

Evidence submission

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Performance Review Evidence Template

Introduction

Response to last year's performance review

What consideration have you given to issues raised in the previous year's performance review report including the adoption of any good practice identified in that report?

- 1 The NMC is absolutely committed to meeting its statutory duty to safeguard the health and wellbeing of those who need or use the services of registered nurses and midwives. We welcomed the CHRE's performance review report 2010-2011 and have taken very seriously its proposals for how we can further strengthen the safeguards we provide to the public. In response, we:
 - 1.1 addressed the major issues CHRE identified around fitness to practise by continuing to focus attention on improving the speed and quality of our decisions and improving our customer service
 - 1.2 put in place an action plan to tackle these and the other issues which CHRE asked the NMC to address, with clear timelines, dependencies and resource implications
 - 1.3 built monitoring of progress against the CHRE recommendations into our new performance reporting system (introduced October 2011)
 - 1.4 established a quarterly cycle for reporting progress to Council.
- 2 In addition, we are incorporating the report's recommendations into our business planning for 2012-2015. Directorates are currently identifying how their objectives and deliverables will address the CHRE's concerns and building actions into future workstreams and programmes in a systematic way.
- 3 We considered the issues which CHRE addressed to all regulators and responded by:
 - 3.1 **Introducing routine medical examinations for registrants with cautions or convictions for drink or drug-related offences.**
As CHRE recognised in last year's report, the NMC has already introduced this policy and it has proven a valuable additional safeguard to public safety. Between April and November this year 25 cases were referred for medical reports, 19 of which were also referred for blood tests. Three registrants were refused admission back on to the register and a further nine await a final outcome once the results are received.
 - 3.2 **Establishing internal quality assurance for key decision points in the fitness to practise processes.**
We introduced a structured quality assurance programme within Fitness to Practise (FtP) in May 2011 and completed the first quality assurance audit of our screening function in September 2011. An implementation plan to address the findings is in place. In the light of this and the CHRE's Audit Report 2011, we are developing a full quality assurance strategy which will be put to Council for consideration in January 2012.

3.3 **Addressing vetting and barring issues**

As CHRE is aware, the key difficulty for all the regulators is that the threshold for referral set by the Independent Safeguarding Authority (ISA) in England is so low that theoretically all our fitness to practise cases could be referred to it. There have been extensive discussions at the Chief Executive's Steering Group (CESG) and with both ISA and the Department of Health (DH) to try to resolve this. In the interim, we are working with the ISA as best we can and trying to ensure that we have as clear as possible an understanding of which cases should be notified. To this end, ISA has given presentations to our fitness to practise staff on the issue.

3.4 Our contact with Disclosure Scotland has been more straightforward because of the different approach taken to vetting and barring in Scotland. We have positive working relationships with Disclosure Scotland and have been able to meet their requests for information without difficulty.

3.5 **Strengthening our approach to complaints about the NMC**

We welcomed CHRE's recognition in last year's report of our progress in this area. We appointed a complaints manager in April 2011 within the Office of the Chair and Chief Executive demonstrating our commitment at the highest level to responding appropriately to complaints and feedback about our work. This is in line with the NHS model and ensures that the Chief Executive and Registrar is directly involved in ensuring that all complaints receive a full and prompt response and that learning from them is acted upon. The complaints manager is responsible for following up the outcomes of complaints; ensuring that any learning is taken on board; and that any appropriate changes to policy or process are implemented. Regular reports are discussed by Council in open session and we highlight to Council any recurring issues and action taken to address them¹. We are proud of our achievements in substantively improving both the customer service experience for complainants and how we are embedding a continuous learning cycle.

4 We reviewed the current issues and concerns relevant to health professional regulation highlighted by CHRE.

4.1 **Abolition of strategic health authorities**

We have very positive working relationships with the four Directors of Nursing in the new cluster strategic health authorities (SHAs) in England. We are working constructively with them to ensure that the valuable protections afforded to mothers and babies by the work of local supervising authorities is supported and maintained. We are planning a workshop with directors of nursing of the new SHAs and LSA Midwifery Officers within the LSAs to determine working arrangements during the transition phase over the next year.

4.2 **Indemnity insurance**

We have closely followed developments on EU legislation in this area. We will be working with DH to determine the legislative provisions needed to require registrants to declare their insurance status on registration or renewal. The joint study which we commissioned with the RCM has now been published². It identifies further work that needs to be done in the light of the changing working environment. We will be

¹ <http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2011/NMC-Council-Papers-October-2011.PDF>

² http://www.nmc-uk.org/Documents/Midwifery-Reports/Feasibility-and-Insurability-of-Independent-Midwifery-in-England_September-2011.pdf

reviewing the NMC's policy on professional insurance and indemnity as part of our review of the code³ to bring it into line with EU requirements.

4.3 **Language testing**

In conjunction with the GMC, we have continued to play a proactive role in the debate about language testing of EU professionals, including by giving evidence on this issue to both the Health Committee and the House of Lords EU sub-committee (G) Inquiry into the mobility of health professionals. We were pleased that both the Health Committee and the Lords supported our position on this issue. We continue to call for a change in EU legislation to allow us to systematically test EU applicants. In parallel, we have developed measures to help mitigate the risks to patient safety of nurses or midwives with inadequate language skills being employed. We are working with DH on solutions to involve employers more and highlight their responsibilities to raise concerns about language difficulties. Our collaborative work with CQC and employers, such as directors of nursing on this issue has been welcomed by DH.

4.4 **Ensuring registrants remain up to date and fit to practise**

During the past year, we have been much more robust in ensuring that registrants remain up to date with practice and have refreshed our post-registration education and practice (Prep) handbook. We have also taken account of CHRE's views in developing our proposals for revalidation. We have adopted the 'right touch' approach in identifying options for both continuous professional development and practice and these will be put to Council in January 2012. We have taken the views of the Health Committee seriously both in terms of the focus and timescales for this work.

4.5 **Communications with witnesses**

We have established a single point of contact for communications with witnesses – our Scheduling Team. We are appointing new hearings support officers who will have specific responsibility for providing appropriate care and support and meeting the needs of witnesses when they attend for hearings. We have been able to significantly improve services to witnesses, in terms of convenience, accessibility and reduced travelling time in Scotland with the opening of our office and dedicated hearings suite in Edinburgh. We will be able to offer similar improvements to witnesses in Wales with the opening of hearings facilities in accommodation we have secured in Cardiff. We are seeking to collaborate with other regulators to extend our hearings facilities to other parts of the UK: for example, we are in discussions with the GMC about shared hearings accommodation in Manchester and with the Pharmaceutical Society of Northern Ireland (PSNI) about sharing hearings suites in Belfast.

- 5 We identified the good practice of other regulators highlighted in CHRE's report so that all directorates could assess to what extent this was relevant to their work or worth investigating further.

³ *The code: Standards of conduct, performance and ethics for nurses and midwives* <http://www.nmc-uk.org/Nurses-and-midwives/The-code/>
- see Guidance and standards, paragraphs 118-128 for more information on the review of the code.

How have you addressed the areas for improvement identified in your individual performance review report?

- 6 Last year's report asked to see continued improvement in the work of the Fitness to Practise directorate. The NMC is engaged in a major ongoing strategic change programme designed to improve all aspects of our fitness to practise work so as to further protect the health and well being of the public. Specifically, we have taken on board CHRE's key recommendations by:
 - 6.1 Identifying and prioritising serious cases: As recognised in CHRE's 2011 Audit Report, we are achieving our aim of safeguarding the public by identifying and prioritising serious cases and securing interim action within 28 days against registrants who pose a risk to public safety.
 - 6.2 Engaging more closely with employers: In October 2011 we began referring cases to employers to make sure that there are no wider underlying fitness to practise issues before closing cases or sending them back for local investigation. We are referring approximately five cases per week back to employers.
 - 6.3 Improving case management: We are totally committed to meeting our key performance indicators (KPIs) of completing cases within 15 months under our old KPI and, for cases received after July 2011, our new performance targets of completing investigations within 12 months and adjudication of cases within 6 months. Following Council approval in October, we have allocated considerable resources to increase our hearings capacity to 15 substantive CCC hearings per day from January 2012 to ensure we meet our adjudication target in 2013. Since the last performance review; weekly management information meetings have been established. The meetings are chaired by the Director of FtP and are attended by members of the senior management team. The format of the meetings is each manager presents the management information for their section of the FtP process; this allows each area of FtP to be scrutinised by the senior management team. Since these meetings have been taking place we have seen an improvement in case progression particularly with the oldest cases in the system.
 - 6.4 Improving customer service: We introduced our new "customer service" pledge for all participants in fitness to practise proceedings and evaluation forms are sent out at the closure of all cases. Since the 2010 performance review all FtP staff have received training on the new FtP customer service pledge; the training has also been integrated into the induction training for new staff. We have implemented a 48 hour KPI for acknowledging all correspondence received and a five day KPI for sending out of decision letters; these have helped to improve the culture of customer care within FtP. These KPIs are monitored as part of individual case audits carried out by Case Managers.
 - 6.5 Improving decision making: In CHRE's 2011 performance review of the NMC; CHRE recognised the need for improvements to panel guidance to ensure that real improvements are made to the quality of recorded decisions. Since the review new panel guidance on imposing conditions of practice orders, new indicative sanctions guidance, guidance on dealing with cautions and convictions relating to drug and alcohol, guidance on the use of chemical testing, guidance on referring cases to substantive meetings and guidance for panels on relevant case law has been introduced by the Council. We intend to build upon this next year by issuing new guidance for panel members on imposing interim orders, a new interim orders determination tool and a new chairs guide for the investigating committee. We have also recently evaluated our health committee and conduct and competence committee determinations tools; these have now been reviewed and updated versions will be issued in December.

- 6.6 Improving decision making: The forthcoming changes to our rules will allow us to gather more initial information to help our Investigating Committee make better decisions. We have also begun a process reviewing and implementing new panel training programmes informed by CHRE learning points and by working with other regulators such as the GMC, HPC and GDC. We have also established a decision review group based on the model used by the GMC; the first meeting of the decision review group took place in November. The purpose of decision review group is to monitor decision making throughout all aspects of Fitness to Practise work, ensuring that it is in line with current operational guidance, legislation, and Council policy. The information gathered during the decision review process will inform panel training and guidance, and will identify performance management issues. These meetings will also be used as a mechanism for highlighting decisions to CHRE where concerns have been raised internally; leading to a more proactive approach to dealing with improving the quality of our panel decisions.
- 6.7 Quality assurance. Since the last performance review a Quality Assurance Manager and a Compliance Officer have been recruited. Development of the FtP quality assurance programme has commenced. We have completed a quality assurance audit on cases closed in Screening and at the first consideration by the investigating committee. The next stage of development for the QA programme is to carry out a quality assurance checks on our new customer service standards; we expect this work to take place during the next few months. To support the work of the FtP quality assurance team we expect the QA team to expand during the next year. The first quality assurance findings were reported to Council in September. A full quality assurance strategy for FtP will be presented to Council early in 2012.
- 7 We welcomed the CHRE Audit Report 2011 and look forward to continued CHRE involvement in identifying areas for improvement. Council discussed the report at its meeting on 24 November and it was also scrutinised by our Audit Committee at its meeting on 1 December. We were grateful for CHRE representation at the meeting to discuss the report with the Audit Committee.
- 8 Council is fully aware of the issues raised by CHRE and we are taking immediate steps to address these. A clear demonstration of our commitment is our approach to FtP resourcing:
- 8.1 expenditure on FtP now forms 60% of our total expenditure; and
- 8.2 we have doubled the size of the FtP staff team (FtP accounts for 47 percent of NMC staff numbers). We have recruited strong and effective case managers. Inevitably, however, it takes time for new staff to become fully effective.
- 9 Council has considered FtP issues at every meeting since December 2010 and will continue to do so. In addition, we are strengthening Council oversight of FtP business, including through weekly updates to the Chair and monthly updates to the Council meeting in public session and the establishment of a group comprising the Chair, Chief Executive and Registrar, Director of FtP and two members of Council to review detailed FtP performance information. Our Audit Committee will also continue to scrutinise progress. We will be putting our detailed action plan to Council in January and will also share it with CHRE and DH and will be sharing the monthly progress reports with CHRE and DH.

Other CHRE Recommendations for NMC

- 10 You also asked to see progress on a number of other issues: we report on these under each of our core duties to protect the public below.

Guidance and standards

11 **Quarterly performance monitoring of local supervising authorities (LSAs) of midwives**

The quarterly monitoring tool was trialled with all LSAs from January 2011 and fully implemented from April 2011, to fit with our normal annual reporting cycle. Whilst it is too early to draw definitive conclusions, the tool is so far proving effective as an early warning system, alerting us to issues at a much earlier stage than was previously the case. For example, information obtained through the quarterly monitoring contributed to our decision to undertake an extraordinary review of the University Hospitals of Morecambe Bay Trust (see paragraph 71-72 below). Improvements to the tool, in the form of electronic reporting, are currently being piloted.

12 **Professional insurance and indemnity**

Please see paragraph 4 above. The position in relation to independent midwives is discussed in more detail later.⁴

Education

13 **Quality assurance of education**

Quality assuring education programmes which lead to NMC registration is crucial when confirming suitability for admittance to the register and is fundamental to our duty to protect and safeguard the public. We completed our review of the current provision of quality assurance (QA) and concluded that there would be clear benefits for public safety in our assuming quality control of the framework. Council agreed⁵ that this should be brought back in house: That decision has been very positively received by our stakeholders across the four countries. We have put in place transitional arrangements to ensure a smooth and uninterrupted transfer of QA from external to internal provision by September 2012. In developing our in house provision, we are mindful of CHRE's views and of the need to adopt a "right touch" approach but we have to balance that against the considerable public and media interest in the education and training of nurses, not least around issues of dignity and compassion, and our duty to maintain public confidence in the professions. We believe we are getting that balance right.

14 **Good health and good character guidance**

This is work in progress, and whilst we recognise its importance, it has not been a priority this year. We have undertaken the scoping of the project and a full review will be undertaken as part of our work in 2012-2013. We will continue our commitment to public safety by clearly articulating within the guidance the specific requirements for admission to the register to ensure maximum clarity for applicants and transparency for the public.

15 **Revalidation**

We have made excellent progress on development of our proposals for revalidation and have agreed the key principles underpinning our approach. Unlike other regulators, we have focused considerable attention on continuous professional development for many years and are therefore in a good position to build on all the sound work we have previously done on Prep, whilst ensuring that our approach is proportionate and in accord with "right

⁴ Registration, paragraphs 298-307

⁵ <http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2011/NMC-Council-Papers-October-2011.PDF>

touch” principles. We have received positive support from the DH to our proposals and, from January 2012, will be meeting with them every eight weeks to discuss progress. Following an extensive and very productive programme of engagement with stakeholders, we are now ready to move into implementation phase and remain on target to introduce revalidation in 2014, as planned.

Registration

16 **Using equality and diversity data to improve performance**

We are committed to ensuring that all our policies and practices are fair and non-discriminatory and to developing and using our data to enable us to identify any issues of concern which need to be addressed. The appointment of a new Head of Equality and Inclusion in August 2011 has strengthened our work on this front. Our Chief Executive and Registrar, as NMC Diversity Champion, now chairs a staff engagement forum on diversity issues and we are putting in place an independent external reference group to challenge and scrutinise our progress, including on how we use diversity data more proactively to inform our work programmes. We are also embedding equality and diversity issues into all our performance reporting and action and business planning processes. For example, our action plan on the CHRE’s performance review report required any equality and diversity implications of the issues raised to be specifically addressed.

17 We have undertaken further analysis of the equality and diversity information collected from registrants and reported on this to Council in November 2011⁶. Publication of the data has been well-received by a number of key stakeholders. We are now scoping the extent to which this data can be used in relation to fitness to practise outcomes and what other information we might need to collect from participants in fitness to practise processes.⁷

18 **Inclusion of information on the register about registrants suspended or struck off.** We have addressed this issue as part of a wider piece of work on developing a policy for the retention and publication of historical fitness to practise data. We have engaged with other regulators, such as GMC, to evaluate best practice and better understand their approach. We understand that GMC has wrestled with the very complicated legal and technical issues involved in this for a number of years. We are therefore pleased that we have been able to progress our review and develop proposals in a timely manner since CHRE’s report in July. We have formulated a set of principles about what information should be available in the public domain on which we will be seeking Council approval in January 2012.

19 **Information security**

The resilience and depth of the NMC's information security and data policies and their application has been substantially improved and extended during the year. We recruited an Information and Data Governance manager to facilitate and oversee development in this area, resulting in significant improvement in documentation, implementation and training on all aspects of information security and data governance. In particular, we have

⁶ <http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2011/NMC-Council-papers-November-2011.PDF>

⁷ Fitness to practise paragraphs 417-419

introduced mandatory staff training in our information security policies and any breaches of information security that are found to be the direct responsibility of staff are dealt with robustly in accordance with our HR processes.

Where has your performance improved since last year (in addition to the points raised above)?

Proactive regulation

- 20 Responding to public concerns about poor care is central to the NMC's focus on proactive regulation. We are developing a model based on three pillars: intervention and preventative activity; strengthening our standards; and identifying and promulgating good practice.
- 21 In relation to the first pillar, we have continued to develop our proactive regulation activity using our powers under article 22(6) of the Nursing and Midwifery Order 2001⁸, as amended (the order) to investigate concerns from a wide range of sources without first receiving a formal fitness to practise referral.
- 22 We have opened 266 article 22(6) cases at 1 December 2012. These cases were opened following detailed scrutiny and assessment of evidence gathered as a result of information contained in media reports and/or as a result of enquiries or information received from whistleblowers, other healthcare and systems regulators, police, and coroners. The scale of investigatory activity has resulted in a significant increase in direct communications with heads of midwifery, nurse directors and chief executives in the NHS and the independent sector.
- 23 Decisions to open cases under article 22(6) are made in accordance with criteria approved by Council in June 2009 in delegating these powers to the Chief Executive and Registrar, in consultation with Fitness to Practise directorate. This requires us to ensure that these powers are used proportionately and in the public interest. In accordance with our order, cases opened under article 22(6) are processed in exactly the same way as any other fitness to practise referrals. However, many inevitably feature on the high profile case list, which is monitored rigorously by the Chief Executive and Registrar and Director of Fitness to Practise on a monthly basis.
- 24 To give further impetus to this work, we created a new post of Head of Critical Standards Intervention (CSI) and made strenuous efforts to recruit a suitably experienced clinician with regulatory expertise for this important role. This took somewhat longer than anticipated, but we were pleased to be able to appoint our new Head of CSI from a previous role at the Medicines and Healthcare Regulatory Agency. As detailed below⁹ we will be developing a systematic heat map approach to identifying where there may be risk of poor nursing and midwifery practice which poses risk to public safety.
- 25 A positive outcome of our proactive work is that we have seen a considerable increase in engagement with the CQC, Monitor and other health care systems regulators and are now actively involved at a very early stage in addressing systemic issues relating to poor health care. Moreover through the

⁸ The Nursing and Midwifery Order 2001, as amended (SI 2002/253)

⁹ Guidance and standards, paragraphs 111-117

three-way involvement of our Chief Executive and Registrar, and Directors of Fitness to Practise and Education, we have been able to link up issues affecting both the learning and health care environments more effectively.

- 26 The Head of Critical Standards Intervention will in future also be involved in this work as well as proactively identifying where our code or standards need enhancing or where there are gaps that need to be addressed. The third pillar of this work is the identification and promotion of good practice in a much more systematic and proactive way to prevent poor care happening in the first place.
- 27 We have welcomed GMC's interest in our work and have offered our help to assist them move in a similar direction.

FtP alcohol and drugs policy

- 28 We have strengthened protection of the public further by adopting the practice of routinely requiring registrants who have been convicted or cautioned for a drink or drug offence to undergo a medical examination to help establish whether fitness to practise is impaired due to underlying drink or drug problems. We have already seen the positive benefits for public safety of successfully implementing a consistent policy across FtP and Registrations and we are grateful to CHRE for prompting us to address this issue.

Guidance and standards

- 29 We now have in place an agreed policy development cycle and an agreed evaluation methodology to support our evidence based approach to the development and review of standards and guidance, in line with CHRE's recommendations. In the first year, this work has been internally focused including putting the right tools, staff training and forums in place. Next year, we will be developing our analysis on the basis of varied evidence resources including research, FtP and registration data and information gathered through our advice function and, once in place, our newly developed helpline.¹⁰

Education

- 30 Our new outcome focused *Standards for pre-registration nursing education* (SPNE) came into effect in September 2011. We have now approved 32 education providers for delivery of the new programmes: the remainder will go through the process before 2013.
- 31 We have set up a number of professional and Quality Assurance (QA) forums and use these and the Registrar's Education Group, to consider key components of the education standards and how implementation is being managed and delivered, so that we can act promptly to minimise any inconsistencies or ambiguity in educational delivery.
- 32 Our work to reintroduce the student index is a considered response to overwhelming demand from our stakeholders who see this as essential tool in safeguarding the public. It will enable Approved Education Institutes (AEIs) to identify applicants for their courses who have been previously

¹⁰ Guidance and standards, paragraph 190

discontinued from an approved programme because they were found not fit for registration or practice. Our recent consultation exercise showed over 80 percent support for the index. We are clear, however, that our proposals on implementation of the index which will be put to Council in early 2012 should be commensurate with the principles of right touch regulation.

Registration

- 33 Maintaining the integrity of the register is at the heart of our role in protecting the health and wellbeing of the public and this is the focus of all our developmental work in registrations. We have helped nurses and midwives maintain their registration more easily through introducing an online direct debit service in June 2011 which can be set up at any time thus helping to prevent inadvertent lapses from the register. Since June, over 25,000 registrants have availed themselves of this facility which will lead to full year savings of £5k in bank charges. We will continue to encourage registrants to sign up to the Direct Debit facility online.
- 34 We are continuing the development of full online services with the first phase of roll out due next summer. This will further strengthen the integrity of the register by updating information in a more timely manner as well as improving customer service by providing 24 hour access to registrants wishing to join the register or renew their registration.

What areas for concern have you identified in each of the four functions and how have these been addressed?

Fitness to practise

- 35 Fitness to Practise has embarked on a major change programme over the past year to improve every aspect of delivering our fitness to practise function. We have made significant progress by focusing on moving cases through the FtP process much more effectively, but we are hampered in our objective by legislative requirements that do not facilitate efficient case progression. The forthcoming changes to our rules will alleviate the position to some extent and enable us to make some progress. We are committed to meeting our key performance indicators of 12 months for investigation and six months for adjudication and, as indicated above, we will be holding 15 substantive hearings a day from January 2012 to make progress on this.
- 36 One area of concern is the increasing number of new referrals combined with the number of older cases with the FtP system. Dealing with a continued rise in new referrals whilst progressing older cases is a challenge that we will face during the next year. We are increasing resources within FtP, commencing in house investigations, closely monitoring the progression of our oldest cases and increasing our hearings activity to mitigate this area of concern.
- 37 Another area of concern we have identified is the increasing number of serious cases requiring interim order consideration we have received during the past couple of months; we intend to develop an enhanced IO risk assessment process and to mitigate this area of concern.
- 38 We also recognise the need to strengthen our panel decisions and determinations as noted above and have introduced a number of changes to support this, including the enhanced council's officer role, new guidance for panels, decision review group, and the recruitment and training of new panel chairs

Guidance and standards

39 In line with the desire of DH and the devolved administrations to revitalise health visiting, we have identified a need to review the third part of the register covering specialist community public health nursing (SCPHN). This programme will also encompass a review of specialist practice qualifications, such as district nursing.¹¹ Our Chief Executive and Registrar is a member of DH's Health Visitor Taskforce and we are contributing to DH's 'Health Visitor Implementation Plan' to expand and strengthen health visiting services. In October, we wrote jointly with DH to thousands of health visitors with lapsed registration encouraging them to return to the profession. A similar exercise is being planned in Wales for 2012.

Registration

40 We have robustly managed the issue of lapsed registration. It came to our attention earlier this year that a number of nurses had been working in roles that required them to be a registered nurse, but who had allowed their registration to lapse and were practising contrary to article 44 of the order. We notified employers so that this could be addressed locally. The Chief Executive and Registrar wrote to all directors of nursing, human resources departments and heads of midwifery reminding them of the need to have effective local systems for ensuring up to date registration. We raised awareness of the importance of this issue with the unions and professional media and ensured we had robust procedures in place for deciding whether to readmit lapsed registrants to the register.

41 We have identified that there is an issue with GP practices checking up to date registration of nurses and midwives. We set out our concerns to the Royal College of Physicians, the British Medical Association and the GMC. This has led to a joint campaign on a four country basis, using newsletters, conferences and meetings to raise awareness amongst GPs and GP practice managers about their responsibility as employers to check the qualifications and registration status of practice nurses. We secured the agreement of the Care Quality Commission (CQC) to make it a condition of GP practice registration from April 2013 that they must be able to demonstrate that they have satisfactory processes in place for checking the qualifications and registration status of their practice nurses. We are also exploring with the CQC whether this principle could be extended to other primary medical service providers and independent sector providers commissioned by the NHS to manage walk-in medical centres. In addition, we will look to develop a similar approach with the other country system regulators.

42 We reviewed our identity checking policies and procedures, in light of a recent high profile case, and can provide reassurance that these are robust, without being disproportionate.

What areas of good practice have you identified in each of the four functions?

43 The following represent some examples of good practice we have initiated this year.

44 In Fitness to practise:

¹¹ see Guidance and standards paragraphs 133-135 below

- 44.1 Introduction of the screening team
 - 44.2 The role of our clinical advisers in providing direct input and expertise at an early stage of fitness to practise cases
 - 44.3 Our improvements in witness care and support
 - 44.4 The changes we have introduced as a result of our panellist review project, including reconstitution of our appointments board; the recruitment of new panellist chairs against more rigorous competencies around decision making; improved support, training and guidance for panel members and the new enhanced council's officer role
 - 44.5 Creation of a Head of External Liaison role to provide a single conduit and known contact point for directors of nursing, directors of HR and equivalents to provide advice on fitness to practise issues.
 - 44.6 Introduction of an FtP directorate efficiency board to ensure that we are making the most efficient and effective use of our resources and delivering outcomes across the many improvement projects in train.
- 45 In Guidance and standards:
- 45.1 Our extensive programme of stakeholder engagement in relation to our proposals for revalidation.¹²
 - 45.2 We are leading the way in Europe, as the only European nursing and midwifery regulator to have introduced a sustainable system of compensation measures to comply with the professional qualifications directive (Directive 2005/36/EC). The EU Commission has welcomed our approach as best practice and asked us to share this with our European counterparts to help them comply with the directive. We will be hosting a conference to share our learning with EU colleagues during 2012.
 - 45.3 Our work to develop standards for delegation as a direct response to stakeholder feedback that this was needed.
 - 45.4 Our safeguarding adults resource hub and training films which won a gold award in the 'Motivational Training' category at the International Visual Communications Association awards. The films received over 50,000 views in their first year online.
- 46 In Education:
- 46.1 our process for sharing good practice and innovation amongst the 82 universities that have NMC approval. At this year's NMC reviewers' event, eight universities presented projects which detailed innovation in practice learning and ways in which to achieve service user involvement. These are key aspects of the NMC standards for pre-registration nursing education and are also key components of the QA monitoring framework.

¹² See Education, paragraphs 218-223

- 46.2 our development of reference groups for the student index and the QA project has enabled us to engage subject experts who are willing and able to positively influence the design and development of the final product.
- 46.3 our development of accessible online resources to support the application of the standards for education. These are informed by programme approval and monitoring events, as well as enquiries to the education team.
- 47 In Registrations:
 - 47.1 Our joint initiative with DH in writing jointly to lapsed health visitor registrants to encourage a return to the profession.
- 48 In Stakeholder engagement:
 - 48.1 as described in detail at paragraphs 60-67 below, our extensive stakeholder engagement programme encompassing the depth and breadth of the nursing and midwifery professions, employers, and education providers as well as patients and the public.
 - 48.2 our innovative 'NMC night shift' event at Central Manchester University Hospitals, engaging with around 180 ward level staff on tours of the wards from 20:00 to 23:00 one evening, and through an exhibition stand in a public area the following morning from 06:30 to 08:30, enabling us to reach an audience who would not normally have an opportunity to attend our events.
 - 48.3 our advice on the use of social media which is seen as a benchmark by fellow regulators and has been widely picked up as good practice, including outside the healthcare sector
 - 48.4 our new publication, NMC Review which has received extremely positive feedback. This is already seen as a professional and authoritative source of information and advice, as well as leading the debate on current issues and challenges facing our professions.

Responding to change, learning and information

How is learning from the following five areas taken into account in each of the functions?

Other areas of your work (such as fitness to practise, policy development or quality assurance of educational institutions)

- 49 We are using Education QA data accrued since 2007 to help identify AEs who perform consistently well and, importantly, those who consistently gain unsatisfactory grades so that we can be proportionate in our approach and provide support to those AEs with consistently unsatisfactory performance. We are also looking at how this data might contribute to development of an early warning system which could be used in a proactive way to actively engage with the educational provider concerned to determine and tackle the root cause of performance issues.
- 50 Increasingly, we are coordinating our activities related to extraordinary reviews so that we can gain a comprehensive overview of the issues or situation prompting the visit. For example, our Education QA and Midwifery teams have conducted a recent joint extraordinary review with CQC and other partner bodies.

- 51 Our approach to EU applicants for registration, as mentioned at paragraph 45.2 above, exemplifies how we use multi-directorate learning and knowledge to enhance our approach to safeguarding the health and wellbeing of the public. Our Policy and Standards, Education and Registrations directorates have all contributed to the development and implementation of EU aptitude tests and adaptation programmes enabling us to ensure we fulfilled our compliance with the EU directive. The aptitude tests are now ready to go live when the current derogation provisions have been removed by the department of Business, Innovation and Skills.

Organisational complaints

- 52 As previously noted (paragraphs 3.5), we continue to strengthen our approach to complaints about our work. We have taken on board the recommendations in CHRE's report that we further develop our work to ensure that user comments are 'appropriately recorded, dealt with and, where necessary, learnt from.' We now ensure that we systematically capture learning from complaints, and that improvements are built into reviews of policies, systems and procedures. We follow up to ensure that these improvements are adhered to on an enduring basis.
- 53 In support of the corporate complaints systems, we implemented an improved process within the Fitness to Practise directorate for dealing with complaints relating to FtP cases, including more robust monitoring and management of complaints handling and identifying learning and feedback from complaints to inform our FtP change improvement programme.
- 54 We seek evaluation from educational providers regarding both our approval and monitoring activity. The majority of these evaluations are positive. Where adverse commentary is received, this is followed up and discussed quarterly at contract review meetings. In the majority of cases resolution is achieved at this stage. During the academic year 2010-2011 academic year a total of three complaints out of 255 events were received. These were swiftly dealt with by the Head of UK QA, Director of Education and the Chief Executive and Registrar.

The outcomes of CHRE's work

Effective engagement, patient and public participation in health regulation (July 2011)

- 55 We contributed to the work undertaken by CHRE in producing this report. We reviewed the report's findings and assessed how our existing practices matched against these, concluding that much of what we do is already in line with the report. However, we have considered how we can learn from the report to improve our consultation and engagement for the future and some examples of how we have taken account of the report are given below.¹³
- 56 We have made it a fundamental requirement that service users and carers contribute to development and delivery at all stages of pre registration nursing education programmes. During the 32 approval events held during 2010-2011, we were able to confirm that all education providers had created a service user and stakeholder strategy. Service user and carer representatives were present at the majority of approval events and were able to articulate how they had contributed to programme development and how their relationship with the education providers would continue. Good examples

¹³ Guidance and standards, paragraphs 173-179

include: service user and carer involvement at recruitment and selection activity, such as open days; participation in classroom delivery; simulation practice learning activities; and participating in the assessment of student practice through patient testimonials.

Modern and Efficient Fitness to Practise (August 2011)

- 57 We are mapping the key findings identified in the above report against our current fitness to practise processes to consider whether there are any issues we should take into account as part of the comprehensive programme of change we already have underway.

Board size and effectiveness (September 2011)

- 58 As part of our ongoing work to strengthen the NMC's governance, we have been actively considering the size of Council, including taking account of CHRE's advice to DH on board size and effectiveness. Council discussed this issue at its meetings in September and October. As part of its work, Council is also looking at the competencies and skill sets required to enable it to provide effective strategic oversight¹⁴. Council has engaged with the Law Commission and will continue to do so as its work on review of the regulatory environment develops.

Cost effectiveness and efficiency study

- 59 We are actively engaged in the CHRE's work on cost-effectiveness and efficiency. We have already initiated a number of substantial measures to improve cost effectiveness across the organisation which we would be happy to share with CHRE, including "investing to save" in areas such as online registration and bringing legal investigations in-house. We expect to secure significant efficiencies as a result of our FtP rule changes, including introduction of voluntary erasures. Our Chief Executive and Registrar chairs an internal Resources Group which subjects all business cases for proposed new projects or posts to rigorous scrutiny. We are also identifying savings across administrative and corporate functions, including changing our management of travel and subsistence costs and reform of our recruitment processes, significantly reducing costs in the past year. In addition, our Director of Resources is actively engaged with counterparts in the other regulatory bodies in looking at potential areas for collaboration, such as back office functions.

Feedback from stakeholders from the four UK countries

- 60 We continued to build our programme of communications and engagement with our stakeholders and have put strong emphasis on continuously learning and improving from the feedback we receive. Delegates to events are sent a link to an online evaluation form which invites them to comment on all aspects of the event including relevance to their needs. Feedback is carefully analysed and reported back to our External Events team and more widely through the organisation. A strategic evaluation of our events analysis will be provided to Council in 2012.

¹⁴ <http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2011/NMC-Council-Papers-October-2011.PDF>

- 61 Stakeholder feedback has improved our appreciation and understanding of the four country context of regulation and has enabled us to design engagement activities that more fully reflect the needs and differences of our stakeholders in the four countries. The content of materials for conferences, events, meetings and presentations are tailored and appropriate to the different audiences. We have trialled events in healthcare settings allowing us to engage with patients, the public, nurses and midwives where care is delivered. We have also moved start times to different times in the day to make it easier for delegates to attend and allow more time for discussions. Stakeholder feedback has also influenced the development of significant strategic policy initiatives. Our work on standards for delegation was prompted in part by stakeholders telling us about their experiences and concerns about delegation in their working lives.
- 62 We have organised a wide range of events and meetings between January and October 2011 including:
- 62.1 ten employers and managers ‘roadshows’ across the UK for managers or supervisors of nurses or midwives in any sector. The content included updates on major workstreams including proactive regulation, revalidation, safeguarding adults, raising concerns, EU issues, delegation issues and other concerns within the code in relation to healthcare support workers and fitness to practise. Overall response to these events was extremely positive with delegates expressing particular interest in fitness to practise.
 - 62.2 ten ‘meet the NMC’ events (seven in London, two in Edinburgh and one in Cardiff) attended by 136 directors of nursing, heads of midwifery and directors of human resources. Fitness to practise, the registration of EU nurses and midwives, proactive regulation and professional leadership were the recurring themes in these events. We were pleased that these events achieved 100 percent satisfaction ratings amongst those who responded.
 - 62.3 four supervisors of midwives ‘roadshows’ held across the UK attended by 132 supervisors of midwives and student supervisors of midwives. These events, which included practice scenario exercises, also recorded a 100 percent satisfaction rating amongst those who responded.
 - 62.4 three listening events – these events were led by our Chair and Council members and gave them the opportunity to engage with nurses and midwives about the NMC’s role and remit to safeguard the health and wellbeing of patients and the public. We were pleased that many nurses and midwives felt able to exchange experiences of practice and share perspectives on a range of issues including some of the high profile concerns about standards of nursing care.
 - 62.5 five roundtables throughout the UK – these are led by the Chair and Chief Executive and Registrar and address a single theme to encourage discussion between lay and professional voices who would otherwise not get the opportunity to debate topics face to face. Recent topics have included protecting the public in the highlands and islands of Scotland, Guernsey, Jersey, Gibraltar, Isle of Man and the Falklands and nursing and midwifery in secure environments. The outcomes of this last event are already feeding into our work to develop additional material in support of the code on this issue.¹⁵

¹⁵ see Guidance and standards, paragraph 137

- 63 We invest heavily in staff time and effort, in engaging directly with colleagues in the field at all levels. Our Chief Executive and Registrar, directors, assistant directors and expert staff such as nursing and midwifery advisers undertake visits on an ongoing basis to health care facilities throughout the four countries. We are receiving extremely positive feedback from this direct engagement and recognition of the enormous improvements we have made in recent years, including in relation to fitness to practise. Gratifyingly, we are now seeing this come through in the number and quality of applicants for senior, specialist and clinical adviser posts at the NMC evidencing the increasing confidence of the professions in our work.
- 64 The new role of Assistant Director for Scotland and Northern Ireland affairs has been extremely well received by our stakeholders. Verbal and written feedback indicates that this has contributed to a significant improvement in the level and quality of our contacts with stakeholders in Scotland and Northern Ireland and that the NMC's engagement is increasingly aware of and sensitive to the historical, cultural, economic and social diversity of the two countries. A stakeholder from a trust in Northern Ireland commented:
- “We really appreciated you coming to spend the day with us and for providing your very insightful presentation on how the NMC is working for the patients benefit. Your talk has provided key points for me to use in the incoming months. You have really pushed yourself to come to the nether regions of Northern Ireland and for that, the trust and myself are very grateful. Thank you for making the difference in this way.”
- 65 Our Edinburgh office primarily provides a fit for purpose space for fitness to practise hearings in Scotland. However the facilities are flexible enough to allow us to hold events and meetings with our stakeholders as well as providing a base for NMC staff working in Scotland.
- 66 We seek feedback from all education providers who engage with the QA framework across the UK through evaluation of all approval and monitoring activity. The responses are collated to identify themes and risks which we then actively address either directly or through enhanced training and development of reviewers. An example of this is our work to increase NMC reviewers' knowledge and awareness of the context and terminology for health and social care in the devolved administrations.
- 67 As a result of returning QA in house, we have actively sought four country perspectives from educational commissioners, deans of faculties of health and directors of nursing to ensure that we are considering the views from devolved administrations as well as central policy drivers.

Public policy programme reports from the four UK countries

- 68 Our Government and Strategic Engagement team monitors public policy developments in the four countries and provides briefing for Council and Corporate Leadership team. The team uses a range of online tools to keep abreast of political activity in the four parliaments and assemblies of the UK and attends parliamentary debates and committees at Westminster, Holyrood and Stormont (to date there has been no business need to attend a debate in Cardiff).
- 69 We attend the party political conferences in England and report on this to Council. As well as promoting and raising awareness of the NMC's work, the team gathers political intelligence and meets with politicians and policy makers to discuss a range of nursing and midwifery regulatory issues. The team provides Council with detailed reports on significant political and stakeholder issues. For example we briefed Council on the Health Committee report following the NMC's first annual accountability hearing and worked with colleagues across the NMC to develop our response to the committee's recommendations. The team also provides detailed briefings and NMC impact analysis on important parliamentary reports or reports from other

significant organisations. This work gives Council members a full understanding of the wider political context and helps to inform their strategic thinking and decision making.

70 We are increasing our contact and engagement with parliamentarians:

70.1 we have welcomed the Health Committee's plans to hold annual accountability hearings with ourselves and other regulators (see paragraph 78 below)

70.2 we were approached by Viscount Bridgeman, a member of the House of Lords for a briefing about EU and international registration for his debate on disparities between EU and non-EU registration processes.

70.3 in July 2011 we submitted evidence to the Scottish Parliament's Health and Sport Committee inquiry into the regulation of care for older people. The committee questioned us about the role and remit of the NMC our inter-agency collaborations such as our Memorandum of Understanding (MoU) with the Scottish Public Services Ombudsman and our engagement work in Scotland.

70.4 we have provided assistance with the Northern Ireland Assembly's first piece of committee-led legislation, the Reform of the Northern Ireland Ombudsman Bill. Our Director of Fitness to Practise and Assistant Director of Operations gave evidence to the assembly's Committee for the Office of the First Minister and deputy First Minister (OFMdFM) detailing the FtP process and the NMC's relationship with the ombudsman.

70.5 we are contributing to the Health Committee inquiry into education, training and workforce planning: our Chairman has given oral evidence to the Committee and we will be submitting written evidence to assist the Committee's work.

How have you addressed information, (other than formal fitness to practise complaints), which you may have received from other sources on possible failures in performance of organisations or individuals?

71 We have responded promptly and taken effective action whenever we have received information which suggests that registered nurses or midwives pose a risk to public safety. Examples include:

71.1 **Winterbourne View:** We acted quickly to take interim action against registered nurses employed at Winterbourne View, as soon as information was received from CQC. Similarly as a result of close liaison with CQC, we were able to act in respect of other registrants as soon as information was provided about failures of care identified in other care homes operated by the Castlebeck Group. This has led to ongoing engagement at CEO level on an almost daily basis.

71.2 **University Hospitals of Morecambe Bay NHS Foundation Trust:** Jointly with the CQC, we undertook an extraordinary review of the Trust in July 2011¹⁶ Our review team looked at whether the supervision of midwives in the Trust was meeting the required NMC standards. The

¹⁶ http://www.nmc-uk.org/Documents/MidwiferyExtraordinaryReviewReports/NMC_Review-of-University-Hospitals-of-Morecambe-Bay-NHS-Foundation-trust.pdf

unannounced visit was undertaken following a number of concerns and complaints which had been raised with the NMC, including through the LSA quarterly monitoring tool. We made 19 recommendations to the Trust Board, the local supervising authority and the supervisors of midwives. We are working collaboratively with CQC, Monitor and the SHA, as part of the “Gold Command” team to ensure that improvements are being made.

71.3 **GP practices:** As soon as we became aware that some GPs were not systematically checking registrations of nurses and midwives, we engaged with CQC, the Royal College of General Physicians and others to raise awareness and tackle this issue.

71.4 **Mid-Staffordshire NHS Foundation Trust:** We have continued to work closely with the director of nursing and the University to monitor ongoing improvements and progress against the action plan.

71.5 **United Lincolnshire Hospitals NHS Trust:** At the request of CQC, we moved quickly to request the removal of student nurses and midwives from practice placements as soon as we were made aware of concerns around whether our standards to support learning and assessment in practice for students were being met. We are working with the AEs, the strategic health authority and the placement providers on their action plans and outcomes, including running fitness to practise workshops.

71.6 **Lissue House Hospital:** We are working directly with the Northern Ireland Health Minister and the Chief Nursing Officer to help bring a resolution to this very sensitive investigation involving allegations of abuse of children with learning disabilities over a period of many years.

72 Where we identify concerns around a particular hospital or trust, either directly or, for example raised with us by the RCN or RCM, we will initiate visits and discussions with them even where no specific fitness to practise referral has been made. This information will also feed into our Critical Standards Intervention work described above.

How have you responded to changes in regulation or forthcoming changes in regulation particularly changes proposed in the:

- **Health and Social Care Bill**
- **Enabling Excellence**

Health and Social Care Bill

73 We carefully analysed the implications of the bill for the professions we regulate and have closely monitored developments relevant to healthcare regulation throughout its passage, ensuring that this is fed into our work on an ongoing basis.

74 We have a close interest in the bill’s clauses provisions on assured voluntary registers for healthcare support workers whose role supports or relates to that of nurses and midwives. We have held discussions on this issue with CHRE’s Chief Executive and received a very positive response. Alongside

this we are acting to address issues arising from the use of unregulated support workers to undertake tasks previously performed by nurses and midwives by developing standards for delegation at all levels within an organisation, including delegation to workers from an unregulated background.¹⁷

Enabling Excellence

- 75 An analysis and briefing paper on *Enabling Excellence* was prepared and discussed by Corporate Leadership Board (CLB) and Council. We have taken account of the principles and direction of travel set out by the Government in our work, as appropriate, for example in our revision of the *Midwives rules and standards*.
- 76 We are engaging with the Law Commission on the review which the government has asked it to undertake and will be seeking to ensure that any proposals for future healthcare regulation are modernised and streamlined to improve the protections we can offer to the public.
- 77 In accordance with the principles and ethos in *Enabling Excellence* we have undertaken considerable work to strengthen the strategic governance and accountability of the NMC for example by:
- 77.1 introducing a more streamlined and strategic decision making structure to strengthen Council's strategic capacity and enable it to focus on the key issues
 - 77.2 strengthening our Audit Committee, so that it is now independently chaired and comprises a mix of council and independent members. More recently a qualified financial professional has been appointed to the Committee
 - 77.3 introducing improved business planning and performance reporting processes, to strengthen Council's ability to undertake robust and strategic performance monitoring and hold the Executive to account in terms of delivering the statutory duties of safeguarding the health and wellbeing of the public.
- 78 We welcomed and, indeed actively encouraged, public scrutiny of our work by the Health Committee. We used the evidence session in July as an opportunity to raise public awareness of the safeguards provided by nursing and midwifery regulation and signal to the Committee issues of current concern. We look forward to seeing the Government's formal response to the Committee's findings and recommendations. Council approved, subject to some additions, an action plan to respond to the Committee's recommendations in October 2011¹⁸ and will be provided with regular progress reports on the issues identified. Follow up actions are also being integrated into our business planning for 2012-2015.

¹⁷ Guidance and standards paragraph 123 124 below

¹⁸ <http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2011/NMC-Council-Papers-October-2011.PDF>

Liaison with other bodies

How have you worked with service regulators, other regulatory bodies or other bodies with shared interests to:

Ensure that relevant intelligence is shared (within legislative requirements) on individuals or organisations?

- 79 We communicate regularly with the systems regulators, the CQC and Monitor on patient safety issues. For example, as part of our approach to dealing with nurses and midwives practising with a lapsed NMC registration in England we send a monthly letter to the CQC with details about the settings where lapses have occurred. We have also communicated with Monitor over issues where we have become aware that a nurse working in a board level capacity had allowed their registration to lapse. We have also met with relevant organisations in Scotland and Northern Ireland to discuss these issues.
- 80 We are holding 2 half day workshops on 5 and 6 December for inspectors from Healthcare Improvement Scotland, the Care Inspectorate, Mental Welfare Commission for Scotland and reviewers from the Scottish Public Services Ombudsman's Office to discuss fitness to practise processes and thresholds for referral. The workshop was initiated by discussion with regulators about their inspector / reviewer's role in making a referral when they witness poor practice and what happens when they make a referral. The format for the workshops has been used with and well received by senior nurses and midwives in Scotland and Northern Ireland (an example of using positive feedback to inform future practice).
- 81 We meet regularly with the external affairs lead colleagues of other regulators to share relevant intelligence and identify opportunities for regulators to work jointly with each other to engage with parliamentarians and other key stakeholder groups. For example, in November 2011 we participated in a joint GDC, GMC, GPhC HPC and NMC event at the Scottish Parliament to raise awareness of professional healthcare regulatory issues with MSPs and their researchers. Amongst other things this addressed in what circumstances and to which regulatory body a referral should be made.
- 82 We have a programme of active engagement with other regulators on education related issues at both strategic and operational levels, for example looking at the work relating to the NHS leadership competency framework, the work of Health Education England (HEE) and the education outcomes framework, the work of the Education Inter-Regulatory Group (IRG) and the human factors in the new NHS working group.
- 83 In accordance with the requirement for Council to 'have regard to any differing considerations relating to practising as a nurse or midwife which apply in England, Scotland, Wales or Northern Ireland' (article 3 (5)), as noted above (paragraph 64) we appointed an Assistant Director with specific responsibility for Scotland and Northern Ireland Affairs based in Edinburgh. We are recruiting to the post of Officer for Wales and the Islands before the end of the year to be based in Cardiff.
- 84 These new roles provide expert analysis, advice, support and intelligence on regulatory matters and emerging issues so that NMC policy development and decision making is critically and strategically informed with a detailed understanding of health and social care policy development in Scotland, Wales, Northern Ireland and the Islands.
- 85 The Chair has met with the Older Peoples' Commissioner for Wales and has had two meetings with the Public Services Ombudsman for Wales.

- 86 At DH request, our Chief Executive and Registrar participated in a very positive meeting, along with the CEOs of CHRE, CQC, GMC and GDC, with the Parliamentary and Health Service Ombudsman to discuss ways in which systemic failures in care could be tackled more effectively.

Ensure that cross regulatory learning is shared?

- 87 We engage in a wide range of cross-regulatory groups and forums to share learning, information and good practice in a proactive way. We are looking to identify ways of improving joint working and areas for possible collaboration. As well as participating fully in the Chief Executives Steering Group, other examples include:
- 87.1 on FtP issues, participating in cross regulatory discussions on several issues, including on our panellists review project; scheduling processes; rule changes; sharing resources (venues) and bringing investigations in house
 - 87.2 we have engaged with other regulatory bodies including the Quality Assurance Agency (QAA) and Ofsted to explore their QA framework, share intelligence and good practice. We are also working closely with the service, commissioners and the education sector, for example, as mentioned above (paragraph 46.2) we have a QA reference group and a four country group as part of the project. This model has now been replicated in the student index project.
 - 87.3 Along with GMC, GDC, GTCS and others, we are members of the Scottish Regulatory Forum. This provides a forum for sharing information and potential for learning. For example, we recently shared our indicative sanctions guidance and registration requirements.
 - 87.4 We actively participate in the joint regulators patient and public engagement group. In the past year, for example, we have been to the GMC, GOsC and British Psychological Society to talk about social networking, advice for registrants and the use of social networking to engage patients and the public. Senior managers from external affairs also have regular meetings with counterparts at the GMC to discuss areas of shared interest and best practice.
 - 87.5 We are an active member of the Alliance of UK health regulators on Europe (AURE).
 - 87.6 We are a member of the Equality and Human Rights Commission Regulators, Inspectorates and Ombudsmen Human Rights Forum. We have already initiated collaborative work with other regulators, for example, we jointly organised a seminar for members and staff of the NMC and GPhC to recognise Black History Month, with input from Lord Soley of Hammersmith. We have also entered into a collaborative agreement with GDC and GPhC for the shared provision of equality impact assessment training for staff in our organisations.
 - 87.7 We actively engage in the Governance group, which includes both health and non-health bodies, and addresses issues of common interest, such as board size and member appointments, as well as acting as an effective virtual network.
 - 87.8 We have a regulators media network which meets quarterly to discuss shared issues and best practice. An example of a positive output from these meetings has been developing a consistent approach, as far as is possible, to working with the media around FtP cases, for example consistency around the level of detail about a case that is published in advance. The next meeting in December will consider, amongst other things, the use of social media.

Internationally

- 87.9 We chaired networks of EU competent authorities for nurses and midwives and coordinated their engagement with the EU Commission's consultations on the review of the professional qualifications directive. The networks met on five occasions at plenary level and a similar number of times at working group level. We provided the EU Commission with evidence of the challenges we experience in the implementation of the directive and desired changes to it. We were pleased to see that most of our recommendations have been incorporated into the EU Commission's proposals. We have also used the networks to exchange best practice on the implementation of the directive. The NMC's leadership, policy analysis, advice and expertise is highly valued particularly amongst some competent authorities in other member states which lack the expertise or resources to contribute fully to EU developments.
- 87.10 We participated in high level strategic meetings on supervision of midwives at the International Congress of Midwives in Durban, South Africa. This enabled us to engage with a wider audience about regulatory developments in the UK and the added value of international cooperation of European regulators.
- 87.11 We have also met with counterparts from the Republic of Ireland, New Zealand, Singapore, South Africa, Canada and the United States for discussions on international registration, professional leadership, continuing professional development and revalidation.

Conclusion

- 88 In the past year, the NMC has continued to strengthen and improve the safeguards we provide to the health and wellbeing of patients and the public; improved the services we provide to registrants; and positively recognised and addressed the challenges of making a step change to our fitness to practise work. We are already tackling with vigour the issues identified in the CHRE's 2011 Audit Report and focusing the energies of the whole organisation on securing a more efficient and effective fitness to practise function. At the same time, we will continue to build our work on proactive regulation to address the fundamental issues which acutely concern the public around failures in healthcare and demonstrate leadership by promoting excellence in the nursing and midwifery professions from initial training through to registration, renewal or specialisation.

Guidance and standards

First standard	Standards of competence and conduct reflect up-to-date practice and legislation. They prioritise patient safety and patient centred care.
Regulator's evidence	<p>a) What, if anything, has changed in your performance against this standard since your last evidence submission?</p> <p>89 We ensure our standards prioritise patient safety, reflect up to date legislation and practice. We identify any revisions needed through ongoing and systematic monitoring of policy drivers and external developments and evaluation of stakeholder and other feedback. We have strengthened our approach this year through the following:</p> <p>89.1 We have produced our second <i>Strategic context report</i> http://www.nmc-uk.org/Documents/Strategic%20context%20report.pdf. This maps the strategic context in which the NMC operates including demographic trends that affect delivery of care; implications for public health; legislative changes in each of the four countries; and training and mobility of professionals. As directed by Council, the report is being used to inform the NMC's business planning process for 2012-2015.</p> <p>89.2 We have introduced a monthly policy brief to keep Council members and staff up to date with developments. This includes all legislative, research and policy related issues and initiatives both across the UK and internationally that affect the regulation of nursing and midwifery, with a specific focus on the development of our standards, guidance and advice.</p> <p>89.3 We continuously seek feedback on our standards through our regular online channels of communication with nurses and midwives (email newsletter, Facebook, the website, our Registrations Centre), engagement with the four chief nursing officers and through our intensive programme of engagement and events with employers, nurses and midwives as described above (Overview, paragraphs 60-67).</p> <p>b) What progress has been made on:</p> <ul style="list-style-type: none"> Monitoring the effectiveness of the NMC's quarterly monitoring tool for managing and identifying risks in the performance of the local supervising authorities (LSA)? What impact does the NMC consider the use of the tool has had on the performance of the LSAs? (performance review report 2010/11) <p>90 We reported last year on our work to develop a quarterly monitoring tool for reviewing the local supervising authorities (LSAs) (<i>Guidance and standards, paragraph 6</i>). The tool provides more contemporaneous information so that we can assess LSA compliance with NMC standards on an ongoing basis, identify any issues or future threats that may have implications for the health and wellbeing of women and their babies, and improve communications between the NMC and LSAs. The tool was piloted by four LSA midwifery officers (LSAMOs) in autumn 2010 to ensure that the process was of value to both LSAs and the NMC, without being unduly burdensome. We undertook a trial of the monitoring tool with all 15 LSAs between January and March 2011 before formal</p>

implementation in April 2011, to fit with our normal annual reporting cycle.

- 91 LSAMOs are required to complete a template report within four weeks of the end of the quarter. The NMC midwifery adviser reviews the report and discusses the findings with the LSAMO in a pre-scheduled telephone appointment.
- 92 We are developing an electronic reporting template to improve the process together with an online communication platform to facilitate information sharing amongst LSAs and between LSAs and the NMC. LSAMOs have been fully involved in developing the new electronic form, which was piloted by four LSAMOs in September and October 2011. We will review the learning from the pilot with the aim of refining the process for full roll out in January 2012.
- 93 Although the new tool has only been in place for two full quarterly reporting periods, a number of benefits have already been identified including:
 - 93.1 More rapid reporting. LSAs are expected to alert the NMC to any significant events relating to statutory supervision outside the quarterly monitoring cycle for example: maternity units put on special measures by other regulators; significant changes in ratios of supervisors of midwives to supervisees; specific identified threats to the maternity service; and/or maternity incidents that may attract media interest. However, it is clear that the tool is acting as a trigger for earlier reporting of such issues.
 - 93.2 Improved collection and analysis of evidence relating to the effectiveness of the supervision of midwives.
 - 93.3 Development of ongoing and more proactive relationships between the NMC and the LSAs.
 - 93.4 More timely sharing of good practice among LSAs.
 - 93.5 More efficient and effective compilation of data to feed into the NMC's annual report.
- 94 The tool has already proven effective in alerting the NMC to issues within LSAs at an earlier stage than was previously the case under the annual reporting system. Some of the key themes identified include:
 - 94.1 issues arising from local decisions to reconfigure delivery of services
 - 94.2 high caseloads and ratios
 - 94.3 insufficient protected time available to undertake supervision
 - 94.4 clinical challenges arising from the complexity of health needs
 - 94.5 workforce issues, such as challenges in recruiting to vacancies and availability of qualified midwives
 - 94.6 local good practice initiatives, for example in leadership and teambuilding
 - 94.7 continuing issues around meeting Prep requirements, both in relation to hours of clinical practice and in terms of midwives

meeting the continuous professional development (CPD) requirements

- 95 Early knowledge of these issues enables the NMC to take appropriate action including: closely monitoring the situation; engaging with the LSAs concerned to ensure that the issues are being addressed; engaging with other regulators, where necessary, to ensure that the safety and wellbeing of the public is being protected; or initiating an extraordinary review should the circumstances require it. It also enables NMC to share good practice more promptly where this is identified. Whilst it is still early, the new more regular monitoring approach is expected to help drive ongoing performance improvements.
- 96 The quarterly reports and our discussions with LSAMOs have highlighted issues and contributed to concrete action in a number of cases such as:
- 96.1 The joint NMC and CQC review of University Hospitals of Morecombe Bay NHS Foundation Trust in July 2011. This extraordinary visit was in part precipitated by the triangulation of information received from the LSAMO through the quarterly monitoring process including evidence which confirmed the need for a site visit (see Overview, paragraph 71-72).
- 96.2 Following a CQC review, withdrawal of midwifery students from Pilgrim Hospital, Boston (see Education, paragraph 275).
- 96.3 Following concerns expressed by CQC about a particular trust, the Strategic Health Authority made an unannounced visit which found evidence of improvements in maternity services and that the CQC recommendations were being implemented and should be completed by September 2011.
- 96.4 Identifying that in one region the LSAMO was not being routinely informed of CQC visits to acute units in her area and rectifying this.
- 96.5 That police investigations are underway in one region into the midwifery practices of two midwives.
- 97 Our most recent annual report *Supervision, support and safety: NMC quality assurance of the LSAs 2010-2011* was approved by Council in November (<http://www.nmc-uk.org/Documents/Midwifery-booklets/Supervision-support-and-safety--Analysis-of-the-2009-2010-LSA-annual-reports-to-the-NMC.pdf>). However, with the more rapid availability of information through the new quarterly monitoring process we are taking the opportunity to consider the future focus, content and format of our annual reports.
- **Reviewing the Midwives rules and standards and the Standards for the supervised practice of midwives? What outcomes have been achieved? If any delays have been experienced, what were the reasons for these?(performance review report 2010/11)**
- Midwives rules and standards**
- 98 We have continued to make good progress on the review of the *Midwives Rules and standards*. However, there has been some delay to our original timetable for this work, due to issues identified in early 2011 around the provisions of the rules relating to suspension of a midwife from practice by an LSA and the standards for supervised practice. Council approved the proposals for the revised rules and

standards in December 2010 and it was originally intended that the draft rules would be approved by the Department of Health (DH) in February 2011 followed by formal consultation beginning in March 2011.

- 99 For the reasons explained (see paragraph 101 below), work on drafting the rules had to be put on hold whilst issues around LSA suspensions and imposition of supervised practice were considered further.
- 100 Following the appointment of a new project lead and the recruitment of a project support officer, a review of the project's status was undertaken in July and phase 2 of the review of midwives rules and standards was initiated during August 2011.
- 101 Throughout this work, ongoing account has been taken of various policy developments and changes including, for example:
- 101.1 Equity and Excellence: Liberating the NHS
 - 101.2 Enabling Excellence
 - 101.3 Right Touch regulation for Healthcare Regulatory Excellence
- 102 Additionally, account has been taken of maternity policy initiatives in development across the UK including:
- 102.1 Midwifery 2020
 - 102.2 A refreshed Framework for Maternity Care in Scotland: The Maternity Services Action Group February 2011
 - 102.3 Strategic Vision for Maternity Services in Wales, Draft Strategy Document, Welsh Assembly Government, January 2011
- 103 Our work was also informed by widespread consultation as described in our submission last year (Guidance and standards, paragraph 7, 2010). The outcomes of the consultation were used to inform further development work on the rules and standards. The draft rules and standards were sent to DH for drafting on 9 September and we have now received comments and approval from the DH regulation team to proceed with the consultation on the revised rules and standards.
- 104 Formal consultation will be undertaken from December 2011 to March 2012. Our plans for the formal statutory consultation are well advanced and we have given considerable thought to the methods to be used. As well as the usual consultation processes we also intend to pilot a range of online methods, including a programme of Web Ex seminars both targeted and open to a wide range of stakeholders. As well as key midwifery stakeholders such as heads of midwifery, this will also include maternity service users, general practitioners and directors of nursing.

Standards for the supervised practice of midwives

- 105 As indicated above, when our lawyers began work on drafting the new rules in January 2011 issues were identified around the existing rules regarding the suspension of a midwife by an LSA and also the proposals to incorporate provision in a rule for LSAs to impose a period of supervised practice (this is currently a standard). In consultation with the DH regulation team it was considered that both these

provisions could amount to secondary regulation. In addition, it became apparent from our review of our fitness to practise processes that some of the planned revisions would have an impact on the new midwives rules that were being drafted.

106 In order to consider the advice from the DH and the implications of the fitness to practise review, work on drafting the new rules was put on hold. We advised the DH that we were reviewing our position in relation to LSA suspension from practice (currently covered by rule 5 of the midwives rules), and our *Standards for the supervised practice of midwives*.

107 We have now considered these issues in more detail and have met with our solicitors and key stakeholders. Our proposals for going forward with regard to the supervised practice of midwives are as follows.

108 We recognise the concerns that the imposition of a period of supervised practice by an LSA amounts to secondary regulation. Going forward, it is our intention that any period of 'supervised practice' can only be imposed by a fitness to practise panel, as part of a conditions of practice order, at the conclusion of a hearing.

109 The current Standards for the supervised practice of midwives have been reviewed. Some elements of the existing standards will be retained but those that align too closely to fitness to practise processes, including the title, will be removed. Moreover, it would be more appropriate for some of the standards to be replaced by guidance. We envisage that the guidance will provide advice for LSAMOs and supervisors of midwives on how to deal with any issue that has arisen in respect of a midwife's practice, including when a case can be dealt with as a local matter.

110 The new midwives rules and standards due to be published in the autumn of 2012, will supersede the current *Midwives rules and standards* (2004) and the *Standards for the supervised practice of midwives* (2007).

- **Developing the critical standards intervention system? What outcomes have been achieved? If any delays have been experienced, what were the reasons for these?** (performance review report 2010/11)

111 We reported last year on our intention to develop a system of critical standards intervention (CSI) to strengthen public protection by taking a proactive approach to patient safety (*Guidance and standards, paragraphs 15-16*).

112 As described (Overview, paragraphs 20-27), we are developing a model based on three pillars: intervention and preventative activity; strengthening our standards; and identifying and promulgating good practice

113 Since then work has been coordinated and progressed by the Office of the Chair and Chief Executive. We review national and local media reports as well as communications from healthcare professionals or the public about poor care. Where we identify instances of concern, we explore other available information including any relevant fitness to practise cases, recent quality assurance of education reviews, local supervising authority reviews and CQC reports to assess whether we should use our powers under article 22 (6) of the order to open a fitness to practise case. The Health Committee welcomed our proactive approach as another important means of strengthening public protection <http://www.publications.parliament.uk/pa/cm201012/cmselect/cmhealth/1428/142802.htm>

114 We have now recruited a Head of CSI who took up post in November 2011. For the reasons given, this appointment took longer than

we would have liked (see Overview, paragraph 24). Building on the work already undertaken, the Head of CSI will be identifying legitimate sources of information that could form an internal early warning system, developing high-level criteria to assist decision making about intervention, and devising a menu of possible interventions.

- 115 Whilst we are at an early scoping phase in our policy formulation we anticipate that our approach will include collating and cross-checking a wide variety of data from various sources including:
- 115.1 information in the media and press
 - 115.2 CQC and other system regulators' reports
 - 115.3 coroners' reports and other inquiry reports
 - 115.4 education quality assurance reports
 - 115.5 LSA reporting on supervision of midwives
 - 115.6 letters to the Registrar raising concerns
 - 115.7 information from our advice centre and from next year our Standards and Ethics Helpline
 - 115.8 issues raised through the Registrar's Advisory Group
 - 115.9 concerns from other regulators
 - 115.10 trends in outcomes and complaints data from NHS and social care providers, as suggested by the Health Committee.
- 116 The Head of CSI will also be proactively identifying where our code or standards need enhancing or where there are gaps to be addressed. The third pillar of this work is the identification and promotion of good practice in a much more systematic and proactive way to prevent poor care happening in the first place.
- 117 We are sharing our developing thinking with other health regulators who have expressed an interest in this work.
- **Reviewing the NMC's Code? If any delays have been experienced, what were the reasons for these?(*performance review submission 2010/11*)**
- 118 We have completed initial scoping of the review of the code and determined our approach to ensure that the review is based on solid research and policy evidence, as well as stakeholder feedback. The new code will:
- 118.1 ensure compliance with legislation relating to nursing and midwifery regulation, including professional insurance and indemnity, both government policy and the EU directive on cross-border healthcare (Directive 2011/24/EU on the application of patients' rights in cross-border healthcare).

118.2 focus on patient safety and reflect contemporary practice, learning from the findings of recent reports and inquiries into healthcare failures, government initiatives and international comparisons

118.3 better protect the public by promoting excellence in practice rather than setting minimum standards for care delivery

118.4 proactively support the day to day practice of nurses and midwives and continuing professional development.

119 Alongside the revised code, we will publish information which clearly explains to the public what they can expect from nurses and midwives. We adopted this approach in relation to both our guidance for the care of older people and our standards for pre-registration nursing education and it has been very well received.

120 Our Corporate Leadership Board (CLB) has agreed that, as well as updating the standards, the review of the code should link the standards directly to any relevant guidance that sits underneath such as that on the care of older people and raising and escalating concerns. This will require a larger and more complex review of the code than that carried out in 2007-2008 involving:

120.1 an evidence gathering phase in line with our agreed systematic policy development cycle.

120.2 analysis of FtP cases to identify key issues that need to be addressed. We have begun this process by looking at 4,200 cases referred during 2010-2011 to identify areas of practice where standards needed further development and/or update.

120.3 a comprehensive consultation methodology. Consultation will be embedded as part of stakeholder and expert engagement throughout the review until publication of the code and related documentation in spring 2013. This is already ongoing: jointly with the revalidation team we have held a large number of events with stakeholders to identify key areas of practice that need particular attention as part of the review (see Education, paragraphs 218-223).

121 We are currently at the evidence gathering stage of the review. This will result in a detailed report in March 2012. A soft call for evidence was launched on 1 November 2011 in the form of an online survey and has already attracted over 2,200 responses <http://www.nmc-uk.org/Nurses-and-midwives/The-code/The-code-evidence-gathering/>

122 From various sources of evidence including inquiries and reports into failures of care, our collaborative relations with other regulators and feedback from key stakeholders operating at a strategic level in policy or clinical leadership, we have already identified from that we need to:

122.1 develop additional standards for delegation

122.2 develop standards for leadership

122.3 replace our current record keeping guidance with a new standard which will address the wider processes of critical thinking, decision making, and assessment and diagnosis by nurses and midwives, which determine the care they provide and the subsequent content of their effective record keeping.

Standards for delegation

- 123 The last ten years have witnessed an increase in the number of unregulated workers in the healthcare workforce and their roles have in many cases expanded to include tasks previously undertaken by nurses and midwives. We identified the need for standards of delegation from:
- 123.1 significant feedback from stakeholder engagement
 - 123.2 evidence from our FtP processes both screening and cases of registered nurses involving healthcare support workers
 - 123.3 research commissioned by the NMC undertaken by Kings College, indicating the large and growing range of titles and roles being performed by healthcare support workers (HCSW)
 - 123.4 a literature review we conducted between July and October 2011 which identified a vast range of guidance and information on delegation, including variations in approach and practice across the four countries.
- 124 This work is being funded by the Ministry of Defence who have taken a keen interest in the issues. The standards are currently in development with a view to final approval in summer 2012. They will be cross-referenced with the new code and work is also being closely linked with the review of *Midwives rules and standards* and the review of record keeping.

Standards for leadership

- 125 The need for standards for leadership has been identified through:
- 125.1 findings from inquiries and CQC reports
 - 125.2 our call for evidence
 - 125.3 stakeholder engagement and feedback.
- 126 These standards will be embedded into the revised code in accordance with CHRE's principles of 'right touch' regulation.

Standards for critical thinking and decision making leading to effective record keeping

- 127 Record keeping continues to be one of the main areas of risk identified through FtP cases and LSA reports. Additionally, evidence from our stakeholder events and a round table we organised in autumn 2010 demonstrated that our current guidance needed to be strengthened and developed at the level of standards. The new standards will be based on evidence from nursing theories around the need to think critically, assess effectively and subsequently report and record effectively.

Standards for medicines management and prescribing

- 128 We plan to deliver a contemporary up to date set of standards relating to all the settings and fields of practice for nurses and midwives in a single user friendly tool, reflecting current legislation, policy and contemporary practice. The standards will increase public protection by ensuring that nurses and midwives are aware of their professional responsibility, how the standards relate to them and their employers and are able to embed this into their everyday work enabling enhancement and excellence in practice.
- c) What plans are in place, if any, to improve your performance in this area?**
- 129 We have strengthened internal governance and management of the work of our policy and standards directorate:
- 129.1 We set up a Portfolio Management Group which scrutinises all policies and standards in development, including joint work with other directorates, in terms of resources, dependencies, progress, risk management, quality and delivery.
- 129.2 We have a dynamic project register that is updated monthly. This lists all current standards and policies in development and states their progress status and associated risks.
- 130 We have reviewed all NMC 'project closure reports' and 'lessons learned' reports since 2008. This has prompted us to strengthen our approach for recording and for learning lessons to ensure we do this systematically and consistently. A new 'lessons learnt' report template and guidance has been developed for use across the NMC to record learning from all projects including outcomes and benefits to ensure good practice becomes embedded in the organisation and to help avoid repeating mistakes or not anticipating previously experienced difficulties.
- d) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?**
- 131 We have made progress this year in ensuring that learning from FtP cases is fed into and informs our development of policy and standards. This has included working more closely with FtP case presenters and our legal team in FtP. For example, as part of the review of the code we organised targeted sessions where policy and nursing and midwifery advisers discussed with case presenters specific areas of the code that come under particular scrutiny in FtP hearings and where there may a lack of clarity about what is expected. The sessions also looked at issues relevant to medicines management, prescribing and revalidation. We also undertook an analysis of all FtP cases involving midwifery practice in the last year, as well as looking at previous year's data, to inform both the work on the *Midwives rules and standards* and the code review.
- 132 Stakeholder engagement activities have been coordinated across NMC projects as they have come on stream, including the development of revalidation, the review of the code and of the guidance on record keeping. Between April and October 2011 we held 80 meetings with approximately 1,900 stakeholders representing circa 1,000 organisations. Teams have endeavoured to share out events to avoid duplication of effort, both for the NMC and for stakeholders (see Education, paragraphs 221).

Second standard	Additional guidance helps registrants to apply the regulators' standards of competence and conduct to specialist or specific issues including addressing diverse needs arising from patient centred care.
Regulator's evidence	<p>a) What, if anything, has changed in your performance against this standard since your last evidence submission?</p> <p>133 In line with the desire of DH and the devolved administrations to revitalise health visiting, we have identified a need to review the third part of the register covering specialist community public health nursing (SCPHN). This programme will also encompass a review of specialist practice qualifications, such as, district nursing. Our Chief Executive and Registrar is a member of DH's Health Visitor Taskforce and we are contributing to DH's 'Health Visitor Implementation Plan' to expand and strengthen health visiting services. In October, we wrote jointly with DH to thousands of health visitors with lapsed registration encouraging them to return to the profession. A similar exercise is being planned in Wales for 2012.</p> <p>134 The SCPHN review will involve:</p> <p>134.1 stakeholder engagement targeted at service users, those on the third part of the register, professional groups, education providers, third sector organisations and employers</p> <p>134.2 collaborative work with government and key stakeholders in the four countries</p> <p>134.3 development of new standards for education and practice</p> <p>135 Stakeholders' initial response to this work has been positive. The programme is currently at a very early stage and will adopt the policy development cycle described above. Currently we are identifying evidence and undertaking stakeholder engagement to inform the proposals and have already identified significant differences between the four countries which will need to be addressed. We aim to introduce the new education and practice standards in 2013-2014.</p> <p>b) What progress has been made on:</p> <ul style="list-style-type: none"> Developing additional material for nurses who care for people with cognitive impairment and dementia, additional material for those working for the armed forces and additional material for those in leadership roles? What outcomes have been achieved? If any delays have been experienced, what were the reasons for these? (performance review submission 2010/11) <p>Cognitive impairment and dementia</p> <p>136 Although we are not currently developing specific material relating to those caring for people with cognitive impairment, the key messages emerging from our work with Alzheimer's Society are being embedded into our developing standards and guidance. For example we are currently in the early stages of a comprehensive review of the code and these key messages have been included in our evidence base to inform development of the revised code.</p>

Care in secure environments

- 137 We have begun scoping a piece of work on additional material to support the code for nurses and midwives working in secure environments as a direct result of feedback from engagement with stakeholders on the need for extra support for nurses and midwives working in prisons, detention centres and other secure care environments. Although led by the NMC, this work will be developed in close cooperation with the RCN and other stakeholders.
- 138 As indicated in last year's submission (*Guidance and standards, second standard paragraph 19*), we identified the need to develop additional material to support the code in two other areas: the armed forces and those in leadership roles. Since January 2011, we have developed a methodology for producing additional material for the code that includes:
- 138.1 a call for evidence to support the development of the material,
 - 138.2 a mini literature review of documentation published on the issues
 - 138.3 engagement with nearly 200 key stakeholders such as directors of nursing, heads of midwifery and other senior leaders in nursing and midwifery across the four countries of the UK
 - 138.4 targeted interviews with senior leaders, 16 in total
 - 138.5 editing scenario based cases that link to our code and provide an opportunity for interpretation of the code and the NMC view. This involves compiling incident or situation based scenarios that are linked to specific parts of the code, together with questions for senior leaders. These can be used as tools for discussion by senior nurses and midwives within their organisations to illustrate how they are bound by the provisions of the code, in the same way that it applies to all other nurses and midwives.

Leadership

- 139 As a precursor to the standards for leadership (see paragraphs 125-126 above) and following a period of engagement and information gathering we are:
- 139.1 developing a publication for senior nurse and midwife leaders, which will outline principles of leadership and how these are linked to the code. It will remind senior nurses that
 - 139.1.1 they remain accountable for decisions taken that have an impact on patient care
 - 139.1.2 they must ensure that more junior nurses and midwives have the requisite tools, resources and support mechanisms to undertake their roles effectively and abide by the standards of the code.
 - 139.2 formulating scenarios for use as discussion tools by senior leaders covering a range of areas of practice and based around challenging incidents and situations. These scenarios will sit alongside the leadership publication.

Additional information for nurses and midwives working in operational military environments

140 This has been delayed due to the operational commitments of the armed forces and the requirement for the project proposal and methodology to be approved by the Ministry of Defence Research and Ethics Committee. It is now scheduled to begin in spring 2012.

c) What account (if relevant) has been taken of:

- **The Parliamentary and Health Service Ombudsman's report on care and compassion**
- **The Care Quality Commission's report from its Dignity and Nutrition programme**

141 The NMC was represented on the CQC's Advisory Group for the Dignity and Nutrition programme enabling us both to input into CQC's work and ensure that our work was informed by emerging learning from the programme as it rolled out.

142 Our guidance relating to the care of older people has been distributed to over 400,000 nurses. On publication of the CQC report, our Chief Executive and Registrar again urged all nurses involved in the care of older people to incorporate the person-centred approach advocated in the guidance into their work. As a result of close liaison with CQC, we opened fitness to practise investigations into a number of individuals whose practise may have fallen below the standards expected under their code. These investigations are ongoing.

143 The NMC has given its support to the joint Patients Association and RCN "Care" campaign launched in November 2011 which challenges all healthcare providers to ensure good standards of care and assistance with eating, drinking and toileting. We are also contacting nurse directors of the organisations exposed in the Patients Association report "*We've been listening, have you been learning*" seeking reassurance that the matters raised in the report have been fully addressed and that referrals are being made to the NMC where necessary. We have encouraged patients or their families who believe they have experienced substandard care to raise this immediately at a local level and, if necessary, with the NMC.

144 We engaged with Peers on the issues in advance of the Lords debate on poor standards of care and professional regulation.

145 We have also carefully scrutinised both reports to consider the implications for our work on the development of standards and guidance. Along with other reports and inquires demonstrating failure in the delivery of health care, a number of themes have emerged which we are addressing as follows:

- 145.1 Our standards for delegation and leadership will stress the responsibility of nurses and midwives to ensure that high standards of basic care are delivered, particularly where this is delegated to others
- 145.2 The revised code will emphasise the accountability of nurses and midwives in relation to maintaining high standards of dignity, basic care and compassion.

- **The Health Select Committee's accountability report on the NMC and GMC which called for the regulators to do more to encourage their registrants to raise concerns about the poor performance of their work colleagues**

146 Nurses and midwives are required by the code to report their concerns about poor practice. We encourage employers to foster a collaborative approach and clinical culture that welcomes reporting. Our *Guidance on raising and escalating concerns* provides a step by step guide on how to raise a concern, when to escalate it and to whom <http://www.nmc-uk.org/Documents/RaisingandEscalatingConcerns/Raising-and-escalating-concerns-guidance-A5.pdf>.

147 It acknowledges local whistle blowing policies and safeguarding procedures and makes clear that nurses and midwives have 'a professional duty' to put the interests of the people in their care first and to act to protect them if they consider they may be at risk. The guidance also makes clear that a failure to act in this way could result in a nurse or midwife being subject to fitness to practise proceedings. We send a copy of the guidance to all newly registered nurses and midwives.

148 We recognise how vital it is to patient safety to constantly promote this message and have made this a priority in recent months: see for example, the statements made by our Chief Executive and Registrar on publication of the Health Committee's report and the CQC report into the Castlebeck Group (<http://www.nmc-uk.org/Press-and-media/Latest-news/Statement-on-Health-Select-Committee-report/> http://www.cqc.org.uk/sites/default/files/media/documents/20110726_castlebeck_summary.doc)

149 However, creating an open reporting culture requires collaborative working from healthcare regulators, employers and healthcare professionals. We therefore welcome the recommendation in the Health Committee's report on the Annual Accountability Hearing with the CQC that "it should be a key objective of CQC inspections to ensure that the culture of each provider organisation recognises and respects this professional obligation, and provides proper security to those professional staff who discharges it <http://www.publications.parliament.uk/pa/cm201012/cmselect/cmhealth/1430/143002.htm>

150 We will work closely with the CQC through our memorandum of understanding to ensure this happens.

d) What plans are in place, if any, to improve your performance in this area?

151 We are now seeking to embed our systematic policy development cycle and evidenced based approach in all our work.

e) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?

Social media

152 In July we issued new advice for nurses, midwives, students, employers and educators in relation to social networking sites and the standards of conduct and behaviour expected of nurses, midwives and students <http://www.nmc-uk.org/Nurses-and-midwives/Advice-by-topic/A/Advice/Social-networking-sites/>

- 153 The guidance has been extremely well received: for example, it was picked up in the Daily Telegraph insert hyperlink as footnote (<http://www.telegraph.co.uk/health/healthnews/8630712/Facebook-warning-for-nurses.html>) and Nursing Times (<http://www.nursingtimes.net/nursing-practice/clinical-specialisms/educators/patient-confidentiality-matters-in-cyberspace-too/5032409.article>).
- 154 Over the past year we have presented our work outside the regulatory field, including to the British Psychological Society, whose ethics committee plan to use our advice as the basis for their own work on the subject of social media. Internationally, we shared our learning and experience in social media with the International Council of Nurses, the Australian Health Practitioner Regulation Agency, and with the United States National Council for State Boards of Nursing. As well as being covered in the national and professional press, our social networking advice has also led to coverage in HR and management publications, including People Management (<http://www.peoplemanagement.co.uk/pm/articles/2011/07/nurses-warned-over-use-of-social-media.htm>) and Personnel Today, (<http://www.personneltoday.com/articles/2011/07/08/57776/businesses-warned-to-provide-guidance-on-social-media.html>) reaching a broader range of potential employers of nurses and midwives.
- 155 Since 4 July 2011, when the guidance was updated, we have had 40,280 unique views on the website. It has also been seen by 19,190 individuals on Facebook itself. See for example these discussions which we had about using social networking sites:
- 155.1 <http://www.facebook.com/nmcuk/posts/10150122086709228>
- 155.2 <http://www.facebook.com/nmcuk/posts/10150127003149228>
- 155.3 <http://www.facebook.com/nmcuk/posts/102569603162800>

NMC Review

- 156 We are committed to demonstrating leadership not just to nurses and midwives but to the public and other stakeholders. In April 2011, we launched a new quarterly journal *NMC Review*. This is a (free) subscription journal with a focus on how NMC standards and guidance, along with other nursing and midwifery policy, can be put into practice to safeguard the public. As well as providing up to date information on relevant policy and guidance, it aims to raise awareness and encourage debate on professional policy initiatives and processes. Publishing *NMC Review* also helps the NMC meet its statutory obligation to inform and educate nurses and midwives about our work.
- 157 The NMC is committed to giving people information in a way that is useful and meets their needs. In 2010, we asked everyone on the NMC register how they wanted to hear from us. Although there has been a dramatic increase in those wanting to access information electronically, almost half of respondents still wanted to receive information by post. Accordingly, *NMC Review* is made available in both hard copy and on line. A downloadable version of the publication is also available in pdf format. The *NMC Review* website is also designed to be an interactive community where people can leave comments on articles and engage in debate with other readers.
- 158 Three editions of *NMC Review* have been published to date (April, July and October 2011). We currently have over 67,000 subscribers. Readers of, and visitors to, the web pages are primarily (but not exclusively) nurses and midwives on the NMC register, at all levels and in

	all fields. We have received overwhelmingly positive feedback to date, with readers impressed by the quality and professionalism of the publication and by its informative and authoritative content.
Third standard	In development and revision of guidance and standards, the regulator takes account of stakeholders' views and experiences, external events, developments in the four countries European and international regulation and learning from other areas of its work.
Regulators evidence	<p>a) What, if anything, has changed in your performance against this standard since your last evidence submission?</p> <p>159 We have described elsewhere our extensive programme of stakeholder engagement and how we use feedback and input from those events to take account of the views and experiences of stakeholders in our policy development work (Overview, paragraphs 60-67 and Education, paragraphs 218-223)</p> <p>EU language testing</p> <p>160 Along with the GMC, we have proactively engaged in the wider debate around language testing. We discussed this issue with the Health Committee during our annual accountability hearing and gave evidence to the House of Lords EU G (Social Policies and Consumer Protection) Inquiry into the mobility of healthcare professionals.</p> <p>161 We continue to call for a change in EU legislation to allow us to systematically language test EU applicants. In the interim, we are developing measures to mitigate the risks to patient safety of nurse or midwives practising with insufficient knowledge. We are working with the DH on solutions which will involve employers more and highlight the responsibility of supervisors of midwives and directors of nursing to raise concerns about insufficient knowledge of English.</p> <p>EU networks</p> <p>162 As mentioned previously (Overview, paragraph 87.9) we have chaired networks of EU competent authorities for nurses and midwives and coordinated their engagement with the EU Commission's consultations on the review of the professional qualifications directive (2005/36/EC). We have ensured that the EU Commission has been provided with evidence of the challenges we experience in the implementation of the directive and the changes needed. We are pleased that many of our proposals have been included in the EU Commission's proposals.</p> <p>163 We have also used these networks to exchange best practice on the implementation of the directive. The NMC's leadership, policy analysis, input and expertise is highly valued by our EU colleagues as the competent authorities in some member states lack the capacity to address these issues.</p> <p>164 On an international level we have participated in high level strategic meetings on Midwifery supervision through the International Congress of Midwives. This enabled us to engage with a wider audience about regulatory developments in the UK and the added value of international cooperation of European regulators.</p>

b) What progress has been made on:

- **Developing a new systematic, evidence based approach to the review and development of the NMC's standards? Has this process been used, what, if any, outcomes have been achieved? If any delays have been experienced, what were the reasons for these?(performance review submission 2010/11)**

Evidence based policy development and research

165 As we reported last year (Guidance and standards, paragraph 4), we have agreed a systematic approach to evidence based policy development. We are embedding this through:

165.1 staff training and development

165.2 setting up a policy forum where we discuss changes in legislation and government policy, including EU legislation and international comparisons

165.3 defining internal and external evidence

165.3.1 Internal evidence includes: data, themes and issues that come to our attention through our Fitness to Practise (FtP) cases; knowledge of colleagues that lead on stakeholder engagement as well as feedback from events we organise (such as the Meet the NMC and employers' roadshows described at Overview, **paragraphs 60-65**); input through our advice centre; correspondence to the Chair and Chief Executive and Registrar; and our registrations' function.

165.3.2 external evidence includes: issues that may affect our standards as reported through major inquiries over the last year; CQC and other regulators' reports; as well as academic and clinical research.

165.4 Implementing an agreed new approach to commissioning research. We intend to select four to six respected institutions through a transparent tendering process who will be engaged to carry out research to inform our standards. We have identified the skills and research tools our staff will need to respond to this new approach, including access to research databases; links with research institutions; and training in research skills and software for research and referencing.

- **Developing a set of criteria, methods and tools for standards evaluation? What, if any, outcomes have been achieved? If any delays have been experienced, what were the reasons for these? (performance review submission 2010/11)**

166 In May 2011, CLB agreed an evaluation methodology that will involve the following steps:

166.1 Review of reports and available resources: this will involve desk search of relevant documents to include statistics and indicators available from databases, reports, reviews, audits and expert reviews. This will also include the reports of system regulators and other relevant bodies.

166.2 Analysis to include: change analysis, meta-analysis, attribution analysis, case studies, casual statements, benchmarking and

triangulation.

167 We can provide more detailed information on this if CHRE would find it helpful.

168 We are applying this methodology to all the current standards which are in development (such as the code, critical thinking on records, medicines management and prescribing). Part of the policy development work will include an evaluation methodology with clear criteria and methods. We will start with piloting this new approach to the review of the code. Between October 2011 and February 2012 a small team internal to the NMC will be developing the evidence base that will inform the new standards within the code. Following the evidence report from this phase, an evaluation methodology will be established that will look into methods and criteria for an ongoing evaluation of the new code.

c) How did the NMC ensure that its consultation on the draft standards that will support the next midwives rules enabled the NMC to take account of a wide range of stakeholders' views? (performance review submission 2010/11)

169 As indicated above (paragraph 103), during 2010 we undertook considerable consultation on the draft *Midwives rules and standards*. A report on the consultation was produced by Alpha Research and is available on our website. The consultation outcomes informed the further work on the rules and standards and the proposals which were put forward to our Council in December 2010. We will be launching formal consultation on the draft rules and standards shortly.

d) How did the NMC use the findings of the literature review which looked at the links between language competence of nurses and midwives and the health and wellbeing of patients to inform its work? (performance review submission 2010/11)

170 The literature review on the links between language competence of nurses and midwives and the health and wellbeing of patients was completed by Durham University in February 2011. The review reported a number of issues that relate to language and communication competence and how these relate to patient safety and wellbeing. We used the main findings of this report to inform our response to the EU green paper on the recognition of professional qualifications. A copy of our submission can be found at http://www.nmc-uk.org/Documents/Consultations/NMC-responses/2011/NMC-response-to-the-EU-Commissions-Green-Paper-on-directive_2005-36.PDF

171 It also informed our evidence to the Health Committee <http://www.nmc-uk.org/Press-and-media/Latest-news/NMC-tells-Health-Committee-Need-for-clear-distinction-between-registered-nurses-and-midwives-and-healthcare-support-workers/> and to the Lords European sub-committee G (Social Policies and Consumer Protection) <http://www.parliament.uk/business/committees/committees-a-z/lords-select/eu-social-policy-and-consumer-affairs-sub-committee-g/news/healthcare-professionals---gmc--nmc-evidence-session-30-jun-11-/>

172 We also used some of the examples in the research findings as part of our engagement with key stakeholders including the DH and European Commission. We are also using the findings from this report to inform the development of relevant standards, in particular, the standards for medicines management and critical thinking that lead to effective record keeping. We can provide a copy of the key findings of the report if it would be helpful.

e) **What account has been taken of CHRE's report on effective engagement, patient and public participation in health regulation?**

173 As previously noted (Overview, paragraph 55), we actively contributed to the work undertaken by CHRE in producing this report. Some examples of how we have taken into account the report's findings are as follows.

Be clear and focused

174 We fully agree that when engaging with patients and the public we should be as clear and focused as possible. For example, we used the opportunity of one of our patient and public partners' (PPP) group meetings in September to get some early input from patient representative groups and members of the public to our review of the code and the development of a system of revalidation. Realising that levels of familiarity with these areas of work would vary amongst potential participants we sent out background information with invitations to the meeting. At the meeting itself, participants were given presentations that gave an overview of our work, and background information about the code and revalidation. The presenters also answered questions. The event was positively evaluated with comments such as:

“Considering that prior to this meeting I was unaware of the NMC, I have now come away not only with knowledge of the organisation but also its intentions to be more inclusive of public opinion and how it can be more aware of the code.”

“As a patient representative [service user], everything was explained clearly in a way for me to understand. I enjoyed participating in group discussions.”

175 On the day, participants were thanked for their input and this was followed up by written thanks. Notes from the meeting, setting out the key areas of discussion, have also been circulated.

Make participation part of everyday business

176 The PPP group continues to provide an opportunity for continuous engagement. When the 'regular' PPP group meetings take place background information to agenda items is sent out prior to the meeting where this is appropriate and any presentations are pitched at a level so the content is clear to the audience. Members of the group are also provided with an update of events and issues in between meetings. Having increased the number of these meetings and run them across the UK we will, going into the next financial year, evaluate their effectiveness from our perspective and that of participants.

177 Another example of how we are working to embed participation is the third edition of *NMC Review* where patient and public representatives featured in our Perspectives section. The editorial board for the quarterly magazine was keen to address the need for there to be a public voice in the publication. This is something that we hope to maintain in forthcoming issues.

Make it easy for people to participate

178 Where possible we tailor information for the public and are careful to avoid the use of jargon. Where it is not possible to do this we ensure

that we provide an explanation of the terms used. An example of this would be our consultation on changes to our fitness to practise rules (October 2011). This consultation, although not directed specifically at the public, included a comprehensive glossary of terms. Nurses, midwives and others would be familiar with most of the terms in the glossary. This consultation was specifically targeted at stakeholder groups, including patient representative organisations. Parts of this consultation were technical in nature so in order to aid understanding and encourage participation the lead officer was available to answer questions about the consultation at pre-arranged times throughout the consultation. When the patient representative organisations were invited to participate they were notified of these times.

179 In addition, we have been piloting a Reward, reimbursement and accessible involvement policy. This is due to be amended and will take account of requirements of our Welsh Language Scheme.

f) How does the Council of the regulator assure itself that revised or newly developed guidance and standards prepared by the executive have been informed by various views, external developments and learning from other areas of its work?

180 Council requires that every report or proposal which it considers explicitly addresses the nature, level and outcomes of stakeholder engagement that has been undertaken or is proposed (see, for example, the paper on a Standard for delegation considered by Council on 24 November <http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2011/NMC-Council-papers-November-2011.PDF>). This requirement applies to every area of the NMC's work and ensures that the issue of stakeholder involvement/engagement is specifically considered.

181 Council is also provided with reports on major consultation exercises and their outcomes see for example the report on Revalidation Stakeholder Engagement considered by Council at its meeting on 24 November 2011 <http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2011/NMC-Council-papers-November-2011.PDF>).

g) What plans are in place, if any, to improve your performance in this area?

182 As described elsewhere in this section, we are moving towards full implementation of our systematic policy development cycle and evidence based approach.

h) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?

183 Examples of good practice in relation to this standard include the following.

183.1 as part of the development of the guidance on social networking, we spoke to students and educators at an RCN student day, about social networking sites and how they are used in practice. Information was also gathered through a survey we conducted on Facebook

183.2 in response to feedback at our employers' events we updated and published *Advice and information for employers of nurses and midwives* http://www.nmc-uk.org/Documents/FtP_Information/Advice-and-information-for-employers-of-nurses-and-midwives-20110816.PDF

	<p>183.3 In particular we updated information that reinforced the need for employers to refer cases to us quickly, where an interim order may be necessary. A decision tree was also added to assist employers in making referrals to us. This was added at the specific request of employers.</p> <p>183.4 we are part of an EU Commission working group on an EU professional card. The aim of the card is to make the journey of an EU migrant easier by streamlining the application and recognition processes. We fed in a lot of ideas on how to strike a balance between the freedom of movement of EU workers and patient safety. The report can be found here: http://ec.europa.eu/internal_market/qualifications/docs/professional_cards/case_study_european_professional_mobility_card_for_nurse_28092011_en.pdf</p> <p>183.5 we consider that our stakeholder engagement on our work on revalidation referred to under point f) is an exemplary piece of work. It sets a very high benchmark against which we will aim to develop all our policies, standards and guidance.</p>
Fourth standard	The standards and guidance are published in accessible formats. Registrants, potential registrants, employers, patients and members of the public are able to find the standards and guidance published by the regulator and can find out about the action that can be taken if the standards and guidance are not followed.
Regulators evidence	<p>a) What, if anything, has changed in your performance against this standard since your last evidence submission?</p> <p>184 In January 2011, we introduced a new monthly edition of NMC Update. This is sent to nurses and midwives when they pay their renewal or annual retention fee. However, it is now updated on a monthly basis. Whilst some content, for example, what they should know about keeping registration up to date is a constant, other information such as new publications, guidance and dates for events is now updated monthly. We conducted a survey to obtain feedback on the new publication, and whilst the response was limited, the feedback was very positive.</p> <p>185 We have continued to run our Patient and Public Partners' group.</p> <p>186 Accessibility: We have increased the level of house style training across the NMC encouraging staff to use plain English for all internal and external communications. Since 2009 over 40 members of staff have undergone writing skills training run by an external training agency.</p> <p>b) What account has been taken of:</p> <ul style="list-style-type: none"> CHRE's research on complainants' experiences of the fitness to practise process (reported in our Modern and Efficient Fitness to Practise Adjudication report) <p>187 We recognise that, as reported by CHRE, there is a lack of understanding not just amongst patients and the public but also amongst professionals around the purpose and process of fitness to practise.</p> <p>188 In March, we ran a session for our PPP group about fitness to practise. The session covered information about our remit, what we can</p>

and cannot investigate and the processes. At the session we also sought comment on a draft of our booklet *Complaints against nurses and midwives: Helping you support patients and the public*. Information about the booklet was circulated to allow organisations to pre-order it. We plan to work with organisations so that they can incorporate information from the booklet into their resources for their client groups. The group has also provided those who attend with a channel to discuss issues related to fitness to practise and other areas of our work with our chief executive and registrar.

189 In order to assist staff in making competent referrals and understanding of the FtP process, the Director of Fitness to Practise, Head of External Liaison and Assistant Director, Scotland and Northern Ireland Affairs facilitated workshops for senior nurses and midwives in Scotland and Northern Ireland. These workshops were well-received and continue to be commented on positively by those who were at the workshops and people who have heard from others how helpful they were.

c) What plans are in place, if any, to improve your performance in this area?

190 We plan to launch a new service for nurses and midwives: a Standards and Ethics Helpline in 2012. This will provide a direct communication channel for nurses and midwives to seek advice about ethical or other dilemmas they face. Calls and queries about the code, our professional standards and guidance currently come to a variety of destinations within the NMC. The purpose of the dedicated helpline is to provide a single service dedicated resource for these types of calls and emails. The project will improve public safeguarding by ensuring that there is a more consistent approach to giving and recording advice which can be quality assured. In addition, information gathered through the helpline will feed into the work being taken forward by the Head of Critical Standards Intervention to help highlight any areas where there are concerns in respect of the failure in the delivery of critical nursing or midwifery standards. We are currently recruiting staff for this resource which will be based in our Edinburgh office and are in the process of engaging with nursing and midwifery leads across the four countries about the establishment of the helpline.

d) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?

Safeguarding website hub

191 We detailed in our submission last year how we used technologies and innovation in our campaign on safeguarding adults, which aimed to promote and support best practice and policy guidelines in safeguarding adults from harm, abuse and neglect, including poor practice (Guidance and standards, paragraph 56, 2010). At the core of the campaign was a website resource and this has been subject to extremely positive feedback, as an example one assistant director of nursing in Scotland described the website hub as “brilliant” and welcomed the range of different materials and associated activities which she is using to promote discussion and improve care locally.

192 We were pleased that the excellence of this work was recognised and that our safeguarding film “If you don’t do something, who will?” produced as part of this innovative campaign was awarded gold by the International Visual Communications Association in the “motivational training” category. The award gave us an opportunity to raise further awareness about the safeguarding adults campaign and the training resources available to support nurses and midwives and pre-registration nursing and midwifery students identify

circumstances and situations in which abuse occurs and develop appropriate responses to it.

193 To date, over 50,000 people have watched the films and over 7,000 DVDs of the films have been ordered.

Social media

194 We referred in our submission last year to our use of social media (Guidance and standards, paragraph 55, 2010). Our work around the use of social media as a communications and engagement tool is seen by the other regulators as the benchmark.

Education and training

First standard	Standards for education and training are linked to standards for registrants. They prioritise patient safety and patient centred care. The process for reviewing or developing standards for education and training should incorporate the views and experiences of key stakeholders, external events and the learning from the quality assurance process
Regulator's evidence	<p>a) What, if anything, has changed in your performance against this standard since your last evidence submission?</p> <p>195 Standards for education and training are fundamental to patient safety: they are the first stage of public protection. Accordingly, safeguarding the public is central to all our education standards and student guidance to ensure safe and effective practice at the point of registration or prior to recording a qualification on the register. Our submission last year detailed our approach to developing and reviewing our education standards (<i>Education, paragraphs 1 to 32, 2010</i>). Key developments since then are highlighted below.</p> <p>Improved information sharing and joint working</p> <p>196 We created a separate Education directorate in August 2010 and the Director of Education took up post in January 2011. The directorate has sought to create synergies and share information with other directorates including Fitness to Practise, Policy and Standards, Registrations and External Affairs. For example, in developing our annual quality assurance (QA) review plan, we take account of learning and intelligence from across the NMC, such as Fitness to Practise concerns and the outcomes of LSA reviews. We have undertaken joint working with the CQC and with midwifery colleagues undertaking LSA reviews.</p> <p>197 As noted above, we have successfully developed and quality assured appropriate learning through development of an aptitude test to meet shortfalls in education and practice for EU applicants to the register. This is the first aptitude test across Europe that through its design is sustainable, scalable and flexible should additional demands become apparent (see Overview, paragraphs 45.2).</p> <p>198 We have improved our processes for sharing the specialist advice provided by our education advisor team. We identify themes arising from ad hoc enquiries and analysis of our education advice database and add them to the “frequently asked questions” resource on the education section of the website giving answers to common queries on issues such as nurse prescribing or the <i>Standards for Supporting Learning and Assessment in Practice (SLAiP)</i>.</p> <p>199 We have increased information sharing and dissemination of advice through our monthly e-newsletters for educators, managers and students on a monthly basis. Subjects covered are a direct response to issues raised by stakeholders and have included SLAiP; practice teacher support for health visitor students; and DH initiatives relating to health visitors.</p> <p>Stronger monitoring of AEI FtP processes</p> <p>200 During annual monitoring 2010-2011, we actively addressed the need for AEIs to have robust processes in place to address poor student performance. One AEI received an unsatisfactory grade for this component: we ensured that the AEI immediately put an action</p>

plan in place to address this and this has been satisfactorily achieved.

- 201 We also began collecting information on how and why these processes had been implemented. Of the 49 AEIs monitored 37 indicated that they had implemented academic or fitness to practise hearings. There were a number of reasons for this:
- 201.1 Professional concerns include a number of recurring factors, including unprofessional behaviour such as inappropriate use of social networking sites, misconduct, theft and other offences such as drug and alcohol related problems and failure to disclose convictions.
- 201.2 Academic concerns centred around failure due to fraud and dishonesty. This included failure in theory or practice (including unsafe practice), plagiarism and forging mentor signatures for practice assessment outcomes.
- 202 Outcomes vary depending on academic regulations, policies and procedures, the context and individual circumstances. For example some students withdraw from the programme before the panel convenes. Other students are discontinued with a small number of cases indicating that students are closely monitored to establish progress and achievement while working to strict action plans.
- 203 It is difficult to make comparisons about the performance of providers because of the multiple factors involved and because of the differences in the way AEIs record data. We have not been able to identify any patterns of concerns in terms of the educational providers or the education courses themselves from review of this documentation. We intend to continue collecting this data to establish trends and challenges within the student population.

Health visitors implementation plan

- 204 We identified a number of issues arising from the increased number of student health visitor places/courses in England resulting from the DH health visitor implementation plan. To address this we:
- 204.1 developed a process to help newly qualified nurses wishing to enrol on a SCPHN programme navigate the registrations process in a timely manner. Information was disseminated as a Circular in May 2011 see http://www.nmc-uk.org/Documents/Circulars/2011Circulars/nmcCircular06_2011_Entry-to-SCPHN-programme.pdf
- 204.2 published a Registrar's letter in September 2011 http://www.nmc-uk.org/Documents/Circulars/2011Circulars/nmcCircular_08-2011_Practice-teachers-supporting-more-than-one-student-health-visitor-in%20practice.pdf
- 204.3 provided further advice to AEIs to assist in the application of the standards and the ability to ensure a managed environment for student learning see <http://www.nmc-uk.org/Educators/Standards-for-education/Standards-to-support-learning-and-assessment-in-practice/Additional-information-to-supportg-implementation-of-SLAiP/>

Improved student guidance

- 205 We worked closely with our External Affairs directorate to refine the student guidance to make it easier for students to understand and

apply the guidance in their activity. The revised guidance was issued for implementation at the start of the academic year in September 2011 <http://www.nmc-uk.org/Students/Guidance-for-students>

b) What progress has been made on the introduction of a right touch form of student indexing? (*performance review submission 2010/11*)

206 The purpose of the student index is to enhance public protection and minimise risks to patient safety by preventing students who have been dismissed for serious misconduct from one AEI being able to start a course at another AEI, without disclosing their dismissal for misconduct. AEIs will be able to identify such students through the index and carry out checks to decide their suitability to re-commence a programme at their institution. The index will also help promote consistency of decisions across AEIs.

207 We are taking account of 'right touch regulation' in development of the index. We consider that our approach is a proportionate response to a need identified by key stakeholders (AEIs) to safeguard the public from those not fit for registration:

207.1 The index is targeted at only those students who have been dismissed for serious misconduct, not those who successfully complete a nursing or midwifery approved programme.

207.2 AEIs will only provide personal identifying information already collected as part of their own processes.

208 The index will provide other benefits:

208.1 access to the contact details for students will enable us to communicate directly with them from the start of their careers, on issues such as the code, professional standards, revalidation and what patients expect from nurses and midwives.

208.2 data from the index will enable us to build a picture of the fitness to practise decisions taken by AEIs. This could, for example, be used to identify whether there are any particular groups of students that are over-represented in fitness to practise cases.

208.3 data which can be used to analyse trends in nursing and midwifery programmes for quality assurance purposes. Over time, AEIs might be able to use this data to undertake research and target their programmes at groups who are under-represented in the nursing and midwifery professions.

209 We decided to defer implementation of the index in September 2011 to allow more time to engage with stakeholders about the information to be collected and provide more time for AEIs to embed the index across their operations. Work is now being taken forward by the Education directorate to ensure that it is progressed in the context of our wider education work; takes account of the academic calendar and avoids unnecessary burdens on AEIs. We have also taken the opportunity to strengthen governance of the project and stakeholder involvement through establishment of a reference group to inform development and implementation of the index. This has UK representation from the Council of Deans for Health and the Academic Registrars Group (ARG) as well as from AEIs.

210 We undertook consultation on our proposals for the index from July to September 2011. We received over 800 responses from individuals, including nursing and midwifery students of which over 80% favoured introduction of the index. We are in the process of incorporating the responses in the work going forward. This will include the development of greater clarity about the information to be

collected and the rationale for collection, the student journey from application to university recruitment and the time line for implementation and use of the index.

211 Proposals on the future of the index will be going to Council early in 2012 with a likely revised timeline for the index to be in place by June 2012 in readiness for use for the September intake. This will give AEs an eight month lead in time to prepare their IT systems whilst avoiding busy times in the academic calendar. Six AEs have volunteered to take part in a pilot of the web based application which will take place in December 2011.

c) What account has been taken of:

- **CHRE's report on effective engagement, patient and public participation in health regulation**

212 We describe our general approach to the CHRE Report at paragraph 55 above. Our work on the SPNE clearly demonstrated the importance and benefits of using existing knowledge, networks and expertise as recommended by CHRE. We intend to continue this approach in the future.

213 Our SPNE require AEs to have transparent processes in place for effective engagement with service users and carers at all stages of programme development and delivery. We tested this at the approval events for the 32 AEs seeking approval for the new SPNE programmes. QA reviewers checked that service user and carer involvement was continuous and that their voice was an enduring one. Examples of good practice included participation in open days at universities, recruitment and selection activity, delivery of content and participation in the assessment of students both in practice and university settings. All of the approval events had service users and carers in attendance and contributing to the event. Many had also been members of the institution's programme development team. This means that the approval panel (including the NMC reviewers) were able to directly discuss their input into the programme development.

- **CHRE's comments in paragraph 7.48 and 7.49 of the performance review 2010/2011 on developing outcomes focused standards for education**

214 We consider that our SPNE (2010) are outcome focused. They focus on whether students achieve the standards required for registration not the curricula or how students are taught. Students must achieve specific outcomes at key stages of the programme (progression points) in order to move to the next stage. AEs are required to show how they will apply the standards and enable students to illustrate the outcomes of their learning in theory and practice, as part of the programme approval process.

d) How does the Council of the regulator assure itself that revised or newly developed guidance and standards prepared by the executive have been informed by various views, external developments and learning from other areas of its work?

215 Council seeks assurance in a number of ways including:

215.1 Council reports: all reports to Council are required to include details of how external views and learning have been taken into account in the development of work, as well as details of consultation and stakeholder engagement. All major developments

	<p>and key progress milestones are reported to Council</p> <p>215.2 Council development seminar: these are used to provide background information and explore developments on all aspects of the work</p> <p>215.3 Council member involvement in specific projects related to their expertise: for example, a Council member sits on the Student Index Reference Group; other members are involved in the QA transition project and the revalidation project.</p> <p>e) What plans are in place, if any, to improve your performance in this area?</p> <p>216 We are improving performance through the following activities:</p> <p>216.1 We are continuing to engage with service users when undertaking extraordinary reviews of the practice learning environment. We incorporate the outcomes into our QA reports to ensure that the experiences of service users are properly reflected.</p> <p>216.2 As part of the QA transition project, we are establishing a users group with senior representation from across the four countries and a cross-stakeholder expert reference group. This group includes the Council of Deans, directors of nursing and representatives from education to help shape and influence development of an enhanced QA framework for the future.</p> <p>216.3 We are setting up a reference group for the student index project with UK representation from the Council of Deans, Academic Registrars Group and AEIs.</p> <p>216.4 We are learning from the above experiences by involving service users and carers in our reference groups in our review of the standards for medicines management and non medical prescribing for nurses and midwives.</p> <p>f) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?</p> <p>217 This is an important and challenging year as we move towards a return to an in house QA operation. It is vital that we communicate the transitional arrangements and convey any new processes and procedures that arise from this change to all stakeholders. We wrote to all AEI official correspondents to inform them of the decision, that August 2012 will be the final transition month between the NMC and Mott MacDonald, and that from September 2012 we will run QA in house.</p>
Second standard	Through the regulator's continuing professional development/revalidation systems, registrants maintain the standards required to stay fit to practise
Regulator's evidence	<p>a) What, if anything, has changed in your performance against this standard since your last evidence submission?</p> <p>218 As anticipated last year (<i>Overview, paragraph 17.3, 2010</i>) we have engaged extensively with key external stakeholders on the NMC initial proposals for revalidation. We believe that if there is significant stakeholder participation in the development of the revalidation system, then there will be greater understanding and engagement in its implementation and we are committed to ensuring that their contribution is visible in the final product. There is evidence to support this: at virtually all our engagement events a number of</p>

stakeholders expressed an interest in piloting the new system.

219 Given the complexity of revalidation, we decided that face to face meetings to discuss our proposals and receive direct feedback would be of most value, as distinct from online or paper-based questionnaires. Questions for stakeholders were formulated and tested to stimulate their response. The same key questions have been raised until saturation (that is where similar answers and the same information have started to reappear).

220 We conducted a detailed mapping exercise to identify, analyse and prioritise stakeholders. This highlighted the need to access different types of organisational groups but also to engage directly with nurses and midwives and ensure appropriate coverage by geographical location, sector, field, level and scope of practice.

221 We developed a stakeholder engagement strategy to ensure an inclusive approach – involving input from employers, patients, the public, nurses and midwives – to engender confidence in and support for the system. We have held 80 meetings with approximately 1,900 stakeholders representing circa 1,000 organisations between April and October. We have analysed the coverage of these activities in terms of types of organisations and stakeholders involved and are confident that a reasonable sample of stakeholders has been met for all fields of practice and sectors.

222 The qualitative data collected forms part of the evidence which is being reviewed to define and assess different options for revalidation. It will also enable the formulation of focused questions for use in the large-scale consultation to be held in the next phase of the programme.

223 A full report on our stakeholder engagement was provided to Council at its meeting on 24 November <http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2011/NMC-Council-papers-November-2011.PDF>

b) What progress has been made on:

- **The development of a revalidation scheme? What outcomes have been achieved? If any delays have been experienced, what were the reasons for these?(performance review report 2010/11)**

224 Excellent progress has been made towards the development of a revalidation scheme and we are on target to introduce this in 2012, as planned. The following key outcomes have been achieved.

Programme governance and communication

225 Secured a clear mandate from Council, the Midwifery Committee and CLB for the proposed principles, purpose and outcomes of revalidation and timescales for implementation.

226 Held regular meetings with the Head of Revalidation, DH (England) who has confirmed support for the progress to date and regularly reported progress on consolidating and analysing our historic fitness to practise data (for which we received a DH grant).

227 Established a revalidation programme board in May 2011 with senior representatives from across the NMC (relevant directors and

assistant directors) meeting monthly to ensure the programme is supported by robust arrangements for governance and scrutiny and that it delivers the required outcomes across the organisation.

228 Produced a full programme brief which was signed off by directorate Portfolio Management Group in March 2011 and by the revalidation programme board in June 2011.

229 Produced an NMC proposed shared vision statement for the revalidation programme which is published on our website and is shared with all the with whom we stakeholders we engage <http://www.nmc-uk.org/Nurses-and-midwives/Revalidation/>

230 Revised the revalidation web pages on our website on 24 August 2011: this had attracted 8,237 page views at 3 November 2011.

Evidence

231 Reviewed and analysed the research commissioned and proposals made by other regulators for revalidation to inform the evidence base for the NMC approach.

232 Established a network for sharing good practice across regulators for revalidation and held cross-regulatory meetings with revalidation leads, now attended by the Head of Revalidation at DH and representatives from CHRE.

233 Analysed and responded to other regulators' consultations and proposals for revalidation.

234 Produced a revalidation statement for the House of Commons Health Committee inquiry.

235 Identified areas for further evidence gathering including CPD hours, peer reviews, portfolios and started a review and analysis.

236 **Legislative assumptions:** we are assessing whether the proposed revalidation standard, processes and information requirements can be implemented under the current NMC legal framework and/or what additional powers may be required to do so. This piece of work is due to be completed by January 2012.

237 **Stakeholder engagement:** extensive engagement has been undertaken as described under a) above.

Stakeholder analysis

238 A full analysis of stakeholder feedback is being undertaken as part of the next work package on evidence analysis. This will set stakeholder responses in a wider context as it focuses on reviewing the evidence base for revalidation, both in terms of the case for introducing revalidation and the nature of the new system. However, preliminary findings from an initial review of the qualitative data collected show:

238.1 Stakeholders' response has been overwhelmingly positive in relation to the proposed high level principle, purpose of revalidation and suggested outcomes of revalidation.

	<p>238.2 Stakeholders are clear that the proposed revalidation processes and systems should be rolled out simultaneously with the launch of the revalidation standard to ensure it can be enforced from the start.</p> <p>238.3 There is strong support for the proposal that nurses and midwives renew their registration online and record their practice and continuing professional development (CPD) activities online on a routine basis through the revalidation system.</p> <p>239 A strong overall consensus emerges from the responses to the four sets of key questions that we raised, based on identical or similar feedback received from a majority of stakeholders at most meetings.</p> <p>240 Evidence for revalidation: The starting point for most stakeholders is that nurses and midwives should provide a description of their current role and of their learning activities and how they have related the two, including through reflective statements. Stakeholders usually insist that the evidence requirements should build upon clinical governance systems, where they exist, and include appraisals and personal development plans together with other staff records such as: attendance and sickness records; disciplinary hearings; and confirmation that mandatory training requirements set by the employer have been met. Stakeholders generally conclude that no single piece of evidence will be sufficient on its own. Ideally evidence should be provided by all the 'witnesses' to the (direct or indirect) care provided by the nurse or midwife and the different types of evidence should be triangulated.</p> <p>241 Peer feedback: Stakeholders identified several advantages of using peer feedback as part of the evidence for revalidation, including in terms of increased self awareness and as a way to enable the third party verification of other evidence provided. However, many stressed that the challenges associated with peer feedback could outweigh its benefits. Stakeholders insisted that this must be properly thought through and carefully handled given the potential subjectivity of peers, the need for appropriate support and training for reviewers and reviewees, and the resulting resource intensive nature of any such exercise.</p> <p>242 Risk based audit: There is strong support for the proposal to combine a randomised, stratified and risk based sampling approach. Suggestions for identifying risk areas on the register include working with systems regulators, analysing the data already held by us and any new information provided by nurses and midwives about their practice (such as their employment sector, career patterns, incidents, disciplinary hearings, fitness to practise and supervision history and length of time on the register).</p> <p>243 Continuing Professional Development (CPD): Stakeholders generally warn against the revalidation requirements being too prescriptive in terms of types of learning activities. However, there is strong support for the suggestion that the revalidation guidance or advice should encourage nurses and midwives to plan their learning and to mix different types and modes of learning (for example theoretical and practical, individual and group).</p> <ul style="list-style-type: none"> • The redevelopment of its Prep standard? What outcomes have been achieved? If any delays have been experienced, what were the reasons for these?(performance review report 2010/11) <p>244 We have refreshed the <i>The Prep handbook</i>. Acting on feedback from nurses and midwives, we removed the example material as it no longer reflected contemporary practice. The Prep standards and guidance remain the same: therefore the Prep (practice) and Prep (CPD) requirements are unchanged. Legal advice confirmed there was no requirement for formal consultation as only advice material</p>
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was removed.

245 The refreshed handbook was published in hard copy and became effective on Wednesday 12 October 2011. We informed nurses and midwives via our usual routes for information sharing. These include: news items and update pages on Prep on our website; hard copies of the new Prep handbook sent to new registrants as part of their initial registration pack; our email newsletters; and Twitter and Facebook, as appropriate. The new revalidation standard will replace the Prep standards and be accompanied by guidance and advice that reflects contemporary practice developed through extensive engagement with stakeholders.

- **The analysis of historical fitness to practise cases to help the NMC determine the greatest areas of risk within its register? What use has been made of this data? If any delays have been experienced, what were the reasons for these? (performance review report 2010/2011)**

246 An assessment framework has been prepared to interrogate the fitness to practise data and identify the greatest areas of risks within the register. Some difficulties and delays have been encountered due to the need to migrate historical fitness to practise data from several legacy systems onto our Case Management System (CMS) before the data could be analysed. This has just been successfully completed and an assessment will be undertaken shortly.

c) What account has been taken of Enabling Excellence paragraph 5.3?

247 Our proposals for revalidation recognise that there is a wide spectrum of risk to be addressed within our register. A 'one size fits all' approach would not be appropriate: it would not satisfy the key good regulation principle of proportionality and would represent a significant cost given the very large volume of the two professions we regulate.

248 Over the past year we have continued to develop the evidence base that will inform our proposals for revalidation, both in terms of the case for introducing revalidation – whether there is evidence to suggest significant added value in terms of increased safety or quality of care for users and relative to the cost of the proposed system – and in terms of the nature of the revalidation model proposed – to ensure its processes remain proportionate, simple, open and transparent.

- d) If you are a regulator that intends to adopt an enhanced version of their current CPD arrangements in place of a revalidation scheme, please explain how the Council of the regulator has assured itself and the public that their proposals will deliver the objectives of revalidation (ie that registrants remain up to date and fit to practise).**

249 The NMC is committed to delivering an effective system of revalidation for all nurses and midwives by 2014. Council discussed the high level principles and initial proposals in July 2011 http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2011/NMC_council-papers_20110721.pdf. The relevant Council minute (11/101) appears at <http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2011/NMC-CouncilPapers20110915.pdf>

- 250 In March, Council took the view that we should deliver a proportionate, effective, evidence based and affordable revalidation system that will:
- 250.1 enable us to confirm that nurses and midwives continue to be fit to practise
 - 250.2 enable us to confirm that nurses and midwives have up to date skills and knowledge specific to their current area and scope of practice
 - 250.3 promote a culture of continuous improvement in practice for nurses and midwives.
- 251 Council confirmed that the objectives of the revalidation programme are to deliver:
- 251.1 a standard and guidance that builds upon the Prep standards and sets requirements for revalidation within the framework provided by the reviewed code
 - 251.2 an enhanced renewal of registration process
 - 251.3 an enhanced CPD validation process which focuses on identifying the outcomes of learning activities and their impact on fitness to practise; that ensures learning activities are relevant to current area and scope of practice; and that improves practice
 - 251.4 a risk-based audit process which is based on a sound statistical model combining risk-based, random and stratified sampling methods
 - 251.5 processes for submission and assessment of evidence, provision of feedback, resubmission, and removal from the register for those who do not meet the standard
 - 251.6 a cost-efficient infrastructure to support the revalidation system that also enables nurses and midwives to record CPD activities and renew their registration online.
- 252 Council supported the proposal that the two key, high-level, benefits of introducing a revalidation system should be increased patient safety and increased public confidence in nurses and midwives. Other benefits noted include increased ability to identify concerns and risks related to fitness to practise at an early stage and greater assurance that nurses and midwives are updating their knowledge and skills on a continuous basis.
- e) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?**
- 253 We have developed and implemented a more robust tool for the validation of Prep standards for those nurses and midwives who declare a police charge, caution or conviction on their Notification of Practice (NOP) form which all nurses and midwives must complete

	<p>to apply to renew their registration.</p> <p>254 Since March 2011, all these nurses and midwives are provided with a form where they are required to:</p> <p>254.1 describe how they have met the Prep (practice) and Prep (CPD) standards since their last renewal of registration by filling a simple but comprehensive record of practice and record of CPD</p> <p>254.2 evaluate each entry in their record of learning in terms of what they have learned, how they have applied this learning to their practice, and what the benefits to their practice have been.</p> <p>255 This information has enabled more robust decision making by the Registrar, either to renew the registration of such nurses and midwives, or not to renew their registration until they successfully complete a return to practice course, or to refer them to fitness to practise for investigation. It is also providing important information as to whether and how nurses and midwives comply with our Prep standards. We have started analysing this information and it will form part of the evidence base for revalidation.</p>
Third standard	<p>The process for quality assuring education programmes is proportionate and takes account of the views of patients, students and trainees. It is also focused on ensuring the education providers can develop students and trainees so that they meet the regulator's standards for registration</p>
Regulator's evidence	<p>a) What, if anything, has changed in your performance against this standard since your last evidence submission?</p> <p>256 Detailed information about our current QA framework was provided in last year's submission (Education, paragraphs 41 to 60, 2010).</p> <p>257 We ensure that students meet our standards through robust QA processes. These include:</p> <p>257.1 Approval events. These fully explore and make judgments regarding how the programme design is meeting the education standards. This is scrutinised through documentary analysis against all standards, proficiencies and requirements and discussion with all stakeholders who have engaged with the programme development. Where shortfalls or inconsistencies are identified, education providers are obliged to enhance their approval requirements prior to formal approval being granted.</p> <p>257.2 Observations. During the academic year 2010-2011, we observed a sample of SPNE approval events to ensure consistency, reliability and validity of QA reviewers when making judgments against standards for education.</p> <p>257.3 Additional scrutiny. A number of approval events for SPNE were subjected to additional scrutiny through desktop review, prior to formal approval, to ensure that conditions were met and enhanced reporting mechanisms for programme approval achieved. This process enabled us to check the consistency of the QA reviewer decisions against the standards.</p> <p>257.4 Annual monitoring. This triangulates the evidence by engaging with students and mentors in the practice placement setting and cross referencing verbal commentary against documentary evidence for example, duty rosters.</p> <p>258 Views of patients are obtained through direct contact with service users and carers at approval events. Reviewers hold arranged meetings within the events to learn how they contributed to the development and delivery of the programme. Service user and carer</p>

involvement is frequently through recruitment and selection, programme delivery and practice assessment outcomes. We check the enduring nature of these partnerships during the annual monitoring processes. Examples of how we have used these views include:

258.1 sharing good practice for service user and carer involvement in NMC programmes at reviewer training events

258.2 offering top tips for approvals indicating where effective service user and carer strategies are in place to disseminate good practice

258.3 awarding good or outstanding grades to education providers who demonstrate that service user and carer strategies are being operationalised

258.4 encouraging education providers to adopt the practice, increasingly used, of including a service user or carer representative on the approval panel.

259 Views of students are obtained through a number of mechanisms. At programme approvals, QA reviewers meet with representative student groups across all programmes and at different stages of their programmes. The discussions provide an opportunity to gain direct insights into the student experience and the levels of satisfaction that students have with their NMC programme and discuss how student evaluations from existing programmes have influenced the newly developed programme. During annual monitoring QA reviewers meet students in the practice placement settings in order to assess the students' lived experience. Placement visits are selected by the managing reviewer as part of the pre monitoring visit.

260 From the QA activity undertaken this year and through our joint working with CQC we have identified that some AEIs are unaware of clinical governance issues in practice placement areas. There is some ambiguity in what is expected from the providers. To strengthen this we have taken the following action:

260.1 We have clearly articulated the increased importance of partnership working within the practice learning key risk area.

260.2 We have strengthened the requirements for placement governance within the review plan for 2011-2012

260.3 We followed up on specific adverse clinical governance outcomes using extraordinary review activity with 10 AEIs to determine measures to ensure that the learning environments can support the standards for learning and assessment in practice. Subsequently, when there are insufficient control measures in place or the placement learning environment would benefit from a period of recovery we formally plan the phased or complete withdrawal of students from those areas

260.4 We continue to work with these AEIs to ensure that all necessary action plans secure the required outcomes.

b) What progress has been made on the review of the NMC's quality assurance framework for education providers? What action has been taken following the outcome of the review? If any delays have been experienced, what were the reasons for these? (performance review report 2010/11)

261 We have completed the review and Council approved proposals for the QA framework to be brought in house. We developed outline

plans for the transition throughout the summer. In doing so, Council was mindful of CHRE's views, but also conscious of the considerable public and media interest in the training and education of nurses and midwives and the importance of maintaining public confidence in the professions (see Overview, paragraph13). Preparations have begun for our in house QA operation to be operational by September 2012. We are meeting our milestones and plans remain on track for delivery.

c) What account has been taken of:

• CHRE's comments in paragraph 7.48 and 7.49 of the performance review 2010/2011 on developing outcomes focused standards for education

262 As indicated in our response to the first standard c) at paragraph 214 above, we consider that the standards for pre-registration nurse education (2010) are outcome focused.

• Concerns raised by the Care Quality Commission about individual hospitals where students may undertake training placements (where relevant)

263 We actively respond to intelligence gained through our memorandum of understanding with CQC and to CQC's warning notices and reports. We have followed up a number of concerns to review the actions taken by AEIs and their practice placement partners in support of the Standards for learning and assessment in practice (2008). In such cases, we work with the AEIs and practice placement representatives to ensure that there is confidence in the processes for practice learning governance but where necessary we will require students to be reallocated to alternative placements so that a period of recovery can be achieved. In 2011, we returned to two areas where extraordinary QA reviews had taken place in order to assess progress and check that longer term achievements are being embedded.

• The Healthcare Education England and NHS workforce education plans (where relevant)

264 We provided feedback on the consultation for outcome focused approaches at Healthcare Education England (HEE) in October 2011. We attend inter regulatory groups and contribute to the discussions regarding education plans and commissioning directly and through these groups – for example ARG, UKHEAC and IRG.

d) What plans are in place, if any, to improve your performance in this area?

265 We plan to increase and enhance our direct engagement with stakeholders in higher education and practice learning environments including increased visibility at external stakeholder events as part of the transfer of QA in house and the education directorate reaching full capacity. New education advisers will take up post in January 2012 and we expect the QA team to be in post by September 2012.

e) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?

266 We have implemented a successful approval process for AEI providers of the EU aptitude tests for children's nursing, adult nursing and

	<p>midwifery and have scheduled an approval event for the five preferred AEIs who are developing the EU adaptation programmes on 8 December 2011.</p> <p>267 As previously indicated, the aptitude test for EU children's nurse applicants is now available and the launch of the other two tests awaits BIS action to remove the derogation to the Directive.</p> <p>f) Dataset (data to be provided should be that collected for the regulators' most recent reporting period)</p> <ul style="list-style-type: none"> How many education institutions are you responsible for quality assuring? <p>268 We are currently responsible for 82 approved programme providers who deliver one or more NMC approved programmes. There were 92 approval events across the UK and across a number of programmes. There were two programme endorsements, 14 major modifications and 63 minor modifications.</p>
Fourth standard	Action is taken if the quality assurance process identifies concerns about education and training establishments
Regulator's evidence	<p>a) What, if anything, has changed in your performance against this standard since your last evidence submission?</p> <p>269 We visited 49 AEIs across the UK this year as part of our annual monitoring activity 2010-2011. This involved a focused review of 133 of the 1000 NMC programmes that are currently in approval: 34 AEIs self reported as they had earned autonomy during the 2009-2010 reporting period.</p> <p>270 In 30 of the 49 visits we identified no issues with the performance of the education provider. Seven AEIs achieved outstanding grades in one or more key risk areas.</p> <p>271 Of the remaining 19 visits, five AEIs received unsatisfactory grades in one or more key risk areas. All five AEIs were required to put in place detailed action plans to address these issues which have now been met.</p> <p>271.1 In two cases unsatisfactory grades were awarded where processes were inadequate for ensuring CRB clearance is completed before students come into contact with the public. We have followed these up by ensuring that an internal QA process is in place in support of safeguarding requirements. In one of these cases we intend to withdraw AEI status once all existing students have completed.</p> <p>271.2 Three unsatisfactory grades were awarded within the practice learning key risk area. Two AEIs could not demonstrate up to date mentor registers and one had not provided specific preparation for mentors. In all three cases, the necessary action plans have been successfully met within the required timeframe.</p> <p>271.3 In two cases we were concerned to find that the programme leader had a lapsed NMC registration. In both cases we required an immediate and appropriate replacement programme leader. We have also followed up these shortfalls with the respective dean of faculty regarding their internal governance measures. We are now assured that there are robust measures in place to</p>

ensure academic staff maintain their professional registration.

272 We have identified a pattern of concern regarding academic staff maintaining both their professional registration and ensuring that they have an NMC recordable teaching qualification. Consequently our published review plan for 2011-2012 makes clear that this will be subject to ongoing review. We will follow up next year to see whether this advice has proved effective.

273 Five AEIs were eligible for earned autonomy as they achieved good grades across all elements of their review. However they will be visited during 2011-2012 as part of our ongoing governance activity in specific practice learning environments. We will evaluate the effectiveness of this sustained QA partnership with these 5 AEIs and how this enduring engagement has enhanced quality assurance of the practice learning environments.

274 Where appropriate, we give approval for a shorter period than the normal five years. Following the 2010-2011 monitoring, three AEIs received 18 month approvals:

274.1 One AEI for its overseas nursing programme due to receiving an unsatisfactory grade for this programme during annual monitoring.

274.2 Two AEIs for their pre registration nursing programmes: one AEI failed to demonstrate learning between programmes over four years of annual monitoring activity and one AEI had inconsistent control measures in place to assure us that there was adequate support and assessment for students in clinical placement.

b) What progress has been made on:

- **Reviewing the learning environment of one of the hospitals within the United Lincolnshire Hospitals NHS Trust following concerns raised by the CQC which resulted in students being removed from the course? What outcomes have been achieved? (additional information obtained in July 2011).**

275 In response to concerns raised with us by CQC about poor governance and leadership in Lincolnshire Hospitals NHS Trust in July 2011, we requested the removal of student nurses and midwives from the care areas at Pilgrim Hospital. This involved close working with the four AEI providers involved. The students remained on the programme but were allocated different practice placements within the placement circuit. We have continued to work with the Trust, the AEIs and the SHA since this time. They have developed a strong partnership and are working collaboratively towards an action plan to reach a resolution of the issues which continue to give cause for concern. Intense work is currently in place with the University of Nottingham to secure the phased reintroduction of the student midwives following assurances of the safety and effectiveness of the learning environment for student midwives on the three year and the 18 month programme. It is anticipated that this will take place during November/December 2011. There is also a programme of targeted monitoring activity in place with all four AEIs to triangulate the evidence and provide assurance of public safety. There is agreement in place that the student nurses will not be returned to the learning/practice areas until assurances of public safety have been provided.

	<ul style="list-style-type: none"> • Monitoring improvements in the performance of the two education providers which were graded ‘unsatisfactory’? What outcomes have been achieved? (performance review submission 2010/11) <p>276 We required both providers to produce action plans to address the areas graded “unsatisfactory” and both have achieved the action plan measures. We will be checking that performance has been sustained during annual monitoring in 2011-2012.</p> <ul style="list-style-type: none"> c) What plans are in place, if any, to improve your performance in this area? <p>277 We have refined our QA review plan for 2011-2012 to respond to the previous year’s results and local and national requirements to ensure that our QA activity is targeted and proportionate.</p> <ul style="list-style-type: none"> d) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)? <p>278 We continue to train and develop both QA managing reviewers and reviewers. We will continue to quality assure the QA framework through the internal scrutiny group at the NMC and observe at least 10 percent of QA approvals and monitoring to ensure adherence to both the standards for education and the QA framework. In addition as part of our QA activity, we will continue to have an NMC observer at specific (2010) pre registration nursing education programme approval events (during 2011-2012). This will ensure the ongoing robustness of our existing framework during a period of transition. We will also consider providing a shorter period of approval for AEIs where there is a question over their ability to continually meet the standards for education and training over the five year period.</p>
Fifth standard	Information on approved programmes and the approval process is publicly available.
Regulator’s evidence	<ul style="list-style-type: none"> a) What, if anything, has changed in your performance against this standard since your last evidence submission? <p>279 We make as much information as possible available through our website. This includes:</p> <ul style="list-style-type: none"> 279.1 information on all our approved programmes across the four countries: http://www.nmc-uk.org/Approved-Programmes/ 279.2 information on our approvals process see http://www.nmc-uk.org/Documents/QualityAssurance/QAMonitoringReports/QAreports/NMC_QAhandbookSeptember2010.pdf 279.3 monitoring reports from 2002 onwards 279.4 information gathered following programme approval events which in turn helps those institutions preparing for programme approval, and feedback from AEIs is that this ‘top tips’ section has been very useful.

280 For education providers this includes:

- 280.1 headline links to education events, search for approved programmes and consultations, for example student indexing
- 280.2 direct links to quality assurance of education including a link to search for approved programmes in the four countries, information for programme approvals and monitoring, education factsheets, education circulars and a hyperlink to the current quality assurance outsource supplier
- 280.3 direct links to standards for education and training: this includes all standards of education for pre- and post-registration qualifications (registrable and recordable) for nurses and midwives together with links to all circulars and requirements for the standards.

281 For students, this includes:

- 281.1 information for getting onto a course, guidance on professional conduct for nursing and midwifery students, guidance on good health and good character including advice on declaring any disability in order that the AEI can assess and determine all necessary reasonable adjustments and importantly crucial next steps when approaching qualification and registration.

b) What plans are in place, if any, to improve your performance in this area?

282 We intend to further develop and improve our website and the associated information to better facilitate discussion and information relating to the transition project and our QA processes.

c) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?

283 See the good practice on feedback from AEIs regarding the improvements made to the quality assurance website under b) above. Our revised guidance for students also represents good practice (see paragraph 205 above).

Registration

First standard	Only those who meet the regulator's requirements are registered
Regulator's evidence	<p>a) What, if anything, has changed in your performance against this standard since your last evidence submission?</p> <p>284 Since the beginning of 2011, we have introduced a number of changes to strengthen the robustness of our processes to ensure that only those meeting our requirements are entered on the register. These include the following:</p> <p>284.1 We have introduced a revised registrations policy for European Union (EU) nurses and midwives. This formalises registration standards and processes to reflect the provisions of European Directive 2005/36/EC on the recognition of professional qualifications (the directive). The revised policy has generated the following benefits:</p> <p>284.1.1 All EU related policies and processes are now formally collated into a single document.</p> <p>284.1.2 The policy document is more user friendly and includes flowcharts of the assessment process.</p> <p>284.1.3 The policy incorporates the treaty rights provisions. There are a small number of EU applicants whose qualifications cannot be recognised under the provisions of the directive. Previously such applications would be rejected, now we outline the differences between their knowledge and skills and the knowledge and skills required to register in the UK. This offers the applicant the opportunity to seek further training based around these differences and ensures that our approach to the recognition of professional qualifications meets the requirements of the directive.</p> <p>284.1.4 More detailed information is now required from applicants which enhances the robustness of the registration assessment.</p> <p>284.2 Linked to the above, we have created country specific information on the NMC website for each of the relevant European states which provides a guide for prospective applicants on recognition of their qualification. We are currently scoping a review of our overseas registration policy (non-EU nurses and midwives) for 2012. The aim of the review is to create greater consistency between the EU and overseas registrations policies.</p> <p>284.3 We have strengthened our approach to dealing with registrants who do not renew their registration on time.</p> <p>284.3.1 Registrants are sent reminder letters 45 and 15 days before their renewal is due. A final letter is sent after the renewal date informing registrants that their registration has lapsed and they can no longer practise.</p> <p>284.3.2 Temporary registration cover is no longer provided: all lapsed registrants must apply for readmission to the register. The Registrar's Advisory Group (RAG), chaired by the Chief Executive and Registrar, reviews all readmission applications.</p>

	<p>284.3.3 In addition to completing the readmission application forms, the registrant is also required to provide a mitigating statement and complete a post-registration education and practice (Prep) audit form for review.</p> <p>284.3.4 We also write to the employers of all lapsed registrants, reminding them of their responsibilities to ensure that all nurses and midwives in their employ hold the necessary qualifications and registration to perform their role.</p> <p>284.4 The benefits of this tightened approach are:</p> <p>284.4.1 an emphasis to registrants that without registration they are practising illegally</p> <p>284.4.2 an emphasis for now and the future that it is a registrant's personal responsibility to ensure they are registered promptly when renewal is due</p> <p>284.4.3 raising employers' awareness of their responsibilities.</p> <p>b) What progress has been made on the provision of aptitude tests for EU trained nurses and midwives? What, if any, outcomes/learning has been gained from this work by the NMC and how has this been used to improve public protection? (performance review submission 2010/11)</p> <p>285 We now offer the option of either an adaptation or aptitude test to EU nurses applying for registration as a registered children's nurse. The decision letter from the registrant to the applicant provides details on how to access these. Since 1 April 2011, we have included the option of the aptitude test for paediatric nurses in 26 cases, and so far two have taken it.</p> <p>286 Aptitude tests for adult nursing and midwives were approved in October 2011. However, our ability to offer the aptitude test to relevant adult nurse and midwife applicants is dependent upon the removal of a derogation currently present in the directive. This requires legislative change to be made by Business, Innovation and Skills.</p> <p>c) How does the Council of the regulator assure itself that the registrations process managed by the executive is effective in ensuring only those that met the requirements are registered (eg is there an internal quality assurance process, the outcome of which is reported to the Council)?</p> <p>287 Regular progress updates are reported to Council, including an assessment every quarter of progress against corporate objectives and performance. A full time Director of Registrations is now in post for the first time and a more detailed suite of reporting information is being developed. This will include performance data relating to changes in policy or process (such as the number of registrants who are identified as lapsed and have applied for readmission to the register) and the resulting impact alongside business as usual data.</p> <p>d) What plans are in place, if any, to improve your performance in this area?</p> <p>288 Two work streams currently underway will further improve the robustness of our measures to ensure that only appropriately qualified applicants enter and stay on the register.</p>
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	<p>288.1 Revalidation (see paragraphs 244-245 above). Our approach to revalidation will strengthen the testing of registrants' Prep submissions. In the interim, an audit of Prep forms submitted to support renewals in 2012 is currently being scoped.</p> <p>288.2 AEI data secure online facility – this will enable AEs to upload all relevant student data through a secure web based information channel to Registrations.</p> <p>e) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?</p> <p>289 A number of AEs continue to make errors in uploading student data. We plan to collect this error data more systematically to help identify those who need more focused support in data management.</p> <p>290 The notification of practice (NoP) form required as part of the renewal process has just been refreshed. Based on evidential research, the NoP form will now require the registrant to complete their name and provide a signature at the first stage of the form as research has shown that this encourages people to complete forms more accurately and fully.</p> <p>291 We are currently undertaking a review to strengthen our requirements regarding good health and good character declarations. For example, an option is to consider the feasibility and value of introducing a 'cautions and convictions' declaration on the initial, subsequent registration and recordable qualification application forms.</p>
Second standard	The registration process, including the management of appeals, is fair, based on the regulators' standards, efficient, transparent, secure, and continuously improving
Regulator's evidence	<p>a) What, if anything, has changed in your performance against this standard since your last evidence submission?</p> <p>292 The Registrar's Advisory Group (RAG) meets fortnightly. It has seen an increase in workload – 59 cases were taken to RAG in October 2010 for example, compared to 106 in October 2011. Part of this increase is the result of our more focused approach to dealing with lapsed registrants which requires all cases to go to RAG for scrutiny and approval. Between May and October 2011 there have been 140 lapsed cases before the Registrar: 71 individuals were readmitted to the register, further information was sought in 65 cases, and four applicants were refused readmission to the register.</p> <p>293 In addition, RAG has recently introduced a 'pre refusal' meeting for specific cases where the Registrar considers it appropriate that the registrant has an opportunity to explain face to face the circumstances of their lapsed registration or caution and conviction.</p> <p>b) What progress has been made on:</p> <ul style="list-style-type: none"> The outcome of the review of the good character and health guidance? If any delays have been experienced, what were the reasons for these? (performance review report 2010/11) <p>294 In November 2010, we amended and republished our 2008 guidance on good health and good character in order to meet our obligations under the Equality Act 2010. In addition to strengthening the guidance in this way, we made some minor amendments to the</p>

content to simplify, clarify and improve the readability of the content for those that use it. Whilst we recognise the importance of this work, it has not been a priority this year. We have undertaken scoping for a full review of the guidance to be undertaken in 2012-2013.

- **Using equality and diversity data to inform/improve the NMC's performance? What outcomes have been achieved? If any delays have been experienced, what were the reasons for these? (performance review report 2010/11)**

295 As reported above (Overview, paragraph 16), following appointment of our Head of Equality and Inclusion, we have put in place an internal Diversity Champions Forum, chaired by the Chief Executive and Registrar, as NMC Diversity Champion, and are in the process of setting up an external reference group to monitor and challenge progress on equality and diversity issues, including use of data to improve our performance.

296 Our submission in 2010 (Overview, paragraph 8) indicated that initial analysis showed a 60 percent response rate from registrants to our request for diversity data. As further analysis on the data was undertaken, it became clear that the decision taken at the beginning of the project not to associate the data with the individual registrant record on our registrations system (Wiser) made it difficult to identify duplicated data. Once this had become apparent, a statistician from the Faculty of Health and Social Care Sciences, Kingston University and St George's, University of London was employed to undertake a thorough analysis of the data. His analysis determined that the overall response was 43 percent. The report stated that the patterns of response and completeness do not suggest that there are particular groups badly under-represented in the equality and diversity data, though there are some differences in both response and completeness. We will continue to encourage registrants to provide their diversity data both on application and renewal.

297 Council received a report on the outcomes of the data collection project at its meeting on 24 November 2011 <http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2011/NMC-Council-papers-November-2011.PDF>. Further work needs to be done and the NMC is committed to collecting data not only in relation to the register, but also in relation to those who come into contact with fitness to practise processes. We will be using the data as part of the evidence base in analysing the equality implications of any proposed new or revised policies and any standards being developed or revised.

- **Reviewing the NMC's policy on professional insurance and indemnity? What outcomes, if any, have been achieved? (performance review report 2010/11)**

298 Regular reports have been provided to Council on this issue, including on the DH's position that healthcare professionals should be required to hold adequate and appropriate professional insurance.

299 The RCM and NMC jointly commissioned a review of the work of independent midwives and the feasibility of insurance by Flaxman Partners Ltd (FPL). FPL was instructed by the RCM and NMC to explain the reasons for the non-availability of PII insurance to independently practising midwives and to explore a solution in the light of the recommendations in the Scott Report http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidanceDH_117454)

300 and the implications of the introduction of the EU Directive on Cross Border Health Care (<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:088:0045:0065:EN:PDF>)

- 301 The final report has now been published and was considered by Council on 24 November 2011.
- 302 The report provides insight into the practice of midwives and independent midwifery in particular and outlines the legal and insurance aspects that need to be understood in relation to current midwifery practice. This provides a means of reference for understanding the legal and economic aspects that regulate the viability and effectiveness of insurance for independent midwifery.
- 303 The study's conclusion is that independent midwives will only be able to obtain professional negligence insurance if they are prepared to practice as employees of a limited company or similar.
- 304 We are engaging with one non NHS provider of maternity services who, having secured full professional liability insurance with a commercial insurance provider, now holds an Any Qualified Provider contract with a Primary Care Trust in England for the provision of the full maternity pathway.
- 305 The FPL report also recommends that there is an urgent review of midwives' understanding of duty of care and we have begun a review of the current NMC advice sheet on this (<http://www.nmc-uk.org/Nurses-and-midwives/Advice-by-topic/A/Advice/Duty-of-care/>)
- 306 We are also reviewing references to the duty of care in the NMC's homebirth circular http://www.nmc-uk.org/Documents/Circulars/2006circulars/NMC%20circular%2008_2006.pdf and as directed by our Midwifery Committee additional work is being done on the guidance in relation to the education and training of supervisors of midwives using the supervisor of midwives roadshows. This is due to be completed by February 2012.
- 307 We are aware that contractual arrangements for nurses and midwives are changing rapidly, particularly with the re-organisation of services in England. This has the potential to impact on the provision of professional insurance and indemnity arrangements and on nurses and midwives understanding of their status. Examples of this include district general hospitals handing responsibility for running core health services to a private company, community nurses transferring from a primary care trust to a social enterprise and the extended role of practice nurses employed by general practitioners. We have previously identified the need for nurses and midwives to have a greater understanding of their insurance status within the changing context of care. The Flaxman report will be considered as part of the review of the code and the need for this to reflect the NMC's current policy on professional insurance and indemnity and bring this into line with EU provisions.
- **Improving the customer experience including improving the quality of decision letters when an application has been rejected and developing member state specific guidance on routes to registration for EEA applicants? What outcomes have been achieved? If any delays have been experienced, what were the reasons for these? (*performance review report 2010/11*)**
- 308 We have made a number of improvements:
- 308.1 EU member state specific guidance has been developed and made available on the NMC website <http://www.nmc-uk.org/Registration/Joining-the-register/Trained-in-the-EU-or-EEA/>
- 308.2 An interactive map makes access to these pages visible through one click on the country of interest. The pages offer specific

information on competent authorities and routes to registration for each of the member states. There are plans to extend this approach by making available a world map with country specific information. This would also be useful for UK registered nurses and midwives seeking to register abroad as well as overseas applicants seeking to register with the NMC.

308.3 A secure website has been introduced for EU and international applicants where they can self assess their eligibility to apply for registration. The website is interactive and only those nurses and midwives who meet the application standards will be automatically sent an application pack. This has improved the customer experience with reduced waiting times and e-mail confirmation when the process has been successfully completed.

308.4 Rejection letters sent out to EU nurses and midwives now clearly state the decision reasons and give a synopsis of the applicant's educational experience. This gives the applicant the opportunity to provide any additional information they may have if they feel the synopsis does not accurately cover their educational experience. The letter notifies them of the right to appeal against the Registrar's decision and clearly states the process and timeframes for doing this.

- **Reviewing the NMC's information security risks of its IT systems? What outcomes have been achieved? If any delays have been experienced, what were the reasons for these? (performance review report 2010/11)**

309 NMC key information security policies include an *Information security policy*, a *Data protection policy* and an *ICT user policy*.

310 Our information security policy was approved by the Corporate Leadership Board in February 2011. It is published to all those working for and on behalf of the NMC, including members of the NMC Council, contractors and suppliers to the NMC.

311 The data protection policy was reviewed and updated early in 2011. It was approved by our Corporate Leadership Board in April 2011. The policy can be viewed on our website at <http://www.nmc-uk.org/Privacy-and-terms-of-use/Data-protection/Data-protection-policy/>

312 To further increase protection of the data on our register, we have developed a *Data sharing policy* which requires that any arrangement to share registrants' data with other regulators or authorities complies with the Data Protection Act 1998, is approved by one of NMC's directors and is supported by data sharing agreements which seek to protect the security of that data.

313 We ensure compliance with our information security policies through a combination of

313.1 training

313.2 recording agreement to the policies by individuals and third parties, including Council and partner members

313.3 our audit strategy, which includes an annual review regarding the management of data security risks.

314 During 2011, we issued a guide to information security for all employees and new data protection guidelines for those working within our Fitness to Practise directorate. We used both of these events to remind employees of the importance of information security.

315 We ensure all new starters to the NMC agree to our *Information security policy* and *ICT user policy* at the point at which they are

provided with access to our ICT network. All suppliers are required to agree to our information security policy as part of their terms and conditions of business with the NMC.

316 Our Information Governance and Security Group is responsible for the regular review of all our key information security policies and all substantial revisions of policies and any new policies are approved by our Corporate Leadership Board.

c) How does the Council of the regulator assure itself that the registrations process is managed efficiently and effectively by the executive and that it continuously improves (eg does the Council receive reports on the time taken to process registration applications?)

317 Council assures itself through:

317.1 regular reports, including on developments relating to the work of the Registrations directorate as part of the monthly Council executive report

317.2 quarterly performance reports on progress against the NMC's corporate plan 2011-2014. In the case of registrations, this includes information on the time taken to process applications and other performance data

317.3 the Audit Committee. As part of its annual work programme, a substantive testing review on the registration processes was completed by our internal auditors PKF in January 2011. The report shows that the data recorded on the register was accurate based on a sample of cases completed during the busiest time of the year for the directorate. It noted that the appropriate documentation was all in place and there was no evidence that the NMC's procedures had not been followed. Cases were generally processed promptly. The report highlighted that a small but significant proportion of renewals were received late and as a result there was a risk that some renewals did not take place until after the previous year's registration had lapsed. Action has been taken in relation to lapsed registrants as outlined above (Overview, paragraphs 40-41).

d) What plans are in place, if any, to improve your performance in this area?

318 There are a number of projects currently underway including:

318.1 Introducing revised renewal and retention notices that give clear instructions on timescales for nurses and midwives to return payments and documentation to NMC to ensure that their registration is updated before the expiry date

318.2 developing more online services for nurses and midwives

318.3 giving employers clear guidance on timescales for registration renewals, encouraging NHS employers to act promptly on information we send to them regarding lapsed registrants

318.4 development of interactive data sharing systems which will alert public and private employers within the UK to changes to the registration status of their nurses and midwives.

e) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?

319 We are developing a new initial registration pack. Currently, when newly qualified nurses and midwives register, we send them a copy of the code, the Prep standards and our guidance on raising and escalating concerns. We undertook a trial of the new pack with a group of 300 new registrants in August. As well as the previous information, the trial packs contained an affirmation statement together with leaflets giving information about the NMC, what we expect from registrants and important information about registration, including where to look for support and FAQs. We are analysing feedback from the trial and this will inform decisions on the final content when we roll out the new pack from April 2012.

f) Dataset (data to be provided should be that collected for the regulators' most recent reporting period)

- What is the total number of registrants on the register?**

320 674,022 at 30 November 2011.

- How many new initial registration applications did you receive?**

321 7,207 between 1 April 2011 and 30 September 2011

- How many registration appeals did you receive and conclude? What were the outcomes?**

322 We received 19 appeals between 1 April and October 2011. None have been concluded.

- What is the median time taken to process initial registration applications for UK graduates, international non-EU applicants and EU applicants?**

Initial registrations 1/04/2011 to 30/09/2011	Valid applications	Percent processed in less than five days	Median days
UK	5,148	99.93%	3.4
EU and EEA	1,494	91.57%	1.7
International (non-EU)	565	99.02%	1.7
Total	7,207		

- What is your annual retention fee?**

323 £76.00

Third standard

Through the regulators' registers, everyone can easily access information about registrants, except in relation to their health, including whether there are restrictions on their practice

Regulator's evidence	<p>a) What, if anything, has changed in your performance against this standard since your last evidence submission?</p> <p>324 The position is as set out in our submission of December 2010 (<i>Registrations section, paragraphs 55 and 56</i>)</p> <p>b) What progress has been made on:</p> <ul style="list-style-type: none"> The review of the NMC's policy of only listing those with effective registration on its public register, this will include consideration of whether registrants who are suspended or struck off the register should be included on the public register? What was the outcome of the review and what action has subsequently been taken? If any delays have been experienced, what were the reasons for these? (<i>performance review report 2010/11</i>). <p>325 As described above (Overview, paragraph 18), this is being addressed as part of a wider piece of work on the retention and publication of historical fitness to practise data. We have engaged with other regulators, such as GMC, to evaluate best practice and better understand their approach. We understand that GMC has wrestled with the very complicated legal and technical issues involved in this for a number of years. We are therefore pleased that we have been able to progress our review and develop proposals in a timely manner following CHRE's report in July and have formulated a set of principles about what information should be available in the public domain on which we will be seeking Council approval in January 2012.</p> <ul style="list-style-type: none"> Including on the NMC's register whether a midwife has been appointed as a supervisor of midwives within the framework of the statutory supervision of midwives? (<i>performance review submission 2010/11</i>) <p>326 Since April 2011, the register has included a flag to show appointed supervisors of midwives who have undertaken the additional education and training to support, guide and supervise midwives in line with Education directorate guidelines and approval.</p> <p>c) What feedback do you collect about the accessibility of registers? What changes have been made as a result of this feedback in 2011?</p> <p>327 We have not recently undertaken a feedback exercise. However, we are considering proposals for this in spring 2012.</p> <p>d) What plans are in place, if any, to improve your performance in this area?</p> <p>328 See our response relating to employers at paragraphs 332-335 below.</p> <p>e) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?</p> <p>329 Employer data is currently not a mandatory requirement of registration in accordance with the registration rules. Although more robust plans are being put in place to collect employer details, we are still to finalise our decision on whether this information will be published. In the meantime geographic location will continue to be published.</p>
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Fourth standard	Employers are aware of the importance of checking a health professional's registration. Patients and members of the public can find and check a health professional's registration						
Regulator's evidence	<p>a) What, if anything, has changed in your performance against this standard since your last evidence submission?</p> <p>330 A communications and engagement plan has been set up to target employers, partly concerning the collection of employer data, partly on their access to the Register and their awareness of the importance of checking NMC registration. Slides have been presented at two employer road shows, with plans for more before the end of the year. We added information in a recent update of <i>Advice and information for employers of nurses and midwives</i> asking employers to encourage their employees to submit employer data to us.</p> <p>b) What learning has been gained from the NMC's experience of identifying over 100 nurses that were appeared to be working when they were not registered? (press release of 27/6/11)</p> <p>331 Work has been undertaken during the year to add a new emphasis to promoting the responsibilities of registrants who are due for renewal. We have:</p> <p>331.1 drawn up a new standard operating procedure for lapsed registrants.</p> <table border="1" data-bbox="499 740 1382 845"> <thead> <tr> <th>Lapsed registrants May-September 2010</th> <th>Lapsed registrants May-September 2011</th> <th>Reduction</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">15,208</td> <td style="text-align: center;">9,826</td> <td style="text-align: center;">35%</td> </tr> </tbody> </table> <p>331.2 begun using the employer data currently available from individual registrants and from central databases to enable us to identify trends with individual employers who continue to allow nurses or midwives to work without registration so that action can be taken accordingly.</p> <p>c) What progress has been made on the integration of data on the NMC register with the NHS Electronic Skills Register? What feedback has the NMC received about this initiative from NHS employers? (performance review submission 2010/11)</p> <p>332 We have now launched our information data sharing process with the NHS electronic staff record system (ESR) updating 400,000 registrants' records on ESR daily. This identifies for DH and employers, where changes to a registrant's details have been made.</p> <p>333 Further work is in progress to learn how to maximise the benefit of the ESR/NMC records upload. For example, the NMC is exploring proposals for accessing the communication channels available through ESR to raise awareness with employers of their role in ensuring nursing and midwifery staff are appropriately qualified and registered to undertake the work they perform.</p> <p>334 We are also looking to extend our collaboration with ESR (covering the majority of NHS Trust employees across England and Wales) with other third parties (for example Electronic Employee Support System for Scotland (EESS)).</p> <p>d) What feedback have you received from employers about the accessibility of the register and their awareness of the</p>	Lapsed registrants May-September 2010	Lapsed registrants May-September 2011	Reduction	15,208	9,826	35%
Lapsed registrants May-September 2010	Lapsed registrants May-September 2011	Reduction					
15,208	9,826	35%					

	<p>importance of checking a health professional's registration? What action has been taken as a result of this?</p> <p>335 Feedback from employers is invited via a feedback form available on the NMC website. Although only a small number of comments have been received to date regarding accessibility, this suggests some employers would like greater functionality of the confirmations service. Currently only 10 searches can be made in each batch. We are considering this as part of the Registrations development programme and assessing the feasibility of developing an enhanced confirmations service which would allow an employer to store a longer list of staff for subsequent editing and checking.</p> <p>e) What plans are in place, if any, to improve your performance in this area?</p> <p>336 We attended the RCGP event in October 2011 to raise awareness of the need for GPs to check registrations and to see how this issue might best be addressed. Further plans are in place, working with External Affairs, to raise the profile within GP practices of their responsibilities for checking NMC registration of staff. We are also seeking to engage with private nursing agencies and nursing homes.</p> <p>f) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?</p> <p>337 The Chief Executive and Registrar wrote to all directors of nursing earlier this year to emphasise their responsibility for checking the qualifications and registration status of all new employees, and the importance of checking the renewal status of all nursing and midwifery employees to ensure that registration is current. In addition, as indicated under a) above, our advice for employers has been updated to emphasise the importance of checking the registration and identity of nurses and midwives, both on the website and in our written information.</p> <p>338 Engagement with GP practices has proved challenging given the broader changes to the NHS environment this year and the Health & Social Care Bill currently before Parliament. Many GPs have not employed nurses directly in the past and awareness of their responsibility as employers for regular checking of registration for practice and community nurses varies widely.</p> <p>339 Some evidence of the effectiveness of these activities is that in September 2010 there were 102,207 unique views, that is new users, using the search the register page increasing to 120,803 unique views in September 2011.</p>
Fifth standard	Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk based manner.
Regulator's evidence	<p>a) What, if anything, has changed in your performance against this standard since your last evidence submission?</p> <p>340 Our submission last year (Registrations, paragraphs 63 to 68, 2010) set out the legal position on protected titles relating to nurses and midwives. We continue to notify an employer and, where appropriate, the police when it comes to our attention that someone who is unregistered is practising as a nurse, midwife or specialist community public health nurse. We are cooperating with police investigations in relation to a recent case which attracted considerable media attention. The changes we have made to strengthen our registration process and our work with GP practices are proportionate and aim to minimise risk of harm and damaged to public protection.</p>

b) Please explain how you ensure that any registrants who fail to renew their registration are identified promptly and what action is taken to deal with lapsed registrants (if they are readmitted to the register, what criteria are used to decide that readmission is appropriate? What quality assurance is there of this process to ensure consistency of decision-making? Are they referred to your FtP department? Is legal action considered? Do you have a clearly defined decision-making process for dealing with these cases? What evidence is sought where a registrant has practiced while off the register?)

341 Our electronic database automatically highlights registrations due for renewal. This generates a renewal pack to be sent automatically to the registrant. If the registrant does not renew on time following two reminder letters, they lapse automatically from the register at one minute past midnight on the day of renewal.

342 In May 2011 we introduced a final reminder letter, which is sent to any registrant who has failed to renew their registration by the specified date. This letter advises the registrant that their registration is outstanding and that it will be illegal for them to practise if their registration lapses. Included with this letter is our new leaflet 'Importance of Registration', which outlines the responsibilities of every registrant to ensure their registration is kept up to date and the consequences of allowing this to lapse.

343 Any application for readmission, where it has been identified that the nurse/midwife has been practising whilst lapsed, is reviewed by the Registrar's Advisory Group. The applicant is required to complete the standard readmission application, which includes a reference from their employer and a self declaration from the registrant. They are also required to provide a mitigating circumstances statement and complete a Prep audit form.

344 The published register and employer confirmation service is updated immediately to reflect any lapses in registration and the NHS ESR system is provided with daily reports providing data on registrants who have lapsed.

c) What plans are in place, if any, to improve your performance in this area?

345 As explained above, we are exploring ways of capturing employer data from ESR and other similar organisations on to our database.

346 Next year as we continue towards moving registration online, identity management will be critical to its implementation and success in ensuring only the individual registrant can access their records. Work is underway on this and should be concluded next spring.

d) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?

347 A deprecating letter is sent to the registrant reminding them of their responsibilities to ensure they maintain their professional registration and that it is illegal to practise as a registered nurse or midwife whilst lapsed. They are also informed that any future lapses in registration may be referred to our Fitness to Practise directorate.

348 Since May 2011, a letter is sent to the Care Quality Commission informing them of organisations who have allowed a nurse or midwife to practise there with a lapsed registration. From October 2011, the same process has been introduced with Health Inspectorate Scotland.

Fitness to Practise

First standard	Anybody can raise a concern, including the regulator, about the fitness to practise of a registrant
Regulator's evidence	<p>a) What, if anything, has changed in your performance against this standard since your last evidence submission?</p> <p>349 As indicated previously (Overview section, paragraphs 6-9 and 35-38) and as CHRE is aware, the NMC is engaged in a major strategic change programme across all aspects of our fitness to practise work. Some aspects of the programme will begin to have an impact almost immediately but other elements will inevitably take time before concrete outcomes can be identified. CHRE will already be familiar with much of the information contained in this section of our submission through our regular updates and contacts and we have where appropriate simply cross referred to reports already provided.</p> <p>350 Our overriding priority continues to be protection of the public. We strive to ensure that our processes for making a complaint are as straightforward as possible, as set out in last year's submission (Fitness to Practise, paragraphs 1-2, 2010).</p> <p>Making it easier to make a complaint</p> <p>351 We have reviewed and improved the online form for the public and employers to use in making a complaint. The form is in line with house style making it clearer and easier to use. The language has been adapted to suit the two different audiences. It can be completed on line and includes instructions about how to submit it. Changes to the form also mean that it is easier to transfer information to our FtP system. See http://www.nmc-uk.org/General-public/Reporting-a-nurse-or-midwife-to-the-NMC/ and http://www.nmc-uk.org/Employers-and-managers/Making-a-referral/When-to-refer/</p> <p>Improving Information</p> <p>352 We have taken a number of steps to improve the information available.</p> <p>352.1 Jointly with CHRE and other healthcare regulators, we published the leaflet "<i>Who regulates health and social care professionals?</i>" which provides basic information on who to complain to about health or social care http://www.nmc-uk.org/Documents/Regulators/Who-regulates-health-and-social-care-professionals.pdf</p> <p>352.2 Following the revision of our leaflets for witnesses in 2010 we launched new and revised leaflets for nurses and midwives going through the fitness to practise process in January 2011. http://www.nmc-uk.org/Hearings/Information-for-those-whose-conduct-is-under-investigation/</p> <p>352.3 We have developed new information for organisations who work with and represent patients and the public across the UK: Complaints against nurses and midwives: Helping you support patients and the public. This booklet, which is available on our website explains:</p>

352.3.1 the role of the Nursing and Midwifery Council

352.3.2 what patients should expect from nurses and midwives

352.3.3 how to support people who are considering making an allegation or complaint against a nurse or midwife

352.3.4 how we investigate allegations and complaints.

352.4 We have strengthened and clarified our guidance to employers about making a referral. Our revised advice for employers was published on our website in August 2011. The revised guidance stresses that employers should make a referral to the NMC immediately they become aware of any serious risks to patient safety or if they consider dismissing a member of staff or suspending them for anything other than a short period. The advice includes a 'decision tree' to assist employers in deciding whether, and if so when, to make a referral. See, for example, <http://www.nmc-uk.org/Employers-and-managers/Making-a-referral/Urgent-referrals/> and <http://www.nmc-uk.org/Employers-and-managers/Making-a-referral/Referral-decision-tree/>

352.5 In October 2011, we made available an updated factsheet explaining how we deal with referrals of concerns and complaints about nurses and midwives, and how we decide whether we need to investigate under the NMC's processes. <http://www.nmc-uk.org/Press-and-media/Latest-news/New-procedures-for-reviewing-fitness-to-practise-referrals/>

352.6 Under our Welsh Language Scheme, it is now easier for anyone who wishes to do so to make a complaint to us in Welsh. So far, however, we have not received any complaints in Welsh or been asked to conduct any hearings wholly or partly in Welsh.

352.7 Our guidance on raising and escalating concerns sets out principles for best practice in the raising and escalating of concerns and aims to complement local whistleblowing policies and safeguarding procedures. There is a dedicated resource hub on our website to assist nurses and midwives, including a toolkit to facilitate discussion and promote the importance of raising and escalating concerns by workers within their teams. <http://www.nmc-uk.org/Nurses-and-midwives/Raising-and-escalating-concerns/>

352.8 We also gave our public support to the new Unison *Duty of Care Handbook* which aims to give staff at all levels the confidence to raise concerns about patient safety.

Events and engagement

353 We have previously described (Overview, paragraphs 60-65), our extensive programme of stakeholder engagement which include fitness to practise issues as an integral part of the programmes in most cases. In addition, the director and assistant directors engage in an ongoing series of visits both by invitation or at our initiation, where there are concerns to discuss.

354 As reported last year, in December 2010 we appointed to a newly created post of Head of External Liaison (HoEL). The role was introduced to build and maintain effective relationships with senior external stakeholders, and in particular, with employers, so that the NMC is better able to safeguard the public through effectively administering its fitness to practise (FtP) procedures. The HoEL acts as

the first point of contact for directors of nursing and local supervising authority midwifery officers (LSAMOs) wishing to discuss FtP issues, and in particular discussions around thresholds for referral of cases into the procedures.

355 A dedicated telephone helpline number became operational on 1 February 2011 and was rolled out on a phased basis. The first batches of letters from the Chief Executive and Registrar to all directors of nursing in the NHS were sent in January 2011 and letters to the LSAMOs followed in June. The helpline will be opened up to the independent sector in early 2012, together with the Meet the NMC events offering nursing and HR directors and heads of midwifery the opportunity to find out more about the work of the NMC.

356 We have received 91 inquiries as at 23 November 2011. Eighty-five percent of callers were from LSAMO, director, deputy or assistant director level, with the majority of the rest coming from heads of nursing, midwifery and HR. Calls included discussions about potential referrals across a range of fitness to practise issues and questions and requests for advice about ongoing FtP cases. A number of inquiries involved follow up action and liaison regarding issues being managed under local employment processes.

357 The HoEL has attended 32 events and visits with external stakeholders. This includes meeting NHS and other employing organisations to discuss individual cases and the fitness to practise process, as well as speaking at conferences, the Meet the NMC events and employer roadshows around the UK. The introduction of this role and HoEL engagement with stakeholders have received positive feedback.

Critical Standards Intervention

358 As previously described we have further developed our Critical Standards Intervention approach to the proactive investigation of cases, including through monitoring media and other external sources to identify and follow up any potential fitness to practise matters. (Overview, paragraphs 20-27 and Guidance and standards, paragraphs 112-118).

359 Since January 2011, we have proactively opened 266 cases using our powers under article 22(6) of the order.

- **What account has been taken of Chapter 6 of CHRE's modern and efficient fitness to practise adjudication report?**

360 We are mapping the key findings identified in the report against our current fitness to practise processes to consider whether there are any issues we should take into account as part of the comprehensive programme of change we already have underway. We have also described above our work on helping clarify the purpose and processes of fitness to practise (Guidance and standards, paragraphs 187-189).

- b) **Can you provide data about the different sources of fitness to practise concerns received/acted upon e.g. number/percentage received from employers, members of the public, registrants?**

361 Data for the period 1 April to 30 September 2011 is provided below.

Referrer type	Total count	Percentage
Employer	824	37.13%

Member of public	343	15.46%
Police	335	15.10%
Null (not recorded or unknown)	264	11.90%
NMC Registrar's Advisory Group (RAG)	115	5.18%
Other	76	3.42%
Self referral	121	5.45%
Colleague	64	2.88%
Anonymous	32	1.44%
Overseas regulating body	4	0.18%
Midwifery - LSAMO	8	0.36%
Medical professional	8	0.36%
Educational institution	10	0.45%
Other private organisation	4	0.18%
Solicitors	6	0.27%
General Social Care Council	2	0.09%
ISA barring	2	0.09%
Strategic health authority	1	0.05%
Grand total	2219	100.00%

362 Comparative figures for referrals in 2010-2011 can be found in our published annual fitness to practise report

363 So far this year we have seen an eight percent increase in new cases received compared with the same period in 2010-2011.

Screening referrals - new matters:			
Month	2010-2011	2011-2012	% change(+/-)
April	393	294	-25%
May	331	342	3%
June	337	390	16%
July	352	403	14%
August	278	383	38%
September	394	377	-4%
October	302	378	25%
November	333	45	
December	291		
January	365		

February	473		
March	362		
Total	4211	2612	
Year to date comparison (April 10-October 10 vs April 2011-October 2011)	2387	2567	8%

c) What plans are in place, if any, to improve your performance in this area?

364 We have managed the communication of a number of high profile critical incidents this year including Winterbourne View, Pilgrim Hospital and the Stepping Hill case. All of our external communications highlight the NMC's proactive response to critical incidents so that people understand that we will take action to open cases in response to these incidents and not simply wait until we receive a complaint. We have also emphasised in our proactive communications that we are the only organisation that has powers to remove dangerous nurses and midwives from practice.

d) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?

Good practice

365 We consider that our critical standards intervention work and proactive investigation of potential fitness to practise issues as described above are an innovative and important means of strengthening the role which we as a regulator can play in safeguarding the public.

366 The appointment of a Head of External Liaison to engage with external stakeholders and raise our profile has proved beneficial.

Challenges

367 The increase in referrals we have seen this year represents an ongoing challenge, as does the cumbersome nature of the regulations within which we are required to operate. The impending changes to our fitness to practise rules will go some way to alleviating the current position but a radical overhaul of the fitness to practise processes is critical to securing speedier, more efficient and effective mechanisms for improving public safety. We shall be making these points strongly to the Law Commission and encouraging the Commission's review to address fitness to practise processes from first principles.

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

Regulator's evidence **a) What, if anything, has changed in your performance against this standard since your last evidence submission?**

368 As reported in our submission last year (Fitness to Practise, paragraph 17, 2010), the NMC has developed a series of memorandums of

understanding (MoUs) with system and other regulators and relevant organisations including CQC. This year we signed further MoUs with:

368.1 the Health and Social Services Department, States of Jersey

368.2 the Scottish Public Services Ombudsman

368.3 the Care Council for Wales (June 2011).

369 We have also been working to make sure that are MoUs are effective. Each MoU has a lead officer at a senior level at the NMC, who is responsible for liaising with the MoU partner. Our Corporate Leadership Board receive regular updates on MoU associated work and developments.

370 We have established a pattern of meetings with the Care Inspectorate and Healthcare Improvement Scotland and the Scottish Social Services Council. We are in the process of establishing regular meetings with the Regulation and Quality Improvement Authority and Northern Ireland Social Services Council. The purpose of the meetings is to exchange information about areas of shared concern and the action each organisation is taking to address these. For example, highlighting our safeguarding resources, or our guidance on raising and escalating concerns. At present the meetings are informal, but as MoUs and other information mechanisms are developed and embedded, they will form the basis for formal contact and sharing of information.

371 As a direct result of having an assistant director based in Scotland, we have been able to pick up on concerns about poor care (for example, the Mental Welfare Commission for Scotland Starved of Care report and the Vale of Leven Inquiry) and start our own investigations.

b) What progress has been made on:

- **Resolving information sharing difficulties with the Independent Safeguarding Authority and the Scottish Government and any outcomes from this work? (*paragraphs 7.41-7.43 of the performance review report 2010/11*)**

372 As noted above (Overview, paragraph 3.4), in common with other regulators we face the challenges posed by the low threshold set by the ISA for referral: theoretically all our cases could be referred to the ISA. We continue to engage, along with other regulators, with the ISA and DH to try to resolve this. In the meantime, we are seeking to work with the ISA as constructively as possible. The Head of Screening and Administration met with the Independent Safeguarding Authority (ISA) and other healthcare regulators in April 2011 to discuss improving our collective working practices. The ISA gave a presentation to senior FtP and other staff on 28 November to discuss how we can better share information. Between 1 January and 24 November 2011, we referred 23 cases to the ISA.

373 We have a positive working relationship and have provided information to Disclosure Scotland on the limited number of occasions that this has been requested. Considering whether there are further opportunities for cross regulatory working and any outcomes from this work? (*performance review evidence submission 2010/11*)

374 The Chief Executive and Registrar, and Director of Fitness to Practise recently attended a conference in Taiwan with other nursing regulators from around the world to share approaches to regulation. The Director of FtP recently attended a CHRE Best Practice forum with other regulators to discuss ideas for more effective fitness to practise. Our Assistant Director for Policy, Strategy and Legislation has regularly met with other regulators, including the GMC and HPC, to discuss aspects of fitness to practise regulation in recent months. We have also sought other regulators' advice regarding our rule changes consultation and our council's officer role evaluation earlier this year. We met with the HPC, GDC and GMC as part of our project to review the performance management and governance arrangements of our panel members; the input from the other regulators and the ability to share experiences was invaluable during this project.

c) What account (if relevant) has been taken of the Health Select Committee's accountability report on the NMC and GMC which called for the regulators to do more to understand the increase in fitness to practise referrals they are receiving?

375 We are currently analysing the types of referrals received and any trends identified will be considered not only in terms of revalidation but also across our policy and standards work. A report on this is being prepared for Council in January 2012.

d) Can you provide data about the number of cases where you have shared data in 2011 with employers and other (system and professional) regulatory bodies?

376 We routinely share information about cases with employers when known. Clearly, where the employer is the referrer, they will receive regular updates on the case. In addition, where we have details of a registrant's current employer, we will provide updates to that employer from the Conduct and Competence stage onwards. Our new 'return to employer' process which we implemented in October will clearly result in more employers being informed of allegations at an earlier stage. Our records so far indicate that over five cases a week are being referred back at present but as this process has only just been put in place, it is too early to identify the impact or draw any conclusions about themes or trends.

377 We share information with other regulatory bodies, as appropriate and in accordance with any MoUs we have in place. However, we do not hold statistics on the number of cases where we have shared information with other regulatory bodies.

378 We actively engage with other regulators and colleagues as part of our efforts towards continuous improvement. For example, the Director of Fitness to Practise and Assistant Director, Operations attended CHRE's workshop on 29 July and two senior team members attended the CHRE's Workshop on Operational Excellence on 3 October and learning from those events has been fed back into the executive team.

e) What plans are in place, if any, to improve your performance in this area?

379 This is described above.

f) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?

	<p>Good practice</p> <p>380 We have acted quickly and effectively to respond to incidents of major public concern. We have used these opportunities to stress in the strongest possible terms the professional obligations on all registered nurses and midwives to challenge poor standards and raise concerns on behalf of those in their care.</p> <p>380.1 Winterbourne View: through close liaison with CQC we were able to take steps to initiate appropriate fitness to practise processes. Interim orders have been made suspending two registered nurses from practise and others are under investigation.</p> <p>380.2 CQC report into the quality of care at a number of homes owned by the Castlebeck Group. CQC concluded that 11 out of the 23 did not comply with CQC standards. Of those, there were four where CQC had serious concerns and is taking enforcement action. The CQC report identified a number of serious concerns including poor training, lack of staff, poor care planning, inadequate management of safeguarding incidents, locking doors as a form of restraint, and failure by registered nurses and general practitioners to escalate and take action against poor care. Again through close liaison with CQC, we were able to launch prompt investigation into the conduct of a number of registered nurses employed at these homes.</p> <p>380.3 Stepping Hill: following close cooperation with Greater Manchester Police, we acted promptly to initiate fitness to practise procedures in relation to the individual initially charged in connection with the incidents at Stepping Hill hospital. Following charges being brought, an interim order suspending an individual was imposed. We acted equally quickly to revise the interim order once we were informed by police that the charges had been dropped.</p> <p>381 As discussed earlier the number of cases opened under Article 22(6) this year demonstrates our improved ability to act proactively without waiting to receive a complaint, increasing our effectiveness by using other sources beyond employers and patients to open cases, such as media reports and public inquiries.</p> <p>Challenges</p> <p>382 We continue to face challenges in obtaining information from the police service during open police investigations for understandable reasons and we are meeting with the police service to discuss how we can improve liaison and engagement in live situations. We are continuously looking at ways to improve communication and collaboration with other systems regulators, such as CQC, and with the ISA.</p>
Third standard	Where necessary, the regulator will determine if there is a case to answer and if so, whether the registrant's fitness to practise is impaired or, where appropriate, direct the person to another relevant organisation
Regulator's evidence	<p>a) What, if anything, has changed in your performance against this standard since your last evidence submission?</p> <p>383 We have improved our initial action on cases through introduction of the Screening team: there is now a consistent case owner until investigating committee consideration; our early stage risk assessments have improved; and we are able to gather more information at</p>

the outset, within our remit, to assist the investigating committee in determining whether there is a case to answer at an earlier stage.

384 Other improvements include :

384.1 a more consistent approach to cases involving cautions and convictions for drug or alcohol offences following introduction the drug and alcohol policy

384.2 the new conditions of practice guidance and conditions bank

384.3 the new indicative sanctions guidance

384.4 strengthening support to our panellists through the new Panel Support team who identify training needs, including those highlighted in CHRE learning points to help panellists apply the “case to answer” test correctly and consistently.

385 The forthcoming changes to our rules will affect the way we determine whether there is a case to answer, improve efficiency and enable us to concentrate our resources appropriately. These rule changes and their implications have been detailed extensively elsewhere.

b) What progress has been made on:

• **Evaluating the effectiveness of the high profile cases team? (*performance review evidence submission 2010/11*)**

386 As previously reported to CHRE (Quarterly update April 2011), we introduced a high profile case strategy in January 2011. The Screening and Escalation team managers are responsible for management of the high profile case list and this is reviewed monthly by senior managers.

387 Between January 2011 and 22 November 2011, there were 82 high profile investigations on the list of which 35 had been completed or closed. It is important to note that these are investigations (not individual registrants) and some investigations involve more than one, or multiple, registrants.

388 A review of the role of the Escalation team in handling high profile cases will form part of the work we have engaged KPMG to do looking at the provision of in house investigation.

• **Finalising the development of the induction programme and the completion of the casework manual? If any delays have been experienced, what were the reasons for these? (*NMC quarterly updates*)**

Induction programme

389 Our third quarterly update to CHRE (October 2011) reported that since the beginning of August there had been 14 new-starters to FtP across the case management, adjudication and quality assurance teams. Within their first week they have read and signed our key policies (*FtP data protection instructions; Operational guidance for publication and disclosure of FtP information*). They have also received formal training on our main IT systems (CMS and Trim). The majority of staff have attended workshops on customer services;

information security; and Equality & Diversity. Those in case management have also received formal training on FtP processes and have observed an Investigating Committee meeting, interim order hearing and substantive hearing. The FtP induction programme continues to be developed taking into account feedback from new-starters, and we plan to develop role-specific inductions going forward.

FtP user manual (standard operating procedures)

390 The FtP manual was introduced in February 2011 and has been subject to ongoing work throughout the year any of our standard operating procedures have been revised and tested and an updated version of the manual was made available in September 2011. The manual is made available to staff as an electronic PDF which cannot be amended. However, when revisions need to be made, these are done through a set process, overseen by the new Process and Induction Manager. When the manual is ready to be updated, a new PDF version replaces the old one to ensure everyone is using the correct version. The entire manual is currently being reviewed by the Process and Induction Manager to make it as user-friendly as possible and to ensure a consistent style across all individual SOPs. However, the manual is a “living document” subject to ongoing revision and improvement, for example, future revisions of the manual will reflect the process changes that will be brought about by the amendments to the fitness to practise rules (expected January 2012).

• **Reducing the caseloads of the screening team and the casework teams? (NMC quarterly updates)**

391 Our quarterly update (October 2011), reported that we had reduced the total average number of cases per case owner for all teams to 71: a significant and substantial reduction on the average caseload of 121 at September 2010. The continued increase in referrals means that this has now gone back to 90 cases per case owner.

392 Our supplementary report to our third quarterly update explained the changes to the way in which the screening team works which came into effect on 17 October 2011. Although it is still very early, the indications are that the team has improved on its already good performance on progressing or closing cases within 16 weeks despite an increase in the number of referrals in the past month. All the signs so far suggest that the new structure is beneficial to efficiency and the speed of case progression.

c) What account has been taken of the findings of individual audit reports (2010 and (where relevant) 2011)?

393 In relation to the 2010 Audit Report, CHRE itself acknowledged our positive response to the concerns it identified and that considerable activity had already been put in train to tackle these concerns (paragraph 12.4, CHRE Fitness to Practise Audit Report 2010-2011, March 2011).

394 As indicated above, we have improved our review of new cases through the introduction of the Screening and Escalation teams to ensure that the correct action is taken on receipt of all new cases whether that be identifying that there may be a case to answer for referring back to the employer or another regulator for action.

395 We have set out above our response to the 2011 Audit Report (Overview, paragraphs 6-9)

	<p>d) What plans are in place, if any, to improve your performance in this area?</p> <p>396 As CHRE is aware, the forthcoming changes to the Nursing and Midwifery Council rules are designed to achieve improvements in our performance by reducing the currently over-bureaucratic and inefficient systems within which we are required to operate, whilst at the same time benefiting public safety. Clearly, work on making the changes to the rules has itself required a lot of effort and resource input from NMC, including on consultation. If, as anticipated, the changes come into effect early next year, we will need to make consequential changes to our procedures, user manual, training and systems.</p> <p>397 Our work to bring in investigations in house is also designed to improve the efficiency and effectiveness of our processes and help us to deal with cases more speedily.</p> <p>398 Other significant programmes of work to improve performance include:</p> <p>398.1 the considerable work we have put in train to improve the quality and consistency of decisions by FtP panels,</p> <p>398.2 our work to strengthen the support given to panellists</p> <p>398.3 our new <i>Indicative sanctions guidance</i> and</p> <p>398.4 our new <i>Conditions of practice and conditions bank</i>.</p> <p>e) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?</p> <p>399 We believe that the changes detailed in point (a) above have improved our effectiveness. We intend to continue to develop and empower the Panel Support team to ensure panellists are making correct, well-reasoned decisions in all cases by giving them the training, guidance, and feedback to do so and ensuring that poor performance is addressed.</p> <p>400 We anticipate that both incorporation of the proposed rule changes and bringing investigations in house represent major challenges and opportunities in the coming year.</p>
Fourth standard	All fitness to practise complaints are reviewed on receipt and serious cases are prioritised and where appropriate referred to an interim orders panel
Regulator's evidence	<p>a) What, if anything, has changed in your performance against this standard since your last evidence submission?</p> <p>401 As CHRE is aware from our regular progress updates, under our new Standard Operating Procedures introduced earlier this year, every new case is reviewed by our Screening Team, prioritised and consideration given to whether it should be referred for a possible interim order. All cases proposed for an interim order are reviewed by the Screening Team manager and Screening lawyer.</p> <p>402 In April, we introduced separate Investigating Committee panels with exclusive responsibility for considering imposition of interim orders. This only applies in England as this approach would not be efficient in the other three countries or represent the best use of</p>

resources.

403 We also introduced separate Investigating Committee panels whose role is to consider cases to refer to an interim order panel. Prior to this change the same panel referring a case to an interim order panel considered whether an interim order was necessary. This change has ensured a clear separation between the panel referring the IO and the panel considering the IO. We believe this change has strengthened the openness and transparency of the interim order process.

b) What progress has been made on evaluating the impact of the new arrangements for monitoring and progressing cases with interim orders? What was the outcome of this work (NMC quarterly updates)

404 As reported in our quarterly update (October 2011), we are now identifying cases requiring an interim order at an early stage and meeting our KPI of referring cases to first interim order hearing within 28 days of receipt.

405 As explained in our supplementary report to that update (November 2011), all cases with interim orders are flagged when referred for lawyer's investigation to be treated as a priority and discussed in the case officers' biweekly audits to ensure there is continuous progress on them. Many of our interim order cases are high profile and are managed by our Escalation team. The progress of high profile cases is closely monitored by the FtP executive team and shared and discussed with the Chief Executive and Registrar on a regular basis. Every case with an interim order is prioritised by the scheduling team so that we can hear these cases as quickly as possible.

406 Since April 2011, the Scheduling team has kept a schedule of the current case stage of each Interim order case to ensure reviews are correctly scheduled within the 3 and 6 month time periods and a clear process is in place for identifying expiring orders which begins three months before expiry.

c) Please could you provide information on:

• The number of cases where the NMC had to apply to the High Court for extensions to interim orders

407 Between 1 April and 25 November, we applied to the High Court for extensions to interim orders in 163 cases. This number has increased for two reasons:

407.1 as we have become much better at identifying cases for interim order consideration at the very beginning of the process, interim orders must run for longer over the lifetime of the case

407.2 more interim orders have been put in place.

408 As we increase our hearings activity from January 2012 and consequently reduce the time taken for adjudications, we expect to see a decrease in the number of cases, as a proportion of the overall interim order caseload, where we need to apply to the High Court for an extension.

	<ul style="list-style-type: none"> • The number of cases where the interim order expired without any review by the NMC <p>409 There have been no cases where an interim order has expired without any review by the NMC.</p> <p>d) What account has been taken of the findings of individual audit reports (2010 and (where relevant) 2011)?</p> <p>410 Introduction of our the Screening team; new Standard Operating Procedures relating to prioritisation and the consideration of interim orders; and new dedicated interim order investigating panels all address concerns raised in the CHRE’s 2010 Audit Report around inconsistent review of new cases to identify risks and inconsistent consideration of prioritising high risk cases and referral of cases for interim orders.</p> <p>e) What plans are in place, if any, to improve your performance in this area?</p> <p>411 We continually review cases that that have been referred for an interim order but where the panel decides not to impose an order to ensure that we are identifying the right cases which merit consideration of an interim order.</p> <p>412 The changes we have requested to our rules include to enable the Registrar to refer cases directly for an interim order. This will improve our ability to impose interim orders in the most serious cases quickly.</p> <p>413 As noted already, the KPMG role review will recommend a way forward with prioritising serious cases once we bring the investigations in house.</p> <p>414 In the light of the 2011 CHRE FtP Audit we are considering how we can improve our risk assessment recording throughout the life of a case to see if there is anything that can be done to place this on a more formal basis.</p> <p>f) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?</p> <p>415 We are currently experiencing a short term significant increase in the number of serious nature cases that need interim order referrals. We are monitoring the situation to see if this trend continues over time so that we can evaluate why this is the case and allocate appropriate resources to ensure that we continue to meet our KPI target of securing interim orders within 28 days.</p>
Fifth standard	The fitness to practise process is transparent, fair, proportionate and focused on public protection
Regulator’s evidence	<p>a) What, if anything, has changed in your performance against this standard since your last evidence submission?</p> <p>416 This is addressed in the following questions.</p> <p>b) What progress has been made on:</p> <ul style="list-style-type: none"> • Analysing all the strands of equality and diversity for each stage of the fitness to practise process against the data for the

register as a whole? If any delays have been experienced, what were the reasons for these? (performance review report 2010/11)

417 We explained earlier (Overview, paragraphs 16-17) the current position with regard to our work on analysing the equality and diversity data available in relation to the register. Work has just begun on scoping the extent to which the data collected can be read directly across to our FtP cases. We are also planning to scope the extent to which it would be possible and appropriate to collect ethnicity and diversity information from other participants in FtP cases and at what stages of the process this should be collected. This work is being given the utmost priority and our aim is to have done this by April 2012.

418 We have separately conducted a diversity analysis of our Fitness to Practise panellists and the outcomes were reported to Council in November <http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2011/NMC-Council-papers-November-2011.PDF>

419 This shows that the diversity of panel members is comparable in most areas to diversity data collected by the census. Whilst there are limits to what the NMC can do to increase the diversity of panellists due to the competencies and experiences demanded for the role, we continue to advertise for panel members and chairs as widely as possible. We will review our processes to encourage and improve the diversity of our panel members.

- **Reviewing the effectiveness of the revised fitness to practise policy for dealing with convictions/cautions for alcohol and drug related offences? (performance review evidence submission 2010/11)**

420 In March 2011, Council considered and approved introduction of our revised fitness to practise policy for dealing with convictions and cautions for alcohol and drug related offences <http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2011/NMCCouncil-open-agenda-papers.PDF>. This was introduced following a trial of the introduction of a similar policy in registration cases which took place between July 2010 and February 2011 and a consultation exercise. New guidance was issued to Fitness to Practise Committee panels. The feedback we have received in meetings from panel chairs is that the guidance has proved very useful in terms of providing a standard approach for dealing with these types of cases. The information gathered also means that we have an earlier indication of how a case will progress. The number of cases closed as a percentage of cases that go to Investigating Committee stage 2 has decreased in the past year, and whilst this is probably due to a combination of factors that are difficult to separate (for example the improved screening processes previously described), it is likely that implementation of the policy has also contributed to this.

421 More generally, we have seen positive benefits from applying consistent policies across our registrations and fitness to practise processes in terms of improving public safety.

- **Identifying any learning from the pilot of in house investigations? (performance review evidence submission 2010/11)**

422 As previously reported to CHRE (April 2011 Update), we completed a new tender for the provision of external legal investigation services earlier this year and contracted new panel firms with effect from 1 April 2011. Learning from our previous experiences, we established a schedule of monthly operational meetings and set clear expectations for quality and timeliness. At the meetings we

address management information, any exceptional cases requiring additional instruction, any cases on which we have quality concerns and cases over 21 weeks. Internally, we have put in place SOPs that document each part of the process from initial instruction by case officer through to the return of the completed investigation. Under our extension policy, which we have previously supplied to CHRE, an extension to the 13 week deadline for completion of investigations is allowed only if certain criteria are met. Any case not ready for return at 21 weeks (or about to breach that threshold) is escalated for discussion at the operational meetings which we hold with our external investigating firms.

423 Work on scoping the changes required to bring investigations in house began in April 2011 with a view to piloting beginning by the end of June 2011. As planned, we started piloting in house investigation of some cases on 27 June. As previously reported to CHRE (Quarterly update, July 2011), we recruited a pool of paralegals to assist with the investigation work who sit alongside the case teams and enhance the work that is ongoing. The pilot will run until the end of this year when we will evaluate the findings and outcomes.

424 We have also contracted KPMG to help us review the way we carry out the investigations stage of fitness to practise cases and look at options for an operating model for carrying out investigations in house. Our aim is to have a team operating from our Edinburgh Office in January and undertaking a small percentage of investigations and to gradually increase this over time taking into account recruitment, implementation and capacity building requirements.

- **Identifying any learning from the use of clinical advisers as part of the initial stages of the fitness to practise process? (performance review evidence submission 2010/11)**

425 We have had clinical advisers in post since January 2011. Guidance on obtaining clinical advice has been embedded in the standard operating procedures for the Screening Team with effect from the end of October 2011. As well as giving advice to the Screening Team, the clinical advisers also have a role in giving advice on all stages of the Fitness to Practise process, as needed.

426 The advisers have particularly assisted the Screening Team with early risk assessments, particularly if the allegations relate to clinical issues, to determine their seriousness in a clinical context. Their clinical input has also been of assistance in drafting better and more relevant charges.

- **Identifying any learning from cause and effect analysis and how these have been used to improve the NMC's performance? (performance review quarterly update)**

427 As previously advised (April 2011 Update), all critical events are recorded by the Quality Assurance Officer and a cause and effect analysis is carried out by the manager in the area concerned. The outcome of the review and any actions agreed are logged by the Quality Assurance Officer, who is responsible for ensuring follow up actions are completed. Anonymised cause and effect reports are used as a training and feedback tool during weekly case team meetings. The heads of case management, screening and adjudication meet on a monthly basis with the quality team and the Assistant Director, Operations to review the previous month's events.

428 We have identified a number of learning points from cause and effect analyses. Earlier this autumn, we refined our criteria based on experience so far and changed the name to a 'serious event review' (SER). At the end of each SER, the reviewing manager makes

recommendations that are considered by the Executive team on a weekly basis. These are logged in the executive team and agreed actions are followed up. Examples of these include better letter checking and quality assurance processes, identifying gaps in our standard operating procedures and the drafting of new processes, and more focused training.

- **Using CHRE's learning points to improve the NMC's performance? (NMC quarterly updates)**

429 Our quarterly update (April 2011) described the processes we have in place to ensure CHRE learning points are systematically addressed. All learning points are logged centrally by the FtP Director's office and then forwarded to the relevant senior staff member(s) responsible for formulating and implementing any actions needed as a result. A response is provided to CHRE and all such responses logged in the FtP Director's office.

430 Council is provided with regular updates on the position, most recently in November 2011 which included an analysis of all learning points received between 1 January and 30 June 2011 (A copy of the paper will be provided with our next quarterly update).

431 CHRE learning points are used by the FtP directorate to inform both panel member and staff training; create and amend guidance for staff and panels; and develop FtP toolkits.

432 All CHRE learning points are fed back to the appropriate panels and Case presenters to ensure that they are aware of the CHRE's concerns and take the learning forward to future hearings or meetings. The newly formed Panel Support team will have a dedicated individual to assess the training needs of panel members including identifying trends within the CHRE learning points and feeding general points back to the pool of panel members. They will also work with the Training and Development manager to create new guidance and inform future training programmes.

433 A number of steps have been taken to address the Learning Points around the quality of determinations – the main area on which we receive learning points. This includes: development of a new determinations tool which should help ensure that panels take a more structured approach to producing written determinations; introduction of the new Council Officer role with responsibility, amongst other things, to assist panels in producing good quality written determinations; and introduction of new Indicative Sanctions Guidance which was approved by our Council in October <http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2011/NMC-Council-Papers-October-2011.PDF>. We would expect to see a reduction in the number of learning points on these issues as a result of these measures.

434 Other steps we have taken include: amending our 'case to answer' guidance to make it clear that committee members should not place undue reliance upon on other organisations' investigations but should ensure that sufficient evidence has been obtained for the committee to make a decision; developing new guidance for panels on conditions of practice orders including appropriate language for use in framing conditions; and redesign of the process for deciding whether cases should be referred for a public hearing or a meeting. We have also re-evaluated the role of panel Chairs and introduced new competencies including an emphasis on decision making and reasoning skills which will be tested as part of the recruitment and appointment process.

- **Improving the functionality of the case management system? (NMC quarterly updates)**

- 435 As reported to CHRE (Quarterly update October 2011), the CMS system has undergone a successful performance upgrade that has improved transactional performance across the platform. 'Transactional performance' is the speed at which the CMS system returns a result to a button press. We benchmarked CMS across 53 transaction areas spanning the case life cycle in April this year. A new version of the system was developed by the provider and released in September 2011. This has been generally successful: the range of improvements runs from 0 percent to 90 percent and averages 30 percent across the system as a whole.
- 436 Functional enhancements to the system are currently under development and will be released in stages over the coming quarters. An example of where functional enhancements have already been delivered is through the CMS Bundling solution and the additional use of Adobe to support the process. Resultantly, staff can save substantial time by using the automated mechanism to create a document bundle rather than using the previous manual method. As these bundles can be very large, some in excess of 1200 pages, this has conferred considerable benefits. Other changes are in the pipeline to improve CMS across the case lifecycle, starting at the beginning of the workflow with Screening.
- 437 System and Process training for staff has also been enhanced and users in Fitness to Practise are starting to see the benefits of this robust approach. The CMS team continue to develop additional compliance and system monitoring processes to guarantee the integrity of the data.
- 438 The Data and Information Team who are responsible for compliance and system monitoring has been increased to three permanent members of staff. Improved reporting has been created to check staff compliance in several areas including interim order updating and Substantive Order Review updating. CMS is interrogated and reconciled with a number of other data sources including our registration system WISER and our document management system, TRIM. Reports like this are distributed on a regular weekly basis with the addition of making sure that any findings and resultant actions are tracked through to completion. These reports and the management information are reviewed by the FtP Executive team every week to understand where the bottlenecks are and where we need to increase resources. In addition, a weekly report on all outcomes is produced so that we can monitor gaps in our data.
- 439 Training has been enhanced in several ways. The quality of training needs analysis has improved through closer work with the management team to identify areas which need additional support. The Training function, Data & Information and Business Analyst capability all sit in one integrated team allowing effective transfer of information. Training itself is measured and tracked through a quantified feedback mechanism and training attainment levels, where appropriate, are measured.
- 440 All of these factors are increasing staff capability and enforcing disciplined working process. In turn, we are seeing a downward trend in compliance or monitoring anomalies over the last 6 months which means that file maintenance and data integrity is improving.
- **Making changes to the NMC fitness to practise rules including what was the outcome of the Council's discussion on 24 November 2011 following the conclusion of the consultation on the rules? (NMC quarterly updates)**
- 441 The proposed changes to the Nursing and Midwifery Council rules were set out in the paper which was considered by Council in November <http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2011/NMC-Council-papers-November-2011.PDF>. Annexe 1 to that paper provided a report analysing the outcomes of the consultation on the rules. 26 responses were received from

organisations and 204 from individuals. The proposals were generally well supported and there were no major areas of disagreement. The three bodies representing nurse and midwives (RCN, RCM and Unison) were broadly supportive of our proposals.

442 Council approved and made the Nursing and Midwifery Council (Fitness to Practise and Education, Registration and Registration Appeals) (Amendment) Rules 2011 at its meeting on 24 November 2011.

443 We expect that, subject to completion of parliamentary procedures, the amended rules will come into force early in 2012.

- **Conducting a post implementation review of the new disclosure policy and the outcome of this review? If any delays have been experienced, what were the reasons for these? (NMC quarterly updates)**

444 As reported to CHRE (Quarterly Update, October 2011), the new disclosure policy was approved by the Council in May and the Operational Guidance for staff was launched in early July. All staff have been trained in the new policy, been required to sign the policy and provided with a quick reference guide. Training on the policy is a mandatory element of our induction package for all new starters. We are inviting and monitoring feedback and will be conducting a post-implementation review at the end of the financial year as planned.

- **Evaluating the effectiveness of the change in process for holding CCC NORs meetings/hearings so that the NMC can ensure that cases which should be heard at public hearings are held? What was the outcome of this work? (NMC quarterly updates)**

445 Since the new processes were introduced on a phased basis during the summer we have saved three meeting days a month. There is better scrutiny of cases going to meetings rather than hearings.

- **How has the NMC communicated to employers the changes it has made to its guidance on referring fitness to practise cases to the NMC? What feedback has the NMC received from employers about this change in guidance?**

446 In August, the NMC issued revised guidance to employers on referring cases. As well as issuing a press release and placing the revised guidance and a new fact sheet on our website <http://www.nmc-uk.org/Employers-and-managers/Making-a-referral/>. We wrote to all directors of nursing, included information in our email newsletters to employers and continue to communicate this new and important change at our employers roadshows; Meet the NMC events; at conferences/speaking events; and in our visits to trusts.

447 The advice reminds employers to make referrals as quickly as possible if they believe the public may be at risk. It specifically encourages employers to refer a nurse or midwife at an early stage in very serious cases, even before they conduct their own internal investigation. This will allow the NMC to consider issuing an interim suspension until the case has been thoroughly investigated.

448 The revised advice and information also clarifies what might happen in less serious instances. When appropriate, cases may be referred back to the employer to be dealt with locally. This will only be considered when the employer is in a position to conduct a local investigation in a managed environment.

449 We developed a new template letter which is used when we identify a case that meets the criteria for referral back to the employer for

local investigation. This explains what we need them to provide and why and encloses the fact sheet and a new FAQ document. We are also in the process of developing a decision tree for employers to help them understand the new process and what we require of them.

c) What account has been taken of:

• The findings of individual audit reports (2010 and (where relevant) 2011)?

450 Many of the measures described above address concerns raised in the CHRE's 2010 Audit report including

450.1 the steps being taken to improve the quality of panel decision making, including changes to the guidance requiring panels to ensure they have sufficient evidence on which to reach a decision and not rely solely on employers local investigations or accept uncorroborated claims made by registrants

450.2 improving the quality of the content of written determinations; and

450.3 improving the functionality and use of the Case Management System

451 In response to the CHRE 2011 Audit Report, please see our response to third standard point c)

• Paragraphs 7.51 and 7.52 of the performance review report 2010/11 about the benefits of the implementing an internal quality assurance processes?

452 As CHRE is aware from our quarterly updates, we introduced an internal quality assurance programme for FtP earlier this year. Proposals for this were approved by Council in February 2011. The programme was introduced in May 2011 and is designed to target high risk areas such as, compliance with SOP's and the effectiveness of induction and training for new starters. The first quality assurance process was undertaken in relation to Screening and the outcomes reported to Council in September 2011 <http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2011/NMC-CouncilPapers20110915.pdf>.

453 General learning points have been identified and a detailed management plan to address the outcomes is being implemented. The results of all quality assurance activity are used to raise standards, drive performance and operational change and to assist with improving the quality of customer care. In the light of the CHRE's 2011 audit report we are taking steps to strengthen our quality assurance processes and a paper on our full quality assurance strategy will go to Council in January 2012.

d) What reporting arrangements are in place to ensure that the Council of the regulator is assured that the executive is managing a fitness to practise process which is efficient and effective (eg does the Council receive reports on the time taken to process registration applications?)

454 At each monthly meeting, Council receives a report on the current FtP caseload dataset (examples are available in the Council papers already hyperlinked) and regular reports are made to Council on progress against the FtP key performance indicators and on other

	<p>strategic issues relating to FtP. At its most recent meeting on 24 November, Council considered the CHRE Audit Report 2011.</p> <p>455 Our independently chaired Audit Committee also receives regular reports on FtP related issues and the CHRE Fitness to Practise Audit Report 2011 was addressed at the Committee's most recent meeting on 1 December.</p> <p>456 Our full risk register, including FtP risks, is updated every two weeks and uploaded to the members e-net, to which both Council and Audit Committee members have access.</p> <p>457 We continue to produce our annual fitness to practise report which Council members are invited to comment on, so that their observations on the efficiency and effectiveness of the FtP processes can be included in the report. The report is laid in Parliament and is made available on our website http://www.nmc-uk.org/Documents/Annual_reports_and_accounts/FTPAnnualReports/NMC-annual-fitness-to-practice-report-2010-2011.pdf. We write to a wide range of stakeholder and partner organisations to draw attention to the report's availability and likewise draw it to the attention of registrants, employers and the public through our newsletters.</p> <p>e) What plans are in place, if any, improve your performance in this area?</p> <p>458 We plan to build on the significant progress already made through the various measures we have outlined including bringing our investigations in house; continuing with our panellist training programme; the recruitment of 100 new panel chairs, and implementation of the rule changes. We will continue our efforts to improve the transparency and understanding of our FtP processes, through extending our ongoing engagement with external stakeholders.</p> <p>f) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?</p> <p>459 These are as previously detailed.</p>
Sixth standard	Fitness to practise cases are dealt with as quickly as possible taking into account the complexity and type of case and the conduct of both sides. Delays do not result in harm or potential harm to patients. Where necessary the regulator protects the public by means of interim orders
Regulator's evidence	<p>a) What, if anything, has changed in your performance against this standard since your last evidence submission?</p> <p>460 We are taking all possible steps to improve the timeliness with which fitness to cases are resolved, giving all regard to protection of the public and making use of interim orders, wherever appropriate (as described above).</p> <p>461 As reported to CHRE (Quarterly Update 2011), in July 2011 Council approved the introduction of two new KPIs for FtP</p> <p>461.1 twelve months for investigation, that is from date of receipt to final decision by the investigating committee; and</p> <p>461.2 six months for adjudication which is the date of referral from the investigation committee to the holding of a CCC or HC substantive meeting or hearing.</p>

462 We are measuring two sets of KPIs at present: the previous 15 month target and the new KPIs approved in July.

b) What progress has been made on the review of hearings capacity to determine whether any further increases are required and any outcomes of this work? (performance review evidence submission 2010/11)

463 We have undertaken a thorough review of our hearings capacity and a paper was considered by Council on 27 October 2011. Council approved the proposals and associated funding to increase the number of substantive hearings per day to 15 from January 2012 (see previous link for Council papers from October 2011 above) This increased hearing capacity should enable us to meet our new KPI for cases referred by the Investigating Committee to have a substantive meeting or hearing at Conduct and Competence or Health Committee stage within six months by October 2013.

464 Following the opening of our office in Edinburgh in May, we now have dedicated hearing space available in Scotland. As well as using this space for hearings relating to registrants in Scotland, we are also offering hearings in Edinburgh to those living in the North of England, provided they give their consent, as this may prove more convenient for them.

465 We have also now acquired a serviced office space in Wales which we will be able to use as dedicated hearing space, which again should improve the standard of accommodation and convenience to those involved in hearings held in Wales, as well as acting as a base for our Wales and the Islands officer.

466 We have approached the GMC about sharing hearing facilities in Manchester and are also in discussions with the Pharmaceutical Society for Northern Ireland (PSNI) in Belfast to further extend our capacity and, importantly improve our care of witnesses...

c) What is the NMC's current performance in relation to:

• The NMC's revised performance indicators and the previous set of performance indicators (NMC quarterly updates)

467 Previous performance case management performance indicator:

467.1 performance at 30 September 2011: 56 percent of cases completed within 15 months

468 Revised performance indicators introduced July 2011

468.1 Investigations: 12 months – we will report on this from July 2012

468.2 Adjudications: Six months – we will be able to report on this from January 2012

• Progressing the NMC's '250 oldest cases', including the number of cases that have now been closed (NMC quarterly updates)

469 Progress on the 250 oldest cases at 30 November 2011 is as set out below.

Completed or concluded	150
Scheduled	58
Proposed	5
Awaiting to be scheduled for IC	37
Total	250

- **Ensuring that its external solicitors are managing cases in accordance with the agreed timeframes (NMC quarterly updates)**

470 As previously reported (Quarterly update, October 2011), we currently hold monthly operational meetings with the external law firms. The new firms provide monthly management information which are robustly monitored by the Legal Services Liaison Officer who reports to the executive team. We have seen a significant improvement in our external investigations since the new contracts commenced.

d) **What account has been taken of:**

- **The findings of individual audit reports (2010 and (where relevant) 2011)?**

471 As indicated above, we have taken steps to address concerns raised in the 2010 CHRE audit report including through:

471.1 more active and robust case management

471.2 ensuring interim order cases are prioritised and progress is closely monitored

471.3 developing and setting more realistic targets for case completions

471.4 tackling delays in external investigations by contracting new external investigators and more rigorous monitoring of progress

471.5 piloting in house investigations

471.6 our plans to increase our hearings capacity.

472 In relation to the CHRE's 2011 Audit Report, please see our response to third standard point c).

- **Paragraphs 7.51 and 7.52 of the performance review report 2010/11 about the benefits of the implementing an internal quality assurance processes?**

473 We have set out in previously details of our quality assurance programme.

e) What reporting arrangements are in place to ensure that the Council of the regulator understands the time it is taking to progress fitness to practise cases and the impact any delays are having on the regulator's performance? (eg does the Council receive reports on the time taken for cases to progress through the fitness to practise process?)

474 As detailed above, Council receives a report at every meeting on the FtP caseload and the time being taken to progress FtP cases.

475 Council is kept fully apprised of the position and agreed the introduction of the new KPIs mentioned under point above, in recognition of the need to be realistic and transparent about the timescales for case completion in the interests of all concerned. Similarly, for these reasons, Council approved the funding needed to extend our hearing capacity.

f) What plans are in place, if any, to improve your performance in this area?

476 As previously advised (Quarterly Update, October 2011), we have set up a directorate efficiency board to look at all areas of FtP work to make sure our processes are as efficient and effective as possible. We provided a copy of the Board's terms of reference with the update report. The Board meets monthly and comprises all senior managers across FtP directorate as well the NMC's Director of Resources.

g) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?

477 Our performance in reducing delays at the investigations stage has improved considerably over the past year:

477.1 Since September 2010, the number of cases older than two years that have not yet been closed or referred to the CCC or HC has decreased by 57.8 percent.

477.2 Since December 2010, the average age of the oldest 50 cases at the investigations stage has decreased by 34 percent.

477.3 In November 2010, there were 93 cases older than 15 months which had not yet been considered by a committee. There are now only seven, and all of these have a hearing date scheduled.

478 Through improved monitoring of investigations by the Legal Services Liaison Officer and comprehensive case audits, we expect to see our performance against our investigations KPI continue to improve. We also expect to see a continued decrease in delays as we continue to progress the oldest cases and at the same time start to see cases which have been through the new screening system complete the entire investigations process.

479 Our KPI for completing adjudications within six months adjudications remains challenging: capacity limitations mean that we are unable to get cases scheduled as quickly as we would like. However, the planned increase in hearings activity from January 2012 should enable us to reach a point where we are consistently meeting this KPI by 2013. We will continue to closely monitor our performance against this target.

h) Dataset (data to be provided should be that collected for the regulators' most recent reporting period)

480 The NMC's reporting cycle is based on the financial year. The data below relates to the period 1 April to 30 September (unless otherwise stated). Comparative information where applicable for the previous year can be found in our annual fitness to practise report 2010-2011 http://www.nmc-uk.org/Documents/Annual_reports_and_accounts/FTPAnnualReports/NMC-annual-fitness-to-practise-report-2010-2011.pdf.

- **How many cases were considered by an investigating committee (and/or case examiners)?**

481 Cases can be considered more than once by an Investigating Committee. Between 1 April and 30 September 2011, 2824 unique cases were considered by an Investigating Committee at different stages (1-5).

- **How many cases were concluded by an investigating committee (and/or case examiners)?**

482 Between 1 April and 30 September 2011, 716 cases were concluded by an Investigating Committee. Of these, in 714 cases the Investigating Committee found "no case to answer" and one case resulted in removal from the register on the grounds of fraudulent entry after a substantive Investigating Committee hearing.

- **How many cases were considered by a final fitness to practise committee?**

483 There were 551 cases considered by a Conduct and Competence Committee or Health Committee panel.

- **How many cases were concluded by a final fitness to practise committee?**

484 There were 302 cases concluded by a Conduct and Competence Committee or Health Committee panel,

- **What is the median time taken from receipt of initial complaint to final fitness to practise hearing determination? (Please provide in 'weeks')**

485 The median time taken was 138.9 weeks

- **How long did the quickest case take to conclude? (Please provide in 'weeks')**

486 Conduct and Competence Committee - 38.97 weeks

487 Health Committee - 30.31 weeks

- **How long did the slowest case take to conclude? (Please provide in 'weeks')**

488 Conduct and Competence Committee – 372.4 weeks

489 Health Committee – 311.8 weeks

- **What is the median time taken from receipt of initial complaint to the final investigating committee decision (Please provide in 'weeks')**

490 Median time – 47.19 weeks

- **How long did the quickest case take to conclude? (Please provide in 'weeks')**

491 Quickest case – 4.33 weeks

- **How long did the slowest case take to conclude? (Please provide in 'weeks')**

492 Slowest case – 298.77 weeks

- **What is the median time taken from final investigating committee decision to final fitness to practise hearing decision (Please provide in weeks)**

493 Median time – 46.45 weeks

- **What is the median time taken from initial receipt of complaint to interim order decision? (Please provide in weeks)**

494 Median time – 20.45 weeks

- **What is the median time taken from receipt of information indicating the need for an interim order and an interim order decision (Please provide in weeks)**

495 Median time – 4.39 weeks

496 Note: this figure is taken from CMS. It differs from that given at paragraph 404 above which is based on data collected manually by the Screening team. CMS records the time taken from initial referral to an interim order for all cases where a new interim order is imposed. This includes cases where the need for interim order consideration is not identified immediately but through ongoing risk assessment and as more information becomes available during the course of the investigation or new allegations come to light, consideration of an interim order is considered appropriate. These outliers are excluded from calculation of the KPI.

- **How many open fitness to practise cases are there; how many have been open for more than 52 weeks, how many have been open for more than 104 weeks and how many have been open for more than 156 weeks?**

497 The total number of cases at 20 October 2011 (based on report run from case management system) is 3866 of which:

497.1 there were 998 cases open for more than 52 weeks

497.2 there were 402 cases open for more than 104 weeks

	497.3 there were 180 cases open for more than 180 weeks.
Seventh standard	All parties to a fitness to practise case are kept updated on the progress of their case and supported to participate effectively in the process
Regulator's evidence	<p>a) What, if anything, has changed in your performance against this standard since your last evidence submission?</p> <p>498 We have put in place a template working group to review and improve all our template letters. The newly appointed Process and Induction Manager and other FtP staff in FtP have participated in evaluating all our template letters, including taking on board feedback from CHRE's 2011 audit, to make them as purposeful and user-friendly as possible. This work is still ongoing as we start to evaluate the returns from our customer feedback forms.</p> <p>499 Our customer service standards specify that:</p> <p>499.1 we will update the parties to a case after 6 weeks unless we have already informed them of a date on which they will hear from us. This update is sent even if there have been no substantive developments to report</p> <p>499.2 we will return voicemails and acknowledge emails within 24 hours and acknowledge letters and faxes within three working days.</p> <p>500 We will also involve employers at an earlier stage (where relevant) as a result of our new Screening processes introduced in October as detailed elsewhere.</p> <p>501 All customers receive a copy of the customer standards, and we monitor compliance with them through our quality assurance monitoring, case audits, feedback forms, and complaints process.</p> <p>502 We are also improving support to witnesses through the change in witness liaison process (below) and the introduction of hearings support officers to provide support to witnesses at the hearing.</p> <p>503 During the year, we strengthened how we handle complaints within FtP. A new system was implemented on 21 February 2011. The system works in tandem with and supports the wider organisational approach to complaints (See Overview, paragraph 3.5). The process provides a means of logging and maintaining sight of complaints received, ensuring that they are appropriately allocated and responded to within 20 working days; and the opportunity to learn from complaints/feedback where appropriate.</p> <p>504 The majority of complaints relate to the areas where we are aware of the need for, and are working towards, improvement of our processes (including speeding up case progression, improving the quality and timeliness of investigations, and ensuring consistency of and reasons for committee decisions). Dissatisfaction with committee decisions, delays and dissatisfaction with investigations account for 74 percent of complaints received.</p> <p>505 Two areas outside of the above that have been identified as being a factor in complaints where we are seeking to bring about improvements to our processes are the recording of investigating committee (IC) decisions in the case management system (CMS)</p>

and, linked to this, the quality of our decision letters. New arrangements in place to support the IC should bring about an improvement in the CMS records and the work described above on template letters, alongside the new IC support arrangements, should similarly help to better explain our decisions to referrers.

506 From an analysis at 17 October 2011, 106 complaints had been completed and of these 90 percent (95) were completed within the 20 working day target.

507 We are currently reviewing the complaints process and progress made since it was introduced.

b) What progress has been made on:

- **Reviewing any feedback received from registrants and complainants through the feedback forms and using this information to improve the NMC's performance? If any delays have been experienced, what were the reasons for these? (*performance review evidence submission 2010/11*)**

508 As CHRE is aware from our quarterly updates, in August we introduced our "pledge" which is sent out to all our "customers" (including witnesses, complainants as well as registrants) at the sort of the process or when they become involved setting out the standards of service they can expect from us.

509 Also in August, we introduced our customer feedback forms which are sent on all closed cases and can be completed online at www.nmc-uk.org/ftp-feedback. We have sought to ensure that this is as accessible as possible in terms of language, tone etc. We will be evaluating the feedback but it is too early yet to draw any conclusions.

- **Reviewing the effectiveness of the customer care training provided to staff this year? (*NMC quarterly updates*)**

510 As previously reported (Quarterly update, April 2011) we issued new guidance to staff regarding customer service standards (a copy of the guidance has already been provided to CHRE). A training plan was put in place to deliver the key parts of the guidance in three modules during team meetings in April and May and the guidance also forms part of the induction material and training for all new starters. We will be evaluating the feedback from the training but it is too early yet to draw any conclusions.

- **Reviewing the effectiveness of the changes made to witness liaison (*performance review report 2010/11*)**

511 On 1 February 2011 we introduced a new process for witness liaison on new cases referred to the Conduct and Competence Committee and responsibility for witness liaison was passed to the scheduling team. This also marked the start of more frequent and fuller communication with witnesses – a full description of the witness liaison process was provided to CHRE with our April quarterly update. The new approach has proved effective, since the scheduling team has to contact witnesses about availability anyway, so it helps to have only one point of contact and saves duplication of effort. It has also allowed cases officers to focus on progressing their caseload.

- **Introduction of letter quality checking across all of the NMC's case teams. What evidence does the NMC have that this has**

improved performance? If any delays have been experienced, what were the reasons for these? (NMC quarterly updates)

512 Critical incidents related to failures in our letters, including hearings that have had to be cancelled as a result, have dropped significantly since we introduced a process for quality checking of letters: 99.9 percent of letters and bundles sent out since January 2011 have had no identified errors.

- **Reviewing the standard template letters? If any delays have been experienced, what were the reasons for these? (NMC quarterly updates)**

513 We have over 200 standard letter templates that relate to the various parts of the FtP process. They are used mainly by the case management team. As indicated under point a) above, the letters have undergone a lot of revisions since the start of the year with the aim of improving the language and tone in line with house style and to make them customer friendly. We have a template working group to discuss and resolve issues and the group has representation from across different FtP teams. Other aims of this work are to improve consistency, ensure that contact details are available – with the aim of achieving continuity of contact (where this is possible). We have also improved the way that we reflect panel decisions. We are currently streamlining the templates and particularly looking at where a specific letter needs to be created to suit the circumstances of the case. We are also developing guidance for drafting new templates to ensure consistency in approach and language.

c) What account has been taken of:

- **Chapter 6 and the recommendations of the Modern and Efficient Fitness to Practise Adjudication report**

514 See our comments previously (Overview, paragraph 57).

- **Paragraphs 7.53 and 7.54 of the performance review report 2010/11 regarding communications with witnesses**

515 As indicated above, we now have a central point of contact for witnesses, the scheduling team and we are also recruiting hearings support officers who will provide support to witnesses on the day.

- **The individual audit reports (2010 and (where relevant) 2011)**

516 The various steps described above relating to the introduction of customer service standards and the revision of our template letters address the concerns around customer service issues identified in the CHRE's Audit Report 2010.

517 In relation to the CHRE's 2011 Audit Report, please see our response to third standard point c)

d) What plans are in place, if any, to improve your performance in this area?

518 As explained above, we plan to continue to monitor compliance with our customer service standards to ensure that we are meeting our customer pledge to keep all parties updated. The template review group will continue to meet to take into account any additional feedback that comes through feedback forms, CHRE, or changes in process to continuously improve the quality of our letters. We will

	<p>also ensure that action is taken on any relevant recommendations resulting from our quality assurance programme.</p> <p>e) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?</p> <p>519 From April, we now publish information about FtP hearings, including information about charges, as soon as the hearings have been scheduled rather than publishing this information on a monthly basis. We feel that this has helped increase the transparency of the FtP process by allowing us to give all interested parties as much notice as possible.</p> <p>520 Whilst it is still too early to evaluate the effectiveness of our new return to employer process, we have received positive feedback from those to whom we have communicated the changes. We have developed a new FAQ leaflet and handout that is available on the website to explain our process and make information more accessible to all parties.</p>
Eighth standard	All fitness to practise decisions made at the initial and final stages of the process are well reasoned, consistent, protect the public and maintain confidence in the profession
Regulator's evidence	<p>a) What, if anything, has changed in your performance against this standard since your last evidence submission?</p> <p>521 We have undertaken a substantive programme of work over the past year to improve the quality and consistency of panellist decisions at all stages of the process, many of these initiatives are detailed in response to the specific questions raised below. In particular, we initiated a major project in June 2011 to undertake a comprehensive review of the existing arrangements in respect of:</p> <p>521.1 the governance and internal support arrangements for panel members</p> <p>521.2 the recruitment of panel members</p> <p>521.3 the training and guidance for panel members and the</p> <p>521.4 appraisal and performance management of panel members.</p> <p>522 The project was overseen by a project board chaired by the Chief Executive and Registrar and worked intensively and speedily over the summer. The board reported its initial findings and recommendations to Council in September 2011.</p> <p>b) What progress has been made on:</p> <ul style="list-style-type: none"> Implementation of 360 degree feedback process for fitness to practise panellists? If any delays have been experienced, what were the reasons for these? (performance review evidence submission 2010/11) <p>523 Trial of the 360 degree feedback process started in September as planned. 80 cases have been identified and feedback questionnaires issued so far on 50 cases - to the Chair, panellists and Council's officer in each case. Feedback has been positive from all involved and</p>

we hope to roll out across all hearings in January 2012.

524 Any concerns are being highlighted and panellists called in to discuss or further training being arranged. Panellists have been very positive about introduction of the 360 degree feedback process.

- **Training fitness to practise panellists and investigating committee members on the case to answer test and other areas such as drafting well reasoned decisions that protect the public? What evidence does the NMC have which suggests that performance of panellists has improved following that training? (performance review report 2010/11)**

525 A copy of the case to answer guidance has been sent to all panellists via email in April 2011. We have developed comprehensive new up to date guidance folders for panellists which are made available in every hearing room. All panellists received training and we are seeking a more consistent approach to “case to answer” findings.

526 Amongst other things, the new council’s officers are trained in and responsible for drafting of determinations and capturing the panel’s reasoning for its decisions in each case. It is still early days and we are recruiting further council’s officers but initial results are promising, with more well rounded and fuller decisions being noted. We have asked KPMG to undertake a post implementation review and its report should provide more detailed analysis of the impact of the introduction of the new Council Officers

527 A new front page has been developed for determinations which provides more detail as to attendees at each hearing.

- **Implementing the changes as a result of the outcome of Council’s discussion on the fitness to practise panellists review? (NMC quarterly updates)**

528 Council considered and agreed the recommendations made by the Panellist Project Board at its 15 September 2011 meeting <http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2011/NMC-CouncilPapers20110915.pdf>

529 Following Council’s approval we have moved quickly to implement the proposals. Following the decision to revise the role and size of the Appointments Board, we initiated a recruitment exercise for a Chair and four members of the reconstituted appointments Board in October 2011. The new board will be in place in January 2012.

530 We also initiated a recruitment process for 100 new chairs of fitness to practise panels in October 2011 and have received a positive response. The panellists support unit functions have now been moved into the Fitness to Practise directorate and the role and responsibilities of the unit clarified and two additional members of staff appointed.

- **Using learning identified from the NMC’s internal quality assurance processes? (NMC quarterly updates)**

531 A paper went to Council in September detailing the major findings of the quality assurance audit of screening. Based on a 10 percent sample size, the audit focused on the agreed standards and criteria of compliance with processes, timeliness, quality of decision making, customer service and care, contact with all parties, file management, and data integrity. These were categorised as fundamental, significant, and minor.

	<p>532 Our compliance with the fundamental audit processes was high – 98 percent for compliance with processes and quality of decision making. It also found that both screening KPIs – 28 days for interim orders and 16 weeks to progress to the IC – were being met. The significant audit results were customer care and file maintenance; we recorded a compliance rate of 68 percent for customer care, and for file maintenance and data integrity, our compliance ranged between 100 and 50 percent for different fields. Learning points on the areas of improvement have been incorporated into a detailed management plan that is being implemented.</p> <ul style="list-style-type: none"> • Implementing the role of Council Officer? If any delays have been experienced, what were the reasons for these? (NMC quarterly updates) <p>533 Following a review carried out by KPMG, we piloted the new role of council’s officer earlier this year and logged all learning points to ensure a smooth transition. As previously reported to CHRE (Quarterly update October 2011), we implemented the new role of council’s officer on 26 September 2011. Twenty council’s officers are currently in post. We are currently recruiting for the remainder of the positions to staff our additional hearings activity in the new year and expect to have a total of 32 currently in place by early in the new year (including two in Edinburgh).</p> <ul style="list-style-type: none"> • Reviewing the Indicative Sanctions Guidance? What was the outcome of this review? If any delays have been experienced, what were the reasons for these? (NMC quarterly updates) <p>534 The review of the <i>Indicative sanctions guidance</i> has been completed and draft revised guidance was considered by Council on 27 October 2011 http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2011/NMC-Council-Papers-October-2011.PDF Council approved the new guidance which is being implemented with effect from 4 December 2011.</p> <ul style="list-style-type: none"> • Introducing the decision tools for the Interim Order Committee and the Investigating Committee? If any delays have been experienced, what were the reasons for these? (NMC quarterly updates) <p>535 The decision tools for Interim Order Committee and Investigating Committees are in the process of being drafted and finalised and are on track. They are now in their draft stage and should be finalised and will then be delivered to Panellists and council's officers and included in essential training by the end of the year.</p> <ul style="list-style-type: none"> • Evaluating the CCC, health committee and restoration hearings determination toolkits? What was the outcome of this work? (NMC quarterly updates) <p>536 As previously reported to CHRE (Quarterly update, October 2011), we have reviewed and revised the determination tool used by Conduct and Competence Committee and Health Committee. A hard copy was sent to all panellists to be used with effect from July 2011 and copies are also made available in all hearing rooms</p> <p>537 The restoration determination tool has recently been approved and will be introduced in the next few weeks. An independent consultant has been contracted and has begun work on the determination tools for interim orders and Investigating Committee panels and we expect these to be ready for introduction by the end of the year. The tools are reviewed and monitored regularly and will be updated to</p>
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incorporate the forthcoming rule changes.

538 We expect to see more detailed and robust determinations emerging across the board following introduction of the responsibility on council's officers for drafting determinations,

c) Was a report provided to Council on CHRE's learning points? What was the outcome of this discussion? (NMC quarterly updates)?

539 Council considered a report on CHRE's learning points at its meeting on 24 November 2011.

d) What account has been taken of:

- **Paragraphs 7.51 and 7.52 of the performance review report 2010/11 about the benefits of the implementing an internal quality assurance processes?**

540 We have set out details of our quality assurance programme earlier in the submission.

- **CHRE's report on Modern and Efficient Fitness to Practise Adjudication and its recommendations?**

541 See our comments, Overview section, paragraph 57 above.

- **CHRE's learning points?**

542 See paragraph 539 above.

e) What reporting arrangements are in place to ensure that the Council of the regulator is assured that the fitness to practise panels are making well reasoned, consistent decisions that protect the public and maintain confidence in the profession? (ie does the Council receive reports on the outcomes of any internal quality assurance of decisions made by the panels?)

543 In February 2011 Council approved a structured quality assurance programme for reviewing key areas of work within Fitness to Practise. The programme was developed to assist in the review of high risk areas of work in FtP to ensure compliance with agreed policies procedures and processes (including the quality of decision making). The paper considered by Council in February 2011 is available at <http://www.nmc-uk.org/About-us/The-Council/Meetings-of-the-Council/Council-Meeting-22-February-2011/>

544 The first quality assurance audit was undertaken of screening cases and the outcomes reported to Council in September 2011 (see earlier hyperlink). A detailed management plan has been produced and is being implemented with learning points to take forward.

f) What plans are in place, if any, to improve your performance in this area?

545 We will continue to monitoring compliance against the management plan, which will be repeated to ensure the learning points have been incorporated into working processes of the Screening Team. The screening SOPs have recently been fully updated to reflect new processes put in place since they were first introduced, including the return to employers process and using clinical advisers. We will

	<p>also review progress on the determinations produced by council's officers to identify any opportunities for further training.</p> <p>546 The panel support team will continue to develop our panellist training and monitoring to ensure that all decisions are well-reasoned, consistent, protect the public, and maintain confidence in the profession</p> <p>g) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?</p> <p>547 The proposed rule changes will have an impact on decision making at all stages of the process, and our implementation plan, already in development, is designed to ensure that the changes lead to improved decision making.</p> <p>h) Dataset (data to be provided should be that collected for the regulators' most recent reporting period)</p> <ul style="list-style-type: none"> How many registrant appeals against final fitness to practise decisions have there been? <p>548 There have been seven such appeals between 1 April 2011 and 30 September 2011.</p>
Ninth standard	All final fitness to practise decisions, apart from matters relating to the health of a professional, are published and communicated to relevant stakeholders
Regulator's evidence	<p>a) What, if anything, has changed in your performance against this standard since your last evidence submission?</p> <p>549 We have improved our process so that all reasons are published within two working days. Though in practice this generally happens much quicker http://www.nmc-uk.org/Hearings/Hearings-and-outcomes/</p> <p>550 As described earlier, we have significantly improved our performance in ensuring all parties have received a decision letter at the conclusion of an event over the past year.</p> <p>b) What key performance indicators are in place around communicating decisions to complainants, registrants and employers?</p> <p>551 Our current customer service standards published in August 2011 provide decision letters to be sent to all parties within five working days of the event. At the beginning of each week, the senior case officers go through all cases that concluded two weeks before and check in CMS that all decision letters for these events have been sent out on time. If any have been missed for any reason, they are immediately brought to the attention of the Head of Case Management, who ensures they are sent immediately and follows up with individuals as to why they have not been actioned. While we do not have figures on the compliance rate within five days, we do know that the vast majority go out within this period, and that all decision letters sent by case management should be out after the second check. The quality of these letters is reviewed through our normal letter checking process.</p> <p>c) What plans are in place, if any, to improve your performance in this area?</p> <p>552 We believe that our performance will continue to improve given the processes now in place within case management to ensure that</p>

	<p>decision letters are sent out on time, supported by active monitoring of compliance. We await the results of the internal quality assurance audit to identify if there are any further areas for improvement.</p> <p>d) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?</p> <p>553 As detailed elsewhere, we are continuing to improve our working relationships with other regulators, including the ISA, to ensure that we are sharing information appropriately.</p>
<p>Tenth standard</p>	<p>Information about fitness to practise cases is securely retained</p>
<p>Regulator's evidence</p>	<p>a) What, if anything, has changed in your performance against this standard since your last evidence submission?</p> <p>554 Since our last submission, we have made significant progress towards ensuring the secure processing of fitness to practise information as well as improving the management of information and data security within the NMC.</p> <p>555 We have established our Information Governance and Security Group, which is an internal security steering group responsible for overseeing the management of information security throughout the NMC and for setting priorities for information security improvement measures. The group is made up of directors and senior managers within the organisation and its establishment has given greater focus to information and data security within all directorates.</p> <p>556 In 2011 we introduced a comprehensive programme of information security training. An information security training programme for new starters was introduced in February 2011 and a second programme of training for employees with greater than six months service with the NMC was introduced in August 2011. The training is mandatory for both permanent employees and contractors. A substantial part of the content of all the courses focuses specifically on the secure handling of fitness to practise information and the supporting course materials refer to specific policies, procedures and guidance which those working in the Fitness to Practise directorate must follow. Breaches in information security which are identified as the direct responsibility of a staff member are dealt with robustly under our HR procedures.</p> <p>557 During 2011, we also issued a guide to information security for all employees and new Data Protection guidelines for those working within our Fitness to Practise Directorate.</p> <p>558 In addition, since January 2011 data security incidents have been reported quarterly to our Information Governance and Security Group. This process means that we can identify from incidents any priorities that need to be addressed as part of our information and data security programme of work. Within FtP, internal procedures are in place requiring all staff to report serious events and a manager will produce a report, identifying any action that needs to be taken (including a mandatory prompt to consider if the incident involves a breach of confidentiality). These are reviewed by the Executive team every week, and data security breaches are reported as appropriate. We will then take any learning points forward. Examples of changes of process that have come from learning points this year include changing the type of envelope we use for mailing our case papers and introducing a bundling working group in the summer</p>

that discussed and implemented better ways of conducting our bundling.

b) What progress has been made on the NMC's information security review (performance review report 2010/11)?

559 We reported in 2010-2011 that we had appointed an Information and Data Governance Manager to support our drive to improve the management of information security. The remit of the Information and Data Governance Manager includes continuous review and improvement of information security within the NMC. On the basis of this on-going review of our information security measures, the Information and Data Governance Manager makes recommendations to our Information Governance and Security Group, which then approves and prioritises the recommended improvement measures.

c) What plans are in place, if any, to improve your performance in this area?

560 We have a formal programme of work in the area of information and data governance, which has been approved by our Information Governance and Security Group and is reviewed every quarter. For the remainder of the 2011-2012 financial year we plan to:

560.1 issue updated guidance on information and data security to Fitness to Practise panel members

560.2 review our use of encryption to establish what further technological solutions we can implement to provide greater security protection for fitness to practise information

560.3 improve our procedures for ensuring compliance with policies on the retention of personal data

560.4 update our ICT user policy to provide greater clarity on the secure handling of data by employees who work from home or remotely, and set out our policy on maintaining registrants' confidentiality when using social networking media

560.5 conduct ongoing reviews of any breaches of confidentiality to identify learning points to take forward.

d) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?

561 The NMC has signed up to the Information Commissioner's Personal Information Promise. This is a public statement of our commitment to strive for best practice in the management of personal data.