## CHRE Performance Review 2008/09 – Nursing and Midwifery Council

**NOTE:** For the purposes of publication, the comments made by CHRE, together with NMC's responses, have been amalgamated into the NMC's original submission.

Throughout this submission, references to "the Order" are to the Nursing and Midwifery Order 2001, as amended. Where available, web links are provided in footnotes as supporting evidence.

### 5. Fifth Function: Governance and External Relations

| No | Standard | |
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| **5.1** | **The regulator is a transparent and accountable organisation and significant policy decisions are based on up-to-date stakeholder and management information and are directed to protecting, promoting and maintaining the health, safety and well-being of the public.** | |
| | **Minimum requirements** | **2008/09 Response** |
| 5.1 i) | The regulators' decision making is underpinned by up-to-date stakeholder and management information and is directed to protecting, promoting and maintaining the health, safety and well-being of the public | This has been a key area of work for us during 2008. CHRE's Special Report, published in June 2008, acted as a catalyst to bring forward work to improve management information and to strengthen our work with stakeholders.<br>Significant initiatives include:<br>• The development of the Stakeholder Engagement Programme, which was further enhanced by a series of five UK-wide consultation events to explore, with stakeholders, ideas about how they wanted to engage with us and work with us in the future. The results informed the communications and stakeholder engagement strategy agreed by Council in January 2009[1].<br>• The IT development programme which will improve the availability and quality of public information through a more accessible website.<br>• Implementation of the first phase of a new electronic case management system, which provides comprehensive data analysis, workflow and planning tools that will increase our efficiency and further reduce the fitness to practise hearings backlog. It will also help us to identify and analyse trends and concerns emerging from our fitness to practise activities, |

[1] Communications and stakeholder management strategy (NMC/09/11) – http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=5207

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| | | which we will use to review our standards.<br>• The selection, recruitment and induction of the new, wholly appointed Council, which took office on 1 January 2009. This is underpinned by a new much leaner and fitter governance structure of just six committees - replacing the previous 13. This enables us to streamline committee workloads and reduces the need for issues to be considered by several committees.<br>• We have revised the format of Council and Committee meetings to ensure that information is available and accessible to support decision making and to enable the Council to operate in a more strategic manner. |
| 5.1 ii) | The regulator has a clearly defined aim and a strategy. | Working with the Council and staff we have established a clear-stated vision, mission and set of organisational values for the NMC, which was considered by the new Council at its first meeting. We are updating this in the light of their comments before publishing it on our website.<br>**CHRE commented:**<br>We would be interested to see a final copy of the NMC's revised vision, mission and set of organisational values.<br>**NMC responded:**<br>This is available on our website[2]. |
| 5.1 iii) | It has a Code of Conduct for council members. | We have reviewed and updated our *Code of conduct for members*[3] and introduced a procedure for dealing with breaches of that Code[4]. |
| 5.1 iv) | The Council includes expertise from a range of stakeholders and no one group dominates. | The new Council comprises seven registrant and six lay members from a range of backgrounds[5]; the Appointments Commission will fill the lay vacancy early in 2009.<br>Although there is no Council member registered on the specialist community public health nurses' part of our register, we are working with the professional and representative bodies to ensure that we have effective engagement with this group and take into account their needs and the context in |

[2] NMC Vision, Mission and Values – http://www.nmc-uk.org/aArticle.aspx?ArticleID=3586

[3] NMC Code of conduct for members 2009 – http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=5162

[4] Procedure for dealing with a complaint against a Council member – http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=5220

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| | | which they work. |
| 5.1 v) | The Council has a defined process for dealing with complaints/concerns about Council members | A simple, non-legalistic process for dealing with complaints or concerns about Council members was formally adopted by the new Council at its first meeting in January 2009[4].<br>**CHRE commented:**<br>We welcome the change of approach in the NMC's process for dealing with complaints or concerns about Council Members. Has the NMC resolved the previous complaints about Council Members?<br>**NMC responded:**<br>There is one outstanding investigation into a complaint about two former Council members. We expect the investigator to report to us in March and we will identify any lessons to be learned. It is unlikely that we will be able to take action against any individuals following the report as they are no longer Council members.<br>No complaints have been made against current Council members. |
| 5.1 vi) | Individuals are appointed against defined competences. | We are the first of the healthcare regulators, together with the GMC, to adopt the new constitutional structure[6] proposed in the White Paper, *Trust, Assurance and Safety – the Regulation of Health Professionals in the 21st Century*. As of 1 January 2009, all our Council members are appointed against a set of competences[7]. We have a separate set of competences for the Chair[8].<br>We are developing an appraisal process for Council members, which will be implemented in 2009[9].<br>Standard 5.3(i) provides information about the induction we provided for our new Council. |
| 5.1 vii) | Council and the executive have clear lines of | In preparation for the move to a smaller, more strategic Council, we have reviewed and updated our governance infrastructure so that it supports the Council in its strategic role and defines the role of the Executive. We are implementing a new scheme of delegation[10], together with updated |

[5] Council members - http://www.nmc-uk.org/aArticle.aspx?ArticleID=3513

[6] The Nursing and Midwifery Council (Constitution) Order 2008 – Legislation - http://www.nmc-uk.org/aArticle.aspx?ArticleID=34

[7] Role of Council members and competencies required – http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=5187

[8] Role of Chair and competencies required – http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=5185

[9] Appraisal process for Council members - http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=5178

[10] Delegation of the powers and functions of the Nursing and Midwifery Council, January 2009 – http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=5219

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| | accountability | Standing Orders[11] and Financial Regulations[12].<br><br>Building on our existing Members' Handbook, we have issued a new Governance Handbook[13] to all Council Members and introduced them to its content during their induction programme. The Handbook provides the necessary information about the NMC to support members, committee members and senior staff in undertaking their role. It includes documents such as the NMC Code of conduct for members; the scheme of delegation; the Standing Orders and the Financial Regulations.<br><br>The strategic work of the new Council is supported by six policy and governance committees, one of which is statutory; their terms of reference are annexed to the Standing Orders.<br><br>The Chief Executive and Registrar is accountable to the Council through the Chair. There is an Executive Management Board, chaired by the Chief Executive and Registrar, which meets on a monthly basis. Each member of the Executive Team works directly with one or more of our committees. |
| 5.1 viii) | The decisions and decision-making processes of the Council are open, transparent and accessible. | Our decision-making processes are defined by the NMC Standing Orders 2009[11]. Our Governance Handbook includes our policy and guidance on managing and declaring interests[14]. Each member's profile on our website[5] includes their entry in the register of interests.<br><br>Our new Council will be meeting every two months; additional meetings may be arranged if necessary. Our previous practice of making information about the meetings available on our website[15] will continue; the papers for the open session are made available when they are circulated to members[16]. |

[11] NMC Standing Orders 2009 - http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=5189

[12] Financial Regulations - http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=5183

[13] NMC Governance Handbook – http://www.nmc-uk.org/aArticle.aspx?ArticleID=3530

[14] Managing interests policy and guidance – overview - http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=5177
Guidance on managing interests – full document - http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=5191

[15] Meetings of the Council - http://www.nmc-uk.org/aArticle.aspx?ArticleID=3521

[16] Open Council session: 15 January 2009 - http://www.nmc-uk.org/aArticle.aspx?ArticleID=3526

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| | | Our Council meetings are open to the public; our website provides information about the meetings, together with information about how to attend[17]. We send key stakeholders copies of the papers prior to each meeting. Annexe 1 to our Standing Orders[11] sets out the categories of Council business to be considered in a confidential session.<br><br>Our communications and stakeholder engagement strategy[1] explains how we will engage with stakeholders and involve them in our decision making.<br><br>From 2009, we will be making all committee papers available on the website, unless they are explicitly confidential. |
| Any extra information that supports the regulator's case but that does not fit within the minimum requirements above | | We advertised the roles of Chair and Council member extensively to attract a diverse range of candidates. In addition to placing advertisements in 11 national papers across the four countries and four publications across the nursing and midwifery professions, we also advertised in the *Pink Paper*, *Disability Now* and *Eastern Eye* (whose target market is British Asians). The recruitment campaign for committee members, in December 2008 and January 2009, included articles in women's magazines, tabloid newspapers, radio interviews and billboard advertising[18]. Towards the end of 2008, we established a dedicated website (NMC People)[19] to recruit committee members and panel members. |
| Supporting evidence | | Provided in footnotes. |

| **No** | **Standard** | |
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| **5.2** | **The regulator establishes and works within efficient and effective organisational processes.** | |
| | **Minimum requirements** | **2008/09 Response** |
| 5.2 i) | The regulator has an effective planning process, which ensures that functions are | Strong and focused financial management has delivered a stable and sustainable financial base. We are in a sound financial position following the implementation of our recovery plan, established to deal with the weak position we inherited from the UKCC. |

[17] What happens at Council meetings? - http://www.nmc-uk.org/aArticle.aspx?ArticleID=3482

[18] NMC recruitment drive – [Note – this link is no longer available.]

[19] Dedicated website – Nursing and midwifery regulation needs your skills - http://www.nmcpeople.org/

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| | resourced appropriately. | We prepare our business plan and budget for the forthcoming year in the autumn of the preceding year. During 2008/09, we have introduced, for the first time, a three year business plan for the period 2009/12. This details specific objectives to deliver the strategic themes of the NMC and is preceded by clear statements of our vision, aims and values. The objectives reflect our core business as well as the development work undertaken through a portfolio management model. The plan was considered by the new Council at its first meeting and we are updating it in the light of their comments before publishing it on our website<br><br>The financial envelope that determines the level of resource and degree of prioritisation to be incorporated into the plans, and more practically the budgets, is determined by updating the strategic model for estimates and assumptions. There is particular focus on the income potential for the forthcoming year, based upon all available information and trend analysis.<br><br>We developed the business plan through seminars and workshops held with staff, directors and Council members and in conjunction with the risk assessments and equality and diversity analysis.<br><br>We are developing our budgeting processes for our projects as a means of ensuring the development work is effectively resourced and costed. |
| 5.2 ii) | The regulator ensures that its planning documents take account of risk. | We have developed, over recent years, a comprehensive risk management methodology with regular assessment and reporting of risks across the organisation, both for our core business and on a project by project basis.<br><br>Working with the individual directorates, we prepare a detailed work plan that breaks each of our objectives into the many workflows and projects that need to be completed to ensure that the objective is achieved. We cross-reference this document to the relevant risk registers to enable appropriate decision making and prioritisation of work.<br><br>We have established an on-going programme for training in risk management, which is provided on three levels to meet the needs of staff across the organisation. It has been tailored to our needs and reflects our move to project-based working. During the second half of 2008, we provided risk management training to directors and staff directly involved with risk management. We will provide risk awareness training to other staff during 2009 and will also be providing training for the members of the new Council.<br><br>As a result of the recent training, risk managers and project leads now use a simpler model to describe risks more succinctly. We also require them to provide data and evidence to support the |

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| | | highest risks. This will enable us to make our risk management process more robust.<br><br>We are in the process of establishing a statement of our risk appetite and an associated impact equivalence table.<br><br>IT staff carried out a successful disaster recovery exercise in July 2008. |
| 5.2 iii) | The regulator sets appropriate key performance indicators or equivalent and publishes information on it performance against them. | We engaged Price Waterhouse Cooper to develop a robust framework of performance indicators for our key objectives. These are based upon the 2009/12 business plan and will be in operation for that period. We will be making the first report of our performance, against these indicators, to the Council in May and will then be reporting to every subsequent meeting.<br><br>We also have performance indicators to help us to monitor management information arising from our day-to-day work enabling us to highlight future areas of concerns or trends as early as possible. |
| 5.2 iv) | There are effective appraisal systems and processes. | We have a performance management framework, which includes a process for ensuring that it is implemented effectively by managers. The annual appraisals, which are the basis for the annual pay review, are carried out according to a published timetable using a standard template. Managers are provided with guidance, which includes guidance on the application of the ratings. The Executive Management Board reviews the ratings to ensure consistency and transparency. We also carry out a half year review, which focuses on professional development.<br><br>As noted in Standard 5.1(vi), we are developing an appraisal process for Council members which will be implemented in 2009[9].<br><br>A performance appraisal process for fitness to practise panel members and chairs begins in 2009 (see Standard 3.4(ii) for further information). |
| 5.2 v) | The regulator meets its statutory responsibilities in sharing information and in seeking, retaining and destroying confidential information. | We publish our data protection policy on our website[20].<br><br>We have adopted and maintain a publication scheme under the Freedom of Information Act 2000. We provide a link to the scheme, together with a FOI request form and details of our FOI complaints procedure, on our website[21].<br><br>During the year, we have completed a review of the security of data transferred to external third parties. The recommendations of the review have been implemented and procedures have been put in place to strengthen the security of all such data transfers. |

[20] Data protection policy - http://www.nmc-uk.org/aArticle.aspx?ArticleID=2703

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| 5.2 vi | The regulator is committed to promoting equality and diversity and ensures that all activities are free from any discrimination. | We have an Equality and Diversity Unit which leads our work in this area; a review of its activities in 2007/2008 is published on our website[22].<br><br>Our equality schemes support us in embedding equality throughout all areas of our work. We have separate race, gender and disability equality schemes and an overarching equality scheme, which demonstrates our commitment to promoting equality and diversity in the area of sexual orientation, religion/belief and age. We publish all of these on our website[23].<br><br>We have developed and introduced an Equality Impact Assessment (EqIA) policy, procedure and toolkit. The EqIA process was developed with staff and key stakeholders and is now being used across the NMC.<br><br>Our engagement activities have included seven *Have your say on equality and diversity* consultation events, six with nurses and midwives including those who work in Higher Education Institutions and one for the public and patient groups. We used these to discuss issues such as equality data monitoring, good health standards and how to reach as many diverse groups as possible. We published our findings in two reports[24 and 25].<br><br>We have established an expert panel of disabled people, which comprises five disabled registrants (four nurses and one midwife) and five disabled people with an interest and expertise in health issues. The panel has been involved in revising our disability equality scheme. We are also using it to help us develop our work in relation to the good health standards and the work arising from the Disability Rights Commission's report into health standards in nursing, teaching and social work.<br><br>Our HR strategy ensures that equality and diversity principles are built into all our activities. We gather relevant diversity information from all employees, and applicants for jobs, to assist us in understanding and planning appropriate activities. Our review of HR policies and procedures is ongoing and, where relevant, includes an Equality Impact Assessment. |

[21] Freedom of information - http://www.nmc-uk.org/aArticle.aspx?ArticleID=108

[22] Equality and Diversity Unit, Annual Review 2008 - http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=5029

[23] NMC equality schemes - http://www.nmc-uk.org/aArticle.aspx?ArticleID=3289

[24] Have your say on equality and diversity - http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=4522

[25] Supplementary report on the Have your say on equality and diversity engagement events - http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=4521

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| 5.2 vii) | The regulator is committed to promoting the principles of the Human Rights Act and ensures that this is reflected when carrying out all of their functions | Our registration and fitness to practise processes are compliant with the Human Rights Act (HRA) and we are committed to promoting its principles throughout all our work. Examples of how we have put this into practice include:<br>• The new *Guidance for the care of older people*, due to be published in March 2009, reflects the obligations placed on public authorities by the HRA and identifies Articles 2, 3 and 8 as being most relevant. The Guidance also reflects the five UN Principles for Older Persons. It makes it very clear that human rights principles have a central role in the provision of nursing care and they are embedded in many aspects of the guidance.<br>• Our standards for pre-registration education require that all members of the nursing and midwifery professions must demonstrate an inviolable respect for persons and communities.<br>• We will be running a training session, on the HRA, for staff during 2009. |
| Any extra information that supports the regulator's case but that does not fit within the minimum requirements above | | Under the Order[26], we are required to submit an annual report and our audited accounts[27] to the Privy Council, which lays copies before both Houses of Parliament. In 2009, we will also produce an Annual Review for our stakeholders, which will include a less formal version of this information. Another requirement of the Order[28] is that we publish an annual report of our fitness to practise work[29], this provides statistics and analysis of cases heard during the year. Under recent amendments to the Order we will be submitting future editions of this report to the Privy Council.<br>We are currently required, under the Order, to set out the fees associated with registration in rules. Any fee increases are subject to consultation before being effected by means of amendment rules[30].<br>We have established a Staff Consultation Group, which held its first meeting in February 2008. We provided relevant training for all our staff representatives.<br>We provide a number of facilities for staff including access to a helpline offering routine and |

[26] Articles 50 and 52 – footnote 6 provides link to Legislation

[27] Accounts for the year ended 31 March 2008 - http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=4435

[28] Article 50 – footnote 6 provides link to Legislation

[29] Fitness to Practise Annual Report, 1 April 2007 to 31 March 2008 - http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=4284

[30] Footnote 6 provides link to Legislation

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| | confidential advice; occupational health services and a 'cycle to work' scheme. We are accredited by Investors in People. |
| Supporting evidence | Provided in footnotes. |

| No | Standard | |
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| **5.3** | **The regulator fosters a culture of continuous improvement within the organisation.** | |
| | **Minimum requirements** | **2008/09 Response** |
| 5.3 i) | The regulator has a culture of continuous improvement. | Our Council and Executive Team lead our drive for continuous improvement across our functions.<br>**Council induction and development**<br>Our new Council members participated in a two-day induction programme in December 2008, within days of being appointed. We worked with external facilitators, experienced in board-level development and training, to develop an innovative programme to enable members to fully participate in our work from the beginning of their appointment. On the first day, we provided an overview of the NMC, together with more in-depth information on key aspects of our functions – the register, fitness to practise, education quality assurance and standards. Day two focussed on strategy and included a presentation from the Charity Commission on the role of members as trustees, together with a session on effective governance and learning from best practice. The day concluded with group work with members and directors focussing on the role of the Council and its ways of working, and how that should develop in the future. In particular, drawing the distinction between the strategic and operational roles, and looking at relationships between Council and the Executive.<br>Our programme for the Council has been developed to ensure there are regular opportunities for training and development for members, including two Awaydays, the first of which is on four-country working and stakeholder engagement. Our new Council is also committed to reviewing its own performance at the end of 2009.<br>**Learning from experience**<br>We are committed to working transparently, ensuring that even controversial issues are discussed |

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| | | in public. Two recent examples of Council reviewing its actions were seen during the meeting in December 2008. Members considered a review of events leading to a decision taken in December 2005, regarding renewal of registration on the specialist community public health nurses' part of the register, having to be reversed two years later. They also discussed the lessons learned from the NMC's response to an independent investigation into the conduct of David Britten.<br><br>As a result of the David Britten investigation, we are developing a Memorandum of Understanding with NHS London, which will serve as a template for our work with all Strategic Health Authorities.<br><br>Our programme management methodology requires us to prepare a report at the end of each project identifying what did or did not work and making recommendations for improvement. Many of the recommendations result in improvements to existing training programmes. As more projects are completed the recommendations will inform a review of project management documentation. High level lessons learned from projects are also reported to the Executive Management Board.<br><br>Following criticism about accessibility of our survey and consultation on pre-registration nursing education, we met with representatives from VOX (a mental health group) and the British Institute of Learning Disabilities, to discuss how best we could involve these and other seldom heard groups in future work.<br><br>**Improving our ways of working**<br><br>We are continually looking to improve our ways of working, examples include:<br>• Media training for staff<br>• Provision of custom-built hearings rooms for fitness to practise and better facilities for staff<br>• Embedding professional development as part of the appraisal process for staff<br>• Use of e-consult technology to collate responses at consultation events<br>• Improving corporate working and increasing corporate ownership |
| 5.3 ii) | The regulator gathers evidence from its activities and external information and disseminates it throughout the organisation. This evidence | We analyse information gathered from our fitness to practise processes to inform the development of standards and guidance. One very recent example of this is the preparation of the *Guidance on care of older people* (see Standard 1.1(v)).<br><br>Our current review of the guidance on records and record keeping is informed by data gathered from fitness to practise and from a series of 19 meetings with nurses and midwives held around the |

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| | informs policy development. | UK.<br><br>We analyse and report on information gained through the supervision of midwives and the framework for assessing Local Supervising Authorities. We combine this information with feedback from fitness to practise cases to inform new policy development our reviews of standards and guidance and the QA framework for pre-registration midwifery education (see Standard 1.1, Extra supporting information).<br><br>In our QA monitoring of education and training providers, we use the results from previous years to determine the monitoring required in the current year. This ensures that the areas of highest risk receive the most attention (see Standard 4.3(1)).<br><br>We have undertaken significant work internationally. For example, we have worked with the competent authorities in Bulgaria, to establish an application process that meets the requirements of the EU Directive. As a result of that, we have simplified our application paperwork. We are engaging in a similar way with Romania at the end of January 2009. (See Standard 5.4(v)) |
| 5.3 iii) | Evidence-based decision making and innovation are promoted. Audit is carried out at appropriate intervals and focuses on areas of high risk. | We have an annual plan for internal audit, which focuses on areas considered to be high risk; the work is carried out by external experts. During the last year we have carried out an analysis of our financial systems, in support of our external audit. We have also looked at fitness to practise, QA and the security of our IT systems. Early in 2009, we will be looking at our HR function and the LSA reviews undertaken by the Midwifery Unit.<br><br>We have acted speedily to make changes in the light of the CHRE Special Report, published in June 2008, developing an action plan in response to the recommendations contained in the Report; we are making good progress on implementing that plan. With the move to the newly constituted Council, we have reviewed all our governance procedures and will be ensuring that these are reviewed and updated on a regular basis. The new Council has been provided with an innovative induction programme tailored to ensure that they are aware of their responsibilities. We have given every member a copy of our Governance Handbook, containing all of the governance procedures and associated information; we used the induction programme to introduce them to its content.<br><br>As part of the move to the new Council, we have reviewed our committee structure and realigned it to the functions of the NMC. Following the CHRE Special Report, we have paid particular attention to our lines of decision making and accountability and have reduced the number of committees from 13 to six. |

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| 5.3 iv) | The regulator has an accessible, effective and efficient complaints procedure for dealing with complaints about itself, and learning from the complaints is disseminated to the complainant, throughout the organisation, informs policy development and improves practices | We publish our procedure for dealing with complaints about our service on our website, together with contact details[31].<br><br>We have provided staff with guidance as to what constitutes a complaint and what action needs to be taken when one is received. We use complaints about our fitness to practise to develop and improve our processes. Information about all other complaints is passed to the Chief Executive's office, where it is collated and monitored, action is taken as appropriate.<br><br>For example, following complaints received in April 2008, we have reviewed our procedures for linking midwives' intention to practise notifications to the published register. A new procedure will prevent the problem happening again in 2009 and ensure that the information is available on 1 April, the beginning of the notification year. |
| Any extra information that supports the regulator's case but that does not fit within the minimum requirements above | | We have a records management policy setting out the obligations on us to retain records and who has responsibility for those records. We are currently reviewing our retention schedules for our fitness to practise and committee service records. We began implementing a corporate records management system late in 2007. During 2008, Phase 1 of the implementation saw the migration of existing records onto the system and newly created documents being saved onto the system. During Phase 2 of the implementation, in 2009, we will be applying retention schedules to the records in the system.<br><br>The new system will enable us to operate more efficiently in a number of ways:<br><br>• Better sharing of information across the organisation and reduction in the duplication of documents<br><br>• Different access levels ensure restricted access to confidential information<br><br>• Records destroyed according to agreed retention periods, ensuring records not accidently destroyed. |
| Supporting evidence | | Provided in footnotes. |

[31] Complaints - http://www.nmc-uk.org/aArticle.aspx?ArticleID=3120
Complaining about NMC services - http://www.nmc-uk.org/aArticle.aspx?ArticleID=3675

| No | Standard | |
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| **5.4** | **The regulator co-operates with stakeholders and other organisations**. | |
| | **Minimum requirements** | **2008/09 Response** |
| 5.4 i) | The regulator engages with stakeholders, in particular patients and the public, in all of its work. | During 2008, we have developed our customer relationship management strategy (CRM), which was approved by the Council in January 2009[32]. The strategy enhances our ability to protect the public by improving accessibility and customer service. We do this by working in partnership with our customers to understand their needs, and secure their confidence by delivering the quality services they require in the ways they wish to access them.<br><br>Our CRM strategy has been developed collaboratively through a series of workshops, meetings and in-depth interviews held with staff from across the organisation, each step was validated with the Executive Management Board. We also conducted comprehensive customer research through an on-line survey, telephone surveys and site based interviews.<br><br>In preparation for developing our stakeholder engagement strategy, we held a series of five events to seek the views of our stakeholders in England, Wales, Scotland and Northern Ireland and enable us to ensure that the strategy truly reflects national concerns and differences. We had 253 attendees, 11% of whom were lay people. We had an open discussion and used interactive technology to capture people's views. We subsequently invited a small number of lay stakeholder groups to review the draft of the strategy. We have recruited a full time project manager to develop our work in this area.<br><br>We are mapping stakeholders at European Union and international level, including regulators, patients' groups, women's groups and international organisations, such as WHO and OECD. This will enable us to work with them and gain global intelligence on good practice in regulation. It will also enable us to solve registrations and standards issues where we experience problems common to other regulators.<br><br>We routinely consult with a wide range of stakeholders during development of policy and standards; this includes individual nurses and midwives, the public and their representatives. Our stakeholder organisations include the departments of health in the four countries, professional |

[32] Customer relationship management strategy (NMC/09/10) – http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=5199

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| | | bodies, unions and those representing the public, patients, pregnant women and parents.<br><br>During 2008, we held a series of 12 UK-wide Roadshows for Supervisors of Midwives (SOM) to discuss the forthcoming review of the *Midwives Rules and Standards*[33] and to gather information to inform our future work. This is the first time that we have involved SOMs directly in strategic development. We will also be contacting user groups to secure input from individuals and will be seeking help and information about how best to involve people from seldom heard groups.<br><br>We worked with parent groups, including the National Childbirth Trust and Fathers To Be, to produce an advice leaflet on the role of Supervisors of Midwives, *Support for parents: how supervision and Supervisor of Midwives can help you*[34]. This provides information for pregnant women about the role of supervisors of midwives and what women can expect from them. The leaflet, which we launched at the NCT conference in June 2008, was commended recently by the Royal College of Midwives. We are negotiating to have it distributed via the Bounty (pregnancy, baby and parenting) network early in 2009. This would enable us to reach 98% of pregnant women in the UK.<br><br>Further examples of our stakeholder engagement events have been included in our responses for the other Standards.<br><br>We publicise consultations on our website and in *NMC News*. To ensure that we reach as many people as possible, we always ask organisations and individuals to use their networks to cascade information about the consultations. We follow Cabinet Office guidelines and, unless there are exceptional circumstances, allow a minimum of three months for written consultations. Information about ongoing consultations and reports of completed consultations are published on our website[35].<br><br>We adapt briefing material for consultations to make it more accessible to the public and have received positive feedback from Age Concern, England.<br><br>We also make extensive use of focus groups; these events are held across the UK and are run by independent contractors. We pay a fee and expenses to lay people to encourage them to attend our focus groups. All participants are thanked and receive feedback where this is available. |

[33] Midwives rules and standards - http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=169

[34] Support for parents: how supervision and Supervisors of Midwives can help you - http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=4373

[35] Consultations - http://www.nmc-uk.org/aSection.aspx?SectionID=13

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| | | We publish a free monthly e-mail Newsletter to provide regular updates on our business. This currently goes out to more than 15,000 subscribers, covering a diverse range of stakeholders; we are receiving around 500 new subscriptions each month.<br><br>We also e-mail a newsletter, on an ad hoc basis, to public and lay organisations to inform them about forthcoming participation and involvement opportunities, such as consultations and focus groups. We also use it to publicise vacancies for committee members and panel members for fitness to practise. |
| 5.4 ii) | The regulator cooperates with other organisations with a common interest, developing strategic alliances and coordinating goals and project planning. | We have three projects within our Stakeholder Engagement Programme specifically related to building relationships with organisational stakeholders. The ones for regulators and other bodies, and EU and international are ongoing; the project for Westminster and devolved administrations will begin later this year.<br><br>Following the CHRE Special Report, published in June 2008, we have formalised our meetings with our professional stakeholders by establishing a group that meets on a quarterly basis. The work of the President's Coalition (established by the NMC's first President), involving a wider range of stakeholders, is ongoing.<br><br>We have participated in the Health Hotel since 2005. This is a mini conference that takes place at the three main annual political party conferences and is the collaborative work of 35 organisations, representing statutory bodies, charities and professional bodies with a health policy interest. The Health Hotel includes a consultation event, which is used by Ministers and their Shadow counterparts to test policy ideas and gain feedback from the health sector. This provides us with a valuable opportunity to network with parliamentarians but also senior representatives from the other 34 Health Hotel member organisations.<br><br>At the 2008 Health Hotel, we collaborated with the Medical Protection Society and the Patients' Association on a fringe event *The Blame Game: is the balance right between culpability and accountability in healthcare?*[36].<br><br>We have two strategic reference groups for midwifery, one for the Lead Midwives for Education and one for the Local Supervising Authority Midwifery Officers. Each group meets three times a year and there is one joint meeting each year. The Midwifery Unit has a quarterly briefing meeting with the Royal College of Midwives. Our Midwifery Advisors are involved in all levels of the Midwifery |

[36] The NMC at the Health Hotel 2008 - http://www.nmc-uk.org/aArticle.aspx?ArticleID=3407&Keyword=Health%20and%20Hotel

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| | | 2020 Programme, which is being led by Scotland on behalf of the four departments of health.<br><br>We have participated in the review of nursing careers, both pre and post registration, through the Modernising Nursing Careers coalition, which is led by the CNO England on behalf of the UK. A significant workstream for us has been the Review of pre-registration education and the move to an all graduate entry (see Standard 4.1(iv)). |
| 5.4 iii) | The regulator engages in cross-regulatory work and projects, and takes account of recommendations from CHRE and others about cross regulatory projects, best practice and its performance. | We have a Memorandum of Understanding with the Healthcare Commission, setting out the processes for co-operation on a wide range of regulatory issues. We are developing another with NHS London, which will serve as a template for all Strategic Health Authorities.<br><br>We participate in the work of the Joint Health and Social Care Regulators' Public Patient Involvement (PPI) Group and are currently leading work to revise the information leaflet *Who regulates health and social care professionals?* We are also contributing to the development of a PPI presentation for use by the healthcare regulators to promote an understanding of PPI among their members. The Group is also looking at developing a consultation list to facilitate the sharing of information and joint working, where this is appropriate.<br><br>We established and lead the Joint Healthcare Regulator Forum on Equality and Diversity, which meets quarterly. The Forum is currently taking forward the issues of equality monitoring and good health standards and encouraging closer working and sharing of expertise in these areas. The Department of Health and the Equality and Human Rights Commission have used the Forum as a means of reaching all the regulators efficiently and effectively.<br><br>We have established a Health Regulators Information Policy Group (HRIPG) with other health regulators. In addition to producing a standard Freedom of Information Health Regulators Definition Document, the members of the Group liaise and share expertise in records and information policy and management.<br><br>We continue to have regular meetings with the other UK healthcare regulators under the auspices of AURE. Current work includes joint work on the draft Directive on patients' rights in cross border healthcare and an email exchange of views on the EC's code of conduct for regulators in relation to EU registrations.<br><br>We continue to convene and service the regular meetings of the Chief Executives' Steering Group (CESG), which provides a forum for regulators to share thinking on common issues and discuss a range of cross-regulatory matters. A notable feature of CESG meetings in 2008 has been the |

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| | | contribution and engagement from CHRE and the Department of Health (England). CESG work in 2008 has included agreement of a joint statement on student registration, discussion on the development of a common approach to the collection of equality and diversity information for registrants and complainants, and initial work on developing an approach to dealing with unregistered practitioners who are practising. In 2009, the CESG will be seeking to maximise engagement with and input to the existing range of cross-regulatory groups.<br><br>We have joined other regulators in working with CHRE to develop the processes to be used for CHRE's auditing of the initial stages of the fitness to practise procedures. We have also contributed to joint working on the potential for developing a set of common sanctions for fitness to practise.<br><br>The Director of Fitness to Practise holds regular meetings with his counterparts in other healthcare regulators on an individual basis and participates in a cross regulator forum, which is hosted by CHRE. The Director also meets with regulators from other fields (including Bar Standards Board, Civil Aviation Authority and Financial Reporting Council) to ensure that best practice is identified and adopted from a variety of sources. We are currently using information gathered from these meetings to develop our scheduling techniques for fitness to practise hearings with a view to ensuring that avoidable adjournments are minimised.<br><br>Our web team are visiting other regulators to learn from their experiences in developing their websites and are considering setting up a cross-regulator network of web content managers.<br><br>Our Director of Corporate Governance is a member of the working group considering the governance structure of the new General Pharmaceutical Council.<br><br>We are a member of the UK Inter Professional Group[37] and have representatives on a number of its working groups. |
| 5.4 iv) | The regulator takes into account the differences between England, Scotland, Wales and Northern Ireland when devising its policies and | We are proactive in seeking involvement on a UK-wide basis from a wide range of lay and professional stakeholders on new policies, practice standards and guidance. We also engage stakeholders in initiatives to improve our business processes and customer-facing services. Comments gathered at a series of equality and diversity road show meetings across the UK, revealed local and cultural differences between the four countries which will inform our approach to |

[37] UKIPG, The UK Inter-Professional Group - http://www.ukipg.org.uk/

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| | processes and in engaging with stakeholders. | the collection of equality and diversity information. We asked nurses, midwives, employers and members of the public for their views on our services, for a customer relationship management survey which will contribute to improving our IT services and services for our customers.<br><br>Following the CHRE Special Report, published in June 2008, we strengthened our communications and stakeholder engagement activities. A series of five UK-wide stakeholder meetings, held in the Autumn of 2008, indicated the need for an NMC presence in Scotland focused on our fitness to practise activities. The need for us to strengthen links with policy makers, patient groups and professional stakeholders across the UK has been underlined by the marked differences in healthcare policy development in the four UK countries. We have recently recruited a Deputy Public Affairs Manager who will focus on working with the devolved administrations and we are working on the feasibility of a permanent presence in Scotland for our fitness to practise hearings.<br><br>Our staff and Council members regularly engage with the devolved governments and individual politicians within the National Assembly for Wales, the Northern Ireland Assembly, the Scottish Parliament and Westminster on a range of issues. For example, members from Scotland, and those from Wales, established regular meetings with representatives of their national Department of Health, including the Chief Nursing Officer, to discuss issues of mutual interest. We have staff representatives on a number of key UK working groups contributing to the development of national policy initiatives including:<br><br>• Modernising Nursing Careers (led by CNO England)<br>• Midwifery 2020 (led by CNO Scotland)<br>• Research into the regulation of healthcare support workers (led by CNO Scotland).<br><br>We have invited the Chief Nursing Officers from the four UK countries to address the Council at its first Awayday in March 2009.<br><br>We hold consultation events in the four countries, thereby giving us the opportunity to identify national differences and take them into account.<br><br>We invited key stakeholders from the four countries to comment on an early draft of the briefing document for a recent consultation on the content of the statutory committee constitution rules. We also invited them to identify potential attendees for the focus group events. |

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| 5.4 v) | The regulator, where appropriate, engages in the development of international regulation | We contributed to the development of, and are a signatory to, the Memorandum of Understanding drawn up by Healthcare Professionals Crossing Borders; this is concerned with the exchange of information between competent authorities, particularly fitness to practise data. We participate as observers to the Hpro (health professionals' card) project funded by the EU that works on the exchange of information among regulators.<br><br>Increased freedom of movement for workers, both globally and in Europe, and increasing opportunities for patients to travel across EU borders for healthcare, have generated new concerns about patient and public protection. This area of work is growing in importance and impact and we have responded strategically by setting up a dedicated multi-lingual team of specialists to focus on intelligence gathering, EU policy analysis and lobbying on a range of regulatory and public protection issues. Their work includes registration matters, recognition of professional qualifications, fitness to practice issues, language testing and promoting the need for engagement with, and acknowledging the interests of, lay people.<br><br>We published a position statement setting out our concerns about the European Commission's draft Directive on Patients' Rights in Cross Border Healthcare. We shared our position statement with a number of European stakeholders including John Bowis MEP (European Parliament rapporteur), education institutions, competent authorities and associations.<br><br>The position statement formed the basis for our response to the Department of Health consultation on this matter and for evidence that we forwarded to a House of Lords inquiry into cross border healthcare. As a result of this, on 20 November 2008, our then President, in conjunction with the GMC, gave evidence, about the public protection concerns, to the House of Lords Sub-Committee responsible for the inquiry.<br><br>We are a leading member of FEPI, now known as the European Council of Nursing Regulators and are currently involved in modernising the organisation's governance arrangements and in developing strategy. FEPI is currently collaborating on influencing EU policy making and our Chair will chair a working group on EU policy. We are leading discussions about increasing lay involvement in FEPI's work.<br><br>FEPI has developed a European code of conduct for nursing that is being used as a tool and guide to regulators in different European countries. We have been heavily involved in the drafting of this code, which coincided with the updating of our own Code. |

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| | | We are collaborating with the French regulator of midwives to set up an EU network of regulators of midwives. We are hosting an EU summit for regulators of midwives in May 2009, when it is expected that at least 18 countries will join the network. We are currently undertaking a survey to map midwifery regulation in Europe.<br><br>We are establishing bilateral contacts and collaborating with regulators in the EU countries from which we receive the highest numbers of applications for registration. In doing this, we visit the Minister of Health, the regulator (if it is not the Ministry) and relevant associations. The purpose of these visits is to foster a common understanding, to clarify responsibilities and to develop processes to facilitate the registration process. We had a very productive visit to Bulgaria in 2008 and will be visiting Romania in 2009.<br><br>We are putting in place an action plan for our involvement with European and international patient/user and women groups as well as our collaboration with international organisations such as WHO and OECD.<br><br>We are active in exchanging information and sharing expertise on an international basis. As an active member of the International Congress of Nurses, we attended a conference in Sydney in November 2008, which focused on helping developing countries to assess models for regulating their nursing professionals. As a member of the Department of Health (England) working group on professional regulation, the Director of Standards and Registration was part of Health Minister Dawn Primarolo's public health team that visited Durban in May 2008, to discuss regulation with the South African Nursing Board. We were invited to Chicago in March 2008 to meet with the State Nursing Boards of the USA to discuss handling complaints against nursing professionals. The ICN has invited the NMC to a meeting in South Africa in April 2009 to give a presentation about how we revised and produced *The Code - Standards of conduct, performance and ethics for nurses and midwives*. |
| Any extra information that supports the regulator's case but that does not fit within the minimum requirements above | | An important strand of our recent engagement work has been to focus on those stakeholders with an interest in the CHRE Special Report published in June 2008. Jim Devine MP has agreed to host a Parliamentary Reception for the NMC, on 24 February 2009, to welcome the new Council. This provides an opportunity for Parliamentarians and other key stakeholders to recognise our progress. |
| Supporting evidence | | Provided in footnotes. |