

Referral of a Registrant to the Nursing and Midwifery Council (NMC) or the Health and Care Professions Council (HCPC)

Department / Service:	Corporate
Originator:	Alison Robinson, Deputy Chief Nursing Officer
Accountable Director:	Sarah Shingler, Chief Nursing Officer
Approved by:	JNCC
Approved by Medicines Safety Committee: <i>Where medicines included in guideline</i>	
Date of approval:	19/12/2024
First Revision Due:	28/02/2026
This is the most current document and should be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Trustwide
Target staff categories	All NMC/HCPC registrants working in Worcestershire Acute Hospitals NHS Trust

Policy Overview:

This Policy will provide information and clarity on the processes and procedures required when there is a need to refer a registrant to their regulator.

Key amendments to this document

Date	Amendment	Approved by:
14/02/2024	New Policy	
19 th December, 2024	First Approval of Document	JNCC

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1. Introduction

- 1.1 The Nursing and Midwifery Council (NMC) are the regulatory bodies for Registered Nurses, Midwives, Nursing Associates, and the Health Care Professions Council (HCPC) are the regulatory body for Allied Health Professions, Biomedical Scientists and Clinical Scientists at Worcestershire Acute Hospitals NHS Trust. They safeguard the health and wellbeing of the public through regulation of practitioners by setting and upholding standards of conduct and performance for daily practice and assuring the public through robust statutory requirements around education, training and continuing professional development.
- 1.2 On behalf of the Trust, Leaders and Managers must manage situations concerning conduct, competence or poor health and wellbeing of the registrants. Many of these issues can be addressed and resolved at a local level which would not give rise to wider concerns about public protection. However, there are occasions when practitioners will need to be referred to their regulator.

2. Scope of this document

- 2.1 This policy applies to the practice and conduct of all staff working within WAHT, including those not directly employed by the Trust who are registered with the NMC and HCPC and will provide the clarity around the processes expected for when a registered practitioner should be referred to their regulatory body by the Trust for further investigation or any regulatory sanction. This policy aligns to the NMC fitness to practise guidance (New Strategic Direction: Ensuring Public safety, enabling professionalism. 2018), Managing Concerns: A Resource for Employers (2021), the NMC Fitness to Practice Guidance Library (2020) and HCPC Raising Concerns (Conduct or competence or health that may impair Fitness to practise: 2016).
- 2.2 As the executive lead for regulatory referrals, the Chief Nurse* (*or designated deputy who has Professional body referrals under their Trust wide portfolio) must be informed as soon as there is a potential for a referral by the Trust. The Chief Nurse* needs to be assured that the internal processes have been put into place before a registrant should be referred to their regulator for investigation or decide if it is sufficient for the matter to be managed by the Trust internal processes alone. (See Appendix A – Process for Referral to Regulatory bodies from the Trust)
- 2.3 Referrals made of trust staff to the regulators from outside the trust should be managed in accordance with Appendix B (Process for referral received from the NMC) and Appendix C (Process for referral received from the HCPC)

3. Definitions

WAHT/The Trust: Used Throughout the policy and referring to Worcestershire Acute Hospitals NHS Trust.

NMC: Nursing and Midwifery Council – Regulator of Nurses, Midwives & Nursing Associate

HCPC: Health Care Professions Council – Regulator of Allied Health Professionals and. Biomedical Scientists and Clinical Scientists

RN: Registered Nurse - Registrant

RM: Registered Midwife - Registrant

NA: Nursing Associate

HCS: Health Care Scientist- For the purposes of this policy, this refers to Biomedical scientists and Clinical Scientists, as these healthcare scientist professions are required to be registered with HCPC. There are other healthcare scientists professions but these are not HCPC registered).

Registrant AHP: Allied Health Professional – Registrants. Those employed by The Trust include: Operating Department Practitioners, Occupational Therapists, Physiotherapists, Speech and Language Therapists, Radiographers, Orthoptists, Dietitians, Paramedics. The Trust also has a contract for orthotists who work within the Trust but are not employed by the Trust.

HR: Human Resources

Regulator/Regulatory Body: Used throughout the policy and referring to collectively the NMC and HCPC

The Code – NMC: Professional Standards of practice and behaviour that nurses and Midwives are expected to uphold to maintain registration

Code of Practise – HCPC: The Standards of conduct performance and ethics expected to enable registration with the HCPC

Registered Pharmacists and Pharmacy Technicians – this group of staff are not AHPs and are regulated by the General Pharmaceutical Council. The Chief Pharmacist is responsible for making referrals to GPhC (with notification to and endorsement by the CNO as Trust executive lead for regulatory referrals).

4. Responsibility and Duties

- 4.1 **Chief Nursing Officer** has executive responsibility for ensuring there is compliance with the NMC and HCPC guidance and that they are applied in a fair and consistent approach. The Chief Nursing Officer * will cascade and communicate to all Executive Directors, Directors, Managers, HR, Staff side representatives and other relevant trust staff to ensure they are fully aware of the NMC and HCPC referral guidelines.

- 4.2 **Deputy Chief Nurses** are responsible for ensuring that nurses act in accordance with this policy. Within the Trust there will be a designated Deputy Chief Nurse who has Professional body referrals under their portfolio. Deputy Chief Nurses are responsible for processing all Registered Nurse/Nursing Associate referrals to the NMC and providing feedback to the Chief Nurse* and employee relations manager (HR).
- 4.3 **Director of Midwifery** is responsible for ensuring that midwives act in accordance with this policy, for processing all midwifery referrals to the NMC and reporting back to the Chief Nurse* and employee relations manager (HR)**Director of Allied Health Professionals** is responsible for ensuring that AHPs act in accordance with this policy, for processing all AHP referrals to the HCPC and providing feedback to the Chief Nurse* and employee relations manager (HR)
- 4.4 **Head of Adult Safeguarding/Lead Nurse for Safeguarding Children** must be notified if there are any concerns with the referral relating to abuse or neglect and they will be responsible for liaising with the relevant statutory agencies to identify whether additional interventions with regards the registrant are necessary.
- 4.5 **Divisional Directors of Nursing** are accountable and responsible for the wellbeing and protection of patients. They must support staff both within their line of reporting and in accordance with any designated role they have been given in relation to the referrals to the NMC/HCPC. They must have clear line of oversight of any plans/actions taken in relation to supporting registrants to make improvements before referral to a regulator is considered.
- 4.6 **Deputy Divisional Directors of Nursing/Matrons** are accountable and responsible for ensuring that any instances where the practice of a registrant is called into question are escalated without delay to their line manager and must act to further support the well-being and protection of patients.
- 4.7 **Heads of Service (for Biomedical Scientists and Clinical Scientists)** are accountable and responsible for ensuring that any instances where the practice of a registrant is called into question are escalated without delay to their line manager and must act to further support the well-being and protection of patients. For the purposes of this policy, this refers to Biomedical scientists and Clinical Scientists, as these healthcare scientist professions are required to be registered with HCPC. (There are other healthcare scientists professions but these are not HCPC registered)"
- 4.8 **Employee Relations (HR)** following a formal process of an appropriate Trust policy or procedure) are responsible for informing the Chief Nurse* of any case that requires consideration for referral to the regulator. The HR team will nominate a lead who will support senior Trust Staff at all levels in the application of this policy and associated procedures.
- 4.9 **Occupational Health Department** will provide confidential support for staff. Managers may make a referral for specific health related advice or opinion where health concerns may require a registrant to be referred to their regulator. Ongoing and continuous support will be offered, before during and after any referral to a regulatory body

4.10 **Registrants** are accountable for adhering to Professional Standards of Practice and Behaviour (The Code: NMC 2018) and Standards of Conduct with specific reference to Section 23 Cooperate with all investigations and audits, Performance and Ethics (HCPC 2016) and Standards of Proficiency (HCPC 2023)

5. Policy in Practice

- 5.1 In practice, most matters will be managed internally by the Trust, prior to the submission of a regulatory referral. Referral to the regulator should not be delayed and likewise there should be no delay to the internal investigation conclusion as a result of regulatory referral.
- 5.2 In circumstances when a registrant is referred to a regulator prior/before completion of an internal investigation, this allows for the possibility of an interim suspension or conditions of practice order to be considered. For example, working under supervision, or with a chaperone until the internal case is complete.
- 5.3 All potential referrals to a regulator must follow Appendix A (Process for referral to regulatory body from the Trust) so that a consistent approach can be taken as to when the matter under investigation warrants a referral to the regulator.
- 5.4 A referral to a regulator will be assessed against the NMC/HCPC referral criteria. The regulatory statutory powers to carry out investigations are limited to two kinds of allegation:
- Allegations of fraudulent or incorrect entry of an individual nurse, midwife or nursing associate to our register
 - Allegations about the fitness to practise of nurses, midwives or nursing associates.

Allegations about fitness to practise can be based on:

- Misconduct
- Lack of competence
- Criminal convictions and cautions
- Health
- Not having the necessary knowledge of English
- Determinations by other health or social care organisations

It is critically important that any evidence in relation to fitness to practise is rigorous and accurate. In situations where the registrant has been provided with supporting practice programmes and or has completed a capability programme, these programmes must have been constructed using evidence-based outcomes, clear performance requirements and

significant evidence of how the registrant did not meet the outcomes. They must be specific, measurable, achievable, relevant and time bound and this should be cross referenced to the Trust Performance Management Policy. Clear and unambiguous timelines should be maintained throughout.

- 5.5 Regulators provide guidance to registrants on self- declaration, and registrants are expected to inform line managers and regulators as their code requires regarding their own performance issues, health issues or conduct
- 5.6 Members of the public, Registered Nurses, Midwives and other healthcare workers, the police or other health and social care providers can choose to refer a registrant to their regulator. Registrants may also refer themselves. In such circumstances where notification of referral is externally received into the Trust from the NMC or HCPC, the Chief Nurse/Designated Deputy must be informed and sent all relevant notifications

6. Referring Registrants

- 6.1 Referrals made by the Trust must identify the registrant concerned including the registrant's full name, date of birth, PIN/Registration number and home address. This information can be provided by the HR team. Reporting a case of fitness to practise to the regulator is appropriate and necessary when the conduct, competence, character and behaviour, health of a registrant is impaired to the extent that public protection may be compromised or there are serious concerns based on public confidence or professional standards. All allegations of impairment of fitness to practise must:
- Clearly set out the concerns;
 - Provide supporting evidence to demonstrate how the Trust has supported the registrant to improve, monitoring measures and describe the lack of attainment to the required standard;
 - Where a disciplinary investigation has been instigated and the appeal period has closed/completed, the reports must be submitted to the regulator. However, if this information is not readily available, the referral should not be delayed.
- 6.2 Registrants should not be referred to the NMC/HCPC because they have experienced ill health, but rather because their ill health is causing fitness to practise concerns which can be clearly demonstrated through occupational health reviews and supported by clinical evidence. Any concerns of a registrant's health must be raised and discussed with the Divisional Director of Nursing/Head of Midwifery/Lead AHP at an early stage. This must be the first point of escalation to enable support is given to the registrant and improvements realised prior to any consideration for referral to the regulator. In the events that strategies to support the registrant are unsuccessful, a referral to the regulator with supporting evidence

will be completed following the process of agreement from the Chief Nurse* following Appendix A.

- 6.3 The Chief Nurse* must be aware and have endorsed every referral to a regulator and there must be a clearly documented decision-making process for the referral which evidences all the factors considered in making a decision to refer and this document should be retained.
- 6.4 When a registrant is referred to the regulator, a copy of the online form must be retained and shared with the Deputy Chief Nursing Officer (With Professional body referrals in their portfolio) by email to wah-tr.nmcatwaht@nhs.net for addition to the Trust database.
- 6.5 An ID Number allocated to the referral by the regulator must also be logged and shared with the Deputy Chief Nursing Officers (With professional body referrals in their portfolio) for addition to the Trust database.
- 6.6 A registrant must be advised in writing by the Divisional Director of Nursing/Head of Midwifery/Lead AHP of the referral to their regulator and the reasons for their referral.
- 6.7 It is the responsibility of the registrant's line manager to ensure they receive full support via occupational health, HR and advice from the Trust's legal department where applicable.
- 6.8 The Regulator is partnered with CiC, a leading employee assistance provider offer emotional and practical help and advice to all nurses, midwives and nursing associates during the fitness to practise process via a Careline. Registrants can contact the Fitness to Practice Careline on the Freephone number 0800 587 7396. The service is free, independent, confidential, non-judgemental and is available 24 hours a day, 365 days a year. More information can be found here:
<https://www.nmc.org.uk/concerns-nurses-midwives/information-for-registrants/ftpcareline/>
- 6.9 HCPC information can be found here:
<https://www.hcpc-uk.org/concerns/how-we-can-support-you/>
- 6.10 Registrants will be encouraged to discuss the referral with their Trade Union representative to ensure they receive advice and support as needed. Any subsequent witness statements requested by the regulator must be checked for accuracy by the Divisional Director of Nursing/Head of Midwifery/Lead AHP and endorsed by the Chief Nursing Officer. The Chief Nursing Officer's Executive Assistant will securely submit all evidence to the regulator. here appropriate, the Chief Nurse* will provide a restricted level of detail and overview. The purpose of sharing such information will be to identify any organisational learning and changes in practices required.
- 6.11 The Deputy Chief Nurse will provide quarterly reports to the Nursing Workforce Advisory Group (NWAG) and People and Culture Committee.

7. Role of the Regulator

7.1 The regulator uses a screening process to decide whether a case needs a full investigation.

The process consists of four stages:

- Are the concerns serious enough to suggest that the nurse, midwife or nursing associate/Allied Health Professional / Health Care Scientist may not be fit to practise?
- Does the case meet the Regulator's formal requirements?
- Will the regulator be able to obtain credible evidence about the concerns?

Has the nurse, midwife or nursing associate/AHP / HCS show they've already remedied any problems in their practice sufficiently by providing documentation signed by their supervisor so that the Regulator can be confident that any risk to patients, along with risk to public trust in nurses, midwives and nursing associates or professional standards, has already been dealt with?

7.2 The Regulator may not need to go through all the stages in every case.

8. Suspensions or sanctions on practice

- 8.1 Occasionally the Trust may need to sanction a precautionary suspension to a registrant before completion of an internal investigation (Refer to Trust Disciplinary procedure)
- 8.2 Where there is a concern that the registrant may compromise safety of a member of the public through their acts or omissions, a request can be made to their regulator for an interim suspension pending the outcome of the regulatory body investigations.
- 8.3 Where the NMC/HCPD issue an interim suspension order the registrant may not be paid due to the conditions of their employment. However, this is dependent on the interim measure and the Trust would review all alternative suitable options.
- 8.4 Agency and temporary staff are managed through NHS Professionals and any concerns regarding the conduct of an agency or bank flexible worker must be raised via their formal procedure for raising concerns. This procedure is completed via their website: <https://www.nhsprofessionals.nhs.uk/en/feedback>. Raising a concern through this process will place an automatic restriction on the flexible worker's profile and they will not be able to undertake any further shifts at the Trust until an investigation has taken place and a request for the sanction to be lifted made.
- 8.5 The Trust and NHS Professionals will work together to clearly identify who will lead any investigation into concerns, and which process will apply and who will be a point of contact.

- 8.6 The Trust and NHS Professionals will agree next steps after an investigation ends, which might include supporting the professional to address any concerns.
- 8.7 If the Chief Nursing Officer is made aware of a referral from outside the Trust from a patient or member of the public, it is the responsibility of the Chief Nursing Officer's Executive Assistant to escalate this to the Deputy Chief Nursing Officer/Director of Midwifery/Lead AHP.
- 8.8 Prior to offers of employment for staff with fitness to practise pending or active investigations with the NMC/HCP, the Chief Nursing Officer must be informed/consulted. This is the responsibility of the Divisional Director of Nursing/Head of Midwifery/Lead AHP.
- There are occasions when the regulators will send alert letters to health care providers making them aware of a registrant whose performance or conduct would place patients, staff or the public at serious risk. Where such measures are in place, alert letters are intended to reduce the risk of inappropriate employment in any capacity. If an alert letter is received by the Trust then this will be discussed with the individual.
- 8.9 Where the NMC/HCP issue an interim suspension order the registrant may not be paid due to the conditions of their employment. However, this is dependent on the interim measure and the Trust would review all alternative suitable options.
- 8.10 Agency and temporary staff are managed through NHS Professionals and any concerns regarding the conduct of an agency or bank flexible worker must be raised via their formal procedure for raising concerns. This procedure is completed via their website: <https://www.nhsprofessionals.nhs.uk/en/feedback>.
- Raising a concern through this process will place an automatic restriction on the flexible worker's profile and they will not be able to undertake any further shifts at the Trust until an investigation has taken place and a request for the sanction to be lifted made.
- 8.11 The Trust and NHS Professionals will work together to clearly identify who will lead any investigation into concerns, and which process will apply and who will be a point of contact. The Trust and NHS Professionals will agree next steps after an investigation ends, which might include supporting the professional to address any concerns.
- 8.12 If the Chief Nursing Officer is made aware of a referral from outside the Trust from a patient or member of the public, it is the responsibility of the Chief Nursing Officer's Executive Assistant to escalate this to the Deputy Chief Nursing Officer/Director of Midwifery/Lead AHP.
- 8.13 Prior to offers of employment for staff with fitness to practise pending or active investigations with the NMC/HCP, the Chief Nursing Officer must be informed/consulted. This is the responsibility of the Divisional Director of Nursing/Head of Midwifery/Lead AHP
- 8.14 There are occasions when the regulators will send Alert letters to health care providers making them aware of a registrant whose performance or conduct would place patients, staff or the public at serious risk. Where such measures are in place, alert letters are intended to reduce the risk of inappropriate employment in any capacity.

9. Implementation

- 9.1 No formal training is required for the implementation of this policy. It will be published and be available via the Trust intranet.
- 9.2 NMC and HCPC updates and support on fitness to practise guidelines will be organised for Trust staff and Managers.

10. Monitoring and compliance

- 10.1 Trust database of referrals to the NMC/HCPC to track referrals and provide updates is monitored by HR, the Deputy Chief Nursing Officer and the Chief Nursing Officer's Executive Assistant which is reviewed monthly.
- 10.2 Accuracy and timeliness of escalation and entries to the Trust database is monitored by HR, the Deputy Chief Nursing Officer and the Chief Nursing Officers Executive Assistant which is reviewed monthly
- 10.3 Adherence to the policy and any associated policies/procedure and guidelines is monitored by the Deputy Chief Nursing Officers, Divisional Directors of Nursing, Director of Midwifery, Lead AHP and is reviewed regularly.

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Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non- compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	Accurate and timely referrals to Professional bodies (NMC/HPCPC)	Audits of divisional and HR data against the Trust database and NMC contact provided list for validation.	Monthly	DCNO/HR	Report to NWAG and then People and Culture Committee.	4 times a year.

11. Policy Review

Every 3 years or earlier if required.

12. References

References:

- HCPC (2016) Standards of Conduct, Performance and Ethics
- HCPC (2023) Standards of Proficiency
- HCPC (2019) Threshold Policy for Fitness to Practise Investigations
- NMC (2018) The Code: Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates
- NMC (2018) New Strategic Direction: Ensuring Public Safety, Enabling Professionalism
- NMC Managing Concerns: a resource for employers (2021)
- NMC Fitness to Practice Guidance Library (2020)
- Trust Disciplinary Policy
- Trust Performance Policy

Version Control

This section should contain a list of key amendments made to this document each time it is reviewed.

Date	Amendment	By:
14/02/ 2024	New Policy	DCNO

Supporting Document 1 – Equality Impact Assessment form

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	X	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Alison Robinson
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Alison Robinson	Deputy Director Nursing	
Date assessment completed			

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Policy for NMC/ HCPC Referral
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What is the aim, purpose and/or intended outcomes of this Activity?				
Who will be affected by the development & implementation of this activity?	q q q q	Service User Patient Carers Visitors	x q q q	Staff Communities Other _____
Is this:	q Review of an existing activity q New activity q Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.				
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)				
Summary of relevant findings				

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		x		
Disability		x		
Gender Reassignment		x		

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**Worcestershire
Acute Hospitals**
NHS Trust

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		
Race including Traveling Communities		X		
Religion & Belief		X		
Sex		X		
Sexual Orientation		X		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic		X		

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Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
conditions within societies)				

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement


1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

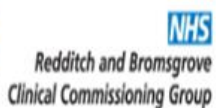
1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	
Comments:	

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Signature of person the Leader Person for this activity	
Date signed	
Comments:	



Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	no
2.	Does the implementation of this document require additional revenue	no
3.	Does the implementation of this document require additional manpower	no
4.	Does the implementation of this document release any manpower costs through a change in practice	no
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	no
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval