

 <p>Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p><b>Name of Meeting</b> Quality, Safety and Improvement Committee</p> <p><b>Date of Meeting</b> 19 October 2022</p> <p><b>Agenda item:</b> 4.2</p>
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**Audit of arrangements within Public Health Wales for verifying active professional registration with the Nursing and Midwifery Council (NMC) and Health and Care Professions Council (HCPC) for 2021/22**

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<b>Approval/Scrutiny route:</b>	<ul style="list-style-type: none"> <li>• Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals</li> <li>• Business Executive Team- 04 October 2022</li> </ul>

**Purpose**

The purpose of this paper is to provide assurance that Public Health Wales has an efficient and functioning system in place to monitor and verify active professional registration with the Nursing Midwifery Council (NMC) for Nurses and Midwives, and with the Health and Care Professions Council (HCPC) for Healthcare Scientists and Allied Health Professionals.

**Recommendation:**

APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
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The Quality, Safety and Improvement Committee is asked to:

- **Receive assurance** that the arrangements set out within the paper are fit for the purpose stated

<b>Link to Public Health Wales <a href="#">Strategic Plan</a></b>	
Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.	
This report contributes to the following:	
<b>Strategic Priority/Well-being Objective</b>	7 - Building and mobilising knowledge and skills to improve health and well-being across Wales
<b>Strategic Priority/Well-being Objective</b>	Choose an item.
<b>Strategic Priority/Well-being Objective</b>	Choose an item.

<b>Summary impact analysis</b>	
<b>Equality and Health Impact Assessment</b>	No decision is required therefore no Equality and Health Impact Assessment has been conducted.
<b>Risk and Assurance</b>	There is a risk that a professional's registration will lapse, and they will work whilst unregistered.
<b>Health and Care Standards</b>	This report supports and/or takes into account the <a href="#">Health and Care Standards for NHS Wales</a> Quality Themes  Theme 7 - Staff and Resources  Theme 2 - Safe Care  Choose an item.
<b>Financial implications</b>	None
<b>People implications</b>	None

## **1. Purpose / situation**

The purpose of this paper is to provide assurance to the Quality, Safety and Improvement Committee that arrangements are in place within Public Health Wales to ensure all Nursing and Midwifery Council and Health and Care Professions Council Registrants are registered with the appropriate statutory regulating body. This audit is conducted on an annual basis and covers the periods between the 31 March 2021 and 1 April 2021.

## **2. Background**

**2.1** Public Health Wales employs 372 Healthcare Scientists / Allied Health Professionals working within professions regulated by the Health and Care Professions Council (HCPC) and approximately 120 Nurses or Midwives, a number of whom are required to hold active registration with the Nursing Midwifery Council (NMC). It is recognised that a number of NMC and HCPC Registrants are currently employed within roles that do not require an active registration with their professional body, but they have continued to meet the required standards, in order to maintain their professional registration e.g. senior management roles, quality improvement roles.

**2.2** There is a direct live link between the Electronic Staff Record (ESR) and the NMC and HCPC registers to facilitate real-time updating of professional registration status. When an expiry date is approaching, the employee and manager receive an email notification from ESR reminding them that registration is due for renewal at 12 months, minus 6 months and minus 4 months.

**2.3** In addition to this an annual audit is undertaken across the organisation to confirm that the current processes employed by Directorates to verify NMC and HCPC registration is fit for purpose. In the case of HCPC registrants, this is also a requirement for United Kingdom Accreditation Service (UKAS) accreditation and is organised by the Quality Managers within the Screening and Microbiology Services Divisions.

## **3. Description/Assessment**

The audit and assurance processes for each Professions Council have been developed separately, partly due to different arrangements for establishing links between ESR and the Professions Council registers, and because significant information was already available for HCPC registration due to established UKAS accreditation requirements. Nevertheless, the NMC and HCPC audit and assurance processes have achieved a significant degree of standardisation, and this will be progressed further.

### **3.1 Nursing and Midwifery Council**

In addition to the ESR automated system, a review was undertaken where all details generated by the automated system were cross-referenced with the

online NMC register and nominated line managers contacted to confirm their process for verifying NMC registration.

The audit identified that a total of 120 Nursing / Midwifery staff using the ESR and PHW systems as holding a current NMC registration / valid PIN Number (Table 1). One anomaly was identified on ESR link (Table 2).

Analysis of these figures is below:

Table 1-Staff holding Current registration

Number	Description	Comments
117	Registrants in date for registration	In date for revalidation
2	Consultants in Public Health/Communicable Disease Control	Maintained NMC registration
1	Temporary NMC Covid Register	Considering whether to return to the permanent register
<b>Total 120</b>	<b>Numbers Identified by ESR Link</b>	

Table 2-Anomaly Found

Number	Description	Comments
1	Registration Lapsed – but not required for role	Link maintained by ESR due to NMC PIN number remaining on the system
<b>Total 1</b>	<b>Number of anomalies identified by ESR Link</b>	

There are demonstrable, recognised processes in place within all Directorates, where Nurses/Midwives are employed, to verify professional registration, supported by the ESR system.

### **3.2 Health and Care Professions Council**

A key finding in the previous audits (2019/20) and (2020/21) was that a number of staff positions had been established on ESR aligned to the incorrect Staff Group, and further work was undertaken to address the root-cause of this. Unfortunately, this problem persists. In 2021/22, particularly with Trainee Biomedical Scientist staff (33 of whom have been placed into the incorrect staff group). This is compounded by these unregistered trainee staff being entered into ESR as 'Biomedical Scientist' (or 'Registered Biomedical Scientist'), which is a title protected in law.

## Number of HCPC-registered staff: Assessment of automated link between ESR and HCPC Register

337 Public Health Wales staff identified as HCPC registrants through the automated ESR link to the HCPC register.

To determine the accuracy of the data, a manual search was carried out for every Public Health Wales staff record for staff within the following ESR Staff Groups:

- Additional Clinical Services, Administrative & Clerical
- Allied Health Professions
- Healthcare Sciences

This method identified 372 Public Health Wales staff, all of whom were separately checked against the HCPC register and confirmed to be currently registered, with a number of discrepant records being identified. Analysis is detailed below in Table 3 and Table 4.

Table 3- Staff holding current registration

Number	Description	Comments
271	Biomedical Scientists and Clinical Scientists	Maintained registration
83	Radiographers	Maintained registration
18	Allied Health Professionals <ul style="list-style-type: none"> <li>• 4 Occupational Therapists</li> <li>• 3 Dietician</li> <li>• 3 Operating Department Practitioners</li> <li>• 2 Physiotherapists</li> <li>• 1 Chiropodist/ Podiatrist</li> <li>• 1 Paramedic</li> </ul>	Maintained registration
<b>Total 372</b>	<b>Numbers Identified by ESR Link</b>	

Table 4-Anomaly Found

The 35 discrepant staff records (identified by manual counting but not found by the automated link between ESR and the HCPC register) were investigated further to identify any root-cause for this.

Number	Description	Comments
6	Found to have a different name on HCPC Register	Inclusion/ exclusion of a middle initial
29	No obvious root cause for mismatch	

<b>Total 29</b>	<b>Number of anomalies identified manual counting</b>
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### 3.3 Other issues identified on ESR database

107 records were found that, contained the following other errors/ anomalies (Table 5):

Table 5-Other issues

Sample Number	Description	Comments/Actions
33	32 within Microbiology and 1 within Screening Services, with the protected Job Title 'Biomedical Scientist' were found to be Trainee BMS staff	Records have been sent to the relevant Manager with a request that these ESR records be amended where appropriate
19	Found on ESR with the protected Job Title 'Biomedical Scientist', it is likely that a number of these are also trainees	Records have been sent to the relevant Managers with a request that these ESR records be amended where appropriate
55	Associate Practitioners have incorrectly been placed in 'Healthcare Science' ESR Staff Group	A request will be made to the relevant managers for these will be moved to the correct Staff Group ('Additional Clinical Services')
<b>Total 107</b>	<b>Number of anomalies identified with ESR Link</b>	

### 3.4 Conclusions

- 372 of the 372 Public Health Wales staff are currently registered with HCPC.
- 35 staff registered as HCPC Practitioners were not identified using the automated ESR database search of the HCPC register.
- 6 of these 35 were explained by differences in the registrants name between the ESR and HCPC database records.
- Further work is planned to undertake a data validation exercise to ensure that all HCPC registration numbers and expiry dates are recorded on ESR.

## 4. Fitness to Practice

In order to practice, registrants must have the skills, knowledge, character, and health to practice safely and effectively within their profession. Public Health

Wales has a duty to ensure that employees are competent and remain competent for their role. The professional bodies (NMC & HCPC) are there to protect the public from registrants whose fitness to practise is impaired, and whose situation cannot be managed locally. A review of any fitness to practise investigations currently ongoing are detailed below; discussion has taken place with People Organisational Development to confirm that there are no current Fitness to Practise issues, however one case referred in 2018 was closed in 2020 with no case to answer and two referrals were made during the reporting 31 March 2020-1 April 2021. These were reviewed by the HCPC, resolved and now closed.

To strengthen governance and accountability arrangements within the organisation, a "Procedure for Notifying and Reporting Possible Fitness to Practise Concerns for Health Professionals Regulated by the Health and Care Professions Council (HCPC) and Nursing and Midwifery Council (NMC)" has been written and is currently being reviewed within the governance arrangements in Public Health Wales.

<b>Professional Regulating Body</b>	<b>No. Staff requiring registration.</b>	<b>Registration Compliance (%)</b>	<b>'Fitness to Practise' Referrals</b>	<b>Comments</b>
<b>HCPC</b>	372	372/372 (100%)	0	Previous referrals to HCPC resolved and closed
<b>NMC</b>	120	120/120 (100%)	0	

## **5. Update to Proposed Work Plan for 2020/21 and Work Plan 2021/22**

### **5.1 NMC Registration Quality Improvement**

As part of our Improvement Programme for Quality Improvement for 2021/22 the current NMC Registration audit tool and the approach to monitoring compliance with NMC registration and revalidation was reviewed. A procedure for line managers or responsible leads to follow and an audit tool for completion by line managers or responsible lead was developed. Substantial engagement has taken place throughout the year across Directorates / Divisions with senior leaders for Nursing and Midwifery Registrants across the Directorates / Divisions regarding both documents.

Applying quality improvement methodology, the procedure and audit tool have been consistently reviewed and updated, dependant on feedback. Both documents are being trialled for the reporting year 31 March 2021 / 1 April 2022. Following conclusion of the pilot, further improvements will be made before moving to the new system / processes for reporting year 31 March 2022 / 1 April 2023. The procedure and audit tool can be found in **Appendix A**.

## **5.2 Nursing Staffing Levels (Wales Act) 2016 Quality Improvement**

The Nurse Staffing Levels (Wales) Act 2016 became law in March 2016. Section 25a of the Act relates to the overarching responsibility placed on each Health Board or Trust to ensure that they have robust workforce plans, recruitment strategies, structures, and processes in place to ensure appropriate staffing across their organisations.

We are currently developing mechanisms to better identify any deficits in staffing and will continue to improve our monitoring arrangements, including (where required) business cases to increase our establishment within key areas.

## **5.3 HCPC Registration Quality Improvement**

A previous preliminary assessment was carried out of whether Public Health Wales staff currently on the register require this to be maintained in order to carry out their current duties (including routine cover for colleagues during planned or unplanned absence, or redeployment to a practitioner role as part of emergency planning). This includes staff on the HCPC register whose ESR job title does not include an HCPC protected title. This process was found to be helpful and has now been adopted routinely as part of future audits.

The Public Health Wales Professional AHP / Science Lead and People and Organisational Development (POD) Systems Development Manager are also undertaking an options appraisal for ensuring that all new appointees who require HCPC registration are identified accurately on ESR. This will involve determining whether ESR can reliably capture recruitment information relating to HCPC registration being essential and, if not, whether this can be embedded within the ESR registration process for new staff.

The persistent relatively high level of trainee BMS staff being entered into the incorrect ESR Staff Group, and with the protected title, 'Biomedical Scientist', suggests that additional focused training and support may be helpful for managers registering new posts. Options for this will be explored in 2022-23.

## **6. Well-being of Future Generations (Wales) Act 2015**

The report contributes to Goal 3 "Support the NHS to deliver high quality, equitable and sustainable services". The report follows the five ways of working, as defined within the sustainable development principle in the Act, in the following ways:





An annual audit is conducted to ensure that the organisation is compliant with legal requirements for the registration of nursing and midwifery and healthcare sciences, enabling the organisation to plan its services, functions, and programmes over the following year.



The organisation is acting to prevent problems occurring by ensuring a system is in place to support staff in complying with their registration requirements.



The audit impacts on a number of the wellbeing goals, including "A Resilient Wales."



The audit is conducted across all of Public Health Wales, with the relevant Directorate and staff collaborating to complete the requirements of the audit.



All staff involved in conducting the audit have been update regarding the findings.

## 7. Recommendation

The Quality, Safety and Improvement Committee are asked to:

- **Receive assurance** that the arrangements set out within the paper are fit for the purpose stated

### 1. Introduction

**1.1** All Nurses and Midwives practising in the UK (and Nursing Associates practising in England) must hold a current registration on the Nursing and Midwifery Council (NMC) Register<sup>1</sup>.

**1.2** The legislation governing the NMC is set out in the Nursing and Midwifery Order 2001 (**the Order**), together with its associated Statutory Instruments, and extends to the whole of the UK.

The Order:

- Requires that NMC establish and maintain a register and establish the standards of proficiency necessary to be admitted to the different parts of that register (article 5).
- Provides that the register is divided into parts, each of which has a title indicative of the qualifications, education or training necessary to be on that part (article 6).
- Entitles a nurse, midwife or nursing associate to use the title corresponding to the part on which they are registered (article 6).
- Makes it an offence for someone to falsely represent themselves as being on the register, or on a part of it; to use a title to which they are not entitled; or to falsely represent themselves as having qualifications in nursing or midwifery (article 44).

These provisions make it a legal requirement to be on the NMC register.<sup>2</sup>

**1.3** The RCN Nursing Workforce Standards: Supporting a Safe and Effective Workforce Standard 5 (2021)<sup>3</sup> highlights that each clinical team or service are required to have a registered nurse as part of the leadership team; or where nurses practise within a wider multi-disciplinary team and their direct line manager is not a registered nurse, a clear professional line to clinical nursing leadership must be available.

### 2. Purpose

The purpose of this practice guidance is to provide a framework to support the implementation of a standardised audit process for Registrants within Public Health Wales.

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<sup>1</sup> NMC Online <https://www.nmc.org.uk/registration/staying-on-the-register/legal-basis-of-registration/> accessed online 13 August 2020

<sup>2</sup> NMC Online <https://www.nmc.org.uk/registration/staying-on-the-register/legal-basis-of-registration/> accessed online 13 August 2020

<sup>3</sup> Royal College of Nursing (2021). RCN Nursing Workforce Standards: Supporting a Safe and Effective Workforce. <https://www.rcn.org.uk/professional-development/publications/rcn-workforce-standards-uk-pub-009681> accessed online 22 September 2021.

### **3. Registration and ESR**

**3.1** 100% of nurses and midwives within Public Health Wales, whose role requires them to hold an NMC registration as detailed within their job description, are required to hold a current registration with the Nursing and Midwifery Council at all times.

**3.2** 100% of nurses and midwives registrations are recorded on ESR. ESR will automatically inform Line Managers that registration for a member of their team at minus 12 months, minus 6 months and minus 4 months.

**3.3** There are a number of PHW staff who are in roles for which they are not required to maintain their professional registration but, have opted to do so. This information is tracked through ESR and line managers will automatically receive notification via ESR (as detailed at 3.2 above), that there is an upcoming Registration or Revalidation date.

### **4. Roles and Responsibilities**

#### **4.1 Line Managers (or designated responsible person)**

##### **a. For Nurses and Midwives who Require NMC Registration for their Role**

- Line managers have an overall responsibility for discussing professional registration status with nurses and midwives as part of their regular discussions and my contribution process
- The designated responsible person will maintain a database of nurses and midwives' registration details for their Division or Directorate. 100% of registration details, as detailed at 3.1 – 3.2, are to be checked by line manager (or designated responsible person) on a monthly basis
- The designated responsible person will be forwarded the Registration Audit Tool, contained at Annex A, in early April of every year by the Corporate Lead Nurse. The completed document is to be returned to the Corporate Lead Nurse by the last week in April.

##### **b. For Nurses and Midwives who maintain their registration, which is not required for Role**

- Line managers have an overall responsibility for discussing professional registration status with nurses and midwives as part of their regular discussions and my contribution process

- Line Managers (or designated responsible person) whose staff have opted to maintain their registration, maintain a database of their registration details and checked at least during annual performance reviews.
- Line managers (or designated responsible person) will be forwarded the Registration Audit Tool, contained at Annex A, in early April of every year. The completed document is to be returned to the Corporate Lead Nurse by the last week in April.

**c. For Nurses and Midwives who are seconded to Public Health Wales**

- Line managers have an overall responsibility for discussing professional registration status with nurses and midwives as part of their regular discussions and my contribution process
- Line Managers (or designated responsible person) whose staff are seconded to their team should maintain a database of their registration details.

**4.2 The Corporate Lead Nurse will:**

- Review the Nursing and Midwifery Register on a monthly basis as a governance check. Any registration issues identified will be highlighted to Line Managers (or designated responsible person)
- Disseminate the Audit Tool annually, in early April to Line Managers for annual completion
- Produce an Annual Registration Audit Report for BET/ QSIC for assurance.

## Standards – Professional Registration Standards for Nurses and Midwives in Public Health Wales

**Nurses and midwives practising in the UK and nursing associates practising in England must be on the NMC register.**

**Directorate/Division:**

**Completed By:**

**Date:**

**Standard 1 (This relates to 4.1a).** 100% of nurses and midwives within Public Health Wales, whose job description/role requires a NMC registration, hold a current registration with the Nursing and Midwifery Council at all times. The designated responsible person will maintain a database of nurses and midwives' registration details and 100% of registration details, are checked by the line manager on a monthly basis.

**Standard 2 (This relates to 4.1b).** The designated responsible person whose staff have opted to maintain their registration, maintain a database of those registration details which are checked at least during annual performance reviews.

**Standard 3 (This relates to 4.1c).** The designated responsible person whose staff are seconded to their team should maintain a database of their registration details.

Standard No	Criteria / Question	Collection Guidance	Yes	No	N/A	Comments
<b>1</b>	a. Is there a named responsible person for checking registrations?	1. Check – Are staff aware of this guidance document				1.
	b. Do Line Managers (or named responsible person) maintain a database with all registrant details, who are required to hold a registration and expiry dates?	2. Question a number of registrants from area - Are registrants aware who the named responsible person is?				2.
		3. Question a number of registrants from area - Are new starters made aware that they have to inform the named responsible person of their registration status?				3.
		4. Confirm – Is a database held?				4.

		5. Confirm – is there evidence that the database is updated on a monthly basis				5.
		6. Confirm are all registrants on the database hold a current registration with the NMC				6.
<b>2</b>	Do Line Managers (or the name responsible person), whose staff have opted to maintain their registration but not required for their role maintain a database of their registration details and checked at least during annual performance reviews.	1. Confirm – Are the details of these registrants held within the database?				1.
		2. Confirm – Is there evidence that the database is reviewed on an annual basis (for example, during My Contribution)?				2.
<b>3</b>	Line Managers (or designated responsible person) whose staff are seconded to their team should maintain a database of their registration details.	1. Confirm – Are the details of these registrants held within the database?				1.