces. The summary contains these corporate risks and work undertaken to refine and improve planned risk management actions.
- 14 Risks three and four remain a priority to address: these are the two red-rated risks around organisational capacity and capability with regard to delivering our major change programmes and business as usual. A deep dive on capability risk is on the confidential Council agenda.
- 15 We are reporting no movement in the last period in our corporate risks. We have been focusing on making sure we have identified all the risks we are facing in the current, rapidly changing environment and developing the right mitigations to address these risks over time.



16 **Recommendation: The Council is invited to discuss the corporate risk summary.**

**Public protection implications:**

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

**Resource implications:**

18 Resource implications are captured in the financial monitoring report.

**Equality and diversity implications:**

19 Equality and diversity implications are considered in reviewing our performance and risks.

**Stakeholder engagement:**

20 KPI and risk information is in the public domain.

**Risk implications:**

21 The impact of risks is assessed and rated within our corporate risk register.

**Legal implications:**

22 None.

**This cover page is an overarching summary of progress and performance.**

The accompanying reports within Annexe 1 contain the detail.

**Contents of Annexe 1:**

**1a** Registration and Revalidation performance report

**1b** FtP performance report

**1c** FtP dashboard

**1d** Fitness to Practise Section 60 update

**1e** Customer service

**1f** Staff turnover

**1g** 12 month summary of corporate KPIs

## KPI performance for June to August 2017

|   | KPI  | Year to date average | Target |
|---|--|----------------------|--------|
| 1 | % of UK initial registration applications completed within 10 days | 98.2%                | 95%    |
| 2 | % of UK initial registration applications completed within 30 days | 99.2%                | 99%    |
| 3 | % of EU/overseas registration applications assessed within 60 days | 96.9%                | 90%    |
| 4 | % of interim orders imposed within 28 days of opening the case     | 89.4%                | 80%    |
| 5 | % of FtP cases concluded within 15 months of being opened          | 76.0%                | 80%    |

# Registration and Revalidation performance – corporate KPIs

Time period:  
June – Aug 2017

| KPIs 1 and 2 - Percentage of UK initial registration applications completed |                     |           |        |           |        |             |        |                      |                         |
|---|---------------------|-----------|--------|-----------|--------|-------------|--------|----------------------|-------------------------|
| KPI   | Average for 2016–17 | June 2017 |        | July 2017 |        | August 2017 |        | Year to date average | Year end average target |
|   |                     | No.       | As a % | No.       | As a % | No.         | As a % |                      |                         |
| KPI 1<br>10 Days  | 98.2%               | 237       | 96.3%  | 343       | 98.3%  | 1523        | 99.2%  | 98.2% (RAG)          | 95% within 10 days      |
| KPI 2<br>30 Day   | 99.2%               | 241       | 98.0%  | 348       | 99.7%  | 1534        | 99.9%  | 99.2% (RAG)          | 99% within 30 days      |

**Commentary:**

Performance has increased across both KPI's on a consistent basis throughout the year. We are on track to meet both year end targets.

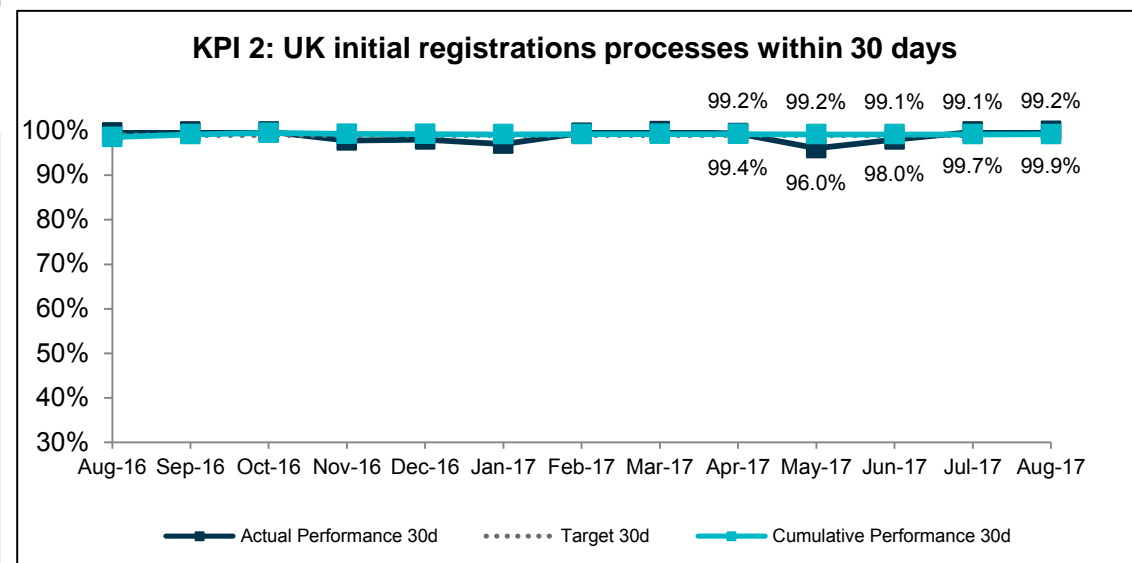
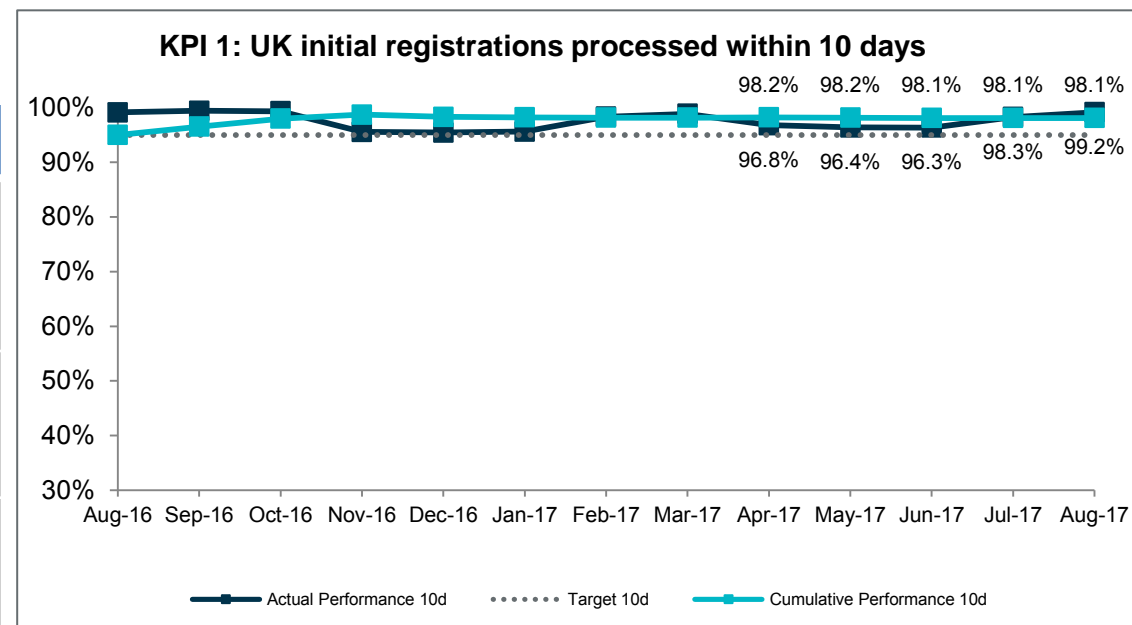
**Definitions:**

**KPI 1:**

- 10 days for UK application processing is NMC's corporate target.
- Traffic light rating (Red/Amber/Green): Green – figure is greater than or equal to 95% target, Amber – between 90% and 94.9%, Red – 89.9% or lower.

**KPI 2:**

- 30 days for UK application processing is NMC's legislative target set by the Government.
- Traffic light rating (Red/Amber/Green): Green – figure is greater than or equal to 99% target, Amber – between 94% and 98.9%, Red - 93.9% or lower.



## KPI 3 - Percentage of EU/Overseas registration applications assessed within 60 days

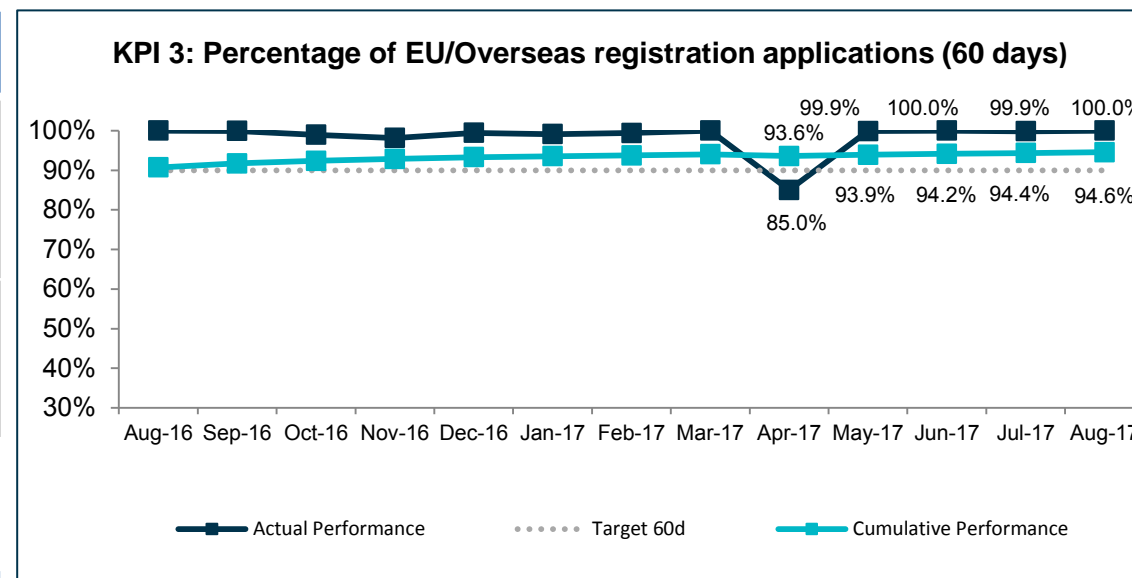
| June 2017 |        | July 2017 |        | August 2017 |        | Year to date average | Year end average target |
|-----------|--------|-----------|--------|-------------|--------|----------------------|-------------------------|
| No.       | As a % | No.       | As a % | No.         | As a % |                      |                         |
| 920       | 100.0% | 750       | 99.9%  | 881         | 100.0% | 96.9% (RAG)          | 90%                     |

**Commentary:**

Performance remains very good with extremely high results across the last four months. We are on track to meet the year end target .

**Definitions KPI 3:**

Traffic light rating (Red/Amber/Green ): Green - figure is greater than or equal to 90% target, Amber - between 85 and 89.9%, Red - 84.9% or lower.



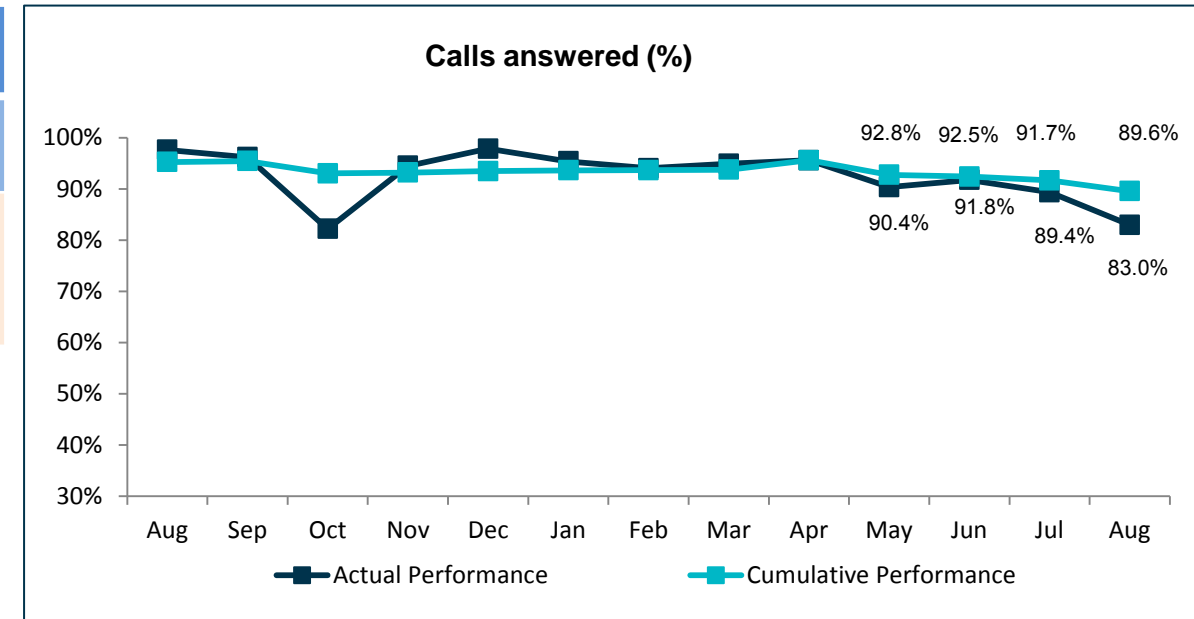
## Call centre

| Percentage of calls answered     |                                 |                                 |              |
|----------------------------------|---------------------------------|---------------------------------|--------------|
| June 2017                        | July 2017                       | August 2017                     | Year to date |
| 91.8%                            | 89.4%                           | 83.0%                           |              |
| 22183 /1819<br>offered/abandoned | 21951/2331<br>offered/abandoned | 27414/4661<br>offered/abandoned | 89.6%        |

### Commentary:

During August call volumes increased by 25% with calls taking on average 10 seconds longer to resolve. At the same time we had greater than planned-for staff absences and a 25% increase in emails linked to our move to online automation. The increased workload and the resourcing issues when taken together resulted in longer wait times and therefore a higher abandonment rate.

An action plan has been developed to address these issues. The plan includes temporary recruitment, further cross-training of other staff and improved analysis of calls and emails to help us identify and reduce unnecessary contact so that we can focus on the most important contact.



## Revalidation

| Revalidation volumes and percentages - whole register |           |           |             |
|---|-----------|-----------|-------------|
|   | June 2017 | July 2017 | August 2017 |
| Number  | 9273      | 12695     | 14051       |
| As a percentage<br>(of those due to revalidate)       | 92%       | 91%       | 99%         |

### Commentary:

This is in line with historical renewal rates.

| Percentage of revalidation rates for each UK country |            |            |                  |            |
|--|------------|------------|------------------|------------|
|  | England    | Scotland   | Northern Ireland | Wales      |
| <b>June</b>  | <b>93%</b> | <b>91%</b> | <b>93%</b>       | <b>94%</b> |
| <b>July</b>  | <b>92%</b> | <b>91%</b> | <b>91%</b>       | <b>92%</b> |
| <b>August</b>  | <b>94%</b> | <b>94%</b> | <b>95%</b>       | <b>91%</b> |

### Verification

Year to date 0.04% of applications selected for verification were rejected for incomplete or inaccurate information. This is a continuation in the reduction from the previous months and continues to show high levels of compliance.

## KPI 4 – Percentage of interim orders (IO) imposed within 28 days of opening the case

| Average for 2016–17 (March 2017) | June 2017 | July 2017 | August 2017 | Year to date average | Year end average target |
|----------------------------------|-----------|-----------|-------------|----------------------|-------------------------|
| 91%                              | 90%       | 89%       | 87%         | 89.4% (Green)        | 80%                     |

## KPI 5 - Percentage of FtP cases concluded within 15 months of being opened

| Average for 2016–17 (March 2017) | June 2017 | July 2017 | August 2017 | Year to date average | Year end average target |
|----------------------------------|-----------|-----------|-------------|----------------------|-------------------------|
| 75%                              | 76%       | 76%       | 77%         | 76.0% (Amber)        | 80%                     |

### Commentary

#### Interim Orders:

Overall status is on track: although our rolling 12 month average is always comfortably above 80%, it fluctuates in month depending on demand as can be seen by our performance in July and August 2017. The median time taken between receipt and IO is 26 days which demonstrates there is little room for manoeuvre. Our screening and IO teams are operating close to capacity and sustaining performance against a higher target could not be achieved without a detrimental impact on other aspects of performance. As such we are maintaining the target at 80% in 28 days of receipt as this is a stringent and demonstrates that we are taking prompt action to protect the public.

Our performance from June to July 2017 has dipped below 90% for the first time since April 2016 due to the high number of referrals for the month and a higher than average proportion of those requiring interim orders consideration. In August 2017, we scheduled 78 IO hearings which is the highest number in over two years.

#### Cases concluded within 15 months:

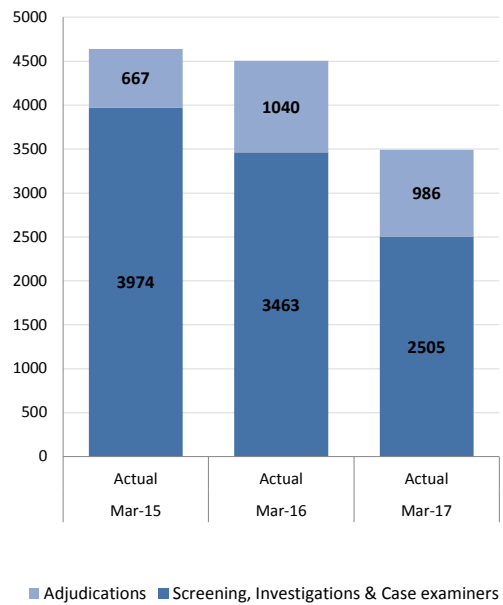
Our performance remains in the mid-seventies and increased between July and August 2017. This is in line with our forecast and is indicative of our continuing prioritisation for the progression of older cases. We are broadly on track to meet our overall caseload and timeliness targets during the year, as set out on in our FtP Performance dashboard (see **Annexe 1c**).

### Definitions:

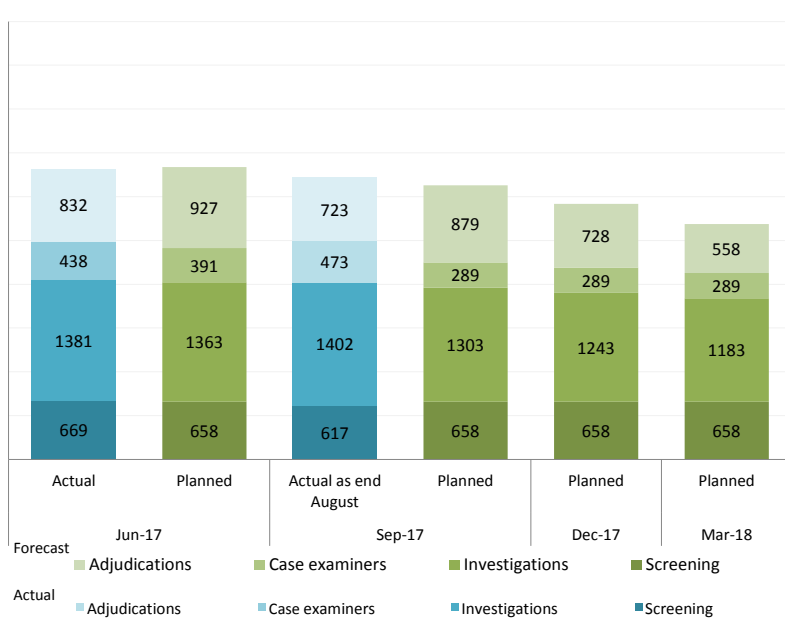
**Red/Amber/Green rating:** Red - cumulative average for previous 12 months is less than 72%; Amber - between 72% and 80%; Green - greater than or equal to 80%.

## FtP performance dashboard August 2017

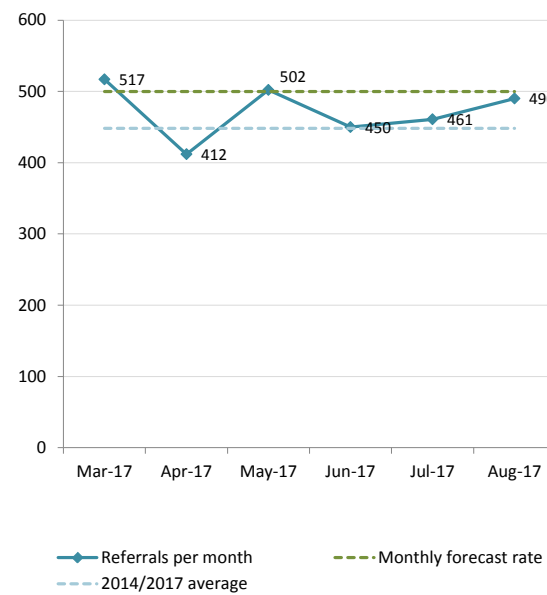
Historic caseload



FtP caseload



New referrals



Timeliness Pathway

| Timeliness target                    | Implementation | Performance once live/ forecast for future implementation |
|--------------------------------------|----------------|---|
| No Screening cases over 8 weeks      | Live           | 9 (2%)  |
| No Investigation cases over 32 weeks | Dec-17         | 235 (19%)   |
| No Case Examiner cases over 39 weeks | Dec-17         | 165 (50%)   |
| No Adjudication cases over 65 weeks  | Jun-18         | 345 (45%)   |

FtP caseload projection and timeliness pathway

Our operational plans are predicated on delivering projected caseload and timeliness targets within budget. The bar charts on the far left show our year-end caseloads over the last three financial years and our actual and projected caseloads for the current financial year. The table above RAG rates our progress towards the timeliness\* targets through the year and our performance against them once the implementation date is live. We have also included the figures to show the volume of cases and % of the standard caseload.

In the year to date, we are broadly on track to achieve our overall caseload projections. Investigations and Case Examiner caseload are slightly higher than expected, in part because of the impact of section 60 implementation and seasonal fluctuations in capacity. The line graph on the left shows the new referral rate over the last six months, the average referrals between 2014 and 2017, and our forecast referral rate. We are still experiencing relatively high volumes of new referrals which means that the Screening function is operating at or near capacity.

At the end of August 98% of active screening cases were aged 8 weeks or less. As a result, the timeliness target is rated amber. The 9 screening cases that, at the end of August, were older than 8 weeks old are all being monitored closely. Although none are subject to third party investigations, all are held up because of delays in obtaining information from other parties.

Following a detailed reforecast during August, we now expect that around 5-10% of the active caseload in investigations to be older than 32 weeks in December. For that reason we have rated the timeliness pathway for investigations as amber. This has a knock on effect on the Case Examiners target which is now also forecast as amber. We are taking additional steps to strengthen the management structure in investigations and concentrate resource on concluding longer-standing investigations.

### Section 60 changes

We successfully launched phase two of the section 60 changes on 31 July 2017.

Using the new powers we have had Case Examiner decisions which have resulted in the issuing of four undertakings (which have offered but not yet accepted), six warnings and one advice.

In Adjudication, we have also had two cases which have led to a substantive order which require no future review since this new power came into effect.

Since the first phase of section 60 changes from 31 March 2017, we have had 55 cases which have had an interim order review since the reviews are required to be every six months rather than every three months.

### Median age of progressing and remaining caseloads

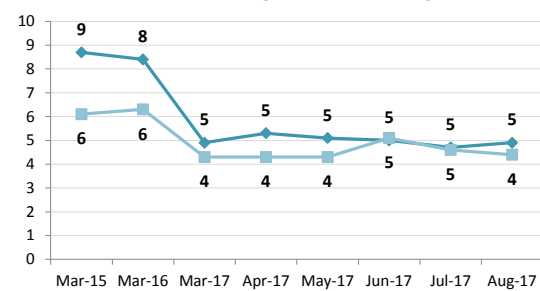
The graphs on the left show the median age in weeks of cases at the point at which they progress from the key stages in the FtP process, alongside the median age of cases that remain in the caseload at each stage. The graphs include the median age of caseload and decisions for March 2015 and March 2016.

### Age of caseload at key stages of the FtP process

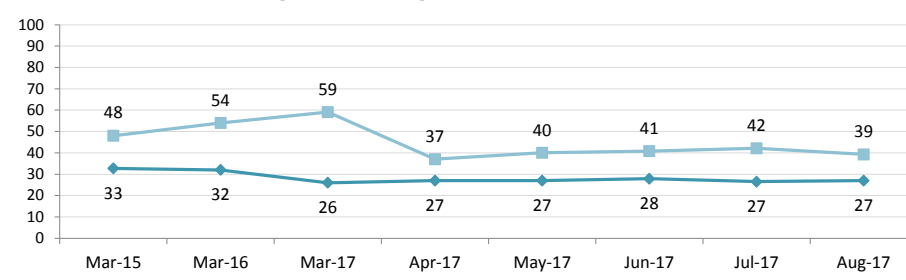
The graphs on the left illustrate the age profile of cases at each stage of the process - with additional time banding to show greater granularity. The dotted line on each graph shows the point by which we expect cases to have progressed. Each age category has been further broken down to show those cases which have been subject to a third party investigation which has delayed their progress.

\* The timeliness targets exclude cases which have been held up by third party investigations. Third party investigations can include investigations being conducted by the Police or a coroner. Cases that are placed on hold because of third party investigations are reviewed regularly to determine what action, if any, we can take.

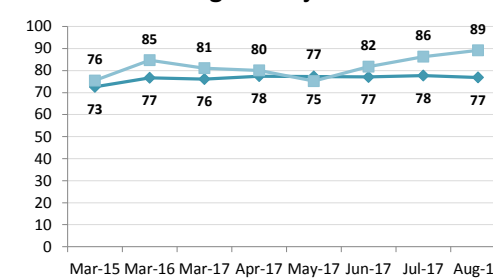
Median age at Screening



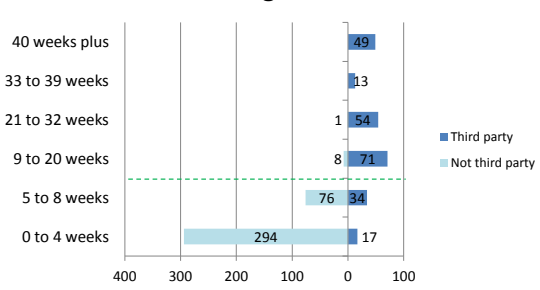
Median age at Investigations and Case Examiners



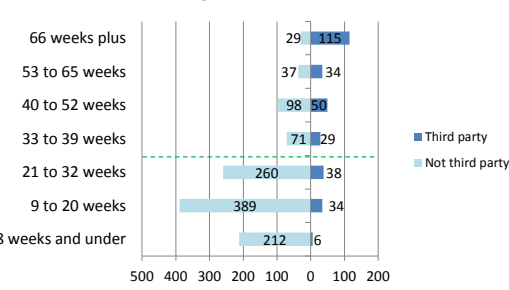
Median age at Adjudications



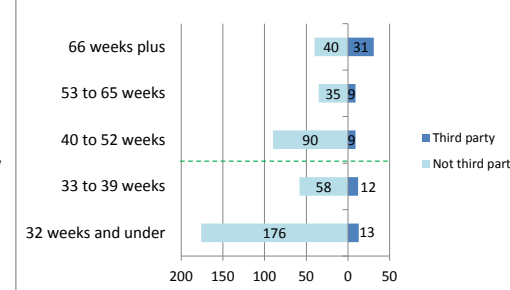
Screening caseload



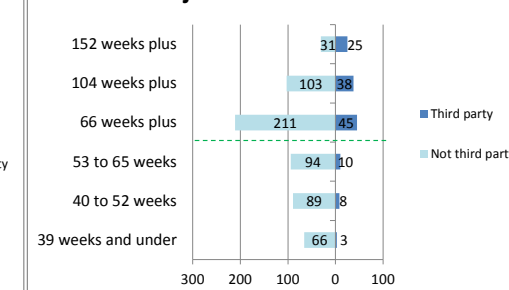
Investigations caseload



Case Examiner caseload



Adjudication caseload



Caseload Movement Summary  
August 2017

Opening caseload 3,341

490 cases received

571 cases closed

3,260 Closing caseload

## **Fitness to Practise Section 60 update**

- 1 The first phase of legislative change was successfully implemented on 31 March 2017 and included: removing regulatory supervision for midwives; the power for NMC to select the location of fitness to practise (FtP) hearings flexibly; removing the need for a three monthly review of interim orders; and providing for the High Court to vary interim orders on appeal.
- 2 On 28 July 2017, we launched a handbook for stakeholders explaining the implications of the FtP legislative changes. Recipients included employers, Approved Education Institutions (AEIs) and strategic stakeholders, such as the CQC. We also launched a new FtP Guidance Library on our website containing updated guidance on FtP decision-making and launched this via a well-attended webinar.
- 3 The second phase was successfully implemented on 31 July 2017 and included: new powers for Case Examiners to issue warnings and advice to, and agree undertakings with registrants; removing the need to review substantive orders based only on public interest; and introducing a single fitness to practise committee capable of hearing both health and conduct cases.
- 4 A third system release is now expected in November 2017 to support the monitoring of undertakings and the Rule 7A power to review process. Manual processes remain in place to support these in the meantime.
- 5 We are monitoring the impact of the changes closely and a summary of fitness to practise decisions made under the new powers is included on the FtP dashboard. We continue to assess the benefits realization as part of the quarterly reforecasting process. A full impact assessment will follow once the new powers have been in place for 12 months.



# Customer Service performance

## Percentage of customers satisfied with the service received and percentage of customers who felt the NMC made it easy for them to deal with their issue

| Measure                     | June 2017    | July 2017    | August 2017  | Year to date |
|-----------------------------|--------------|--------------|--------------|--------------|
| <b>Overall satisfaction</b> | <b>79.0%</b> | <b>75.0%</b> | <b>75.5%</b> | <b>76.1%</b> |
| <b>Effort</b>               | <b>72.7%</b> | <b>71.6%</b> | <b>69.5%</b> | <b>69.3%</b> |

### Commentary:

#### 1. Results:

##### A. Satisfaction

Over the last two months there has been a slight increase in overall customer satisfaction. Since April 2017:

- 64% of **Fitness to Practice** respondents were satisfied
- 77% of **Registration and Revalidation** respondents were satisfied

This variance is understandable given the different areas of work of the two directorates.

##### B. Effort

Since June there has been a steady decrease in customer perception of our ability to manage their issues (effort). Since April 2017:

- 39% of FtP respondents agreed that the NMC managed their issues
- 72% of Registration and Revalidation respondents agreed that the NMC managed their issues

We are analysing the feedback and will use it to inform our improvement work. We also aim to increase response rates and build up a statistically relevant body of feedback.

#### 2. Response rates (since 2017):

2,370 **total** feedback responses since April

- 2,260 were from **Registration and Revalidation** (95%)
- 110 were from **Fitness to Practice** (5%)

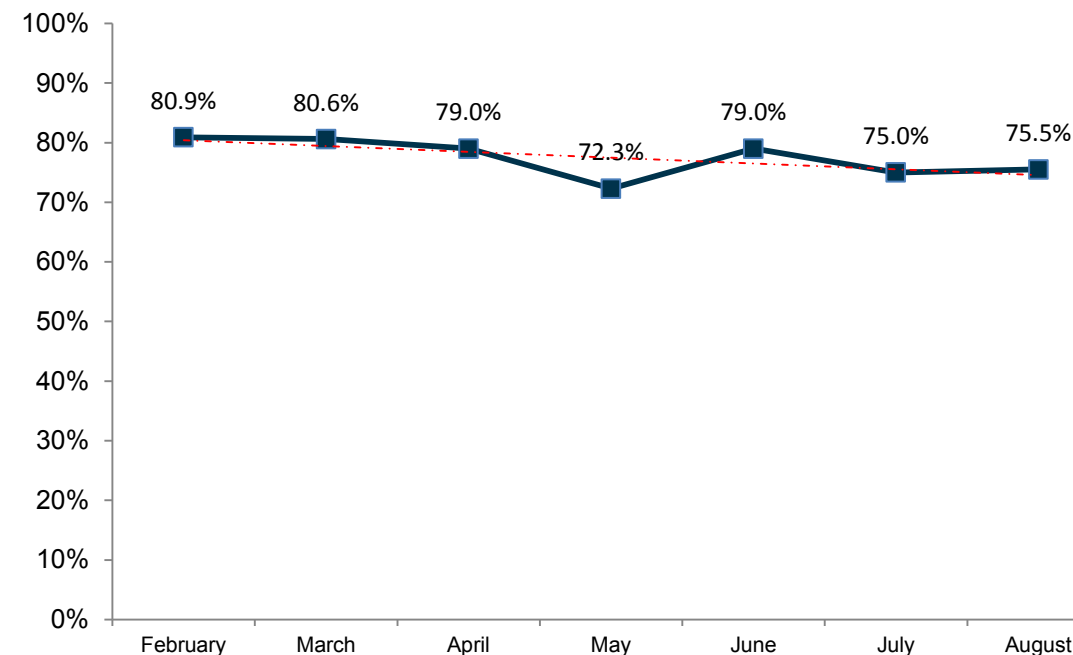
We continue to work to increase the overall volume of responses for both directorates.

### Definitions:

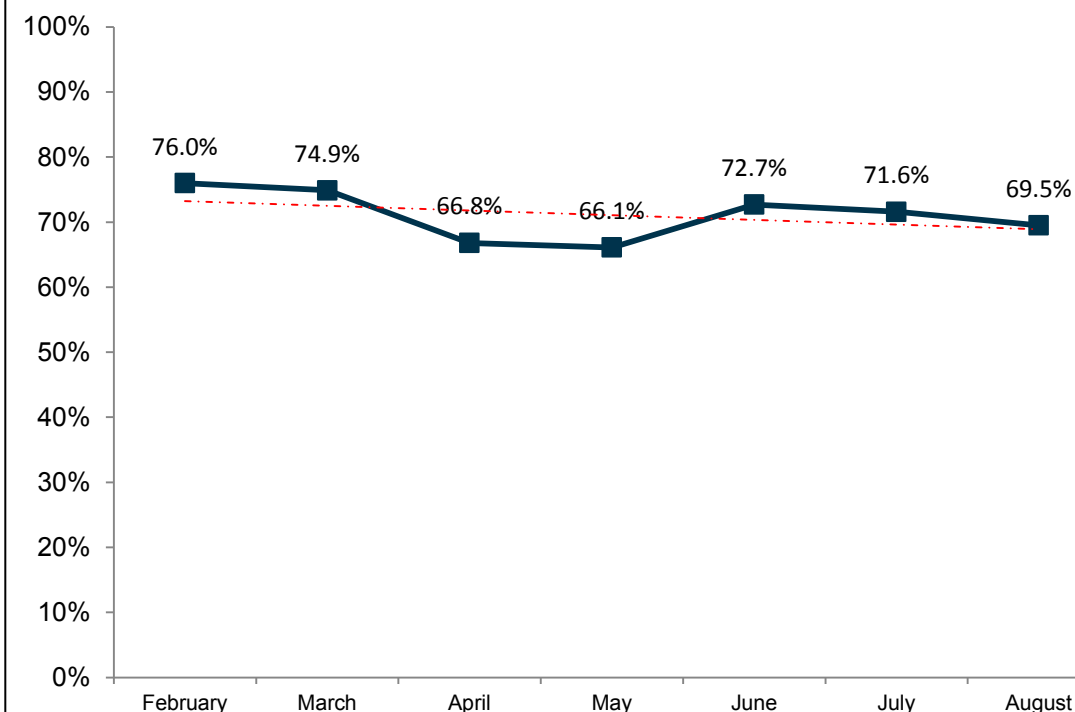
**Satisfaction** - % of customers Highly Satisfied and Satisfied with the service received.

**Effort** - % of customers who Strongly Agree and Agree that the NMC made it easy for them to manage their issue.

### Overall satisfaction with service

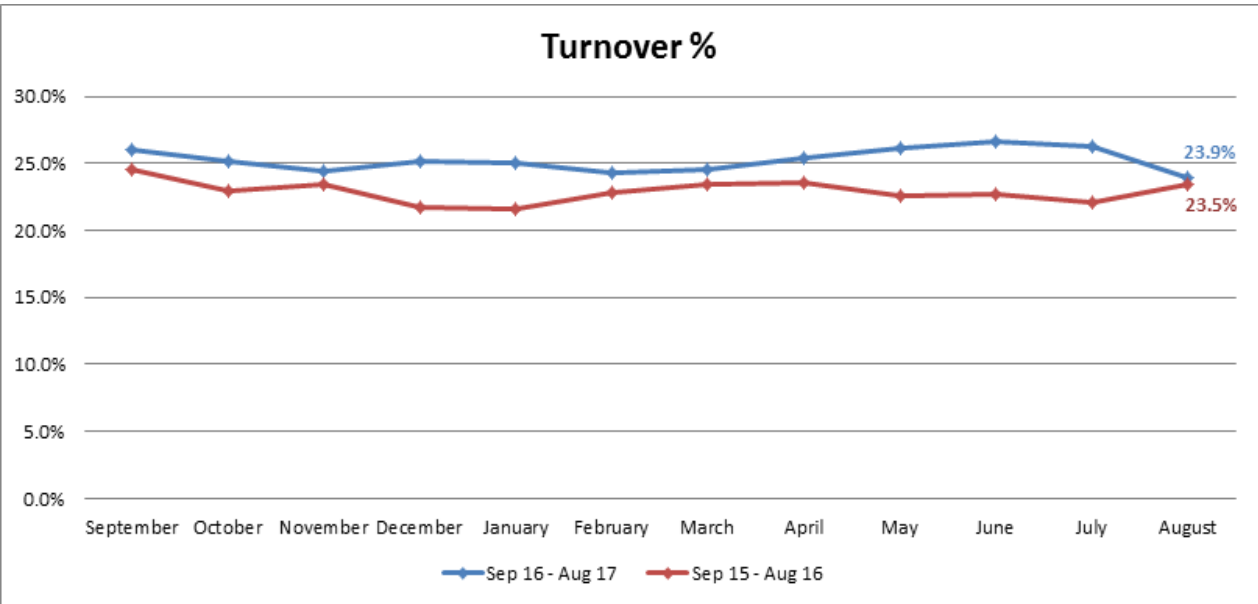


### Effort: ease of dealing with issue



## KPI 5 – Staff turnover rate

| Historic figure (March 2017) | May 2017 | June 2017 | July 2017 | August 2017 |
|------------------------------|----------|-----------|-----------|-------------|
| 24.6%                        | 26.1%    | 26.6%     | 26.3%     | 23.9%       |



**No target has been set for 2017-2018.** It would be difficult to set a meaningful target due to unpredictability over the size of the permanent workforce over the year and the uncertainty around the longer term structure and location of NMC functions. Instead, performance is being monitored and includes reference to longer historic trends.

**Commentary:**

**1. Turnover (May – August 2017)**

Permanent staff turnover this period fluctuated between 24% and 26% with an average of 25.2%. Of these:

- Fitness to Practise had the highest level of voluntary turnover at 25%.
- Registration and Revalidation had the lowest rate 10%.

**2. People leaving NMC (12 months)**

**A. Total people leaving:**

There were 157 permanent leavers in the period 12 month period of September 2016 to August 2017. Of these:

- 90% were voluntary leavers (141 people).
- 10% were involuntary leavers (16 people).

**B. Total leaving with under one year of service:**

- 36% of permanent voluntary leavers (51 people) left within their first year of service.
- Of these, 70% (31 people) were from FtP with the remaining 30% (15 people) from all of the other directorates .

**3. Total people joining NMC (12 months)**

184 permanent staff joined in the period.

**4. HR response**

HR is continuing to investigate turnover and deeper analysis of exit interview data to identify and highlight the main factors affecting employees’ decisions for leaving the NMC.

**12 month summary of corporate KPI figures**

| Corporate KPI |  | 2016-2017 |       |       |       |       |       |       | 2016-2017<br>Average | 2017-2018 |       |        |       |        | YTD avg | Target |
|---------------|--|-----------|-------|-------|-------|-------|-------|-------|----------------------|-----------|-------|--------|-------|--------|---------|--------|
|               |  | Sep       | Oct   | Nov   | Dec   | Jan   | Feb   | Mar   |                      | Apr       | May   | Jun    | July  | Aug    |         |        |
| 1             | % of UK reg applications completed within 10 days                  | 99.4%     | 99.3% | 95.5% | 95.4% | 95.6% | 98.3% | 98.9% | 98.2%                | 96.8%     | 96.4% | 96.3%  | 98.3% | 99.2%  | 98.2%   | 95%    |
| 2             | % of UK reg applications completed within 30 days                  | 99.8%     | 99.8% | 97.8% | 98%   | 97%   | 99.5% | 99.8% | 99.2%                | 99%       | 97.8% | 98.0%  | 99.7% | 99.9%  | 99.2%   | 99%    |
| 3             | % of EU/OS reg applications assessed within 60 days                |           |       |       |       |       |       |       | n/a*                 | 85.0%     | 99.9% | 100.0% | 99.9% | 100.0% | 96.9%   | 90%    |
| 4             | % of interim orders imposed within 28 days of opening the case     | 91%       | 92%   | 92%   | 92%   | 92%   | 92%   | 91%   | 91%                  | 91%       | 90%   | 90.0%  | 89.0% | 87.0%  | 89.4%   | 80%    |
| 5             | Proportion of FtP cases concluded within 15 months of being opened | 78%       | 78%   | 77%   | 76%   | 76%   | 76%   | 75%   | 75%                  | 75%       | 76%   | 76%    | 76%   | 77%    | 76%     | 80%    |

\* target in 2016-2017 was 90% within 68 days. We achieved an average of 94%.

## Corporate risk summary

**Current rating** = a rating of the risk as it currently stands (with mitigation in place).

**Movement** = score movement since last review / meeting

| Corporate risks   | Current rating | Movement  | Status - mitigations in place and planned  |
|---|----------------|-----------|--|
| 1 Risk that we may register, or may have registered people who do not meet our requirements or standards        | Amber          | No change | <p><b>In place:</b></p> <ul style="list-style-type: none"> <li>Registration and revalidation processes to ensure only individuals who meet requirements join the register or revalidate.</li> <li>Random sample of revalidation applications are verified on a risk based approach.</li> <li>Quality assurance framework to assure education providers.</li> <li>Strengthened staff induction, training and communication.</li> <li>Strengthened reconciliation process.</li> </ul> <p><b>Planned:</b></p> <ul style="list-style-type: none"> <li>Review processes for early identification of failures and risks.</li> <li>Automation with inbuilt verification and e-documents.</li> <li>Strengthened contract management for OCSE.</li> <li>Strengthened links with GMC to look at controls against fraudulent documentation.</li> <li>Legal compliance review covering all areas of the business.</li> </ul> |
| 2 Risk that we may fail to take appropriate action to address a regulatory concern                              | Amber          | No change | <p><b>In place:</b></p> <ul style="list-style-type: none"> <li>Existing Fitness to Practise (FtP), Registrations and Education processes and controls.</li> <li>Employer Link Service and engagement with employers and other stakeholders improves knowledge of FtP processes supporting early engagement.</li> <li>New Section 60 powers to manage FtP cases quickly and effectively.</li> </ul> <p><b>Planned:</b></p> <ul style="list-style-type: none"> <li>FtP and Registration and Revalidation staff education programme to inform them of new powers.</li> <li>Focused approach to providing intelligence to stakeholders.</li> <li>Streamlined contact centres.</li> </ul>   |
| 3 Risk that we may have insufficient capacity and resilience to deliver change programmes and business as usual | Red            | No change | <p><b>In place:</b></p> <ul style="list-style-type: none"> <li>Limit placed on commitments in corporate plan 2017–2018.</li> <li>Corporate portfolio management office (PMO) strengthened.</li> <li>Portfolio management processes implemented to ensure robust business cases/ initiatives via a central sign-off process.</li> </ul> <p><b>Planned:</b></p> <ul style="list-style-type: none"> <li>Reshaped transformation programme that reduces short term risk.</li> <li>Strengthened corporate portfolio management processes for managing workload and determining what is realistically achievable.</li> <li>Identification of single points of dependency.</li> <li>Interdependency analysis undertaken as part of Business Planning.</li> </ul>  |

| Corporate risks  | Current rating | Movement  | Status - mitigations in place and planned   |
|--|----------------|-----------|---|
|  |                |           | <ul style="list-style-type: none"> <li>Implementation of People Strategy to improve workforce management.</li> <li>Options reviewed and agreed to mitigate capacity issues in specific business areas.</li> </ul>   |
| 4 Risk that we may have insufficient capability to deliver change programmes and business as usual           | Red            | No change | <p><b>In place:</b></p> <ul style="list-style-type: none"> <li>Existing recruitment of staff / contractors.</li> <li>Training plans.</li> </ul> <p><b>Planned:</b></p> <ul style="list-style-type: none"> <li>People Strategy to enable us to improve workforce management.</li> <li>Review of recruitment process.</li> <li>Update of HR policies. .</li> <li>Improved business systems and processes.</li> </ul>  |
| 5 Risk that there may be adverse incidents related to business continuity and health and safety              | Amber          | No change | <p><b>In place:</b></p> <ul style="list-style-type: none"> <li>Business Impact Assessments (BIA).</li> <li>IT infrastructure disaster recovery arrangements.</li> <li>Business Continuity Working Group.</li> <li>Training and desktop exercises.</li> <li>Fire Risk Assessments across all premises.</li> </ul> <p><b>Planned:</b></p> <ul style="list-style-type: none"> <li>Full business continuity plan in place / tested by March 2018.</li> </ul>  |
| 6 Risk of information security and data protection breaches  | Amber          | No change | <p><b>In place:</b></p> <ul style="list-style-type: none"> <li>Information security risk register and treatment plan.</li> <li>Technical controls eg updating patches, IT security measures, encrypted email.</li> <li>Staff awareness.</li> <li>Information Governance and Security Board.</li> </ul> <p><b>Planned:</b></p> <ul style="list-style-type: none"> <li>GDPR project.</li> <li>Implement action plans from audits.</li> <li>Planned longer term technical improvements.</li> </ul>   |
| 7 Risk that we may lack the right capability to influence and respond to changes in the external environment | Amber          | No change | <p><b>A. Mitigations for external risks:</b><br/>We have some influence over likelihood but remains on controlling the impact of external changes by anticipating and planning for possible eventualities.</p> <p><b>In place:</b></p> <ul style="list-style-type: none"> <li>External monitoring.</li> <li>Brexit lead.</li> </ul> <p><b>Planned:</b></p> <ul style="list-style-type: none"> <li>Review management of external affairs.</li> </ul> <p><b>B. Mitigations for internal risks</b></p> <p><b>In place:</b></p> <ul style="list-style-type: none"> <li>A Regulatory Intelligence unit providing critical regulatory intelligence for internal and external stakeholders.</li> </ul> |

| Corporate risks   | Current rating | Movement  | Status - mitigations in place and planned   |
|---|----------------|-----------|---|
|   |                |           | <b>Planned:</b> <ul style="list-style-type: none"> <li>Detailed stakeholder mapping.</li> </ul>   |
| <b>8 Risk that we may not meet external expectations of us (reputation and perceptions)</b> | <b>Amber</b>   | No change | <b>In place:</b> <ul style="list-style-type: none"> <li>Ongoing engagement with key stakeholders.</li> </ul> <b>Planned:</b> <ul style="list-style-type: none"> <li>Delivery of commitments we have publically made.</li> </ul> |

## Key to the risk ratings

The rating table below provides a summary of what the red / amber / green ratings mean. The following scoring tables demonstrate how the scores and therefore ratings are determined. Each risk is assessed and given a likelihood and an impact score.

### Rating definitions

|              |   |
|--------------|---|
| <b>Red</b>   | A high likelihood that the risk could happen and a huge impact on public protection and the achievement of our objectives if the risk happened.                         |
| <b>Amber</b> | A medium to high likelihood that the risk could happen and/or moderate to major impact on public protection and the achievement of our objectives if the risk happened. |
| <b>Green</b> | A low likelihood that the risk could happen and a low impact on public protection and the achievement of our objectives if the risk happened.                           |

### Risk movement

- **No change:** Risk rating has experienced no movement since previous Council meeting.
- **Increased:** Risk rating has increased (either likelihood or impact or both) since previous Council meeting.
- **Reduced:** Risk rating (either likelihood or impact or both) has reduced since previous Council meeting.

# Risk scoring

## 1. Rating the likelihood

| Likelihood of risk occurring |       |   |  |
|------------------------------|-------|---|--|
| Term                         | Score | Guidance  | Evidence   |
| Very high                    | 5     | There is <b>strong evidence (or belief)</b> to suggest that the risk <b>will</b> occur during the timescale concerned. <b>Typical likelihood of 81-100%</b> | A history of it happening at the NMC. Expected to occur in most circumstances.         |
| High                         | 4     | There is <b>some evidence (or belief)</b> to suggest that the risk <b>will</b> occur during the timescale concerned. <b>Typical likelihood of 51-80%</b>    | Has happened at the NMC in the recent past. Expected to occur at some time soon.       |
| Medium                       | 3     | There is <b>some evidence (or belief)</b> to suggest that the risk <b>may</b> occur during the timescale concerned. <b>Typical likelihood of 21-50%</b>     | Has happened at the NMC in the past. Can see it happening at some point in the future. |
| Low                          | 2     | There is <b>little evidence (or belief)</b> to suggest that the risk <b>may</b> occur during the timescale concerned. <b>Typical likelihood of 6-20%</b>    | May have happened at the NMC in the distant past. Not expected to occur for years.     |
| Very low                     | 1     | There is <b>no evidence (or belief)</b> to suggest that the risk <b>may</b> occur at all during the timescale concerned. <b>Typical likelihood of 0-5%</b>  | 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 business, project and public protection objectives, and overall performance. Huge impact on public protection, costs and/or reputation. Very difficult to recover from and long term consequences.                             |
| Major                 | 4     | Major impact on costs and achievement of objectives. Affects a significant part of the business or project. Serious impact on output, quality, reputation and public protection. Difficult and expensive to recover from and medium to long term consequences.       |
| Moderate              | 3     | Significant waste of time and resources. Impact on operational efficiency, output and quality, hindering effective progress against objectives. Adverse impact on public protection, costs and/or reputation. Not easy to recover from and medium term consequences. |
| Minor                 | 2     | Minor loss, delay, inconvenience or interruption. Objectives not compromised. Low impact on public protection and/or reputation. Easy to recover from and mostly short term consequences.  |
| Insignificant         | 1     | Minimal loss, delay, inconvenience or interruption. Very low or no impact on public protection, costs and/or reputation. Very easy to recover from and no lasting consequences.  |

## 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

### Financial Monitoring Report to 31 August 2017

**Action:** For information.

**Issue:** Provides the financial monitoring report for the five months to 31 August 2017.

**Core regulatory function:** All regulatory functions.

**Strategic priority:** Strategic priority 4: An effective organisation.

**Decision required:** None.

**Annexes:** The following annexes are attached:

- Annex 1: Summary financial results to 31 August 2017.
- Annex 2: Balance sheet position including cash holdings.

**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 receives a financial monitoring report of spend against the budget at each meeting.
  - 2 After a period of financial stability, we are now facing uncertainty as a result of changes to the Register, which has resulted in the numbers falling. This means we need to be careful and cautious about forecasting and monitoring spend.

**Four country factors:**

- 3 None relevant to this paper.

**Discussion Overall picture and year to date (YTD)**

- 4 We are experiencing significant financial pressures and are forecasting a potential overspend at year end against the original budget. Whilst the forecast should be viewed with an element of caution given current uncertainties we are taking a number of mitigating actions outlined in the report to seek to reduce the financial pressure on the organisation.
- 5 This paper has been written in the context of the financial position as at 31 August 2017 and is not, therefore, informed by various developments expected in September 2017 including an update on Section 60 and a full forecast based on income and expenditure to the end of September 2017. The 2018–2021 budget process is also set to commence in September 2017.
- 6 The year-end deficit, excluding Transformation, is now forecast to be £1.9 million assuming no further mitigating actions are taken. This deficit is as a result of a forecast potential drop in registrant income of £1.2 million, and other potential cost pressures of £0.7 million.
- 7 A full mid-year forecast will be presented to the Council in November 2017 which will reflect income and expenditure trends to end of September 2017, updates on key projects, and early indications from income and expenditure to the end of October 2017. Indications at this stage are that this forecast will come down further.
- 8 This represents an improvement from the picture presented to the Council in July 2017 and is mainly due to a reduced expenditure forecast relating to Corporate expenditure, the Resources directorate, and in TBI projects as discussed in paragraphs 13 to 16, below.
- 9 Further mitigating actions are outlined at paragraph 21 below.
- 10 Including Transformation and Capital the YTD picture is £0.4 million adverse to budget. A breakdown is at **Annexe 1**.

## Income

- 11 Income from the register is forecast to close the year £1.2 million adverse to budget at £84.8 million. This is due to an anticipated continuation of the trend of declining volumes of nurses and midwives on the register, resulting in lower fee income.
- 12 Work is ongoing to refine the income forecast, in particular, once the traditionally high-volume months of September and October are complete.

## Expenditure

- 13 The year to date spend, including Transformation and Capital, is £0.1 million below budget due to a range of variances:

### Directorate Expenditure

- 13.1 **Office of the Chair and Chief Executive:** is £0.5 million adverse to budget year to date. This YTD position is not expected to substantially worsen by year end, with a £0.6 million overspend forecast.
- 13.2 **Registration and Revalidation:** is £0.4 million favourable to budget YTD, due to efficiency savings being made through operating with fewer staff and due to incurring lower postage costs than budgeted as a result of increased usage of NMC Online. This trend is expected to continue with an anticipated £0.6 million underspend by year end. The directorate saw performance pressures in August but these were not exclusively related to the reduction in overall staffing and resulted from a combination of factors. These are being managed and are reflected financially in paragraph 14.2 detailing Registration and Revalidation improvement projects underway and planned.
- 13.3 **FtP:** is £1million adverse to budget YTD. This is mainly due to travel and accommodation and other panel costs per hearing being higher than anticipated when the budget was set. A number of cost reduction measures have been introduced in year around more flexible arrangements with panel members, legal resource and medical examiners to address these issues. FtP is also expecting to realise some early benefits from the introduction of Section 60 as this has and will enable the re-profiling of hearing activities.
- 13.4 The full half-year re-forecast based on hearing and spend patterns to the end of September 2017, and in particular a further month of Section 60 trends and outcomes, will be critical to a revised year-end forecast for FtP. This will be reported back to the Council in November 2017. At this stage

a forecast year end position of £0.4million adverse has been used reflecting early indications of the impact of cost reduction measures and the potential benefits of Section 60.

- 13.5 **Education Standards and Policy:** is £0.1 million favourable to budget YTD due to lower business as usual quality assurance costs than budgeted. It is expected that expenditure will be broadly in line with budget by year end.
- 13.6 **Technology Business Innovation:** is £0.4 million favourable to budget YTD due to lower than planned spend on core technology services and project support. However, TBI is currently forecasting an overspend of £0.2 million at year-end due to investing in establishing an IT business architecture team, initially using specialist contractors as discussed at the Council meeting in July 2017,
- 13.7 **Resources:** is £0.5 million favourable to budget YTD due to the slower than planned start, and reduction in scope, of remedial works to NMC estates. Resources are expected to be in line with budget by year end. With leases for Kemble Street and Aldwych expiring in 2019, we will need to deliver and pay for the sourcing and occupying of alternative London accommodation in that timeframe. Work is anticipated to begin this year, with the majority of spend falling in 2018–2019. The requirement to use interim procurement resources is ongoing however the additional cost is now expected to be met within the Resources budget.

## **Programmes and Projects**

- 14 Current and forecast spend on Programmes and projects is as follows:
  - 14.1 **People Strategy:** Initial work has commenced within the Human Resources department and the full budget is forecast to be spent by year end.
  - 14.2 **Registration & Revalidation improvement projects:** The initial spend YTD has been substantially on EU Adaptation and the new OSCE site. The full year forecast of £0.9 million is mostly due to the Readmission and Revalidation Process improvements project which is yet to be approved by the Executive Board. It is also due to potential changes to English language tests that are likely to incur project costs of £0.3 million in the current financial year and potentially lead to an increase in ongoing BAU costs of around £0.2 million per year for future financial years. The forecast does not include capital expenditure relating to the continuous improvement of our core registration system.

- 14.3 **Section 60:** is £0.2 million adverse to budget YTD and is expected, due to additional resource requirements, to run £0.4 million higher than budget by year end.
- 14.4 **Education Programme:** spend to the end of August 2017 is £0.5 million below the profiled budget. The budget for the Education Programme for this financial year allows for significant additional project work on the new Education Quality Assurance framework. It is unlikely this full budget will be spent this financial year but this will be revisited post the Council meeting in September 2017, as part of developing the final project plan for the new approach to Education Quality Assurance. At this stage a prudent assumption of full expenditure for this financial year has been assumed but this will be revisited as part of the full half year review and reported back to the Council in November 2017.
- 14.5 **TBI projects:** is in line with budget YTD and this spend is not expected to increase substantially as these projects make way for Transformation and work on other programmes.
- 14.6 **Nursing Associates (NA): Annexe 1** details spend to date this financial year. Our forecast is based on full expenditure recovery from the Department of Health.

### **Corporate Expenditure**

- 15 Current and forecast spend on corporate expenditure is:
- 15.1 **Depreciation:** is £0.1 million favourable to budget due the reallocation of some projects from capital to revenue which has resulted in a lower value of NMC's assets and therefore a lower depreciation cost.
- 15.2 **Contingency & other:** The YTD spend is £0.1 million and full year forecast is £0.6 million. We are not expected to spend the full contingency and expect to be £0.4 million favourable on the budget of £1 million by year end.

### **Transformation**

- 16 At the end of August, Transformation has spent £1.8 million of the £2.5 million approved in March 2017. It is forecasting a total spend of £5.8 million by year end, subject to Council approval, as set out in the proposal for Transformation presented elsewhere to this Council meeting.

### **Capital**

- 17 The full year capital expenditure budget has been spent and is expected to be £0.2 million over budget by year end due to work on the core registration system £0.3 million and due to purchasing

additional digital audio recording equipment for FtP hearing rooms, also £0.3 million. Both of these investments are anticipated to deliver cost and efficiency savings into the business in subsequent years.

### **Cash**

- 18 Cash is below that planned in the budget. This is mainly due to the fall in registrant numbers described in paragraph 11.
- 19 Cash holdings of £74 million are detailed in **Annexe 2** along with available free reserves. Cash holdings meet the requirement of the agreed investment strategy that no more than 40% of cash should be held with one institution.
- 20 NMC funds are held in current and deposit accounts spread across four UK high street banks and a building society.

### **Further mitigating actions**

- 21 Further actions to help manage and mitigate pressures include:
  - 21.1 Income tracking and modelling across the NMC will be reported to the Executive Board on a regular basis and reflected in this paper to each Council meeting;
  - 21.2 monitoring in detail cost pressures and mitigations at the Executive Board and Director level;
  - 21.3 Reviewing both live and planned projects to identify projects and programmes that may reasonably be stopped or scaled down in order to manage overall spend rates;
  - 21.4 looking at how we can better manage pressures on our capacity and capability that are causing challenges to the organisation;
  - 21.5 introducing a retrospective review of vacant posts at the end of each month to capture budget savings to contribute to reducing the current budget deficit;
  - 21.6 mitigations identified for FtP as discussed above.

**Resource implications:** 22 Any budget overspends will impact on available free reserves.

**Equality and diversity implications:** 23 None.

**Stakeholder engagement:** 24 None.

**Risk implications:** 25 Risks to achieving budgeted spend are discussed in the main body of this paper.

**Legal implications:** 26 None.

**Actual, budget & forecast 2017-2018**  
£000

| INCOME AND EXPENDITURE (£'000s)                         | YTD Aug 17 v Budget |                |              |               | Full Year v Budget |                |                |               |
|---|---------------------|----------------|--------------|---------------|--------------------|----------------|----------------|---------------|
|   | 2017/2018           | Actual         | Budget       | Variance      | % of budget        | Forecast       | Budget         | Variance      |
| <b>Total Income</b>                                     | <b>35,332</b>       | <b>35,848</b>  | <b>(517)</b> | <b>(99%)</b>  | <b>84,849</b>      | <b>86,038</b>  | <b>(1,189)</b> | <b>(99%)</b>  |
| <b>Directorates - BAU</b>                               |                     |                |              |               |                    |                |                |               |
| OCCE  | 2,751               | 2,275          | (476)        | (121%)        | 6,471              | 5,834          | (637)          | (111%)        |
| Registration & Revalidation                             | 2,124               | 2,553          | 429          | 83%           | 5,413              | 6,002          | 589            | 90%           |
| Fitness to Practise                                     | 18,800              | 17,824         | (976)        | (105%)        | 42,579             | 42,134         | (445)          | (101%)        |
| Education Standards & Policy                            | 1,345               | 1,479          | 134          | 91%           | 3,786              | 3,836          | 49             | 99%           |
| Technology Business Innovation                          | 2,587               | 3,029          | 441          | 85%           | 7,486              | 7,277          | (209)          | (103%)        |
| Resources   | 3,942               | 4,403          | 462          | 90%           | 10,241             | 10,241         | 0              | 100%          |
| <b>Programmes &amp; Projects*</b>                       |                     |                |              |               |                    |                |                |               |
| People Strategy   | 44                  | 209            | 165          | 21%           | 502                | 502            | 0              | 100%          |
| Registration & Revalidation Projects                    | 121                 | 353            | 231          | 34%           | 862                | 736            | (126)          | (117%)        |
| Section 60  | 860                 | 695            | (165)        | (124%)        | 1,227              | 849            | (378)          | (144%)        |
| Education Programme                                     | 353                 | 838            | 485          | 42%           | 1,994              | 2,031          | 37             | 98%           |
| TBI Projects  | 129                 | 125            | (4)          | (103%)        | 129                | 300            | 171            | 43%           |
| Nursing Associates                                      | 1,162               | 0              | (1,162)      | (100%)        | 0                  | 0              | 0              | 0%            |
| <b>Corporate expenditure</b>                            |                     |                |              |               |                    |                |                |               |
| Depreciation  | 1,290               | 1,364          | 74           | 95%           | 3,199              | 3,274          | 74             | 98%           |
| PSA Fee   | 729                 | 729            | 0            | 100%          | 1,750              | 1,750          | 0              | 100%          |
| Contingency & Other                                     | 89                  | 359            | 270          | 25%           | 575                | 986            | 411            | 58%           |
| <b>Expenditure (Excluding Transformation)</b>           | <b>36,327</b>       | <b>36,235</b>  | <b>(91)</b>  | <b>(100%)</b> | <b>86,216</b>      | <b>85,752</b>  | <b>(464)</b>   | <b>(101%)</b> |
| Transformation  | 1,812               | 2,083          | 272          | 87%           | 5,800              | 5,800          | 0              | 100%          |
| <b>Total Expenditure (Including Transformation)</b>     | <b>38,138</b>       | <b>38,319</b>  | <b>180</b>   | <b>100%</b>   | <b>92,016</b>      | <b>91,552</b>  | <b>(464)</b>   | <b>(101%)</b> |
| <b>Income less Expenditure (before pension payment)</b> | <b>(2,807)</b>      | <b>(2,470)</b> | <b>(336)</b> | <b>114%</b>   | <b>(7,167)</b>     | <b>(5,514)</b> | <b>(1,653)</b> | <b>(130%)</b> |
| Less payments towards pension deficit**                 | 440                 | 440            | 0            | 0%            | 1,056              | 1,056          | 0              | 0%            |
| <b>Income less Expenditure (after pension payment)</b>  | <b>(3,247)</b>      | <b>(2,910)</b> | <b>(336)</b> | <b>112%</b>   | <b>(8,223)</b>     | <b>(6,570)</b> | <b>(1,653)</b> | <b>(125%)</b> |
| <b>Capital</b>  | <b>308</b>          | <b>250</b>     | <b>(58)</b>  | <b>(123%)</b> | <b>514</b>         | <b>300</b>     | <b>(214)</b>   | <b>(171%)</b> |

\*\*Excludes any potential actuarial adjustments made at year end

| Staff v non-staff expenditure | YTD Aug 17 v Budget |               |            |           | Full Year v Budget |               |              |             |
|-------------------------------|---------------------|---------------|------------|-----------|--------------------|---------------|--------------|-------------|
|                               | 2017/2018           | Actual        | Budget     | Variance  | % of budget        | Forecast      | Budget       | Variance    |
| Staff Sals & Other Staff      | 18,063              | 18,604        | 542        | 3%        | 42,161             | 42,708        | 547          | 1%          |
| Non staff expenditure         | 20,075              | 19,714        | (361)      | (2%)      | 49,855             | 48,844        | (1,011)      | (2%)        |
| <b>Total Expenditure</b>      | <b>38,138</b>       | <b>38,319</b> | <b>180</b> | <b>0%</b> | <b>92,016</b>      | <b>91,552</b> | <b>(464)</b> | <b>(1%)</b> |

**Colour Key:**

In line with or favourable to budget  
Up to 5% adverse to budget  
More than 5% adverse to budget



**Actual, budget & forecast 2017-2018**

| BALANCE SHEET INDICATORS       |  | YTD Aug 17 v Budget |        |          |             | Year End v Budget |        |          |             |
|--------------------------------|--|---------------------|--------|----------|-------------|-------------------|--------|----------|-------------|
|                                |  | Actual              | Budget | Variance | % vs budget | Forecast          | Budget | Variance | % vs budget |
| <b>Available free reserves</b> |  |                     |        |          |             |                   |        |          |             |
| A                              | Net assets                                       | 50,116              | 50,453 | (336)    | (1%)        | 45,140            | 46,793 | (1,653)  | (4%)        |
| B                              | less: Fixed assets                               | 20,736              | 20,631 | 105      | 1%          | 19,033            | 18,771 | 261      | 1%          |
| C = A - B                      | Total free reserves before pensions deficit      | 29,380              | 29,822 | (442)    | (1%)        | 26,107            | 28,022 | (1,915)  | (7%)        |
| D                              | less: Pension deficit (latest actuarial basis)   | 11,748              | 11,748 | 0        | 0%          | 11,132            | 11,132 | 0        | 0%          |
| E = C - D                      | Available free reserves (latest actuarial basis) | 17,631              | 18,074 | (442)    | (2%)        | 14,975            | 16,890 | (1,915)  | (11%)       |
| F                              | less: Pension deficit (cash committed basis)     | 10,515              | 10,515 | 0        | 0%          | 9,900             | 9,900  | 0        | 0%          |
| G = C - F                      | Available free reserves (cash committed basis)   | 18,864              | 19,306 | (442)    | (2%)        | 16,207            | 18,122 | (1,915)  | (11%)       |

**Colour Key:**

In line with or favourable to budget

Up to 5% adverse to budget

More than 5% adverse to budget

| Cash summary (£'000s)       | Aug 2017      | Lloyds        | Barclays      | HSBC          | Nationwide    | Santander     |
|-----------------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Less than 12 month deposits | 60,288        | 15,943        | 15,983        |               | 14,852        | 13,510        |
| <b>Total Investments</b>    | <b>60,288</b> | <b>15,943</b> | <b>15,983</b> | <b>0</b>      | <b>14,852</b> | <b>13,510</b> |
| <b>Current Account</b>      |               |               |               |               |               |               |
|                             | 14,032        |               |               | 14,032        |               |               |
| <b>Total Cash</b>           | <b>74,321</b> | <b>15,943</b> | <b>15,983</b> | <b>14,032</b> | <b>14,852</b> | <b>13,510</b> |
| <b>% Split</b>              |               | 21%           | 22%           | 19%           | 20%           | 18%           |

## Council

### Chair's action taken since the last meeting of the Council

- Action:** For information.
- Issue:** Reports action taken by the Chair of the Council since 5 July 2017 under delegated powers in accordance with Standing Orders.
- There has been one Chair's action to sign off amendments to the English language requirements for non-UK (EEA and overseas) applications to the register.
- Core regulatory function:** Supporting functions.
- Strategic priority:** Strategic priority 4: An effective organisation.
- Decision required:** None.
- Annexes:** The following annexe is attached to this report:
- Annexe 1: Chair's action – Amendments to the English language requirements.
- Further information:** If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

Secretary: Fionnuala Gill  
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## Chair's Action

Under NMC Standing Orders, the Chair of the Council has power to authorise action on minor, non-contentious or urgent matters falling under the authority of the Council (Scheme of Delegation, paragraph 4.6). Such actions shall be recorded in writing and passed to the Secretary who maintains a record of all authorisations made under this paragraph. The Chair is required to report in writing, for information, to each Council meeting the authorisations which have been made since the preceding Council meeting.

Each Chair's action must set out full details of the action that the Chair is requested to authorise on behalf of the Council.

|   |                                  |
|---|----------------------------------|
| <b>Requested by:</b><br>Emma Broadbent<br>Director, Registration and Revalidation | <b>Date:</b><br>7 September 2017 |
|---|----------------------------------|

In July 2017, Council agreed to delegate authority to the Chair and Chief Executive to sign off amendments to the English language requirements by Chair's Action.

We have continued to review our English language requirements for non-UK (EEA and overseas) applicants to the register. As part of stage one of this work, we are now proposing changes to these.

We wish to carry out a short, targeted consultation with key stakeholders on these proposed changes. Approval of the consultation and the draft revised guidance for this purpose is being sought, to begin the consultation in September 2017. An update will be provided to Council on 27 September 2017.

Signed:  (Chair)

Date: 7 September 2017

## For Chair's Action

### Proposed changes to English language policy and guidance

**Action:** For decision.

**Issue:** We are proposing changes to our English language policy and guidance and intend to consult on these changes.

**Core regulatory function:** Registration and Revalidation.

**Strategic priority:** Strategic priority 1: Effective regulation.

**Decision required:** The Chair is recommended to approve the draft revised English language policy and guidance for use in consultation.

**Annexes:** None.

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

Author: Janice Cheong  
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- Context:**
- 1 In July 2017, the Council agreed a number of recommendations with respect to our review of our English language requirements for European Economic Area (EEA) and non-EEA (overseas) applicants to the register.
  - 2 In particular the Council agreed that we should explore what additional tests we might accept in addition to the International English Language Test System (IELTS) and also the alignment of EEA and overseas language evidence requirements.
  - 3 The Council agreed to delegate authority to the Chair and Chief Executive to sign off amendments to the requirements.
  - 4 We are undertaking this work, which forms stage one of our English language requirements review. Having received legal advice and carried out a detailed operational impact assessment, we propose to carry out a short, targeted consultation with key stakeholders on the following proposed changes to our policy:
    - 4.1 Align language requirements for overseas applicants with the requirements for EEA applicants.
    - 4.2 Accept other language assessments in addition to IELTS, providing they meet our criteria.
  - 5 The evidence we are considering accepting is outlined in the draft revised guidance, along with the criteria for accepting other tests. These criteria have been developed using research commissioned by the General Medical Council in 2015. This was used to develop an initial shortlist of tests that could reasonably be considered as equivalent to IELTS. The Occupational English Test (OET) was one of these tests and our own investigation has concluded that giving applicants the choice of providing OET results as evidence will not negatively impact on patient safety.

**Four country factors:** 6 The proposed changes would affect all UK countries. Our consultation will cover all four countries.

**Discussion: English language policy**

- 7 Our existing English language policy was agreed by the Council on 8 July 2015 following public consultation.
- 8 As part of the current review of our English language requirements, the language policy has been consolidated to reflect our legislative requirements.
- 9 We are suggesting that any one of the following types of evidence of English language ability could be accepted for all non-UK trained

nurses and midwives:

- 9.1 Evidence Type 1: You have recently achieved the required score in IELTS or in one of the other English Language tests accepted by the NMC.
- 9.2 Evidence Type 2: A recent pre-registration nursing or midwifery programme that has been taught and examined in English.
- 9.3 Evidence Type 3: Registration and two years of registered practice with a nursing or midwifery regulator in a country where English is the first and native language.

### **English language guidance**

- 10 Article 5A(1) of the Nursing and Midwifery Order 2001 (the 'Order') requires the Council to publish guidance in relation to the evidence, information or documents that the Registrar will accept in relation to English language; and also guidance about the process by which the Registrar will accept individuals on to the register.
- 11 In 2015 we published guidance in relation to EU/EEA English language requirements.
- 12 The current English language review has given us an opportunity to consolidate the guidance for all registration English language requirements, including readmission, and make it much clearer for our stakeholders and applicants.
- 13 The draft guidance will be subject to a light touch plain English review prior to consultation. We will undertake a full plain English review in the post consultation phase.
- 14 As this is guidance published by the Council, we will be consulting on this. Details of our consultation and what it entails are set out below.
- 15 This is the first stage of our English language review, and work will continue to review all aspects of the policy including the written standard for IELTS which the Council specifically asked us to examine.

### **Consultation**

- 16 We are required to consult on all guidance published by the Council under Article 3(14) of the Order.
- 17 The consultation will be taking the form of targeted stakeholder engagement, ensuring that we are contacting groups or representatives of groups: nurses and midwives, employers, patients

and services users, educators, universities and funders.

- 18 We are able to take this approach because: we have previously consulted on the English language requirements in relation to EU/EEA in 2015 and we are aligning the EU/EEA and overseas language requirements. We are seeking to align the policies to ensure more fairness and consistency in approach.
- 19 Consultation on the draft guidance and policy changes will be through face to face and telephone meetings and webinars, during September 2017.
- 20 Our plans for consultation are set out in our detailed engagement plan which includes a timeline of activities.

### **Post consultation**

- 21 We will be providing a written update to the Council on 27 September 2017 and also a verbal update on stakeholder reactions from meetings in September 2017.

#### **Public protection implications:**

- 22 The proposed policy changes may have implications for public protection. The consultation will provide further evidence on this.

#### **Resource implications:**

- 23 Resource implications for this work have been considered and will be continually managed.

#### **Equality and diversity implications:**

- 24 We are conducting an equality impact assessment.

#### **Stakeholder engagement:**

- 25 A consultation on the proposed changes will be carried out.

#### **Risk implications:**

- 26 Stakeholders may have concerns about the proposed changes. The consultation sets out that this is stage one of our review, with some stakeholder concerns being addressed.

#### **Legal implications:**

- 27 Legal implications have been considered in reviewing the policy and guidance, and will continue to be considered throughout the work.

## Council

### Allowance for the role of Chair of Council from 1 May 2018

**Action:** For decision by 14 September 2017.

**Issue:** Allowance for the role of Chair of Council from 1 May 2018.

**Core regulatory function:** All regulatory functions.

**Strategic priority:** Strategic priority 4: An effective organisation.

**Decision required:** The Council is asked to:

- agree the Remuneration Committee's recommendation and approve an annual allowance of £78,000 for the role of Chair of Council from May 2018 (paragraph 16.1); and
- respond by email to the Secretary by noon on 14 September 2017 (paragraph 16.2).

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

- Annexe 1: A report by the Independent Panel on Allowances (not enclosed).

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

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- Context:**
- 1 The Council is responsible for determining the allowances to be paid to Council members, including the Chair. The Remuneration Committee is responsible for recommending any changes to the Council.
  - 2 The Council established an Independent Panel in 2016 to review and make recommendations to the Remuneration Committee and the Council on the allowances to be paid to the Council Chair and members.
  - 3 In July 2017 the Council approved:
    - 3.1 a new role description and person specification for the Chair of Council; and
    - 3.2 an increased time commitment of three days per week.
  - 4 Given these changes, the Independent Panel was asked to consider the allowance level to be set for the role of Chair of Council from May 2018.
  - 5 The Remuneration Committee considered the Independent Panel's report and recommendation on 7 September 2017.

- Four country factors:**
- 6 Benchmarking comparators considered by the Independent Panel included organisations with UK-wide responsibilities.

**Discussion: The Panel's approach**

- 7 The Panel's report is at **annexe 1**. The remit of the Panel was to recommend a level of allowance commensurate with the complexity and demands of the role, which would enable the Council to appoint a suitably qualified Chair.
- 8 In reaching its decision on the level of allowance to be paid to the Chair from 1 May 2018 the Panel took into account a range of factors. These included:
  - 8.1 The increased scope of the new role and person specification.
  - 8.2 The increased time commitment of three days a week, including the expectation that this would be the dominant and principal role of the individual that undertakes it.
  - 8.3 Comparative data from other healthcare regulators and public sector bodies.
  - 8.4 Market data obtained from search consultants.
  - 8.5 The NMC's Executive pay framework for 2017–2018 and

NMC staff pay.

8.6 Affordability and economic climate

8.7 Equality and diversity.

- 9 The Panel identified a possible range of allowance of £72,000 - £84,000 per annum. The lower end of the range (£72,000) is the product of a straightforward arithmetical calculation based on the current allowance of £48,000 which was originally set based on a time commitment of two days a week. The upper level of the range (£84,000) was based on a calculation of the average annual allowance across the three regulators considered by the Panel to be closest to the NMC in terms of size and complexity (GMC, GDC and HPCP).
- 10 The current level of allowance paid to the Chair of £48,000 (equivalent daily rate £462) was set in 2009. No changes to the level of allowance have been made since then. The Panel's view was that the pro rata rate of £72,000 was too low in that it did not reflect the expanded scope of the role.
- 11 The Panel considered that there was a case for setting the allowance towards the upper part of the range that it had identified however it decided against this in consideration of the sensitivity of doing so. The Panel was mindful throughout its deliberations of the need to ensure prudent use of registrants' fees in determining a fair level of allowance.
- 12 Taking into account all parameters the Panel agreed to recommend an annual allowance for the role of Chair of £78,000 which is at the halfway point of the range identified by the Panel. This equates to a daily rate of £500.
- 13 The rate of allowance recommended by the Independent Panel for the Chair role from 1 May 2018 constitutes an increase of approximately 8.5% on the current annual rate pro rata. This roughly equates to a 1 percent annual increase since 2009. The Council member allowance was increased by 10 percent to £13,250 (equivalent daily rate £368) in 2016. A second stage review of Council allowances will be undertaken by the Panel in October 2017.

#### **Remuneration Committee's recommendation**

- 14 The Remuneration Committee considered the Independent Panel's report by teleconference on 1 September 2017. The Committee's unanimous view was that the Panel's approach and recommendation were logical, fair and transparent. In particular, the Committee noted that the level of allowance recommended by the Panel constituted no more than a pro rata increase for the three day time commitment, with an additional reasonable and not excessive

percentage to reflect the wider scope of the role. The Committee was also cognisant of the fact that there had been no increase to the Chair's allowance since 2009.

15 The Remuneration Committee recommends that the annual allowance for the role of Chair of Council from 1 May 2018 should be £78,000.

**16 The Council is invited to:**

**16.1 agree the Remuneration Committee's recommendation and approve an annual allowance of £78,000 for the role of Chair of Council from May 2018; and**

**16.2 respond by email to the Secretary by noon on 14 September 2017.**

#### **Next steps**

17 Advertising and search for the new Chair is scheduled to go live on 25 September 2017. The allowance needs to be included as part of the advertising and search materials in order to seek to attract high calibre candidates.

#### **Public protection implications:**

18 None.

#### **Resource implications:**

19 Provision for change to the Chair's allowance will be made in the Governance budget for 2018–2019.

#### **Equality and diversity implications:**

20 The Panel's Terms of Reference include the requirement to take into account any equality and diversity impacts and the NMC's obligations under the Equality Act 2010.

#### **Stakeholder engagement:**

21 None.

#### **Risk implications:**

22 There is a need to be mindful of external perception in relation to any increase to allowances and the need for any increase to be justifiable and able to withstand public scrutiny.

#### **Legal implications:**

23 The Nursing and Midwifery Order 2001 provides for the Council to determine the allowances to be paid to members.

## Decision by correspondence

### **NMC/17/90 Allowance for the new Chair of Council from 1 May 2018**

1. On 7 September 2017 a paper was sent from the Secretary to the Council to Council members by email:
  - (a) Attaching the report by the Independent Panel on Allowances on its review of the remuneration of the Chair of Council role from May 2018 (or when office is assumed).
  - (b) Confirming that the Remuneration Committee had considered the Independent Panel's report and supported its proposal.
  - (c) Asking the Council to agree the Independent Panel's proposal that the annual allowance for the new Chair from May 2018 (or when office is assumed) should be £78,000.
  - (d) Inviting Council members to respond by noon on 14 September 2017 indicating whether or not they agreed with the recommendation.
2. The current Chair of Council declared an interest and did not participate in the decision.
3. The Council's decision as at noon on 14 September 2017 was to agree (ten to one) the Independent Panel's proposal that the annual allowance for the Chair role from May 2018 should be £78,000.

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

Signed: \_\_\_\_\_

Date: \_\_\_\_\_