

Meeting of the Council

To be held from 09:30am on Wednesday 30 January 2019
at 23 Portland Place, London W1B 1PZ

Agenda

Philip Graf
Chair

Fionnuala Gill
Secretary

- | | | | |
|----------|---|-----------|--------------|
| 1 | Welcome and Chair's opening remarks | NMC/19/01 | 09:30 |
| 2 | Apologies for absence | NMC/19/02 | |
| 3 | Declarations of interest | NMC/19/03 | |
| 4 | Minutes of the previous meeting | NMC/19/04 | |
| | Chair | | |
| 5 | Summary of actions | NMC/19/05 | |
| | Secretary | | |
| 6 | Chief Executive's report | NMC/19/06 | 09:40 |
| | For discussion | | |
| | Chief Executive and Registrar | | |
| 7 | Performance and Risk report | NMC/19/07 | 10:00 |
| | For discussion | | |
| | Interim Director of Resources | | |
| 8 | Gender pay gap report 2018 | NMC/19/08 | 10:45 |
| | For decision | | |
| | Director of People and Organisational Development | | |

	Coffee		11:00
9	Midwifery update	NMC/19/09	11:20
	For discussion		
	Director of Education and Standards		
10	Future nurse standards implementation update	NMC/19/10	11:40
	For discussion		
	Director of Education and Standards		
11	Safeguarding implementation plan	NMC/19/11	12:10
	For discussion		
	General Counsel / Secretary		
12	Questions from observers	NMC/19/12	12:30
	Chair	(Oral)	
Matters for information			
<i>Matters for information will normally be taken without discussion. Members should notify the Chair or the Secretary to the Council in advance of the meeting should they wish for any item to be opened for discussion.</i>			
13	Chair's action taken since the last meeting	NMC/19/13	
	Chair		
	CLOSE & LUNCH		12:40

Meeting of the Council
Held on 28 November 2018 at 23 Portland Place, London, W1B 1PZ

Minutes

Present

Members:

Philip Graf	Chair
Sir Hugh Bayley	Member
Karen Cox	Member
Maura Devlin	Member
Claire Johnston	Member
Robert Parry	Member
Marta Phillips	Member
Derek Pretty	Member
Stephen Thornton	Member
Lorna Tinsley	Member
Ruth Walker	Member
Anne Wright	Member

In attendance:

Professor Mary Renfrew	Independent Consultant, Education and Standards
Jane Slatter	Chair, Appointments Board

NMC Officers:

Sue Killen	Interim Chief Executive and Registrar (<i>to NMC/18/102</i>)
Emma Broadbent	Director of Registration and Revalidation
Sarah Daniels	Director of People and Organisational Development
Andy Gillies	Interim Director of Resources
Matthew McClelland	Director of Fitness to Practise
Ric Sheldon	Interim Director of Technology
Geraldine Walters	Director of Education and Standards
Edward Welsh	Director of External Affairs
Clare Padley	General Counsel
Fionnuala Gill	Secretary to the Council
Pernilla White	Governance and Committee Manager

Minutes

NMC/18/95 Welcome and Chair's opening remarks

1. The Chair welcomed all attendees to the meeting, including Andy Gillies, Interim Director of Resources attending his first meeting; Jane Slatter, Chair of the Appointments Board; and Professor Mary Renfrew.
2. The Chair congratulated Lorna Tinsley on her recent revalidation.
3. The Chair noted that Andrea Sutcliffe CBE, our newly appointed Chief Executive and Registrar would take up post in January 2019.

NMC/18/96 Apologies for absence

1. There were no apologies.

NMC/18/97 Declarations of interest

1. The following declarations were recorded:
 - a) In relation to **NMC/18/101 – Future midwife** and **NMC/18/107 – Midwifery update**: Lorna Tinsley declared an interest as a midwife. Ruth Walker declared an interest as an employer of midwives. This was not considered material as the individuals were not affected any more than other registrants.
 - b) In relation to **NMC/18/102 – English Language Requirements; NMC/18/103 – Education Quality Assurance Annual Report 2017–2018; NMC/18/105 – Appointment of Panel members; and NMC/18/106 – Readiness to regulate nursing associates**: All registrant members and Geraldine Walters declared an interest. This was not considered material as the individuals were not affected any more than other registrants.

NMC/18/98 Minutes of the previous meeting

1. Apart from a minor typographical error, the minutes of the meeting on 26 September 2018 were agreed as an accurate record.

NMC/18/99 Summary of actions

1. The Council noted progress on actions from the previous meetings.
2. Arising from **NMC/18/81 – Gosport**: the Data Controller for the Independent Panel had twice refused the NMC's requests for access to the information which it held, other than the information which the NMC had itself supplied to the Panel. Without this, it was not possible to make progress in determining whether any regulatory action was needed.

3. The Council was perplexed by the situation; this was unfair to the families, as well as to those registrants who may be involved. The Council requested that matters be escalated to the highest level and that the families affected should also be kept informed. As the NMC only held contact information for a small number of families who had referred cases, it was difficult to reach the much larger number of families affected. The NMC had written to seek help with access to the wider group of families, to Bishop Jones, Chair of the Panel who had promised to prioritise a reply.
4. Arising from **NMC/18/86 – Investment**: the correct membership of the Investment Committee was Derek Pretty, Stephen Thornton and Claire Johnston.

Action: Gosport: Consider options and next steps including escalation to the highest levels to gain access to the information required and keep families informed of steps taken
For: Chair/Interim Chief Executive and Registrar/Director of Fitness to Practise
By: 30 January 2019

NMC/18/100 Chief Executive's report

1. The Council considered a report on key external developments. The following points were noted in discussion:
 - a) The positive regular engagement with the Chief Nursing Officers (CNOs) in the four countries and extensive stakeholder engagement across a wide range of issues was impressive.
 - b) The interim Chief Executive and Registrar had written to NHS Improvement to press for more clarity about the scope and timeframe for the review into maternity services at Shrewsbury and Telford Hospital NHS Trust.
 - c) The recent employee conference had been successful with a powerful and moving contribution from Lesley Bennett, a Morecambe Bay parent. Amongst other things, this brought home the importance of transparency and being honest and open when things go wrong. There had also been an illuminating session with a panel of registrants.
 - d) The four country nature of the NMC's work was suggested as a possible topic for the staff conference next year.
 - e) The engagement with international counterparts was welcome. In considering the implications of the UK's exit from the EU, the NMC was mindful of the issues facing UK trained registrants seeking to work in the EU, as well as that of EU trained applicants seeking to work in the UK.
2. The Interim Chief Executive and Registrar apologised to registrants and others for the disruption and inconvenience caused by recent telephony

issues. The NMC was pursuing this with the supplier and steps were being taken to mitigate any future recurrence, including alternative back up phone lines.

NMC/18/101 Future midwife: standards of proficiency for midwives and standards for pre-registration midwifery programmes for consultation

1. The Director of Education and Standards introduced the paper which sought approval to consult on draft standards for the future midwife. The introduction was followed by a presentation by Professor Mary Renfrew on the draft standards of proficiency.
2. In discussion, the following points were noted:
 - a) The draft standards were the product of extensive engagement with a wide range of stakeholders over the past two years; rooted in evidence and research; sought to learn from significant failings in care; and reflected policy developments in the four countries.
 - b) The core focus of the standards was the views and needs of women, babies and families. The development of the standards had been informed by national and international evidence and recent guidance from the Royal College of Midwives.
 - c) The draft standards were outcome focused and designed to prepare midwives who would be safe to practice at the point of entry to the register. The five domains which made up the proficiency standards did not stand alone but were interrelated and all equally important. There were areas of deliberate repetition in all domains, for example the safety of mothers, babies and families.
 - d) Considerable care had been taken in the use of language. The level of detail was important and it was felt that the expectations of women had been matched with the outcomes needed. The integration of skills and values was clearly visible.
 - e) The standards were ambitious but were considered to be fully achievable.
 - f) It was important to ensure that the standards were sufficiently future proofed and had the ability to adapt to new evidence. This may be something that the consultation process could bring out.
 - g) The draft standards recognised the importance of multi-disciplinary working. It would be interesting to see what the consultation brings out in the area of clinical complications and emergencies. It may be worth exploring whether there was any learning from the GMC around failures of care in that context.
 - h) There was a need to ensure consistency, where appropriate, with the pre-registration nurse programme standards.
 - i) Directors of Nursing, clinicians and other health care professionals should be encouraged to familiarise themselves with the draft proficiencies to fully appreciate the role of midwives.
 - j) It was important to engage with women and families, as well as

professionals, throughout the consultation. Different versions of the consultation documents would be prepared to reach as many groups as possible.

- k) The glossary was useful but should be expanded to include terms such as equity and to make the terminology accessible to lay people.
- l) A separate piece of work had been commissioned to explore issues around programme length, including preceptorship. Council members had witnessed examples of good practice in voluntary preceptorship arrangements, which suggested that this could work more widely.
- m) Consideration should be given to how the impact of the standards could be evaluated, once implemented.

3. In considering the draft standards, the Council noted its own significant discussion and engagement on midwifery issues over the past two years. It had been involved in all key stages of the development of the draft standards, as well as receiving the Midwifery Panel's reports and assurance. Throughout the period, it had heard from a range of voices including an obstetrician. At the Council's seminar the previous day, it had heard from a large panel of stakeholders, including service users drawn from the four countries. Council members had also undertaken a range of visits to universities running midwifery programmes, as well as to midwifery and maternity services.

4. The Council extended its thanks to the Director of Education and Standards and her team, Professor Mary Renfrew, Professor Gwendolen Bradshaw and the Thought Leadership Group for the extraordinary amount of work done on the development of the draft standards.

5. **Decision - the Council approved for consultation:**
- i. **the draft standards of proficiency for midwives; and**
 - ii. **the draft standards for pre-registration midwifery programmes.**

Action:	Consider how the impact of the final midwifery standards can be evaluated once implemented and report back to Council on a timeframe for such evaluation
For:	Director of Education and Standards
By:	3 October 2019

NMC/18/102 English Language Requirements

1. The Director of Registration and Revalidation introduced the paper which proposed a change to the English language requirements for applicants from the EU/EEA and overseas. The proposal was to continue to require an overall score of 7 in the International English Language Test (IELTS) but to accept 6.5 in the writing element of the test.

2. In discussion, the following points were noted:
- a) Extensive consultation and engagement had been undertaken over the past year and the approach of other regulators had been considered. Strong evidence had been heard from those in the field that the changes were needed and there was generally positive support for the proposed change, although some were keen for this to go further.
 - b) A small number had raised concerns about public protection. However, the number of fitness to practise cases relating to registrants not having the right level of English language was small.
 - c) This was about the language skills needed to practise safely and effectively at the point of entry on the register. For all registrants, communications skills continued to develop to meet the needs of particular roles and specialities. It was a matter for employers to ensure that registrants had language competence for their particular roles.
 - d) There was a cross regulatory group on communication and work would continue, both in terms of consideration of evidence and monitoring fitness to practice cases and impact on patients. There may be some learning from other regulators which could be explored, for example the GMC's welcome to the UK course.
 - e) The proposed change was a result of the NMC listening and learning from the experience of the sector, about an aspect of the overseas registration process that was presenting difficulties. As such, it was a moderate and proportionate response.
 - f) It would be important to monitor the impact of the change carefully and visibly. There should be a report back to the Council on next steps and the timeframe for evaluating impact.

3. **Decision – The Council approved the proposal to maintain an overall score of 7 in the International English Language Test (IELTS), allowing a minimum of 6.5 in the writing element.**

Action:	Provide clarity on the plan and timescales for monitoring impact and reporting back to Council
For:	Director of Registration and Revalidation
By:	30 January 2019
Action:	Monitor impact of changes visibly and carefully, including any fitness to practise issues
For:	Director of Registration and Revalidation
By:	30 January 2019

NMC/18/103 Education Quality Assurance Annual Report 2017–2018

1. The Director of Education and Standards introduced the Education Quality Assurance Annual Report for the academic year 2017–2018. The report reflected the previous QA framework which applied during this time.

2. In discussion, the following points were noted:
- a) The choice of monitoring visits was entirely risk based and focused on midwifery and Specialist Community Public Health Nursing (SCPHN) programmes and the results suggested that this was the right basis. The risk factors were mainly based on internal sources of information and intelligence, although in future there should be scope to draw on information from higher education QA sources.
 - b) Random visits had not been undertaken due to capacity constraints and because the small numbers would not enable comparisons.
 - c) Practice learning and fitness for practice were again the standards most frequently 'not met' or 'requires improvement'.
 - d) Joint working between education providers and placement providers was critical. Greater connectivity was needed, so that there was more ownership and clearer evidence from placement providers. As the NMC had to hold education institutions to account for the placement provision, the new framework was an opportunity to improve this.
 - e) Reporting needed to be proportionate and a league table approach would not be feasible, given the known limitations of the QA framework which was now being replaced. Each monitoring report was published on the NMC's website, so could be viewed by potential course applicants. More information for students and potential students was available through the Office for Students.
 - f) The proactive sharing of intelligence internally with the Regulatory Intelligence Unit and fitness to practise colleagues, as well as externally where appropriate, with other professional and system regulators, described in the report was welcome.
 - g) In relation to the SCPHN standards, these had always been planned for review towards the end of the education programme, as it was right to do the pre-registration standards first. Evidence gathering was now underway and some options for the way forward would come to Council in March 2019.
3. It would be helpful to have a fuller discussion in seminar about how to better address issues/themes emerging from education quality assurance, remedial actions and how to drive forward improvements in quality. Clear options and timescales for ensuring effective reporting and oversight of the new education quality assurance arrangements should also be brought forward.
4. **Decision - The Council approved the draft Education (QA) Annual Report 2017–2018.**

Action:	Schedule seminar discussion on how to address issues/themes emerging from education quality assurance, remedial actions and how to drive forward improvements in quality
For:	Director of Education and Standards/Secretary
By:	26 March 2019
Action:	Bring forward options and proposals for oversight and more

regular reporting and timescales under the new Education QA framework

For: Director of Education and Standards
By: 27 March 2019

NMC/18/104 NMC Policy on Safeguarding and Protecting People

1. The Secretary to the Council introduced the draft NMC Policy on Safeguarding and Protecting People from harm. In discussion, the following points were noted:
 - a) The draft policy was welcome and it would be useful to see the implementation plan to support development of the underpinning guidance and processes.
 - b) There were resources available to support the implementation of the policy. E-learning and other related training were already in development to be rolled out.
 - c) The approach to safeguarding checks on relevant staff roles needed to be reviewed.
 - d) It was important to ensure that the policy included links to organisations that could help employees.
2. **Decision - The Council agreed to adopt the draft NMC Policy on Safeguarding and Protecting People.**

Action: Bring implementation plan back to Council
For: Secretary to the Council/General Counsel
By: 30 January 2019

NMC/18/105 Appointment of Panel members

1. The Director of Fitness to Practise introduced the report which recommended the appointment of 70 panel members to the practice committee.
2. The Chair of the Appointments Board commented that the objective of the recruitment campaign to attract a more diverse group of applicants had been achieved. The Board had exercised full oversight and been assured by the process undertaken.
3. In discussion the following points were noted:
 - a) The appointment of additional panel members had sought to increase the diversity of the pool and was not expected to have a direct impact on the length of cases.
 - b) As there were around 350 panel members in total, the concurrent terms for 70 panel members would not present any difficulties.
 - c) It was pleasing that the recruitment process had been successful in improving diversity and whilst efforts would be made to reflect this in panel composition, this would depend on availability.
 - d) There may be value in hearing from newly appointed panel members

about the process and their experience at some point.

4. **Decision – The Council approved the appointment of the 70 individuals listed at Annexe 1 (paragraph 9) of the report, as recommended by the Appointments Board.**

NMC/18/106 Readiness to regulate nursing associates

1. The Director of Education and Standards introduced the paper on the NMC's readiness to regulate nursing associates (NAs).
2. In discussion, the following points were noted:
 - a) The Nursing Associate fees rules had been laid in Parliament.
 - b) Health Education England's (HEE's) quality assurance of the pre-regulation programme sites indicated that all 35 test sites had been rated as 'green'.
 - c) There were additional NMC requirements, which would be assessed when students completed training and were put forward by Approved Education Institutions (AEIs) for registration. All the AEIs were aware of the requirements.
 - d) Internally, considerable work was ongoing to update existing systems, processes and documentation in all areas to include NAs.
 - e) The test of competence for NAs being developed was based on the requirements in the standards. The test would enable a route in for those applying from outside the UK and would be available for applicants trained in the devolved administrations.
 - f) The English language requirements would be the same for NAs as for all other registrants.
 - g) There may be a delay in the updating of the NA apprenticeship standard, as this was the responsibility of the Institute for Apprenticeships and this was unlikely to be approved and available before March 2019. This may have an impact on the timing of approval of apprenticeship programmes and the associated risks had been escalated to HEE and the Department of Health and Social Care.
 - h) A communication plan had been developed. Communications to potential applicants had included information on the documents needed for uploading when the system was live.
 - i) The provision of information for all registrants about the NA role and specifically on delegation and accountability was particularly welcome.
 - j) It would be helpful to hear about how the role was being used in practice over time.

NMC/18/107 Midwifery update

1. The Director of Education and Standards introduced the midwifery update. In discussion, the following points were noted:
 - a) Dr Anna Van der Gaag had been appointed as the Independent

- chair of the Midwifery Panel.
- b) The panel had played an important role in the development of the draft standards of proficiency and draft standards for pre-registration midwifery programmes.
 - c) Two permanent senior midwifery advisors had been appointed, Jacqui Williams and Verena Wallace MBE.
 - d) A strategic programme of engagement on midwifery matters had begun and a range of communications and engagement activity was planned over the coming months.
 - e) The Senior Midwifery Advisor had undertaken a number of visits to practice settings in October and November 2018, and had been accompanied by Council members on some of the visits. Council members found these visits very valuable.

NMC/18/108 Audit Committee report

1. The Chair of the Audit Committee introduced the report from the last meeting of the Committee. In discussion, the following points were noted:
 - a) There had been a change in the NAO lead manager who would bring a fresh pair of eyes to the external audit process.
 - b) The Committee had welcomed the attendance of three members of the Appointments Board at the meeting as observers.
 - c) The most recent internal audit report indicated that there remained considerable progress to be made in the procurement function, which was disappointing. The Committee continued to monitor the use of single tender actions as an indicator of the health of the function. Although the numbers were increasing, many arose from the need to maintain legacy IT systems during a programme of change.
 - d) There had been no invocations of the whistleblowing policy since the last meeting. There had been previous whistleblowing concerns raised and the Committee was assured by the training and awareness raising in place, that the policy was working as it should.

NMC/18/109 Investment Committee Report

1. The Chair of the Investment Committee introduced the report. The Committee had held its first meeting. This was the beginning of a journey and the investment strategy needed to be closely linked to the financial strategy which was in development.
2. In discussion the following points were highlighted:
 - a) This was about ensuring the best use of resources for both registrants and the public.
 - b) It was important that the cash held was put to work. Investment fund managers would charge significant fees but would be expected to earn these back in terms of the returns achieved.
 - c) Further details would be brought back to Council on the proposed

Investment Strategy, ethical policy and risk appetite.

Action:	Bring back the Investment Strategy, ethical policy and risk appetite for Council approval
For:	Interim Director of Resources
By:	27 March 2019

NMC/18/110 Performance and Risk report

1. The Interim Director of Resources introduced the performance and risk report. The content of the report had been revised to align with the delivery plan and to include an update on the lessons learned programme and a dashboard on customer service.
2. In discussion the following points were noted:
 - a) The format of the report was welcome and should now be kept stable over time.
 - b) Performance on the five corporate KPIs remained strong and above target. The performance of the call centre had dipped in September and October 2018 due to service failures by our telephony supplier, as previously mentioned.
 - c) There was an underspend against budget but Directors were still confident of delivering the corporate plan commitments.
 - d) The addition of the information on customer satisfaction and complaints was welcome and it would be good to continue to improve this. This was not an area where the Council had set a KPI or targets. Arising from the lessons learned programme, work to bring together and strengthen the corporate complaints and enquiries function was underway.
 - e) Engagement with groups representing patients, families and the public to inform our work going forward was reported as delayed, as an event had been postponed due to lack of attendees. Other work was ongoing, for example, we had stand at a local hospital in London to reach out and build up relationships with various groups of people and stakeholders. Wider engagement was also taking place through individual directorates. Specific research was being undertaken into public expectations of our standards and regulation to help shape the future direction of the NMC.
 - f) The Public Support Service had started piloting phone calls and meetings with patient/public referrers. The stakeholder group set up to support this work, included a wide range of patient and public advocates.
 - g) In relation to staff turnover, uncertainty over the new location of the fitness to practise directorate was thought to be having some impact on staff turnover rates. It was hoped to update staff on this shortly. Additional staffing had been put in place in HR which should also assist with reducing vacancy rates in other directorates.
 - h) The work around embedding values and behaviours was at an early stage. It had been a key focus of the recent staff conference. A

specialist agency would be providing further support for the work from January 2019, and the aim would be to build values and behaviours into recruitment, induction and appraisals, so that it became embedded in business as usual. The Council would welcome clarity about how it would know when the objectives had been achieved. This should be helped by the capacity to do pulse surveys, using the new employee survey being put in place.

- i) Two new Regulatory Advisors had been recruited for the Employee Link Service, with further investment proposed as part of the budget for next year.
- j) Risk reporting needed further discussion in the confidential meeting of the Council, with a focus on the need for greater discrimination in risk scoring and the reinstatement of scoring in the public risk register.
- k) The additional outsourcing of investigations work within fitness to practise should help reduce the number of cases at this stage of the process.
- l) Once approved by the Council, it was an important control that the budget should remain fixed. Any forecasting or other changes should be reported against the original budget.
- m) Discussion of the performance and risk report should be scheduled earlier on the agenda.

Action: Continue to develop reporting on customer satisfaction and complaints

For: Director of Registration and Revalidation

By: 30 January 2018

Action: Articulate what success will look like in terms of embedding values and behaviours

For: Director of People and Organisational Development

By: TBC

Action: Ensure greater discrimination in risk scoring and reinstate scoring in the public risk register

For: Interim Director of Resources

By: 30 January 2019

Action: Consider scheduling performance and risk report earlier on the agenda

For: Secretary to the Council

By: 30 January 2019

NMC/18/111 Questions from observers

1. The Chair invited questions and comments. The following comments were made:
 - a) The English language change was welcome. The IELTS certificate was valid for two years, so anyone who had taken the test and still

had a valid certificate could reapply. Applicants could apply under the new arrangements from 5 December 2018.

- b) The work that had gone into the draft standards of proficiency for midwives and standards for pre-registration midwifery programmes was commended by a number of observers. There was support for the level of detail included in the draft standards. The new standards were equally important for existing midwives, given revalidation.
- c) The Council’s position on preceptorship was raised. The Director of Education and Standards advised that the NMC was positive about promoting this and was considering if this could be done without formal regulation.
- d) A representative from the Scottish government highlighted the importance of incorporating Human Trafficking into the draft standards given that there would be a proposed duty to report.
- e) The difference in the degree of detail in the future nurse and future midwives standards was noted. The Director of Education and Standards noted that the future nurse standards were broader in needing to cover all fields of practice and that midwives worked more autonomously and were more likely to face unexpected complexities.
- f) An observer asked for feedback from the midwifery listening event in October 2018. The Director of Education and Standards agreed to produce the feedback from the event.

NMC/18/112 Chair’s action taken since the last meeting

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

The Chair noted that this was the interim Chief Executive and Registrars’ last meeting. Sue had taken on the role at a challenging time for the organisation and done a tremendous job. The Chair paid tribute to her strong leadership, commitment and engagement with the Council, Executive and external stakeholders.

The next meeting of the Council in public will be held on Wednesday 30 January 2019 at the NMC, 23 Portland Place.

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

SIGNATURE:

DATE:

Council

Summary of actions

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

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Summary of outstanding actions arising from the Council meeting on 28 November 2018

Minute	Action	Action owner	Report back date	Progress to date
NMC/18/99	Gosport Consider options and next steps including escalation to the highest levels to gain access to the information required and keep families informed of steps taken	Chair/Interim Chief Executive and Registrar/Director of Fitness to Practise	30 January 2019	The Chair, Interim Chief Executive and Registrar and the Director of Fitness to Practise met with the Gosport Data Controller in December 2018 to discuss disclosure issues. They have agreed to disclose the information we need in order to be able to progress our investigation into the failures in care at Gosport War Memorial Hospital.
NMC/18/101	Future midwife Consider how the impact of the final midwifery standards can be evaluated once implemented and report back to Council on a timeframe for such evaluation	Director of Education and Standards	3 October 2019	Not yet due.
NMC/18/102	English Language Requirements i. Provide clarity on the plan and timescales for monitoring impact and reporting back to Council. ii. Monitor impact of changes visibly and carefully, including any fitness to practise issues	Director of Registration and Revalidation	i. 30 January 2019 ii. TBA	An update is provided in the Performance and Risk report on the agenda.
NMC/18/103	Education Quality Assurance Schedule seminar discussion on	Director of Education and Standards	26 March 2019	This has been scheduled for March 2019.

Minute	Action	Action owner	Report back date	Progress to date
	how to address issues/themes emerging from education quality assurance, remedial actions and how to drive forward improvements in quality			
NMC/18/103	Education Quality Assurance Bring forward options and proposals for oversight and more regular reporting and timescales under the new Education QA framework	Director of Education and Standards	27 March 2019	This will be brought to the Council in March 2019.
NMC/18/104	Policy on Safeguarding and Protecting People Bring implementation plan back to Council	Secretary to the Council/General Counsel	30 January 2019	On the agenda.
NMC/18/109	Investment Bring back the Investment Policy, ethical policy and risk appetite for Council approval	Interim Director of Resources	27 March 2019	The draft Investment Policy is to be discussed further at the confidential meeting, to enable a draft to be ready for the tender for investment managers. The final policy will be brought to the Council in March 2019.
NMC/18/110	Complaints and customer satisfaction Continue to develop reporting on customer satisfaction and complaints	Director of Registration and Revalidation	30 January 2018	Our new Complaints and Enquiries function will continue to review and develop this reporting. We intend to introduce new measures midway through the year. In the meantime we will continue to report on

Minute	Action	Action owner	Report back date	Progress to date
NMC/18/15 NMC/18/31	Carried forward from 25 July 2018 & 26 September 2018 Focus further information on customer service on those highly dissatisfied			feedback in the customer dashboard contained in the Performance and Risk report.
NMC/18/110	Behaviours and values Articulate what success will look like in terms of embedding values and behaviours	Director of People and Organisational Development	27 March 2019	Council will have an opportunity to discuss this at Seminar in February 2019.
NMC/18/110	Corporate risk Ensure greater discrimination in risk scoring and reinstate scoring in the public risk register	Interim Director of Resources	30 January 2019	The Executive proposes retaining the five point scale for scoring risks. Scores are now shown in the public register.
NMC/18/110	Performance and Risk report Consider scheduling performance and risk report earlier on the agenda	Secretary to the Council	30 January 2019	The performance and risk report has been scheduled earlier on the agenda.

Summary of outstanding actions arising from the Council meeting on 26 September 2018

Minute	Action	Action owner	Report back date	Progress to date
NMC/18/80	Regulation of nursing associates Bring back proposals for evaluation of 'protected learning time'	Director of Education and Standards	2020	In order to have sufficient meaningful data to evaluate, we now propose to include this evaluation in the 2020–2021 business plan. The comprehensive

Minute	Action	Action owner	Report back date	Progress to date
				evaluation of the impact of the new role sponsored by the National Institute for Health Research will get underway next year.
NMC/18/83	Public Support Service Provide an update on themes emerging from the work of the Public Support Service	Director of Fitness to Practise	22 May 2019	Not yet due. We will provide an update on themes as part of our routine reports in May 2019.
NMC/18/88	Annual equality, diversity and inclusion report 2017–2018 Consider: i. how future reports can provide more information about trends over time and ii. the scope to improve analysis of the data to derive better understanding and intelligence	Director of Registration and Revalidation	3 July 2019	The next annual report to Council will take these points into account.
NMC/18/89	Welsh language scheme Access to services Consider how to ensure services are accessible to all members of the population in a way that meets their needs	Director of External Affairs/Director of Registration and Revalidation	3 July 2019	The next annual report to Council will take these points into account.

Summary of outstanding actions arising from the Council meeting on 28 March 2018

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/18/25	<p>Standards of proficiency for registered nurses and standards for education and training</p> <p>Consider how and when to undertake a stocktake review of the effects and benefits of the new Standards</p>	Director of Education and Standards	6 June 2018 27 March 2019	The task of evaluating the new standards was considered by the Executive in the 2019–2020 budget setting process and it was agreed to defer the standards evaluation to 2020–2021.

Summary of outstanding actions arising from the Council meeting on 31 January 2018

Minute	Action	Action owner	Report back to: Date:	Progress to date
NMC/18/10	<p>Review of Council allowances 2017</p> <p>Develop proposals for a 'remuneration philosophy' for consideration by the Council</p>	Secretary/Chair of the Remuneration Committee	28 November 2018 27 March 2019	Proposals will be presented to the Remuneration Committee in February 2019, with Council to consider in March 2019.

Council

Chief Executive's report

Action: For information.

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

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

Strategic priorities: Strategic priority 3: Collaboration and communication.

Decision required: None.

Annexes: None.

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

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Context: 1 This is a standing item on the Council agenda and reports on (a) key developments in the external environment; and (b) key strategic engagement activity. The focus of recent strategic engagement has been primarily around the launch of the new nursing associate register and planning for Brexit.

Discussion: A. Recent Developments

Arrival of the new Chief Executive

- 2 Andrea Sutcliffe took up post as Chief Executive and Registrar on 14 January 2019. In her first week, she met NMC staff and spoke with a number of key partners. On 18 January 2019, she met the Chief Nursing Officer (CNO) for Scotland in Glasgow and staff at the Vale Centre for Health in Alexandria, West Dumbartonshire and the Golden Jubilee National Hospital in Clydebank.
- 3 We are working closely with CNOs in Wales and Northern Ireland to arrange visits in February 2019 for the new Chief Executive and Registrar to meet them and their teams.

Chief Nursing Officers (CNOs)

- 4 Dr Ruth May was appointed CNO for England in December 2018. Our Chair and Interim Chief Executive have sent her a letter of congratulation.

NHS Plan

- 5 The 10-year NHS plan was published on 10 January 2019. We welcomed the extra investment in the NHS and the prioritising of physical and mental health care, and the commitments to enhancing maternity services and the technology available to NHS staff.
- 6 We continue to support better integration between the NHS and social care and look forward to the publication of the forthcoming social care green paper.

B. Accountability and oversight

Department of Health and Social Care (DHSC)

- 7 We continue to engage with senior officials at the DHSC on a range of topics including workforce, Brexit and regulatory reform. The Interim Chief Executive spoke with the Deputy Director of Professional Regulation on 26 November 2018 and the Director of Workforce on 3 December 2018 to discuss regulatory reform and English language testing.

Brexit

- 8 The Exiting the European Qualifications (Health and Social Care Professions) (Amendment etc.) (EU Exit) Regulations 2018 were laid in Parliament on Wednesday 19 December 2018. These are the regulations that would come into force in a 'no-deal' Brexit scenario, setting out how we will continue to process applications for registration from nurses, midwives and nursing associates trained in the EU. The regulations will be debated in both Houses of Parliament and should they be approved, will come into force, if required, on the day the UK leaves the EU.
- 9 We are continuing to monitor matters relating to the UK's exit from the EU and are working closely with the DHSC and other Government departments, as well as other healthcare regulators. We are continuing our own internal preparations to ensure we are as ready as possible for any outcome.
- 10 In December 2018, we emailed EU nationals on our register to advise them that their registration would be unaffected by Brexit. We also let them know that the Government had opened the Pilot EU Settlement Scheme up to health care professionals. We will continue to keep our registrants up to date as information becomes available.
- 11 In January 2019, we received a request from the Professional Standards Authority (PSA) for an update on the work we are undertaking in the event of a 'no deal' Brexit. A response is in preparation.

Professional Standards Authority

- 12 The Chair met with the Chair of the PSA on 11 December 2018 to discuss progress following the publication of the Lessons Learned review. The discussion also covered the NMC's FtP strategy and the PSA's review of the regulators' approach to handling concerns about personal independence payments (PIPs).
- 13 The PSA's Board approved new Standards of Good Regulation (SOGR) in November 2018. The PSA will be engaging with regulators from January 2019, to discuss the evidence frameworks required to meet the SOGR, in particular the five general standards.
- 14 The 2017–2018 performance review process is still ongoing. The PSA has conducted an audit on a small number of Fitness to Practise (FtP) cases relating to the assessment of PIPs. The findings of that audit will form part of the PSA's assessment of our performance for 2017–2018.
- 15 The PSA has confirmed that we should receive the draft report for the 2017–2018 performance review in mid-February 2019. The final

report should be published in April 2019.

Engagement with Parliamentarians

- 16 On 14 November 2018, the Director of Fitness to Practise and Director of External Affairs met with The Rt Hon Norman Lamb MP. They updated him on recent improvements following the publication of the report from the Gosport Independent Panel's report into failings in care at Gosport War Memorial Hospital.
- 17 On 19 November 2018, the Director of External Affairs met with Alex Chalk MP to update him on our priorities over the next six months, including nursing associates, regulatory reform and supporting workforce challenges.
- 18 Following the appointment of Stephen Hammond MP as Minister of State for Health, we are arranging for an initial meeting with the Chair and Chief Executive to take place in late January 2019.
- 19 In December 2018, Julie Morgan AM became the Welsh Assembly's Deputy Minister for Health and Social Services. The Chair sent a congratulatory letter suggesting a meeting with the NMC's new chief executive later in 2019.
- 20 On 9 January 2019, the Interim Chief Executive and Director of Fitness to Practise, met Rosie Cooper MP, Member of the Health and Social Care Committee, to discuss the fitness to practise cases that are ongoing in relation to Liverpool Community Health NHS Trust.
- 21 On 15 January 2019, the Director of Education and Standards and Director of External Affairs met Anne Milton MP, Minister of Skills and Apprenticeships, to discuss our role in apprenticeships and the regulation of nursing associates.
- 22 On 22 January 2019, the Director of External Affairs and General Counsel met Anne Marie Morris MP to discuss regulatory reform and our call for wholesale reform to our legislation so that we can better respond to changes in the health and care landscape.

C: Stakeholder Engagement and Communication

Nursing associates

- 23 The Nursing and Midwifery Council (Fees) (Amendment) Rules Order of Council 2018 comes into force at the end of January 2019. This amends the Nursing and Midwifery Council (Fees) Rules 2004 to include the fees for nursing associates.
- 24 The nursing associate part of the NMC register will open on 28 January 2019. This includes a new overseas registration process for

people trained outside the UK who want to join our register as nursing associates.

- 25 We are working closely with educators at the pilot sites with practical information and targeted support to ensure they are ready to provide details for their first cohorts of trainees so they are able to apply to join the register in January.
- 26 Our communications to trainees continues, with newsletters, webinars and a Facebook live Q&A session in January to answer their questions and support them to apply for registration.
- 27 In December we launched dedicated webpages supporting trainee nursing associates on what they need to do to join the register. We also began a one-month countdown to the register opening. We have posted on Twitter throughout January, referencing quotes and significant milestones on the journey to regulation. In the first week alone, our posts were viewed 37,511 times, with 279 likes and 167 retweets.
- 28 When the register opens at the end of January 2019, we have a range of targeted communications planned to key audiences, including registrants and all those involved in the development of this role. We will be sharing case studies of newly registered nursing associates and those involved with their training.

Midwifery

- 29 On 10 December 2018, the Chair met the Chair of the Midwifery Panel to discuss her reflections on assuming the role and to look at the year ahead. A further discussion between the Interim Chief Executive and the Chair of the Midwifery Panel took place on 14 December 2018.
- 30 Other midwifery activities, including progress on our future midwife standards consultation and our wider strategic engagement events, are contained in the midwifery update paper.

Patient and public engagement

- 31 We launched a new website area, which helps support and engage with patients, families and members of the public, and which has received positive media coverage in *Nursing Times*. Further content development will better explain our processes and the role of staff involved at each step.
- 32 As part of our commitment to improving our engagement with patients and the public we have held a number of introductory meetings with service user groups including:
 - 32.1 the Director of External Affairs and Head of the Public Support met with a Trustee of Action Against Medical Accidents

(AVMA) (15 November 2018).

- 32.2 the Director of External Affairs and the Senior Midwifery Adviser, Standards and Education met with colleagues from Sands, the stillbirth and neonatal death charity (13 December 2018).
- 33 Meetings with other service user groups, to discuss the issues that matter to them and how we can improve our working relationship, have been organised for the coming months.
- 34 We held second meeting of our Public Support Service Steering Group (PSSG) on 11 December 2018. The group includes patients and representatives of organisations including Care Opinion, Healthwatch England and Rethink Mental Illness. The meeting will lead to further work to make sure patients and the public are at the heart of the NMC.
- 35 On 11 December 2018, the Chair and the Interim Chief Executive met Lesley Bennett before her attendance at the PSSG. It was the first opportunity to spend time with Lesley following her moving and well-received speech at the employee conference held in November 2018.

Topol Review

- 36 On 19 November 2018, the Chair met the HEE's Regional Director for the South to discuss the Topol Review which is looking into the healthcare workforce's preparedness to deliver the digital future. The Chair will attend the formal launch of the review in February 2019.

Fitness to Practise

- 37 As part of the launch of the new fitness to practise strategy we have been meeting key stakeholders, including Mencap, NHS Employers and Scottish Care to talk to them about our new approach and gathering views on how we might refine it. This has proved extremely valuable and we will continue to engage key stakeholders in the new year as well as running events across the UK in February and March 2019.
- 38 We will collaborate with partners to make sure people are fully informed and ready to help us maximise the benefits of our new approach for patients and professionals. In December, we undertook the following activity:
 - 38.1 the Director of Fitness to Practise met with the Chief Executive and the Policy Manager, AvMA to promote the FtP strategy and discuss possible future collaboration.
 - 38.2 the Directors of FtP and External Affairs, along with the General Counsel met with the Chief Executive and a Trustee

of the Patients Association to discuss regulatory reform and opportunities to work collaboratively.

- 38.3 the FtP Director also spoke to midwifery leaders about the FtP strategy at the Royal College of Midwives December leadership meeting.
 - 38.4 the Director of FtP and our investigators met with the Gosport Independent Panel Transition Team and agreed a way forward on disclosure. Additionally, the Director of FtP and Head of Public Support met the expert nurse to the Gosport Independent Panel to provide her with an update on our work and discuss future engagement with the families.
- 39 In December 2018, the Public Support Service and Employer Link team exhibited at St Thomas' Hospital in London as part of an event to raise awareness of our work with patients and members of the public. The event was well received and we held over 130 conversations with a range of hospital employees, patients and visitors plans are being made to hold more events like this next year.

Registration and Revalidation

- 40 We have decided to end the transitional arrangements currently in place to support registrants in meeting the revalidation requirements. When we introduced revalidation we recognised that some registrants might not have been in practice for sufficient time between October 2015 (when revalidation guidance was published) and their revalidation date to meet the new requirements. We therefore included a transitional support measure - this was always intended to be time-limited and all registrants should now be familiar with the revalidation requirements and have had sufficient time to meet them. Support arrangements will of course remain in place for registrants who have specific issues or require reasonable adjustments.
- 41 We have updated our existing Health and Character Guidance for registrants following very helpful input from representative bodies and stakeholder groups including a roundtable meeting with the Royal College of Midwives, Royal College of Nursing, UNISON and Unite. This guidance will be shared with Council and stakeholders over the coming weeks.
- 42 We have been communicating and engaging with our partners around changes to our overseas registration process, including a reduction in the minimum time between overseas clinical structural exam (OSCE) resits and a change to allow more candidates to benefit from reduced resit fees. We emailed trusts and education institutions across the UK to inform them of these changes.

Professional Indemnity

- 43 DHSC has launched a consultation on whether to require all healthcare professionals to hold indemnity cover that is regulated, in response to concerns that current cover not backed by government schemes could prevent patients getting appropriate compensation and put healthcare professionals at risk of being personally liable for the costs of claims.
- 44 One consultation option being proposed is to change professional regulation legislation (including the NMC's) to require healthcare professionals to purchase regulated insurance only; an alternative is to bring indemnity products not within existing or proposed state-backed schemes into the scope of financial regulation.
- 45 Our response, which is due by 28 February 2019, will consider the implications for patients, people on our register and the NMC of the options presented. This is an initial consultation about the concept of introducing a requirement for regulated indemnity cover; if the government is minded to introduce regulation, it would consult again on the detail and mechanism of such regulation.
- 46 The Interim Chief Executive's all register email on 20 December 2018 was sent to 681,643 nurses and midwives on the register. The email was opened by 304,599 (44 percent) of people which is an excellent response. The email generated over 1,000 click-throughs to our fitness to practise webpages.

D: Collaboration

Engagement with regulators

- 47 On 3 December 2019, the Chair met the Chair of the General Dental Council. Discussion centred on the GDC's experience of relocating parts of their operation, future regulatory collaboration and the impact of Brexit.
- 48 On 13 December 2018, the Chair attended the farewell event for the outgoing chair of the General Medical Council. The Chair met the new GMC Chair on 17 January 2019.

E: Media activity

- 49 In November, a number of national print media and our main trade media covered Council's decision to amend the pass level of ILETS we accept from a 7 across all four test areas to a 6.5 in writing and a 7 in the other areas. Titles including *The Times*, *Daily Telegraph* and *The Independent* all reported the changes and included supporting statements by the Chief Executive of NHS Employers and the HEE Chief Nurse.

- 50 Throughout November, the fitness to practise case of a midwife who previously worked for Shrewsbury and Telford Hospital NHS Trust, attracted significant media attention. *The Daily Mail*, *Daily Telegraph* and BBC News all covered that her fitness to practise was found to be impaired.
- 51 In November, we also issued a statement on the Government's response to the Gosport Independent Panel's Report. The Secretary of State for Health and Social Care said that the law will be changed to compel every NHS trust in England to report annually on how concerns raised by staff and patients have been addressed. Our statement was included in *Nursing Times* and some regional media coverage of the story.
- 52 In November, there was coverage in *Nursing Times* about our requests for information from the Gosport Panel. The FtP Director, was quoted.
- 53 The Council's approval of draft programme standards and standards of proficiency for midwives for consultation was covered in the trade press, including *Nursing in Practice*, *Midwives*, the RCM website and *Obs, Gynae and Midwifery News*. All the coverage picked up a statement from the Director of Education and Standards.
- 54 In December we issued a press release about introduction of our public support service. This was picked up by our trade press including *Nursing Times* and *Independent Nurse*. It was also covered by the rolling daily news from BBC Cumbria.
- 55 In December *The Guardian* interviewed the incoming chief executive in her capacity as Chief Inspector of Adult Social Care at the CQC. In the interview Andrea pointed out the work we have done to improve fitness to practise since Morecambe Bay, specifically highlighting the public support service.
- 56 Also in December 2018, the *Health Service Journal* (HSJ) rated the incoming Chief Executive is number 44 in their top 100 list of people who they say will exercise the greatest influence over the English NHS and health policy during the next 12 months. This is the first time an NMC figure has made the HSJ list.

Public protection implications:

- 57 No direct public protection implications.

Resource implications:

- 58 No direct resource implications.

Equality and diversity

- 59 No direct equality and diversity implications.

implications:

Stakeholder engagement: 60 Stakeholder engagement is detailed in the body of this report.

Risk implications: 61 No direct risk implications.

Legal implications: 62 No direct legal implications.

Council

Performance and Risk report

Action: For discussion.

Issue: Reports on performance and risk management for 2018–2019.

Core regulatory function: All regulatory functions.

Strategic priority: All.

Decision required: None.

Annexe: The following annexe is attached to this paper:

- Annexe 1: Performance and risk report

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

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- Discussion:** 1 This report provides a progress update against the NMC delivery plan up to 31 December 2018. Good progress is being made against objectives across the organisation; our financial position is strong; and our risk position is stable.

Changing our approach

Lessons Learned, including values and behaviours

- 2 The lessons learned programme continues and a table setting out each milestone is at **annexe 1**. Overall the programme is on track with all areas forecasting significant progress by 31 March 2019.

A new strategic direction for fitness to practise

- 3 We are midway through the pilot phase and on track to launch the new approach in April 2019. As discussed in the Chief Executive's report, we continue to engage with stakeholders about the new strategy, and feedback has been generally very supportive. Key engagement is focused on patient organisations, employers and professional bodies.

Core business and new initiatives

Education

- 4 Our new quality assurance framework to approve educational institutions (AEIs) came into effect in September 2018, and approvals against the framework started from November 2018. We now enter a phase of approving all 80+ AEIs and their 900 education programmes over the next two years. Our next key milestone is delivering new technology as part of our Modernisation of Technology Services (MOTS) programme in 2019, to process approvals.
- 5 In December 2018, we held a joint workshop with our current QA service delivery partner Mott McDonald, for lay visitor who support our QA activity. The workshop was attended by 25 lay visitors. The purpose of the event was to share what we do and provide an opportunity for the lay visitors to learn about the important role they play.
- 6 This work, builds on already extensive requirements for approved education institutions to involve patients and the public in the design, development delivery and evaluation of training programmes.
- 7 Our consultation on changes to the Return to Practice (RTP) standards has now closed. We received 609 responses from individuals and 56 from organisations. We will use the findings to refine the proposed new standards for consideration by the Council

in March 2019.

Nursing associates

- 8 As indicated in the Chief Executive's report, we are ready to open our register for nursing associates on 28 January 2019.

Overseas registration

- 9 We are scheduled to open registrations from overseas nursing associates from 28 January 2019. This has involved delivering new technology to enable applicants to interact with us online.
- 10 Our new route for overseas nurses and midwives is on track to launch in July 2019.

English language requirement

- 11 In November 2018, Council decided to accept a minimum score of 6.5 in the written English module of the IELTS test. We are closely monitoring the numbers of applicants coming onto the register following this change.
- 12 We will also be monitoring Fitness to Practise (FtP) referrals for language impairment, and carrying out analysis of the language evidence provided by anyone referred to FtP, their date of registration and their place of work setting to see if the change in the English language requirement has any negative impact. During 2019 we will also be working closely with employers and recruiters to obtain their feedback in relation to candidates joining with a score of 6.5 in writing.

Enhancing our capability and infrastructure

Accommodation

- 13 Leases for our offices for FtP teams in central London are expiring in 2019, and we are moving those teams to a new office in Stratford. Signing of the lease for the new office has been delayed, but we expect that all issues will be resolved by the end of January 2019. At this stage, the overall timetable for fit out and moving into the new office is achievable, but further delay would put pressure on that timetable.

Modernisation of Technology Services (MOTS) Programme

- 14 Delivering the technical solution for registration of nursing associates has laid the foundations for the future scope of the MOTS programme to deliver Microsoft Dynamics as our core data administration platform.
- 15 Following detailed implementation planning, we have put back the deadline for moving our register data onto our new Microsoft

Dynamics platform from July to September 2019. This does not represent any risk to the overall MOTS programme timelines.

People strategy

- 16 Proposals for our new pay and reward framework will be presented to Council in March 2019. The employee engagement survey was conducted in December 2018, and we will be sharing the findings with Council shortly.

Corporate KPIs

- 17 Performance against our five corporate KPIs, the performance of the call centre and performance against our employee turnover indicators is detailed in **annexe 1**.
- 18 The anticipated seasonal dip in KPI 1 (percentage of UK initial registration applications completed within 10 days) was shallower than in 2017–2018 and the recovery was quicker, allowing performance to recover in November 2018. Year to date performance is 97.1% and is forecast to remain on track at year end.
- 19 The performance of the call centre is currently rated amber, with call answering falling below the 90% target, due largely to performance in October and December 2018. The telephony issues that affected performance in October were reported to Council in November 2018. Higher than expected call volumes and reduced staff as the result of absences were the main reasons for December's performance being below target. Extra temporary staffing has been agreed to improve performance in quarter four, but there is a risk that the KPI will be missed for the year.
- 20 Employee turnover has decreased compared to the corresponding position 12 months previously, with current forecasts suggesting a turnover of 20.6% by March 2019.

Financial performance against 2018–2019 corporate budget

- 21 Detailed financial performance commentary is provided at **annexe 1**.
- 22 The month nine accounts show a year to date cash based surplus of £9.6m, which is £10.7m ahead of budget.
- 23 Based on the month nine results, we have reviewed forecasts for the full year 2018–2019. The forecast outturn for programmes and projects has been reduced by £1.1m, because some activities on the MOTS programme and the accommodation project are now likely to slip into 2019–2020. And the remaining balance on the contingency fund (£0.8m in the previous forecast) has now been released as it is unlikely to be used in the remaining quarter of the year. On the income side, we now expect to recognise in 2018–2019 a further £0.5m of recoveries from HMRC of the tax and national insurance

paid over incorrectly in previous years for panelists. The combined effect is that the forecast cash-based surplus for 2018–2019 has increased from £2.2m to £5.3m, and the forecast accruals-based surplus has increased from £6.1m to £8.9m.

Corporate Risk Position

- 24 A summary of our corporate risk register is presented at **annexe 1**, section 9. This reflects our position at November 2018.
- 24.1 We have made significant progress towards ensuring that we meet external expectations, and expect this risk to reduce over the next 9–12 months. Specific risk treatment includes:
- 24.1.1 Continued implementation of our Lessons Learned action plan and launch of the Public Support Service.
- 24.1.2 Launch of our FtP pilots to test new approaches to FtP from April 2019.
- 24.1.3 Research into the perceptions and expectations of patients, families, registrants and employees which will inform our stakeholder engagement plans from 2019–2020.
- 24.2 NMC workforce: At the November 2018 Council meeting, Council approved a reduction in the likelihood rating to reflect the mitigations that have been put in place and short term pressures not materialising.
- 24.3 Stability of IT infrastructure: Various initiatives are underway, as discussed in the separate update to Council. The current status remains stable.
- 24.4 The 2019–2022 business planning cycle continues and will take a longer term view of both corporate and operational objectives. We will review our risk position in light of updated business priorities.
- Public protection implications** 25 Public protection implications are considered when reviewing performance and the factors behind poor or good performance.
- Resource implications:** 26 Performance and Risk Reporting are a corporate requirement and are resourced from within BAU budgets with no additional cost attached. No external resources have been used to produce this report.

Equality and diversity implications:	27	Equality and diversity implications are considered in reviewing our performance and risks.
Stakeholder engagement:	28	Not applicable.
Risk implications:	29	The impact of risks is assessed and rated within our corporate risk register.
Legal implications:	30	None.

NMC Performance and Risk Report for 2018–2019

Report period: October 2018 – December 2018

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Section 1: Delivery Plan Progress Update

a. Milestones to January 2019

Key Deadline	Activity	Status at Jan 19	Status Commentary
1. Changing our approach			
<i>No updates for this period</i>			
2. Core business and new initiatives			
Nursing Associates (Geraldine Walters)			
Jan-19	Open NA register and register first NAs	Green	On schedule to open the register for nursing associates on 28 January. Registrations team trained to handle enquiries from nursing associates.
Overseas (Emma Broadbent)			
Jan-19	Open overseas route for NAs	Amber	The external-facing part of the IT solution is largely complete so that nursing associate applicants who qualified overseas will be able to submit the first part of their application online as planned at the end of January. The internal IT solution involving assessment workflows, messaging between systems and automated email functionality require further work. This is not a barrier to applicants however as we can process applications offline.
3. Enhancing our capability and infrastructure			
Modernising IT (Ric Sheldon)			
Jan-19	NA and overseas infrastructure go live	Green	The IT solution has been delivered as planned, enabling us to begin registering England-qualified nursing associates from our target date of 28 January 2019. Crucially, this has also implemented the technical foundation for all future scope i.e. Microsoft Dynamics as our core administration platform, integrated with NMC Online, our self-service portal for registrants (linked to milestone above).

Key Deadline	Activity	Status at Jan 19	Status Commentary
			As noted above, the external-facing part of the IT solution for overseas-qualified nursing associates is on track to be ready on 26-27 January 2019 for applications from 28 January 2019.
Accommodation (Andy Gillies)			
Oct-18	New lease signed	Amber	Signing of the lease for FtP's new offices in Stratford has been delayed. We expect that the issues will be resolved by the end of January. At this stage, the overall timetable for fit out and moving into the new offices is achievable but further delay would put pressure on that timetable.

b. Future milestones up to 2020

(Please note that as our plans evolve additional activities will be added to this list).

Key Deadline	Programme	Activity	Director responsible	Status at Jan 19
Feb-19	Education	Midwifery standards consultation launched	Geraldine Walters	On track
Apr-19	Education	Return to Practise standards published	Geraldine Walters	On track
Apr-19	FtP Strategy	Assess the pilots and develop an implementation plan	Matthew McClelland	On track
Apr-19	People and OD	Implement new employee pay and reward strategy	Sarah Daniels	On track
Apr-19	Lessons Learned Review	New approach to Complaints and FOIs agreed and launched	Emma Broadbent	On track

Key Deadline	Programme	Activity	Director responsible	Status at Jan 19
Apr-19	Corporate	PSA publishes NMC annual review	All	On track
Jun-19	Accommodation	Decant from Aldwych	Andy Gillies	Amber – may slip to July
Jul-19	Overseas	New overseas route for nurses and midwives opens	Emma Broadbent	On track
Jul-19	Accommodation	Decant from Kemble St	Andy Gillies	On track
Jul-19	Modernising IT	New register infrastructure go live	Richard Sheldon	Amber - As per Agenda Item 13 (MOTS Programme Update), we have revised the deadline for this item to September 2019.
Jan-20	Education	Publish new midwifery standards and proficiencies	Geraldine Walters	On track
Jan-20	Modernising IT	FtP case management service infrastructure go live	Richard Sheldon	On track
Sep-20	Education	All nursing and midwifery programmes to be approved against new standards.	Geraldine Walters	On track

Milestones previously included in this table for the end of the leases for Kemble Street and Aldwych have been removed, as the key milestones for the accommodation project are the decant dates.

Section 2: Progress against the Lessons Learned Programme

Lessons Learned Programme

- 1 Our Lessons Learned programme will deliver a number of outcomes under 13 key workstreams. Progress is:
 - 1.1 Establishment of the Public Support Service: On track; access to a third party independent anonymous support line for all witnesses and patient/family referrers launched in January 2019.
 - 1.2 The Fitness to Practise strategy: On track; we are mid-way through the pilot phase testing new ways of working, the focus now is on collecting feedback in order to create an implementation plan from April 2019.
 - 1.3 Exploring new sources of assurance for Fitness to Practise. Fieldwork for the quality assurance and continuous improvement review of FtP case progression (including third party investigations) concluded in December 2018 and the report is expect by the end of January 2019.
 - 1.4 Continuing to develop Employee Link Service and Regulatory Intelligence Unit: On track; focused on analysing data related to indicators of risk, currently working with ICT contractors who are providing thematic tools to support the effective use of information.
 - 1.5 Improving access to clinical advice: On track; all appointments have now been made.
 - 1.6 Review of Complex and High Profile team - (case management process: On track; work to draw together current case management/case work guidance into an overarching strategy, was to report by 1 November 2018 however, due to input required from various stakeholders the work was completed in December 2018. Following the review, consideration will be given the most appropriate way to implement a new case management strategy.
 - 1.7 A programme of engagement with patients, families and public groups to inform our work going forward: On track; in the last three months we have spoken to Healthwatch, held an initial series of meetings with organisations that represent patients and the public, and piloted a roadshow at a London Trust. We plan to hold more roadshows in 2019.
 - 1.8 Developing a programme of research to better understand how regulation can better meet the expectations of patients and the public: On track; research report is due in February 2019. Qualitative and quantitative

Lessons Learned Programme

research has been completed and work on finalising the report is underway.

- 1.9 Reviewing our correspondence and communication to make sure it is helpful and easy to understand: Delayed; due to volumes of correspondence involved, however all key work still due to be completed by the end of March. Correspondence for the public in Fitness to Practise has been reviewed and registrant correspondence will be completed by the middle of February. Registration and Revalidation templates to be reviewed by the end of March 2019.
- 1.10 Introducing a new approach to complaints and enquiries: On track: Business case agreed by the Programme Board and approach agreed by Executive Board. The creation of new team is scheduled to complete by 1 April 2019.
- 1.11 Embedding our values and behaviours: On track; feedback from the staff conferences will inform workshops which begin in January. Data from the staff survey is being collated and will further inform next steps. A behavioural framework is being designed and we will work in partnership with Silvermaple Occupational Psychologists throughout January 2019 to review our existing processes inclusive of appraisal and employee engagement.
- 1.12 A refreshed approach to recruitment and induction: Delayed; new Corporate welcome event, on-boarding guide, and on-boarding page due November 2018 was delayed due to sickness in the team, however this has now been rectified and the work is moving forward with a pilot in December 2018.
- 1.13 Enabling record keeping through our modernisation of technology programme: On Track; Nursing Associate registrant records in England to be stored within our new Microsoft Dynamics/Azure database in January 2019, which will effectively be a pilot of new ways of recording data.

Section 3: Financial Performance

a. Current status at December 2018

Year to Date Income and Expenditure at December 2018	Current status
Income (December actual: £69.3 million / 6% over budget)	Green
Expenditure (December actual: £59.7 million / 10% under budget. The size of the underspend, may indicate risk of slippage in delivery against plans)	Amber

b. Forecast status at 31 March 2019

Full Year Forecast Income and Expenditure	31 March 2019 Status
Income (Forecast: £91.7 million / 6% over budget)	Green
Expenditure – including capital (Forecast: £86.4 million / 2% below budget).	Green
Surplus, including capital expenditure: (Forecast: £5.3 million surplus)	Green
Surplus, excluding capital expenditure: (Forecast: £8.9 million surplus)	Green

c. Actuals to 31 December 2018. Forecast to 31 March 2019

Nursing and Midwifery Council Financial Monitoring Report

	Year-to-date December 2018				Full Year Outturn			
	Actual £'m	Budget £'m	Var. £'m	Var. %	Forecast £'m	Budget £'m	Var. £'m	Var. %
Income								
Registration fees	62.6	61.7	0.9	1%	83.3	82.3	1.0	1%
Other	4.6	1.1	3.6	342%	5.7	1.4	4.3	307%
Nursing Associates funding	2.0	2.5	(0.5)	(20%)	2.7	2.7	(0.0)	(1%)
Total Income	69.3	65.3	4.0	6%	91.7	86.4	5.3	6%
Expenditure								
Directorates								
Fitness to Practise	27.1	28.7	1.7	6%	38.3	38.2	(0.1)	(0%)
Resources	7.1	7.6	0.5	7%	9.7	10.3	0.6	6%
Technology and Business Innovation	4.1	4.8	0.6	14%	6.8	6.4	(0.4)	(7%)
Registration and Revalidation	4.5	4.7	0.3	5%	6.2	6.6	0.3	5%
OCCE	2.0	2.2	0.2	8%	2.9	3.1	0.1	5%
Education and Standards	2.0	2.3	0.3	12%	3.0	3.0	0.0	2%
People & Organisational Development	1.8	1.7	0.0	2%	2.3	2.4	0.1	3%
External Affairs	1.3	1.3	0.0	0%	1.8	1.8	0.0	0%
Directorate BAU	49.8	53.4	3.5	7%	71.1	71.7	0.6	1%
Corporate								
Depreciation	2.3	2.0	(0.2)	(12%)	2.9	2.7	(0.2)	(9%)
PSA Fee	1.3	1.3	0.0	0%	1.8	1.8	0.0	0%
Other	0.1	0.1	0.0	0%	0.1	0.2	0.0	17%
Contingency	0.0	0.4	0.4	100%	0.0	0.8	0.8	100%
Total Corporate	3.7	3.8	0.1	4%	4.8	5.4	0.6	11%
Total BAU Expenditure	53.5	57.2	3.7	6%	76.0	77.1	1.1	1%
Surplus/(Deficit) excluding Programmes	15.7	8.1	7.7	95%	15.7	9.3	6.4	69%
Programmes & Projects								
Modernisation of Technology Services	1.4	2.2	0.9	40%	2.6	3.5	0.9	25%
Nursing Associates	2.0	2.5	0.5	20%	2.7	2.7	0.0	0%
Education Programme	1.0	1.1	0.1	13%	1.6	1.7	0.1	6%
Overseas Programme	0.4	1.0	0.6	60%	0.7	1.4	0.7	49%
Lessons Learned Programme	0.2	0.6	0.4	64%	0.7	1.2	0.5	44%
Accommodation Project	0.2	0.3	0.1	23%	0.7	1.0	0.3	34%
FtP Change Strategy	0.6	0.7	0.1	21%	0.8	0.9	0.1	12%
People Strategy	0.1	0.4	0.3	70%	0.3	0.5	0.2	47%
Other Projects	0.3	0.4	0.1	14%	0.3	0.4	0.0	8%
Strategic Projects Reserve	0.0	0.1	0.1	100%	0.0	0.1	0.1	100%
Total Programmes/Projects	6.1	9.2	3.1	34%	10.4	13.4	3.0	23%
Total Expenditure	59.7	66.4	6.7	10%	86.4	90.5	4.2	5%
Surplus/(Deficit)	9.6	(1.1)	10.7		5.3	(4.1)	9.5	
Capital	1.9	0.0	(1.9)		3.6	0.0	(3.6)	
Surplus/(Deficit) excluding CAPEX	11.5	(1.1)	12.6		8.9	(4.1)	13.1	
Available Free Reserves	34.2	21.8	12.4	57%	30.6	18.3	12.3	68%

d. Balance Sheet at 31 December 2018

BALANCE SHEET	Mar-18	Dec-18	Change	Change
	£'m	£'m	£'m	(%)
Fixed Assets				
Tangible Assets	18.9	18.5	(0.4)	(2%)
Current Assets				
Cash	16.7	28.3	11.6	70%
Debtors	4.1	3.6	(0.5)	(12%)
Investments	65.5	65.8	0.3	0%
Total Current Assets	86.3	97.7	11.4	13%
Total Assets	105.2	116.2	11.0	10%
Liabilities				
Creditors	(50.9)	(51.7)	(0.9)	(2%)
Provisions	(1.4)	(1.1)	0.3	(24%)
Total Liabilities	(52.3)	(52.8)	(0.5)	(1%)
Net Assets (excl pension liability)	52.9	63.4	10.5	20%
Pension Liability	(11.7)	(10.7)	1.0	8%
Total Net Assets	41.2	52.7	11.5	28%
Total Reserves	41.2	52.7	11.5	28%

Notes:

1. Where totals and variances do not calculate exactly this is due to rounding.
2. Results do not include any adjustments that will come from the year-end actuarial review of the defined benefit pension scheme for the full financial statements. This may result in an increase or decrease in costs. A light touch actuarial review as at the end of September 2018 indicated that the deficit could be lower than that currently shown, due to changes in market conditions and changes in actuarial assumptions.

e. Detailed financial commentary

Year to date financial performance
<p>Overview: After nine months, we have recorded a surplus of £9.6m before adjusting for capital spend. Our budgeted result at this point of 2018-2019 was a deficit of £1.1m, and at the same point last year we had recorded a deficit of £0.7m. This variance from budget is due to a combination of higher income than expected and lower than planned spend on Business As Usual activities and Programmes.</p> <p>Income:</p> <ul style="list-style-type: none"> • YTD: Income is £4.0m (6%) above budget partly due to a £1.6m refund from HMRC for income tax and National Insurance payments on FtP Panellists in previous years. Also, the number of nurses and midwives on the register is higher than forecast. • Full year forecast: total income of £91.7m, which would be £5.3m (6%) above budget. <p>Expenditure:</p> <p>YTD: Total spend is £6.7m (10%) below budget. Key factors are lower than anticipated hearings in FtP and lower staff costs due to vacant posts across all directorates. Programmes and Projects are underspent by £3.1m (34%) due to slippage and re-phasing of work.</p>
Expenditure on business as usual activities
<p>YTD spend on BAU is £3.7m (6%) below budget after nine months but is forecast to be only £1.1m under budget by year-end.</p> <p>Underspends:</p> <ul style="list-style-type: none"> • Fitness to Practise (FtP): (Spend on FtP represents over 50% of BAU budget) <ul style="list-style-type: none"> – YTD spend: there are £1.7m of underspends (6% of budget). This is primarily due to fewer cases at adjudication resulting in less hearings taking place than planned. – Full year forecast: we are forecasting fewer hearing days this year than originally planned. This will reduce forecast spend accordingly. In part, this is due to fewer cases progressing through the investigation stage. We forecast that FtP will be largely in line with budget by year end due to the increased spend on investigations to reduce the backlog to an optimum caseload and in other areas to address the recommendations of the PSA's lessons learned review. – Risks: A possible implication of fewer hearings this year may be that there are more during 2019–2020. The associated impact on expenditure could be offset through improvements being piloted as part of the FtP Strategy.

- **Other Directorate underspends:**

- **YTD spend:** there were a total £1.9m of combined underspends across our other seven directorates. Items of note: re-phasing of planned estates maintenance spend within Resources, lower staff costs resulting from vacancies within all directorates and reduced Quality Assurance activity within Education and Standards.
- **Full year forecast:** other directorates are forecasting an aggregate £1.2m underspend by March 2019.
- **Risks:** Delayed activities will be taken forward into next year's budget and the risks arising from the delays remain tolerable for 2018–2019.

Expenditure on Strategic Programmes and Projects

YTD expenditure on Strategic Programmes and Projects, including Nursing Associates, is £3.1m (34%) below budget.

The Programmes with significant underspends include:

- **Modernisation of Technology:** is £0.9m (40%) below budget YTD mainly due to the transfer of a portion of systems costs to the Nursing Associates Programme. We have also re-phased some activities to happen in the latter part of the year (without impacting delivery dates) and have benefited from reduced staff costs as the requirement for internal support for MOTS was lower than originally planned.
- **Nursing Associates:** YTD underspend of £0.5m (20%) is due to the phasing of activities. We expect the budget of £2.7m to be fully spent by year-end. The full costs of the NA programme are being met by funding from the DHSC.
- **Overseas Programme:** YTD spend is £0.6m (60%) below budget mainly due to activities happening later than initially planned. Also, the implementation of the 'Future Nurse' route is now scheduled for July 2019 and is why we now forecast an underspend of £0.7m this year. The underspend is mainly deferred to 2019–2020 when we expect to deliver the overall programme outcomes, in line with our plans.
- **Lessons Learned Programme:** Based on current plans, we forecast an underspend of £0.5m (44%) with some activities falling into 2019–2020. This is largely due to less spend required than indicated by initial estimates.
- **People Strategy:** YTD underspend of £0.3m (70%) is mainly due to lower costs than initially estimated and lower activities than planned.

Use of Strategic Programmes and Projects Reserve and Contingency

The Council established a programme and projects reserve of £0.5m in March 2018, in addition to our funding for programmes and projects, to account for any unforeseen events. To date, £0.4m has been allocated to essential projects that slipped from 2017–2018 into the current year and a new project this year. These relate to GDPR and to improvements to Registration processes.

The Executive has so far accessed £1.5m of the £2.3m Contingency fund. The £1.5m has been allocated to the Lessons Learned programme, additional costs for data storage following the implementation of the Digital Audio Recording project, net costs of the Apprenticeship Levy and additional costs following the reorganisation of the People and Organisational Development directorate. The £0.8m held in the Contingency budget at the last reporting period has now been released given the generally favourable financial position.

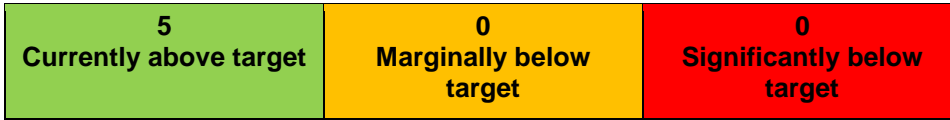
Total expenditure

- In October, the Executive reviewed progress against budgets and considered options to reallocate funds so as to make effective use of the emerging budget surplus for the year. Update on the new projects is below:
 - £1m for outsourcing investigations work to reduce the caseload of older FtP cases. This is ongoing as more cases are planned to be outsourced over the remaining months of the financial year.
 - £0.33m for new WiFi in 23 Portland Place and other IT infrastructure planned to be delivered this financial year.
 - £0.6m for IT hardware replacements across all offices.
 - £0.18m for additional Education QA work, including on NA courses.
 - There are also proposals for new posts (some of which are fixed term) in the POD team to support the delivery of the People Strategy, in the EA team to provide some extra support for communications and engagement activity.
- **Full year forecast:** Including the cost of the new projects, total forecast spend is £86.4m, £4.2m (5%) below budget. £3.0m of the expected underspend is from Programmes & Projects.
- **Risks:** Risks within BAU spend are tolerable. Underspends are spread across a number of Directorates, and we do not believe delivery will be adversely impacted as a result.

Section 4: Performance against the corporate business plan

4.1. Corporate KPIs

a. Current Status at December 2018



b. Detailed Commentary

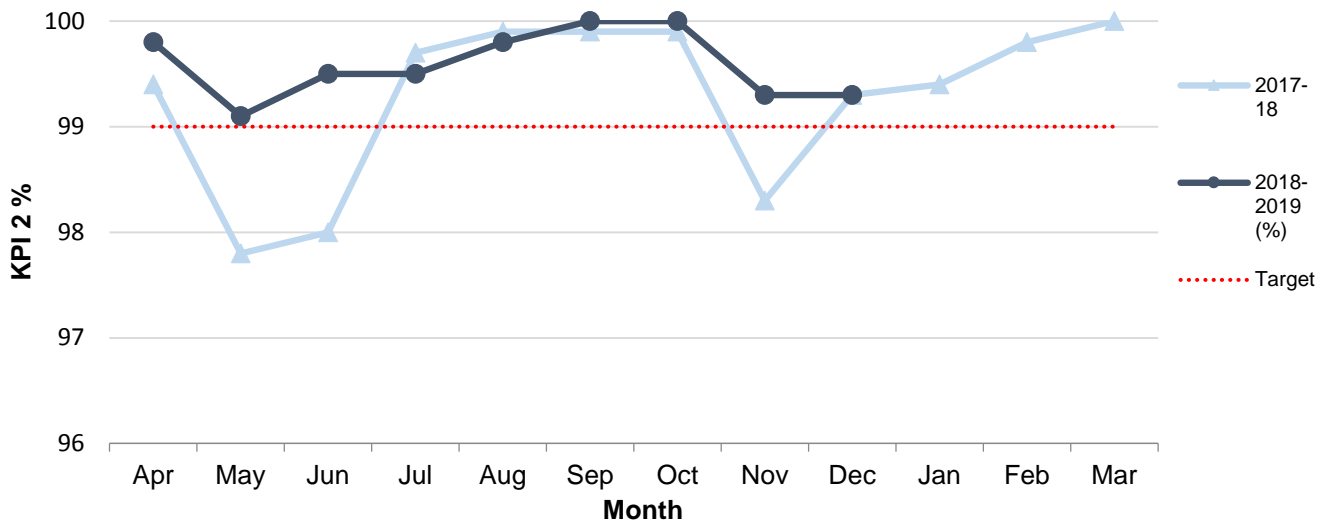
Progress against corporate KPIs	Current Status																																																				
Registrations and Revalidation																																																					
<p>KPI 1: Percentage of UK initial registration applications completed within 10 days. Target: 95%</p> <p>Result:</p> <ul style="list-style-type: none"> • Third quarter performance average 96.3%, which was above target and in line with anticipated levels. • It is positive that the November 'dip' was shallower, and the recovery quicker, than the previous year. • Year to date performance is at 97.1%. <div style="text-align: center;"> <p>UK Initial Registration Completed (10 days)</p> <table border="1"> <caption>UK Initial Registration Completed (10 days) - Data Points</caption> <thead> <tr> <th>Month</th> <th>2017-18 (%)</th> <th>2018-2019 (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>96.8</td><td>97.0</td><td>95.0</td></tr> <tr><td>May</td><td>96.5</td><td>94.5</td><td>95.0</td></tr> <tr><td>Jun</td><td>96.5</td><td>96.5</td><td>95.0</td></tr> <tr><td>Jul</td><td>98.5</td><td>98.8</td><td>95.0</td></tr> <tr><td>Aug</td><td>99.2</td><td>99.0</td><td>95.0</td></tr> <tr><td>Sep</td><td>99.5</td><td>99.8</td><td>95.0</td></tr> <tr><td>Oct</td><td>97.5</td><td>98.2</td><td>95.0</td></tr> <tr><td>Nov</td><td>90.8</td><td>93.2</td><td>95.0</td></tr> <tr><td>Dec</td><td>95.5</td><td>97.6</td><td>95.0</td></tr> <tr><td>Jan</td><td>99.0</td><td>-</td><td>95.0</td></tr> <tr><td>Feb</td><td>97.8</td><td>-</td><td>95.0</td></tr> <tr><td>Mar</td><td>98.0</td><td>-</td><td>95.0</td></tr> </tbody> </table> </div>	Month	2017-18 (%)	2018-2019 (%)	Target (%)	Apr	96.8	97.0	95.0	May	96.5	94.5	95.0	Jun	96.5	96.5	95.0	Jul	98.5	98.8	95.0	Aug	99.2	99.0	95.0	Sep	99.5	99.8	95.0	Oct	97.5	98.2	95.0	Nov	90.8	93.2	95.0	Dec	95.5	97.6	95.0	Jan	99.0	-	95.0	Feb	97.8	-	95.0	Mar	98.0	-	95.0	Green
Month	2017-18 (%)	2018-2019 (%)	Target (%)																																																		
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<p>KPI 2: Percentage of UK initial registration applications completed within 30 days. Target: 99%</p>	Green																																																				

Progress against corporate KPIs

Current Status

Result:

- A strong third quarter performance with KPI exceeded each month and 100% achieved in October.
- The third quarter average was 99.53% and the year to date average was 99.58%.

UK Initial Registration Completed (30 days)

KPI 3: Percentage of EU/Overseas registration applications assessed within 60 days. **Target:** 90%

Green

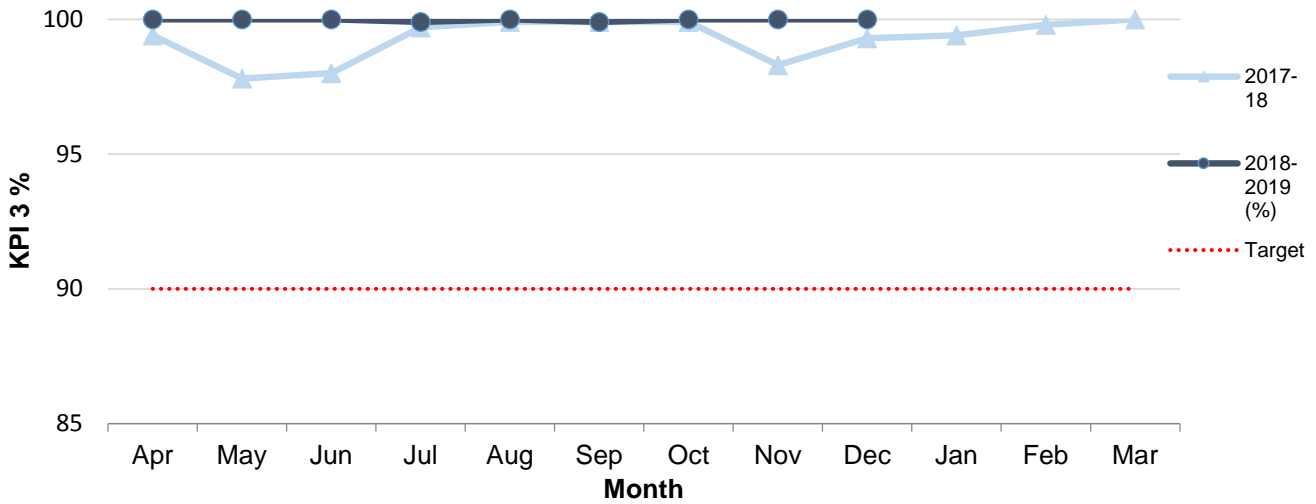
Result:

- Performance this quarter finished strong against our KPI target of 90%.
- We continue to see an increase in overseas applications when compared to the same period last year.
- However, volumes of EU applications remain low.

Progress against corporate KPIs

Current Status

Overseas Registration Assessed (60 days)



Fitness to Practise

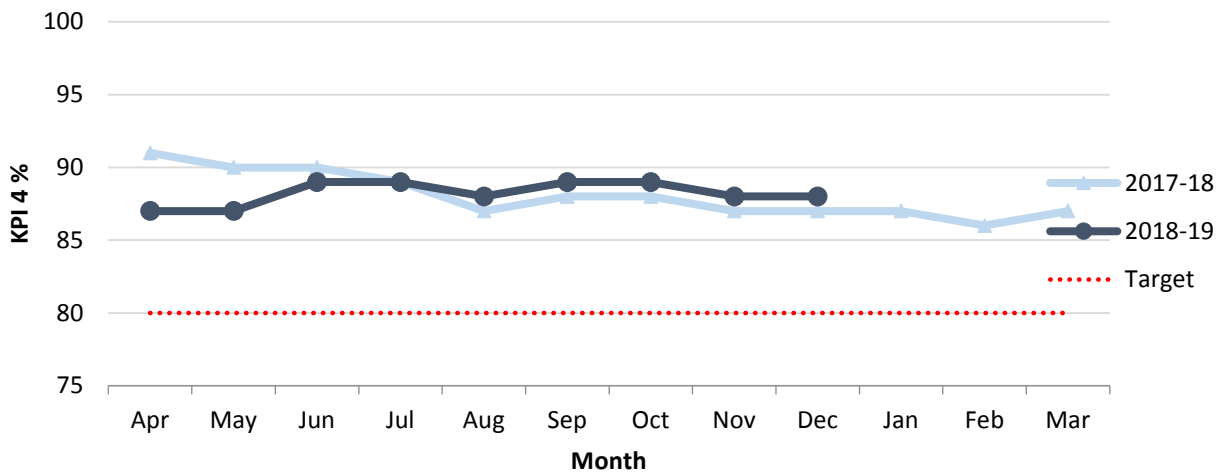
KPI 4: Percentage of interim orders (IOs) imposed within 28 days of opening the case (12-month rolling average). **Target:** 80%

Green

Result:

- Strong performance continues. Each month of 2018–2019 has exceeded target.

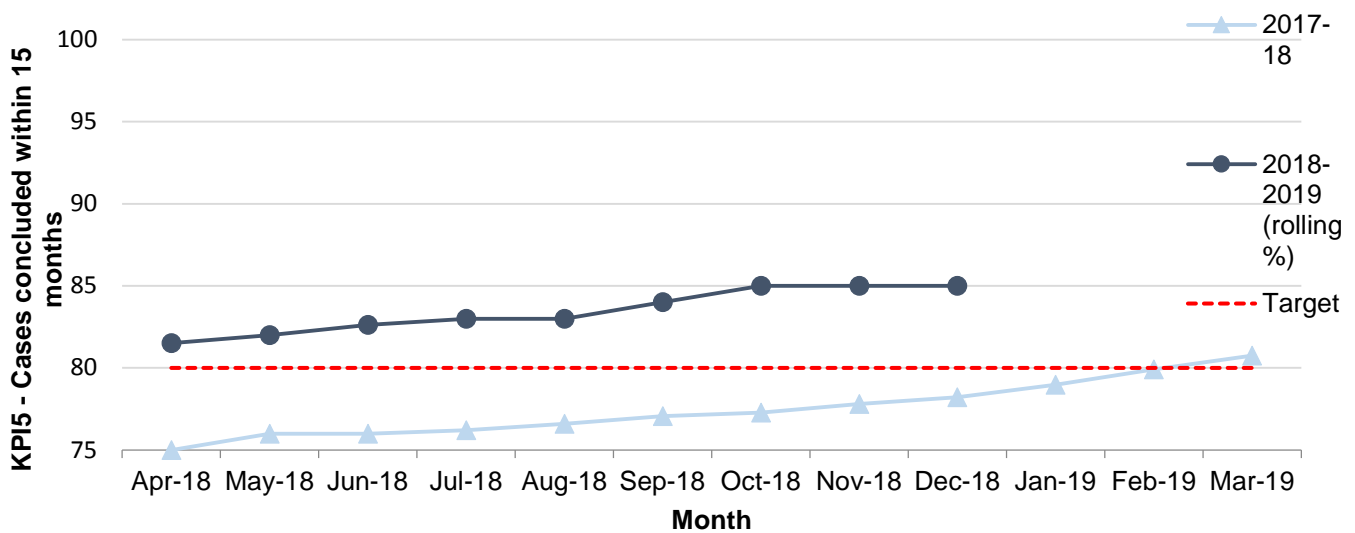
Orders within 28 days of opening case



Progress against corporate KPIs	Current Status
KPI 5: Percentage of FtP cases concluded within 15 months of being opened (12-month rolling average). Target: 80%	Green

Result:

- Strong performance continues. Each month of 2018–2019 has exceeded target.

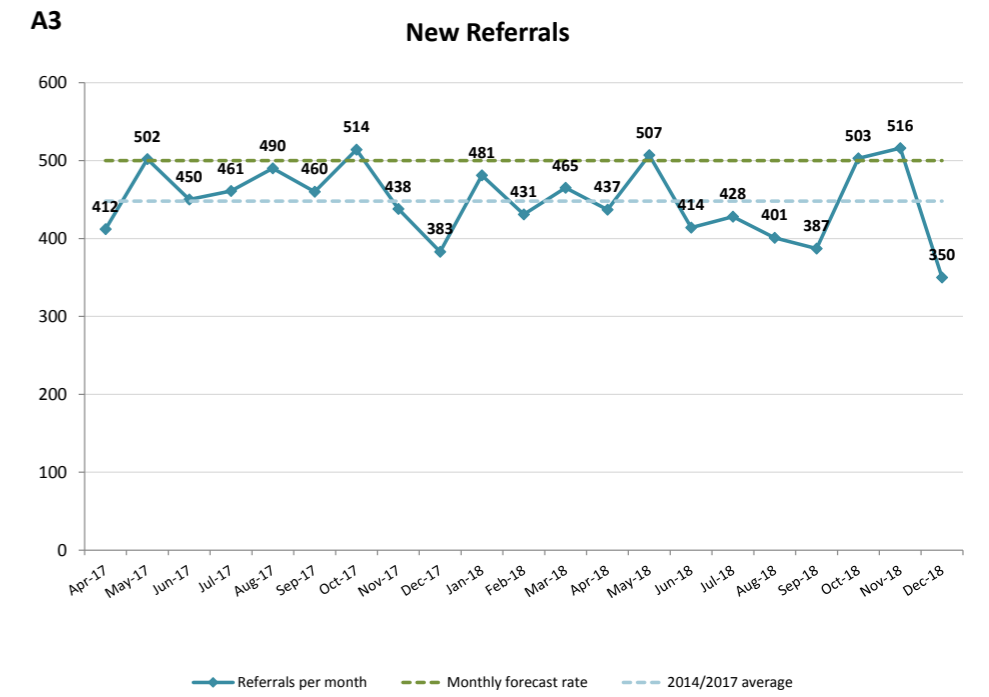
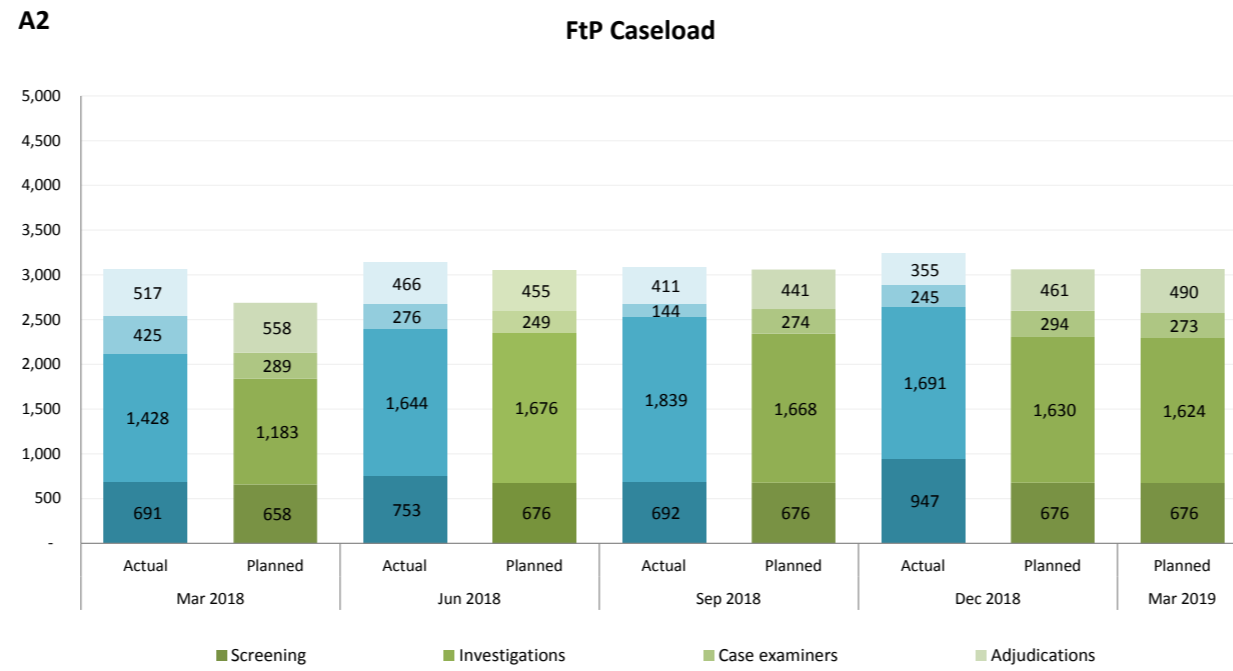
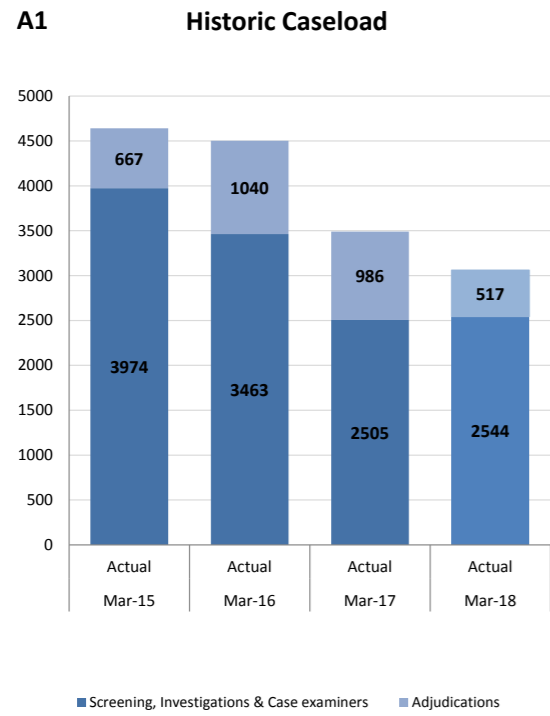
FtP Cases concluded within 15 months

Fitness to Practise Performance Summary

- Operating performance has remained stable, although throughput at the investigations stage remains slower than expected. Plans are in place to manage this, and although we expect performance to improve over the last quarter, the end of year caseload will remain higher than originally planned.
- The strategic change programme continues to be on track and on budget. We are now midway through the pilot phase.

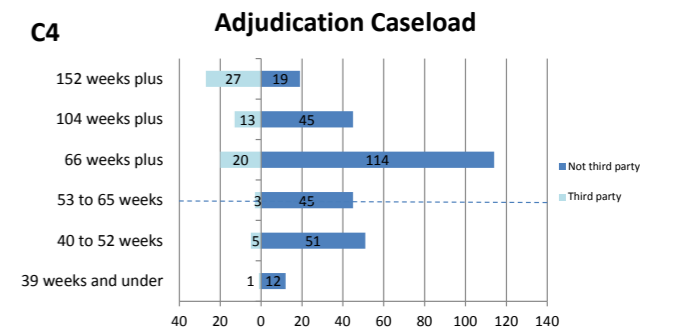
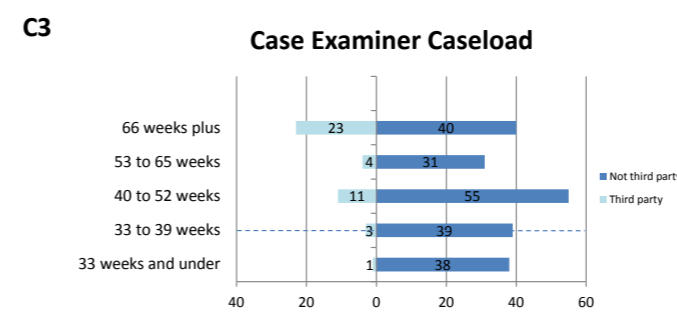
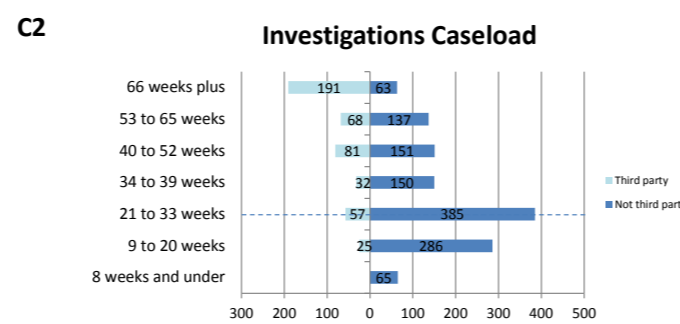
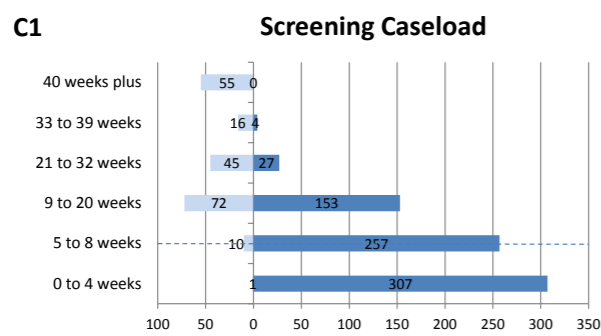
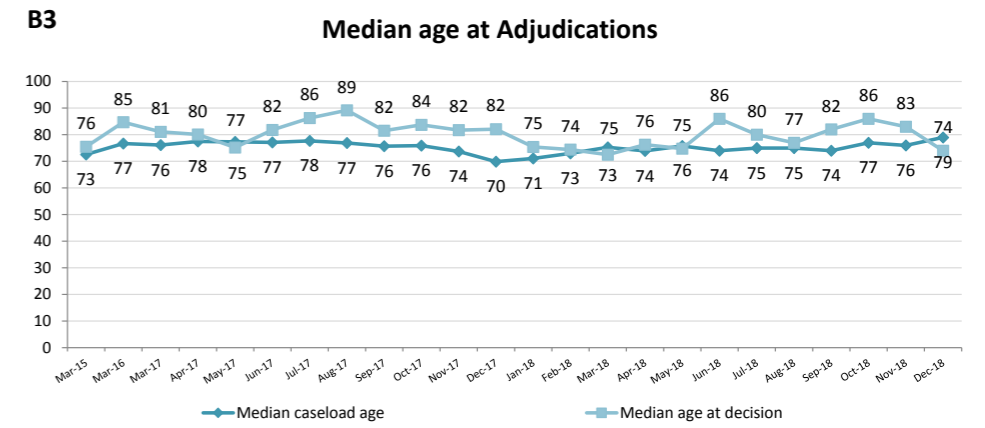
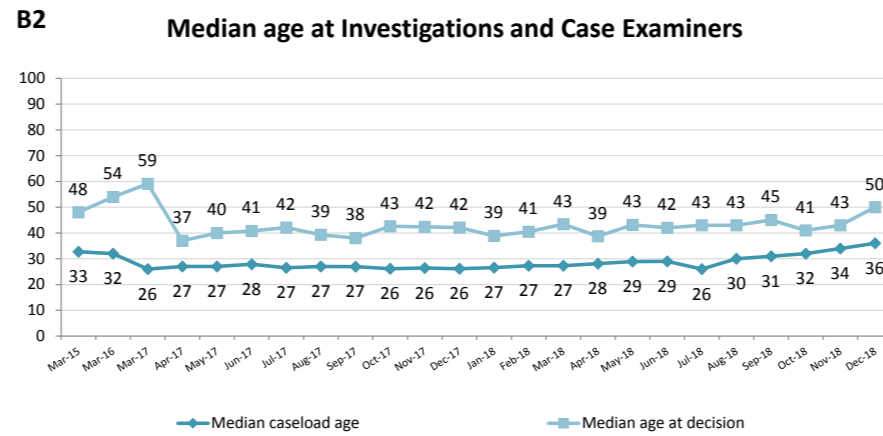
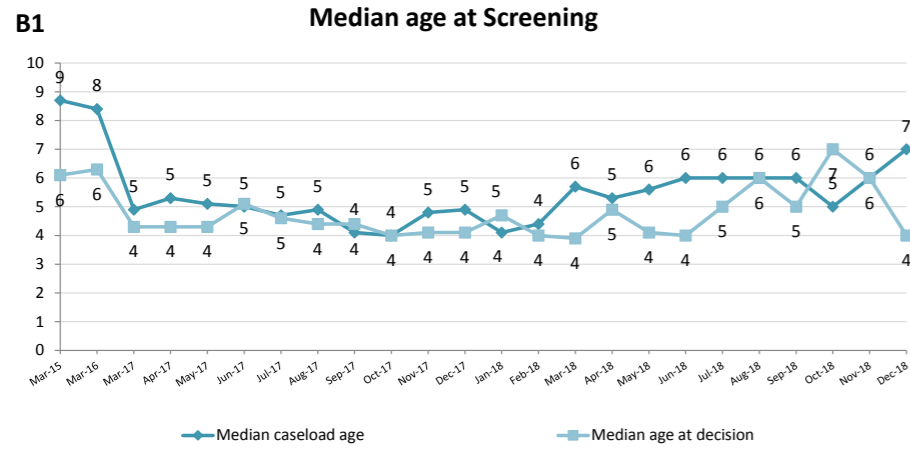
Notes on the dashboard

1. Graph A1 shows the historical caseload data for comparison. Caseload has reduced significantly over the last three years.
2. Graph A2 shows the caseload forecast for 2018–2019. We expect the caseload to be broadly stable during the year.
3. Graph A3 shows the referral rate. We received a low number of referrals in December 2018, but attribute that to the Christmas period.
4. Graphs B1 to B3 show the median ages of cases in the caseload and at the key decision points.
5. Graphs C1, C2, C3, and C4 reflect the ages of the cases at each stage of the process, split between active cases and cases on hold because of third party proceedings. The dotted lines reflect the timeliness pathway: we are aiming not to have any active cases older than the dotted line at each stage. Achieving the timeliness pathway is largely dependent on improving output at the investigation stage.

FtP performance dashboard December 2018



Note: The Case Examiner and Investigation caseloads were realigned in April 2018 to reflect the operational handover point between the two case stages. As a result, Case Examiners has decreased and Investigations has increased when compared to prior reporting periods.



Caseload Movement Summary
December 2018

Opening caseload 3,152

866 cases received

780 cases closed

3238 Closing caseload

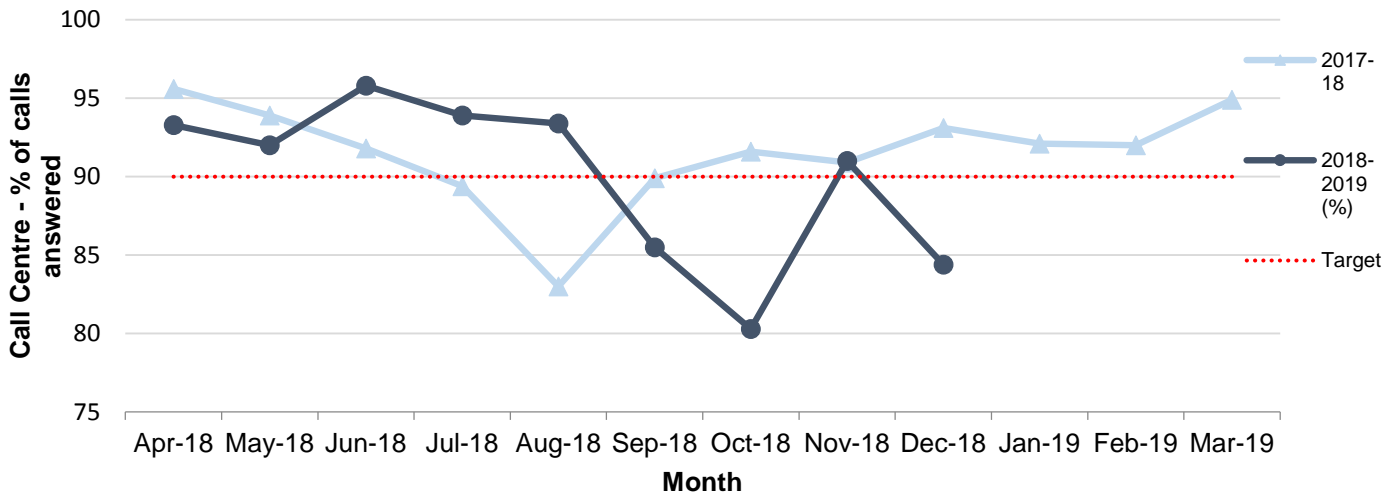
Section 5: Call centre

Registrations and Revalidation Service Measures	Current status
Measure: Call centre - % of calls answered. Target: 90%	Amber

Result: 89.7% (YTD Average)

- Q3 was very challenging. Overall the % answered for Q3 dropped to 84.9% with October and December being under target at 80.3% and 84.4%.
- Year-end Achievement of the target is now at risk and the current end of year forecast is 88%.
- October saw further telephony issues with approximately 4 days lost due to complete telephony outage. This had a big effect on the answer rate for the month as these calls filtered in in the days after the outage.
- December 10th was the day after the staff conference. Volumes were extremely high.
- The period between Christmas and New Year was extremely busy when it is normally quiet.
- Forecasted calls were up 7% on the quarter (October - up 7%, November - down 5%, December - up 27%).
- Absence in the department is very high equating to 15% of working hours in November and 19% December. This is against a target of 5%.
- Additional resource has been sought and will be trained and live mid-January.

Registration Call Centre - calls answered



Section 6: Customer Feedback Dashboard

Customer Feedback

The customer feedback dashboard represents a summary of feedback from Quarter 3 – from October to December 2018. This provides further information on feedback received regarding:

- Corporate complaints themes
- Freedom of Information themes
- Customer service feedback

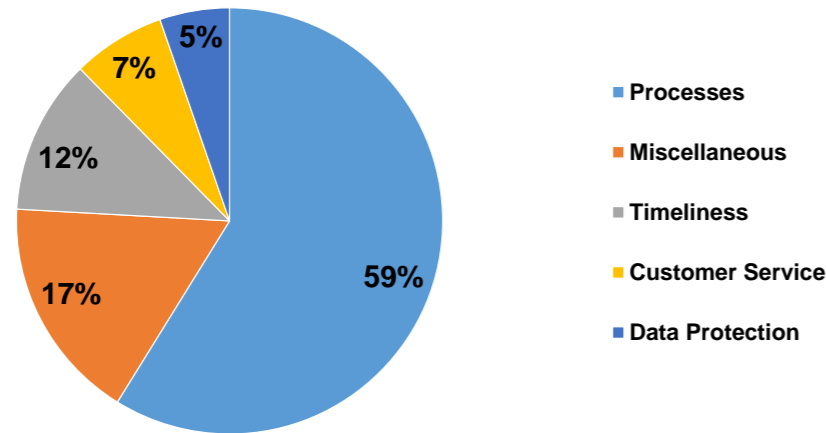
Key points to note are:

- A 21% decrease in complaints compared to the same period in 2017–2018, with 'Processes' highlighted as the main cause of complaint in Q3 2018.
- A 64% increase in Information requests compared to same period in 2017–2018, with Registration Stats as the most significant theme in Q3 2018.
- 70% of respondents stated that they were either satisfied or very satisfied with the customer service received, with 20% being either dissatisfied or highly dissatisfied.
- 66% of respondents stated that the NMC made it easy for them to manage their issue.
- 51% of respondents stated that their issue was fully resolved at the time of query.

Customer Feedback Dashboard (Oct - Dec 2018)



Corporate Complaints Themes



Number of Corporate Complaints received in Quarter 3 of 2018/19

Oct 2018 - 54

Nov 2018 - 71

Dec 2018 - 45

The main themes arising from complaints received from Q3 are:

Processes – this includes concerns about the administration of our process and how long they take, particularly initial registration processes, revalidation and readmission. Customers have also expressed concerns about the quality of investigations within FtP.

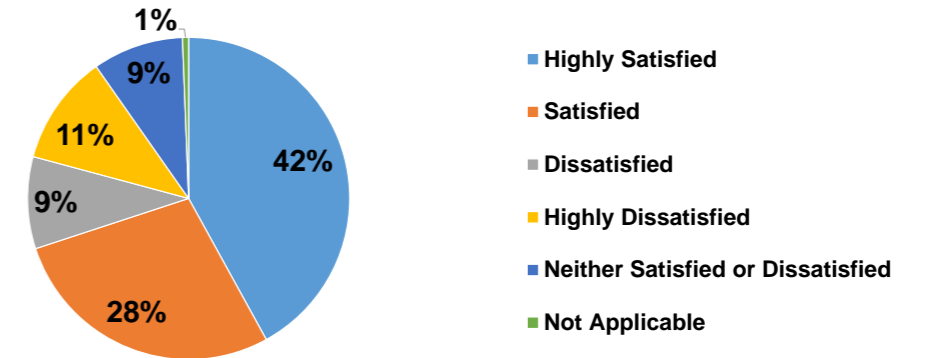
Customer service – these complaints predominantly relate to communication, including failure to provide updates and respond to emails and providing incorrect information about our services.

21% Decrease

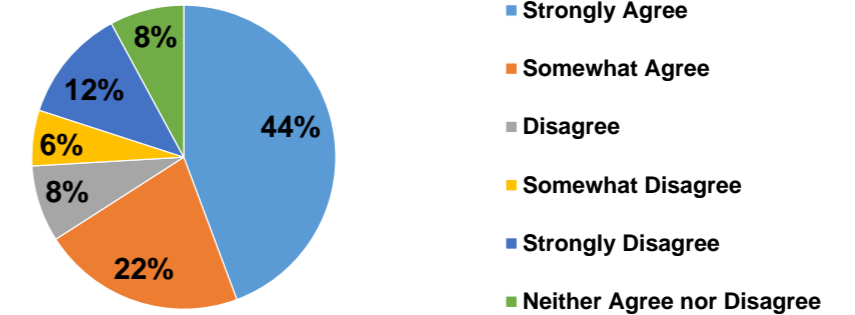
We received 170 corporate complaints in Quarter 3 of this year compared to 216 in the Q3 of 2017/18.

Customer Service Feedback (R&R and FtP)

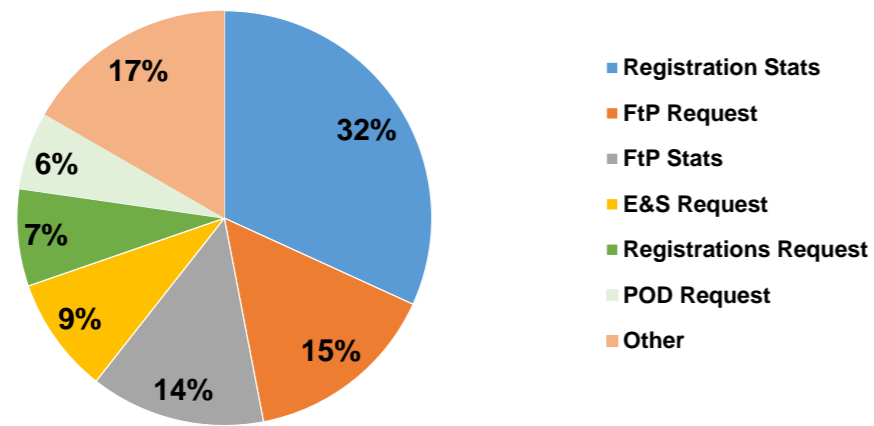
How satisfied were you with the customer service you received today?



Please select to which extent you agree with this statement: The NMC made it easy to manage my issue/ query



Freedom of Information Themes



Number of Information Requests received in Quarter 3 of 2018/19

Oct 2018 - 80

Nov 2018 - 75

Dec 2018 - 48

Registrant related statistics – number of applications/ nurses and midwives on the Register, qualifications, numbers of applicants undertaking the Objective Structured Clinical Examination, location related data (country/ county), nationality and numbers joining / leaving the Register.

Fitness to Practise related requests – document requests, particularly about referrals.

Fitness to Practise statistics – number of cases and case outcomes.

Education and Standards requests – requests for documents or information about our standards.

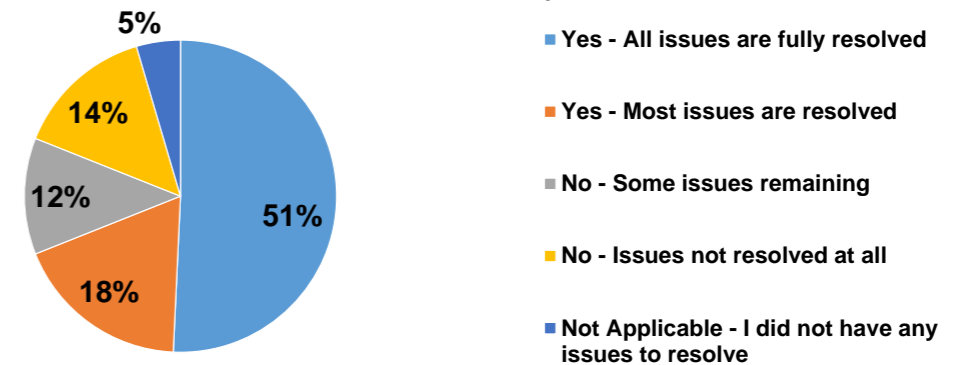
Registration related requests – requests for nurses and midwives' registration status or for historic information about registration status.

POD Request - role information, staff numbers and salary information.

64% Increase

We received 203 information requests in Quarter 3 of this year compared to 124 in Q3 of 2017/18.

Has the contact you had with us helped to resolve the issues you contacted us about today?



Number of Customer Feedback Surveys received in Quarter 3 of 2018/19

Oct 2018 - 401

Nov 2018 - 315

Dec 2018 - 100

The main headlines from our customer feedback information are as follows:

Customer satisfaction is 8% lower than Q2.

More of our customers were satisfied that we had resolved their issues/ queries. (11% increase on Q2)

10% fewer customers found that it was easy to manage their issues/ queries compared to Q2.

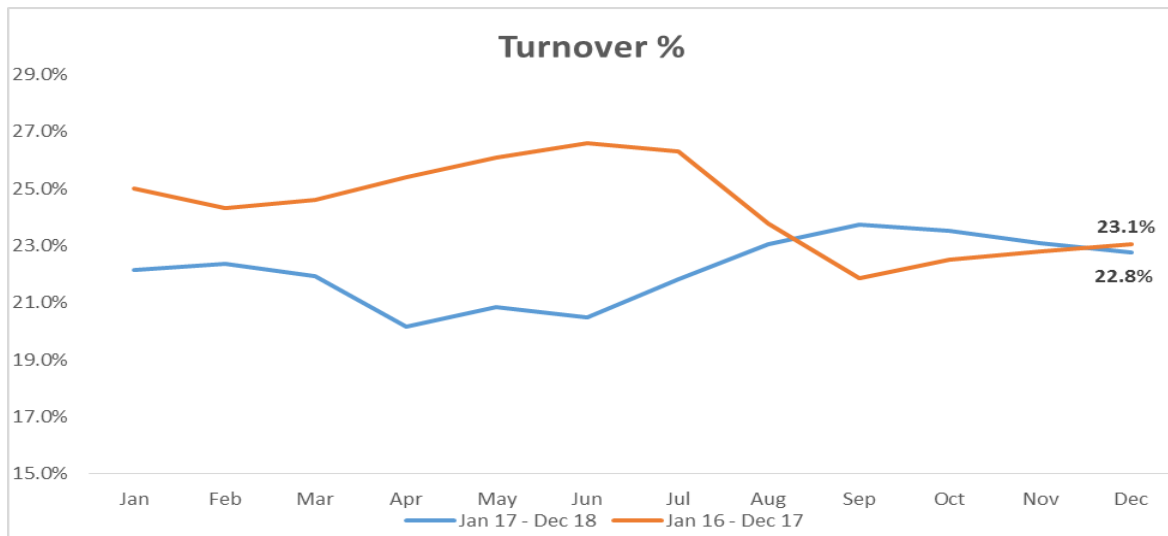
Section 7: People

People Measures

Measure 1: Overall staff turnover (12 month rolling)

Target: Reduce

- **YTD:** Turnover has decreased **(-0.2%)** 22.8% when compared with this time last year. Our current forecast suggest that if the current trend continues the NMC will have a turnover of 20.6% by March 2019, **-1.4%** when compared with March 2018 and **-4.0%** when compared with March 2017.



- **Trend:** NMC turnover has reduced by **-0.8%** since October 2018 and now stands at 22.8%. As shown below there was an increase in the number of leavers between July and September 2018 which feedback shows was due to the FtP accommodation change. We can see since October 18 this has now reduced and the number of leavers has reduced year on year.



People Measures

- Voluntary turnover represents 20.6% of all turnover.
- Involuntary turnover represents 2.2% of all turnover.

Career Progression at 45% continues to be the main reason employees leave the NMC. Other reasons for leaving are as follows:

- 13% Pay and Benefits
- 11% Relocation
- 4% Role
- 4% Returning to education

We continue to collect data from exit interviews in order to get a more detailed understanding of the issues behind our turnover. Factors for leaving in exit interviews are:

- Pay – leavers felt pay was too low and not competitive to market.
- Accommodation – two of four FtP leavers mentioned the planned relocation of FtP staff in 2019 as key contributor to their leaving reason. Their concerns were mainly around the change in their commute.
- Reported inaccurate job descriptions – employees felt that the amount and type of work they do no longer reflect the jobs they believe they were hired to do.

Next steps

- **2018 Employee engagement survey** – We launched this year's employee engagement survey using a new survey tool '**Peakon**'. We will be sharing the results in greater detail in February and working with directorates to prepare their action plans in response to results.
- **Employee Conference (remaining employees)** – The remaining employees who did not have the opportunity to attend this year's employee conference had the opportunity to attend a second conference in December which covered the same topics as the first employee conference. The focus on values and behaviours will be carried forward into 2019 with various strands of work on management and leadership development, further development of the appraisal and the early design of career pathways.
- **Reward strategy (pay)** – We have now started working with a specialist partner and have communicated the first stages of the strategy to executive board. The final results will be presented to Council in March 2019 with first stage implementation planned to take effect from April.
- **Accommodation** – HR business partners continue to support colleagues throughout the project, and an increased engagement plan including director briefings, 1:1 consultations and surgeries are planned to come into effect as soon the lease is signed.

People Measures

Measure 2: Staff turnover within six months of joining

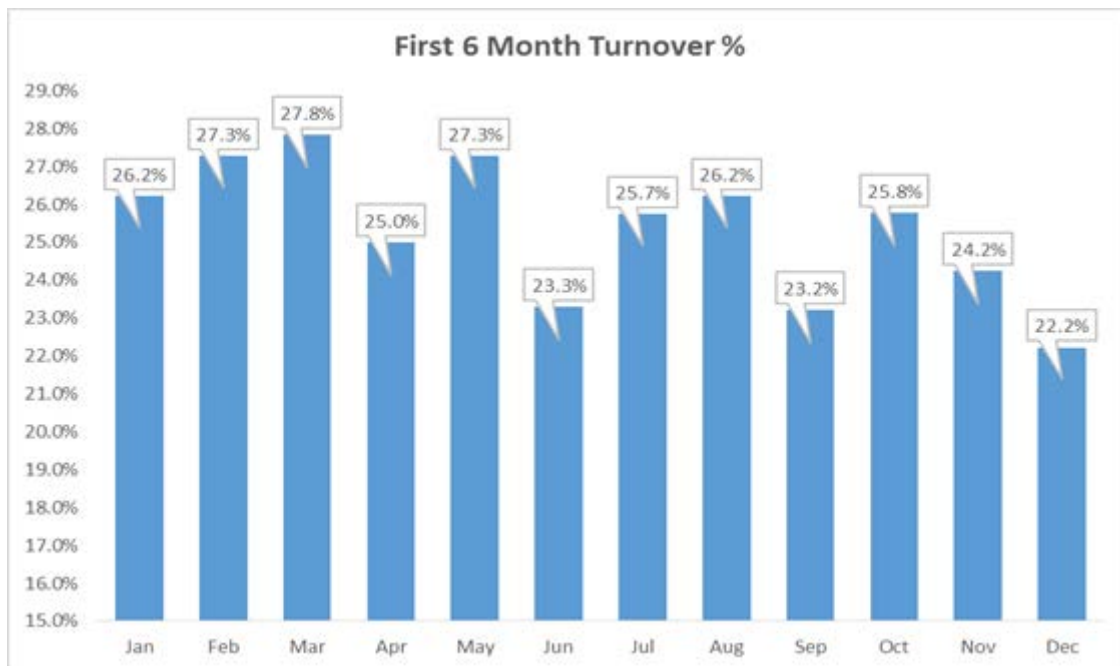
Target: Reduce

December 2018: 22.2%

Results: Turnover of staff within the first six months of employment has decreased by **-3.6%** since October of this year. Only 1 employee with less than six months service has left in the last four months. If this yearly trend continues we would expect to finish the year at 21.9% a reduction **-5.9%** compared to March 2018.

Next steps: Improvements are planned with the introduction of the welcome portal which communicates with the employee before they join from the offer of employment. This is due to launch Q1 2019.

The new Learning and Organisational Development Business Partners will be reviewing the corporate and directorate induction programmes to improve the quality of support and consistent approach across the organisation.



Section 8: Corporate risk register for 2018-2019 (November 2018)

This risk summary reflects events and changes to NMC's corporate risk register for the period of September to November 2018. Decisions regarding the risk register made in January will be reflected in the March paper.

Risk Overview

REG18/01	Risk that we fail maintain an accurate register of people who meet our standards	AMBER
REG18/02	Risk that we fail to take appropriate action to address a regulatory concern	AMBER
PEO18/01	Risk that we fail to recruit and retain an adequately skilled and engaged workforce	AMBER
INF18/01	Risk that we fail to recover from adverse infrastructure incidents	AMBER
COM18/01	Risk that we fail to prevent a significant data loss or we experience an information security breach	AMBER
COM18/02	Risk that we fail to recover from legal and compliance breaches	AMBER
EXT18/01	Risk that we may lack the right capacity and capability to influence and respond to changes in the external environment	AMBER
EXP18/01	Risk that we fail to meet external expectations affecting stakeholders' trust in our ability to regulate	RED
INF18/02	Risk that ICT failure impedes our ability to deliver effective and robust services for stakeholders or value for money	RED

Risk Ref. Number	Risk Description (2018-19)	Contributing Factors / Causation	Mitigations and Controls (In place)	Current Rating (with controls controls)			Planned Mitigations and Controls
				L	I	L X I	
REG18/01	Risk that we fail to maintain an accurate register of people who meet our standards Appetite: Averse: but always some residual risk	<p>a. We register people that don't meet our standards due to processing errors, fraudulent applications, or Approved Education Institutions (AEIs) providing the wrong details or qualifications.</p> <p>b. AEIs do not continue to deliver programmes of education and training that meet our standards.</p> <p>c. Selection and admissions of students onto NMC approved programmes by AEIs may not meet our standards for education and training.</p> <p>d. We fail to reflect a Fitness to Practise (FtP) outcome on the register due to errors or processing gaps.</p> <p>e. Overseas process does not assess risk or map to our standards.</p> <p>f. Failure with the register or case management system means that we cannot use our registration system.</p> <p>g. Inaccuracies on our public register erode trust with stakeholders.</p>	<ul style="list-style-type: none"> Revalidation ensures the details of registrants are kept up to date and that their fitness to practice is confirmed. Identity and quality checks for UK, EU, Overseas initial registrants. Strengthened reconciliation process and increased automation of processes. Quality assurance framework to assure education providers. Strengthened staff induction, training, and communication. Stronger links between Serious Event Reviews, complaints, and assurance controls. Business continuity processes Manual quality assurance mechanism. Risk based Quality Assurance of education providers. 	3	5	15	<ul style="list-style-type: none"> Data and systems work to improve reliability Review of Overseas registrations process via Overseas programme. Updated guidance to Higher Education Institutions. Modernisation of Technology Service programme to replace core systems. AEI annual reporting as part of QA of Education framework
				Trend: Stable			

Risk Ref. Number	Risk Description (2018-19)	Contributing Factors / Causation	Mitigations and Controls (In place)	Current Rating (with controls controls)			Planned Mitigations and Controls
				L	I	L X I	
REG18/02	<p>Risk that we fail to take appropriate action to address a regulatory concern</p> <p>Appetite: Averse: but always some residual risk</p>	<p>a. We fail to action referrals in a timely or appropriate way.</p> <p>b. We fail to process FtP cases effectively or make the wrong decision about a case outcome.</p> <p>c. We do not use intelligence effectively or share it with key stakeholders.</p> <p>d. FtP, Registrations and Education functions work in silos or fail to communicate effectively, resulting in process gaps and inaccurate data sharing.</p> <p>e. We do not engage effectively with members of public.</p>	<ul style="list-style-type: none"> Existing FtP, Registrations and Education policies and processes. Monitoring of FtP timeliness pathway. New powers for case examiner disposals to manage cases more quickly and effectively. Collaboration and data sharing with external stakeholders and partners. Routine information sharing regarding processes and risk internally. Public Support Service provides tailored support to patients, families and parents. 	2	5	10	<ul style="list-style-type: none"> Lessons Learned programme to deliver PSA lessons learned recommendations. Pilots in 4 key areas are planned with a new model in FtP operational from April 2019. Regulatory Intelligence Unit to continue developing trend analysis capability. Process improvements between FtP and Registrations to ensure accuracy of the register.
PEO18/01	<p>Risk that we fail to recruit and retain an adequately skilled and engaged workforce (permanent and temporary staff, contractors, and third parties)</p> <p>Appetite: Open: willing to consider all potential delivery options</p>	<p>a. Weak recruitment and high vacancies.</p> <p>b. Poor retention and high turnover.</p> <p>c. Low resilience and poor engagement including over reliance on key individuals / teams and high staff sickness.</p> <p>d. Failure to embed a high performance and development culture.</p> <p>e. Gaps in Business as Usual (BAU) capacity resulting from staff being redeployed to deliver programmes and projects</p> <p>f. Our workforce does not keep pace with the capacity and / or capability needed to deliver our corporate plan</p> <p>g. High turnover of Executive Team leads to destabilised leadership and lost skills and knowledge and diverts attention from the plan</p>	<ul style="list-style-type: none"> Targeted recruitment and procurement of specialist advertising partner. Creation of focused People Directorate. HR policies, procedures and L&D. Leadership development programme. Annual staff engagement survey. Updated appraisal format. People strategy with three-year plan covering attraction, recruitment, retention and reward. CEO in place and Exec vacancies filled by interims 	3	3	9	<ul style="list-style-type: none"> Continuous improvement of NMC employer brand to attract and retain staff. Staff capacity improvement plan to relieve current capacity / capability pressure points. HR policies review. Develop options for strengthening pay staff and reward.

Risk Ref. Number	Risk Description (2018-19)	Contributing Factors / Causation	Mitigations and Controls (In place)	Current Rating (with controls controls)			Planned Mitigations and Controls
				L	I	L X I	
INF18/01	<p>Risk that we fail to recover from adverse infrastructure incidents</p> <p>Appetite: Cautious: preference for safe delivery options that have a low degree of residual risk</p>	<p>a. Shifts in terrorist threat levels particularly in central London where the majority of staff are based.</p> <p>b. Failure of Business Continuity Plans and ICT contingency plan.</p> <p>c. Accommodation moves from One Kemble Street and 61 Aldwych</p> <p>d. 23 Portland Place maintenance programme</p>	<ul style="list-style-type: none"> • Business Impact Assessments to understand resource requirement in the event of infrastructure events • Training and desktop exercises • Accommodation programme and roadmap including risk monitoring and risk treatment 	3	4	12	<ul style="list-style-type: none"> • Review of business continuity plans • IT infrastructure disaster recovery test • 23 Portland Place maintenance programme to be scoped
COM18/01	<p>Risk that we fail to prevent a significant data loss or we experience a major information security breach</p> <p>Appetite: Cautious: preference for safe delivery options that have a low degree of residual risk</p>	<p>a. Potential cyber vulnerabilities in our IT applications and servers and lack of staff awareness.</p> <p>b. Failure to put in place adequate safe guards for data protection. Lack of staff awareness of data protection obligations.</p> <p>c. Data protection breaches lead to unauthorised disclosure of personal data, inaccuracy of personal data, failure to comply with the data protection principles.</p>	<ul style="list-style-type: none"> • Insurance cover for cyber security threats. • Technical controls. • Second phase of GDPR project underway. • Oversight provided by Information Governance and Security Board. • Information security risk register. 	3	3	9	<ul style="list-style-type: none"> • Investment in addressing cyber vulnerabilities. • Maintain and strengthen controls around information governance.
COM18/02	<p>Risk that we fail to recover from legal and compliance breaches</p> <p>Appetite: Cautious: preference for safe delivery options that have a low degree of residual risk</p>	<p>a. Failure to meet statutory, legal and mandatory responsibilities (e.g. regulatory processes, data protection, health and safety, Freedom of Information, procurement, employment law etc)</p>	<ul style="list-style-type: none"> • Centralised corporate legal services team to advise on achieving legal compliance and support the business if breaches occur. 	3	3	9	<ul style="list-style-type: none"> • Improvement plan to resolve weaknesses in contracting and procurement processes including increased oversight from corporate legal services.

Risk Ref. Number	Risk Description (2018-19)	Contributing Factors / Causation	Mitigations and Controls (In place)	Current Rating (with controls controls)			Planned Mitigations and Controls
				L	I	L X I	
EXT18/01	<p>Risk that we may lack the right capacity and capability to influence and respond to changes in the external environment</p> <p>Appetite: Open: willing to consider all potential delivery options</p>	<p>a. Complex stakeholder relationships affects our ability to collaborate or influence.</p> <p>b. We fail to be part of key discussions eroding our ability to influence (e.g. NHS workforce planning).</p> <p>c. Significant changes are not anticipated and our response is reactive or unplanned. (e.g. Brexit)</p> <p>d. External pressure to adopt further commitments.</p> <p>e. We fail to invest appropriately in engagement and communication activities.</p>	<ul style="list-style-type: none"> Investment in External Affairs directorate to focus on managing external stakeholders and perceptions. NMC Chair role increased to support external influencing activities. Brexit lead and working group. 	3	3	9	<ul style="list-style-type: none"> Annual review of organisational design and governance structures. New strategy for 2020-2025 to be developed during 2019. Additional investment in engagement and communications
EXP18/01	<p>Risk that we fail to meet external expectations affecting stakeholders' trust in our ability to regulate</p> <p>Appetite: Minimalist: reference for ultra-safe business delivery options that have a low degree of inherent risk</p>	<p>a. We fail to demonstrate learning from adverse incidents such as core business failure or meet expectations such as PSA Lessons Learned Review</p> <p>b. Negative media/ publicity e.g. as a result of core business failure</p> <p>c. Failure to deliver NA, FtP change or overseas programmes.</p> <p>e. Fail to maintain the trust of key stakeholders</p>	<ul style="list-style-type: none"> Public Support Service providing tailored support to patients, families and parents. Dedicated PR team Regular monitoring of programme performance at Council Standards and the Code for NA Stakeholder engagement 	4	4	16	<ul style="list-style-type: none"> Lessons learned programme to deliver lessons learned recommendations Nursing Associates register to be launched in January 2019 New strategy for 2020-2025 to be developed during 2019
INF18/02	<p>Risk that ICT failure impedes our ability to deliver effective and robust services for stakeholders or value for money for the organisation</p> <p>Appetite: Open: Willing to consider all potential delivery options</p>	<p>a Our core systems (e.g. Wifi, TRIM, Wiser, CMS) and servers are on unsupported hardware and are obsolete, risking potential business interruption, data loss or registering people inappropriately.</p> <p>b. Our network infrastructure has cyber vulnerabilities which could result in data and information security breaches.</p> <p>c. Ageing business systems and processes and incompatibility between legacy and modern systems and applications results in reduced capability impeding efficient delivery and risking compliance obligations.</p>	<ul style="list-style-type: none"> Management plan for systems failures. External review of most recent failures and escalation plan in place. Regular penetration and vulnerability testing for data breaches and business continuity. 	4	4	16	<ul style="list-style-type: none"> Investment plan to resolve immediate cyber risks. Annual IT infrastructure disaster recovery test. Network penetration test. Modernising of Technology programme will deliver core systems replacement. Plan to improve cyber and other vulnerabilities being implemented.

Glossary

A. Performance Traffic Light Definitions

Red	Significant challenges that put successful delivery at risk
Amber	Challenges to delivery exist but management action is being taken to bring on track
Green	On track

B. Income and Expenditure Traffic Light Definitions

	Income	Expenditure	Actions
Red	2% or more below budget	<ul style="list-style-type: none"> 2% or more over budget 10% or more under budget 	<ul style="list-style-type: none"> Escalate to Council Check whether underspend have affected delivery of the corporate plan Re-prioritise corporate business plan
Amber	1-2% or more below budget	<ul style="list-style-type: none"> 1-2% over budget 5-10% under budget 	<ul style="list-style-type: none"> Managed by Executive Board Check whether underspends have affected delivery of corporate plan Adjust the budget to manage variances
Green	Under 1% below budget	<ul style="list-style-type: none"> Less than 5% under budget 	<ul style="list-style-type: none"> No action

C. Corporate Risk Traffic Light Definitions

Red	<ul style="list-style-type: none"> High likelihood with high impact
Amber	<ul style="list-style-type: none"> Medium to low likelihood but high impact High likelihood but moderate to minor impact
Green	<ul style="list-style-type: none"> Low likelihood but moderate to minor impact High likelihood but minor to insignificant impact

D. Programme Traffic Light Definitions

Red	Progress between 1% - 49% against milestones or benefits
Amber	Progress between 50% - 79% against milestones or benefits
Green	Progress between 80% - 100% against milestones or benefits

Council

Gender Pay Gap Report 2018

Action: For decision.

Issue: To approve the draft Gender Pay Gap Report 2018 for publication.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: The Council is recommended to approve the draft Gender Pay Gap Report 2018 for publication (paragraph 11).

Annexe: The following annexe is attached to this paper:

- Annexe 1: NMC Gender Pay Gap Report 2018.

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

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Director: Sarah Daniels
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- Context:**
- 1 All organisations with more than 250 employees are required to report the overall gender pay gap between male and female staff. This is an annual reporting requirement and the NMC publishes its gender pay gap report on the NMC's website and via a dedicated Government website.
 - 2 This is the NMC's second report submitted for publication, and it provides a snapshot of our position at 5 April 2018.
- Four country factors:**
- 3 The report includes NMC staff at all locations across the UK.
- Discussion**
- NMC Gender Pay Report 2018**
- 4 The objectives of our Gender Pay Gap Report 2018 are to:
 - 4.1 demonstrate NMC's compliance with the requirement to produce an annual report on the results of six calculations, and publish the results by 4 April 2019.
 - 4.2 provide a narrative to accompany and explain our calculations.
 - 4.3 provide details on the actions being taken within the NMC to reduce or eliminate the gender pay gap and more generally to move forward with our Equality, Diversity and Inclusion (EDI) objectives.
 - 5 Our report shows the following results for 2018:
 - 5.1 The NMC mean pay gap for 2018 is 1.6% (down 0.3% compared with 2017).
 - 5.2 The NMC median pay gap for 2018 is 4.77% (up 1.04% compared with 2017).
 - 5.3 In 2018, 63% of NMC employees were female, across all the quartile bands, female employees outweighed male employees.
 - 6 The improvement in the mean difference, is due to an increase in the proportion of female employees in our four highest pay bands during 2018, whereas the proportion of male employees in the same bands reduced marginally.
 - 7 The median difference is due to proportionally more females in the lowest two pay grades compared to 2017. The percentage of females in the lowest two pay grades rose by 2.6 percent between 2017 and 2018.
 - 8 In 2018, both the male and female in the 'median employee' range were within the same pay grade, however they had different roles in the organisation and were managed for pay purposes within different

job families.

- 9 In comparison to external benchmarking, the median pay gap remains small. Similarly to last year, the NMC results continue to be below the national average, with the NMC in the bottom 10 percent of employers for mean gap and the bottom 30 percent for median gap.
- 10 We are not content with this position and we are committed through our work on the Reward Strategy to improve our gender pay gap over the next three years. We will ensure that we design new systems and processes to improve our gender pay position and, prior to implementation of a new system, we will carry out a further Equal Pay audit to provide us with a baseline of any anomalies to be corrected.
- 11 **Recommendation: The Council is recommended to approve the draft Gender Pay Gap Report 2018 for publication.**

Public protection implications:

- 12 None arising from this report.

Resource implications:

- 13 The costs of creating and publishing this report will be met from within the business as usual People and Organisational Development directorate budget.

Equality and diversity implications:

- 14 This report is one of a variety of indicators used by the NMC to assess its progress in achieving its EDI objectives. There are actions arising from this report contained within the EDI plan that we will implement and monitor to ensure that pay decisions remain fair and equal.

Stakeholder engagement:

- 15 None.

Risk implications:

- 16 The People Strategy includes EDI and reward work streams, which aim to mitigate the risks of gender or equal pay claims.
- 17 As the NMC is in a good position in terms of gender pay equality, the publication of the Gender Pay Gap Report 2018 is not expected to attract any adverse media attention.

Legal implications:

- 18 The NMC has a legal obligation to publish an annual Gender Pay Report. Failure to comply with the requirements in the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 may result in enforcement action.

Gender Pay Gap

Report 2018



Foreword

As Director of People and Organisational Development for the Nursing and Midwifery Council (NMC) I welcome the opportunity to publish our gender pay gap findings. Being open and transparent in reporting our figures is extremely important to me. It helps us to shine a light on areas we can improve, and provides information about how we intend to do that.

A key principle of fairness, one of our organisation's values, must be a fair rate of pay. If we compare ourselves to others our gender pay gap remains small. Nevertheless, we are not content with this position.

We are committed to improving our gender pay gap through the development of our Reward strategy, which will be decided on in March 2019 and will be implemented over the next three years.

The gaps are due to a number of factors, and it is important that we continue to work to understand and overcome these as part of our commitment to closing the gap.

To successfully deliver our organisation's goals we need colleagues that feel respected and we need a culture where diversity of background and thought is encouraged and welcomed. Our equality, diversity and

inclusion activities continue to be developed; addressing our gender pay gap is a part of this wider programme of work.

The NMC is committed to becoming a great place to work. The People Strategy 2017–2020 is our pledge to invest in our people, to continue to improve our person-centred approach in everything we do, and to create a better working environment so employees feel proud of what they do and who they work for.

Commitments in the strategy include the development of career pathways, new ways of working that encourage balance of work and personal lives, and the development of our leaders to support our people to do their best and enjoy working with colleagues to deliver our goals. We know that all of these approaches are important if we want to improve our gender pay gap.

Thank you for taking the time to read this report. I confirm that the figures contained in this report have been verified and checked thoroughly to ensure they are accurate.

Sarah Daniels

Director Of People and Organisational Development

Why do we publish?

All employers with 250 or more employees are required to publish their gender pay gap data every year under new legislation that came into force in April 2017. The data must be provided for the snapshot date of 5 April 2018.

This is the second year we've published our results.

What does the NMC have to do?

To comply with regulation we have to provide:

- 1) the mean gender pay gap
- 2) the median gender pay gap
- 3) the mean bonus gender pay gap
- 4) the median bonus gender pay gap
- 5) proportion of males receiving bonus
- 6) proportion of females receiving bonus
- 7) the proportion of males and females in quartile bands.

We must also:

- publish our gender pay gap data and a written statement on our public-facing website
- report our data to Government online – using the gender pay gap reporting service



How does 2018 compare to 2017?

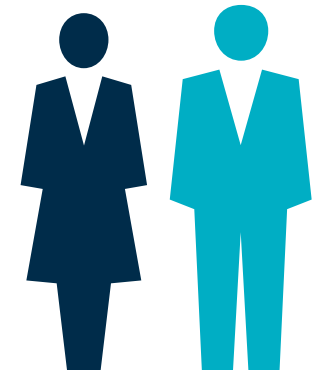
NMC	2017	2018	Difference
Mean gender pay gap	1.9%	1.6%	↓ -0.3%
Median gender pay gap	3.73%	4.77%	↑ +1.04%
*Mean gender bonus gap	0%	0%	0%
*Median gender bonus gap	0%	0%	0%
*Males receiving bonus	0%	0%	0%
*Females receiving bonus	0%	0%	0%

*We don't currently pay bonuses to any of our employees

In summary

Mean pay gap **1.6%** ↓ **Down** 0.3 % compared to 2017

Median pay gap **4.77%** ↑ **Up** 1.04% compared to 2017



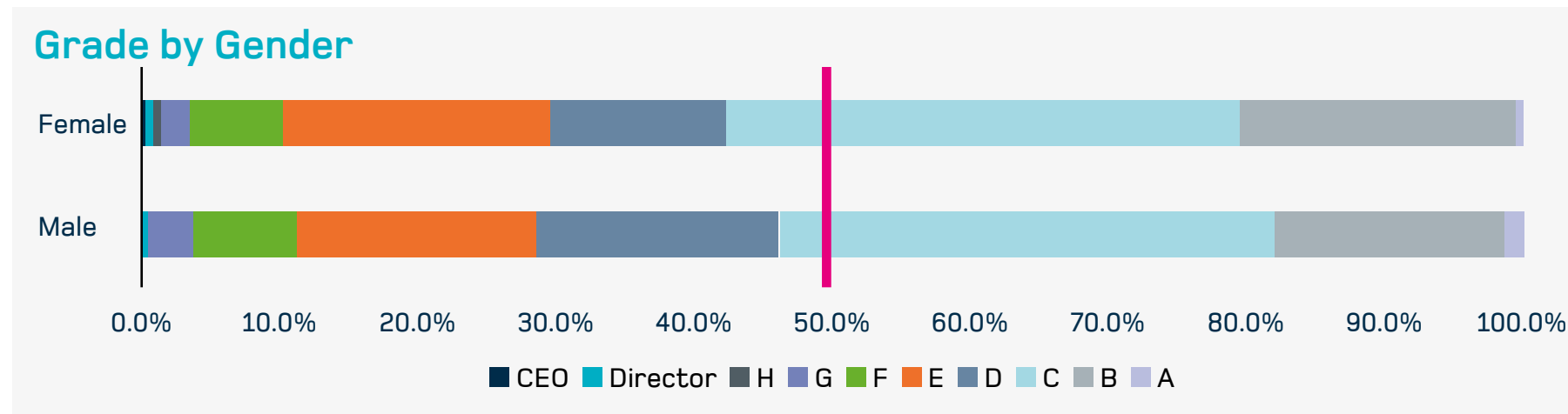
2018 results commentary

Mean pay gap **1.6%** ↓ Down 0.3 % vs 2017

This is a positive change as it highlights that the gap between the average pay of male and female employees reduced by 0.3% between 2017 and 2018. The reason for the reduction is that in 2018 the proportion of female employees in our four highest paid grades increased by 0.4% whereas the proportion of male employees in the four highest paid grades reduced by 1%.

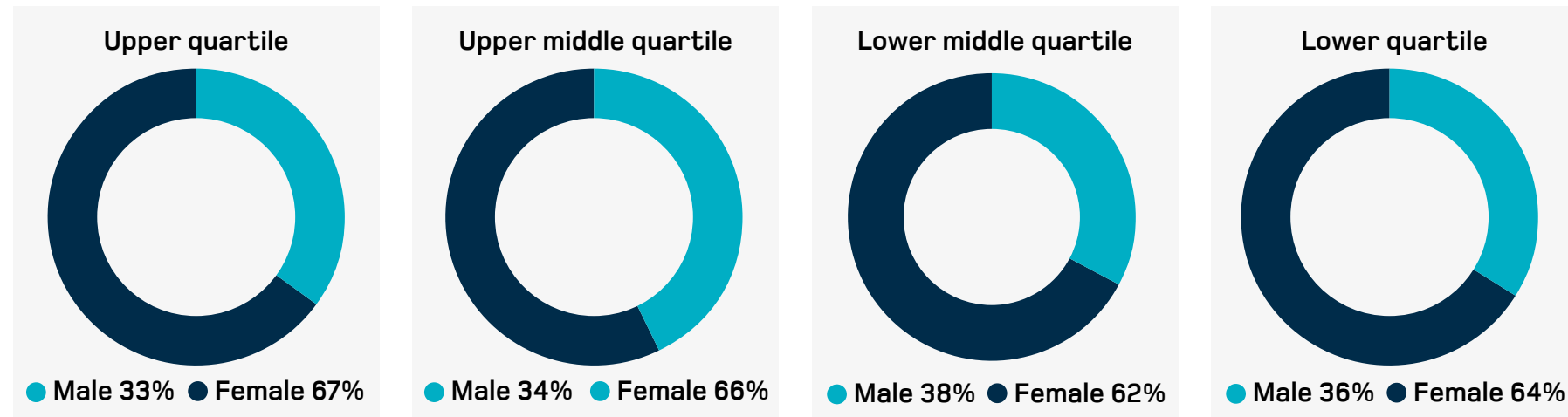
Median pay gap **4.77%** ↑ Up 1.04% vs 2017

Compared to 2017 there are proportionally more females in the lowest two pay grades which results in the slight increase in the median pay gap. The percentage of females in the lowest two pay grades rose by 2.6% between 2017 and 2018. In 2018 both males and females in the 'median employee' range are within the same pay grade however they have different roles in the organisation.



2018 results – pay quartiles

Quartiles



Overall the proportion of genders has remained the same as 2017.

63% female

37% male

However there were small changes in the quartiles compared to 2017.

UQ 1% increase in females

UMQ 5% increase in males

LMQ 4% increase in females

LQ 1% increase in females



Our results

Despite the slight increase in the median pay gap, comparatively we have a relatively small gap compared to the other employers. We are committed to continuing to work at reducing the gap as we review our Reward Strategy in 2019–2021. Below is a comparison of our 2018 results to the average gap for all employers in the 2017 gender pay gap submission (10,537 employers).

Mean gender pay gap (2017 average)	14.3% NMC -12.7% ↓
Median gender pay gap (2017 average)	11.8% NMC -7.1% ↓

- As per previous years our results continue to be below the national average, with the NMC finishing in the bottom 10% for mean gap and the bottom 30% for median gap.
- We're committed to the equal representation of women at all levels and pride ourselves on having women in a wide range of senior positions including executive level.
- The integrity of the pay and grading scheme has been maintained over time however there are still improvements to be made.



Our results

- The NMC is an exciting organisation with the ambition to be the leading healthcare regulator. To achieve that aim we need to work in an agile way that offers great opportunities for people with diverse backgrounds and experiences. We're committed to being an inclusive employer and we are happy to consider flexible and agile working arrangements that enable our employees to build a career and achieve a balance with what is important to them personally. We're committed to equal employment opportunity regardless of race, colour, religion, sex, national origin, sexual orientation, age, marital status, pregnancy, maternity, disability, or gender identity.
- Our People Strategy is all about continuing to invest in our people and make the organisation a great place to work. Our ambition is to continue to reduce our gender pay gap over the next three years as we design a new reward strategy that is fit for our future and implement it throughout 2019–2021. We believe that a healthy work–life balance is important for all of our colleagues and we continue to invest in practices and technology that increases the opportunities for agile working.
- We're committed to developing our equality, diversity and inclusion with the support of our newly appointed internal Equality Diversity and Inclusion lead who will drive forward an action plan to be launched in early 2019.



Thank you



Council

Midwifery update

Action: For discussion.

Issue: Updates the Council on midwifery matters.

Core regulatory function: Education and Standards.

Strategic priority: Effective regulation.

Decision required: None.

Annexes: None.

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

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Director: Dr Geraldine Walters CBE
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- Context:** 1 This report updates the Council on recent midwifery-related activity including midwifery communications and external engagement activity.
- Four country factors:** 2 Each of the four countries in the UK has its own approach to midwifery and maternity services. We are engaging across the UK to ensure we understand the current issues across the four countries. This reflects our position as a UK-wide regulator.
- Updates:** **Update on previous activities**
- 3 The new midwifery degree apprenticeship standard has been approved by Skills for Health for delivery by the Institute for Apprenticeships (IFA).
- 4 In November 2018, the Council gave approval to consult on the draft standards of proficiency for midwives and standards for pre-registration midwifery programmes. The consultation will start on 12 February 2019 and run for 12 weeks.
- 5 During the project engagement phase, a number of stakeholders questioned whether the NMC should mandate a longer midwifery programme length, and/or mandate a period of preceptorship to ensure competence at the end of the programme, and develop confidence in the early stages of registration.
- 6 To explore these issues further, in September 2018, the Council endorsed our approach to commission an independent exercise to seek the views of senior stakeholders regarding the length of future midwifery education programmes and approaches to preceptorship, including carrying out an economic impact assessment. We engaged KPMG to undertake this work for us, which was presented to a roundtable of stakeholders on 16 January 2019.
- 7 At the roundtable, there was a discussion around different options for lengthening the programme, and an acknowledgement that development of competence was influenced by a range of issues of which programme length may be one of many factors.
- 8 In relation to preceptorship, the NMC does not currently have the required legislative powers to mandate preceptorship. For this reason, it would be inappropriate to ask the question in the Future Midwife consultation. The group discussed the pre-requisites for the NMC to acquire the legislative powers to do this, and also considered the implications of the NMC mandating preceptorship, rather than other bodies. For example, the nature of our legislation would require us to seek assurance from individual midwives, and not their employer in relation to whether they had received adequate preceptorship. There was an appetite to continue exploring these

issues, and other potential models further.

- 9 We will now construct a set of questions on programme length for inclusion in the consultation, taking into account the views from the roundtable. We will also undertake further policy work to explore different models with other stakeholders and will update the Council on the outcome of this work in our post consultation phase feedback reports.

Future midwife external affairs activity

- 10 Ahead of the launch of the future midwife consultation on 12 February 2019, we have developed a detailed and comprehensive plan of external affairs activity. This activity includes, but is not limited to, an events programme, media work, social media content, blogs and emails to all midwifery registrants.
- 11 As appropriate, we continue to use digital channels to promote the future midwife programme. We have posted information on Twitter using the #futuremidwife hashtag.
- 12 We have finalised the events programme for the future midwife consultation. This consists of workshops, roundtables, and other events such as attending conferences.
- 13 We are also attending a number of externally organised events during the consultation, including events organised by the Royal College of Midwives, the Council of Deans of Health, and the Lead Midwives for Education. On 18 December 2018, we emailed all the midwives on our register and midwifery stakeholders inviting them to sign up to our future midwife consultation events. The email was opened by 43 percent of all midwives and over 1,800 visited our upcoming events page. Our future midwife consultation events all have high sign up rates and some are fully booked. Extensive planning is underway to ensure that our digital output in the lead up to and during the consultation runs smoothly. This includes work with our consultation agency to ensure a smooth user journey.
- 14 We will publish content, including blogs, news stories and social media posts, at the time of consultation launch, including an update to the future midwife web page and a press release. We will also publish further content as the consultation proceeds.

Midwifery strategic engagement

- 15 The External Affairs team are working with colleagues across the organisation on midwifery matters more generally. A strategic programme of engagement has begun and a range of communications and engagement activity is planned over the coming months. This includes work to increase our engagement with women and families, while being mindful of the ethical

considerations when talking with individual service users about their maternity experiences.

- 16 We launched a survey for women and families in December 2018, which will run for four to six weeks. This seeks their experiences of midwifery care and is being promoted through social media channels. To promote the survey and generate responses, we launched a Facebook advertisement targeted to women and families. By the end of December 2018, 475 responses had been received.
- 17 The Chief Executive's Senior Midwifery Advisor held two 'lunch and learn' sessions in December for NMC staff as part of her ongoing engagement. A programme of visits is being developed for the first half of 2019 and will include sites in England and Northern Ireland.
- 18 The NMC attended the Association of Radical Midwives steering group meeting in Nottingham on 30 November 2018 and also exhibited at the Institute of Health Visiting conference on 4 December 2018.

Public protection implications:

- 19 None directly arising from this report.

Resource implications:

- 20 None directly arising from this report. The resource implications for the future midwife programme have been accounted for within the corporate plan and budget.

Equality and diversity implications:

- 21 We are progressing equality impact assessments for the future midwife project. We are tracking the diversity of engagement to date and will be targeting specific groups that are currently underrepresented. The next phase will involve gaining additional insight through the consultation.

Stakeholder engagement:

- 22 This is covered in the body of the report.
- 23 We have updated the Council about the content of the engagement activities regularly. We will continue to collaborate with stakeholders and activities are planned to support participation with the future midwife consultation.

Risk implications:

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

Legal implications: 25 None directly arising from this report.

Council

Future nurse standards implementation update

Action:	For discussion.	
Issue:	Updates the Council on the future nurse and education standards implementation activity.	
Core regulatory function:	Education and Standards.	
Strategic priority:	Strategic priority 1: Effective regulation. Strategic priority 3: Collaboration and communication.	
Decision required:	None.	
Annexes:	None.	
Further information:	If you require clarification about any point in the paper or would like further information please contact the author or the director named below.	
	Author: Susan West Phone: 020 7681 5296 sue.west@nmc-uk.org	Director: Dr Geraldine Walters CBE Phone: 020 7681 5924 geraldine.walters@nmc-uk.org

- Context:**
- 1 In March 2018, the Council approved the following new education standards as part of the strategic programme of change for education:
 - 1.1 Part 1: Standards framework for nursing and midwifery education.
 - 1.2 Part 2: Standards for student supervision and assessment.
 - 1.3 Part 3: Programme standards for pre-registration nursing.
 - 1.4 Part 3: Programme standards for prescribing.
 - 1.5 Standards of proficiency for registered nurses.
 - 1.6 Adoption of the Royal Pharmaceutical Society's (RPS) Competency Framework.
 - 2 These standards were published in May 2018 and come into effect from 28 January 2019. A comprehensive plan to support the implementation of the standards was developed and this paper provides an update on activity to date, plus plans for further support.
- Four country factors:**
- 3 The implementation of the new education framework and future nurse standards affects all four countries and implementation activity has taken place across the UK.
 - 4 We have been in discussion with the Chief Nursing Officer (CNO) for Northern Ireland about the adoption of the RPS Competency Framework for all Prescribers as the framework was not formally endorsed by the Pharmaceutical Society of Northern Ireland. We have been able to confirm that as we have formally adopted the framework this will apply to all nurse and midwife prescribers in Northern Ireland.
- Discussion:**
- 5 Approved Education Institutions (AEIs) with their practice partners, are required to implement the new standards and gain approval for the relevant programmes. It is not our role to implement the new standards, but we are active in our support of the implementation of these and to help stakeholders realise the benefits.
 - 6 The structure of the support we are providing ranges from strategic engagements to local operation and this is outlined below.
 - 7 Four country boards: The CNOs have each established a board to lead implementation of the new standards in their country and we are working closely with all four boards.
 - 8 Implementation events: In September 2018, we held implementation events in each of the devolved countries and across the four regions

in England (14 events in total). Over 500 stakeholders engaged in these events. Feedback showed that they found the events valuable to their understanding as they prepared to implement the new standards. The events have informed our development of further supporting information and tools such as frequently asked questions.

- 9 Input to the development of a National Practice Assessment Document (PAD): The consultation in 2017 showed overwhelming support for a national PAD, which guides and documents practice assessment of proficiencies demonstrated throughout practice learning. Development of a PAD is beyond our regulatory remit, however we have engaged with stakeholders across the UK to support the development of a standardised approach to the PAD. The three devolved nations are each developing a PAD, led by their board. In England it appears likely there will be a national PAD rather than PADs developed at a regional level.
- 10 Provision of Information: We have held webinars and published [supporting information](#) on the new standards for supervision and assessment. This has been welcomed by our AEs and their practice partners.
- 11 Speaking invitations: We are prioritising and speaking at every engagement event we are invited to.
- 12 NMC staff briefings: Impact assessment and analysis has been carried out and training and briefings provided across the organisation. This is to ensure that all teams are aware and informed before the new standards go live.
- 13 Links with the new quality assurance (QA) framework: Engagement is taking place to ensure the readiness of AEs with their practice learning partners to deliver the new standards and confidence to go forward to approval.

Prescribing

- 14 From 28 January 2019, the RPS Competency Framework will come into effect as the NMC standards for nurse and midwife prescribers and for providers of NMC approved prescribing programmes. The previous NMC prescribing standards will remain available on the NMC website for education purposes, only until all prescribing programmes for nurses and midwives have been approved against the new standards.
- 15 Other regulators are also likely to adopt the RPS competency framework. The Health and Care Professions Council (HCPC) and the General Optical Council (GOC) have both recently proposed a similar approach. The outcomes of their consultation processes will be known later this year.

- 16 The RPS is also beginning work to develop a competency framework for designated prescribing practitioners and prescribing supervisors for all prescribing professionals (following the NMC and other regulators removal of the requirement for the designated prescribing practitioner to be a medical practitioner). The NMC, Royal College of Nursing (RCN) and Royal College of Midwives (RCM) are all involved in this work. Publication is scheduled for the end of 2019.
- 17 We will also be continually monitoring the need to develop any additional specific guidance for nurse and midwife prescribers. Our aim will be to develop this with other regulators or professional bodies wherever possible.

Standards for medicines management

- 18 The Council agreed the withdrawal of the standards for medicines management at its March 2018 meeting and these are due to be withdrawn on 28 January 2019. This date was published on our website and a full communications plan is in place to ensure that all our registrants and key stakeholders are aware and are appropriately signposted to relevant clinical guidance via our website.
- 19 We will be signposting to a range of other organisations who provide guidance on medicines management including the RPS, who published new guidance for all healthcare professionals on Safe and Secure Handling of Medicines in December 2018. We continue to engage with the RCN and RCM who are developing further guidance on medicines management, including new RCN online resources.

Challenges

- 20 The uptake and understanding is getting stronger, especially with education providers and practice educators, but there is more work to do with placement providers.
- 21 Most of the support required has been in the area of supervision and assessment of students in placements.
- 22 Clarity of understanding the four field experience is raised frequently and we have now published some [supporting information](#) on this.
- 23 Every registrant's understanding is variable with a need to understand the impact of the standards of proficiency for registered nurses on their role.

Next steps

- 24 We will continue to support implementation of the new standards with activity including monthly thematic blogs, webinars and attendance at local and national stakeholder events. We are hosting

a round table discussion on 23 January 2019 for stakeholders from all four countries to share best practices and discuss solutions to the challenges that they may be facing during the implementation phase.

- | | | |
|---|----|--|
| Public protection implications: | 25 | Successful implementation of the new education standards is a key part of our role in public protection. |
| Resource implications: | 26 | The education programme budget includes funding for implementation activity for 2019–2020 and 2020–2021 (to support implementation of the new midwifery standards). |
| Equality and diversity implications: | 27 | Equality and diversity impact analysis has taken place for all aspects of the education programme including the implementation activity. |
| Stakeholder engagement: | 28 | The purpose of the implementation activity is to engage with all stakeholders in raising awareness of the new standards and to provide information to support implementation and successful adoption of the new standards. |
| Risk implications: | 29 | This activity is key to mitigate against the risk that the education providers and their practice based partners are not able to adopt the new standards successfully. |
| Legal implications: | 30 | Legal input has been sought throughout. This includes external communications and key messages around the impact of the changes to the standards. |

Council

Implementation plan for the policy on safeguarding and protecting people

Action: For discussion.

Issue: Presents the implementation plan for the policy on safeguarding and protecting people.

Core regulatory function: All regulatory functions.

Strategic priority: Strategic priority 1: Effective regulation.
Strategic priority 4: An effective organisation.

Decision required: None.

Annexes: The following annexe is attached to this paper:

- Annexe 1: Implementation plan for policy on safeguarding and protecting people.

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

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- Context:** 1 On 28 November 2018, Council approved an updated NMC policy on safeguarding and protecting people, which applies to all who work for or with the NMC, including Council, Committee and Panel members, staff and contractors.
- 2 Council requested that the implementation plan supporting the work on the underpinning guidance and processes be provided at its next meeting.
- Four country factors:** 3 The work as part of the implementation plan reflects our UK-wide remit by taking into account charities guidance from both England and Wales, and Scotland, and the different legislative and policy frameworks relating to safeguarding across the UK.
- Discussion:** 4 The implementation plan at **annexe 1**, outlines the work and associated timeframes, underpinning the policy, including operational guidance, procedures and appropriate training on safeguarding for all staff (including contractors, such as panel members or others who might work with the NMC in a paid or unpaid capacity) who may have contact with children or adults at risk and may become aware of a safeguarding issue that needs to be reported.
- Public protection implications:** 5 The NMC's overarching statutory duty to protect the public is reflected in the work underpinning the implementation plan.
- Resource implications:** 6 The main costs involved in the work relate to embedding safeguarding in the NMC's culture, including the cost of safeguarding induction and training and any designed and printed materials.
- Equality and diversity implications:** 7 None.
- Stakeholder engagement:** 8 None.
- Risk implications:** 9 Failure to comply with safeguarding responsibilities may run the risk of the NMC losing the confidence of stakeholders including the public and the professions.
- Legal implications:** 10 The updated policy approved by the Council, and the implementation plan, are designed to ensure that we comply with our legal obligations and guidance issued by the charity regulators.

Implementation plan for policy on safeguarding and protecting people

	Action required	Success measure	Action owner	Timeframe
1.	<p>Designation of a safeguarding lead.</p> <p>Development and implementation of internal guidance for dealing with safeguarding concerns across the NMC.</p> <p>Review and update current policies, guidelines, manuals and SOPs. This includes developing and implementing guidance when dealing with wider welfare concerns and when to liaise with the Public Support Service (PSS).</p>	<p>Internal lead and guidelines available and accessible for staff.</p>	<p>Regulatory Intelligence Unit</p> <p>Communications</p> <p>Legal</p> <p>Policy</p> <p>Governance</p> <p>Human Resources</p> <p>PSS</p>	<p>End of March 2019</p>
2.	<p>Establish robust external referral, reporting and escalation processes that complement statutory local safeguarding bodies across the UK. We currently make referrals to other organisations in line with memoranda of understanding and information sharing agreements.</p>	<p>Organisational ownership of the implementation plan demonstrated through embedding of the policy into business functions.</p> <p>All safeguarding matters (where applicable) are appropriately referred, reported and escalated.</p>	<p>Regulatory Intelligence Unit</p>	<p>End of March 2019</p>

	Action required	Success measure	Action owner	Timeframe
	Establish effective inter-agency working, including effective information sharing.	<p>Effective stakeholder relationships with partners.</p> <p>We have agreed and are following the Joint Regulators' Emerging Concerns Protocol to ensure that issues are raised where appropriate.</p> <p>Safeguarding information is included in our statutory annual report and the Employer Link Service and Regulatory Intelligence Unit's annual report.</p>		
3.	<p>Develop and deliver training for all staff, appropriate to their role and continuing professional development, so that staff are competent to undertake their roles and responsibilities.</p> <p>Training to be included in scoping of organisational learning and development.</p>	Staff understand and are familiar with this policy and know how to recognise, respond to, report and record a safeguarding concern or any concern regarding harm to others.	<p>Learning and Development</p> <p>Regulatory Intelligence Unit</p> <p>Legal</p>	<p>End of March 2019</p> <p>2019–2020</p>
4.	Develop an internal communication plan.	Guidelines accessible for all staff. Policy is published on website. Safeguarding is embedded in the NMC's culture.	Communications	End of January 2019
5.	Review safe working practices, including identification of appropriate recruitment vetting and barring procedures to meet safeguarding requirements.	Most appropriate DBS / Fit and Proper Person / Financial checks are identified.	Human Resources	End of March 2019

	Action required	Success measure	Action owner	Timeframe
	<p>Design and undertake an audit of posts held in the NMC.</p> <p>Review role profiles to ensure there is reference to the policy where necessary.</p> <p>Scope and procure providers to deliver appropriate checks.</p>	<p>Roll out to established staff with necessary consultation built in.</p> <p>Job descriptions identify relevant roles that require safeguarding checks and future recruitment campaigns include this requirement. <i>*we will start vetting (if appropriate) for new recruits in a quicker timescale than it will take to deal with the existing staff in post.</i></p> <p>Set up agreement with external bodies to carry out checks as required.</p>		<p>Identify and design by end of March 2019. Delivery by end of September 2019</p> <p>End of September 2019</p> <p>End of September 2019</p>
6.	<p>Manage internal safeguarding risks/incidents adequately and reporting any failures promptly.</p>	<p>Any serious safeguarding incidents, complaints, allegations or events that are likely to have a significant impact on the NMC are reported to (as appropriate):</p> <ol style="list-style-type: none"> 1. the police, or local safeguarding body; 2. the Charity Commission and the Office of the Scottish Charity Regulator; 3. the Privy Council. <p>Such events are also reported publicly</p>	<p>Human Resources</p> <p>Governance</p> <p>Regulatory Intelligence Unit</p>	<p>Ongoing</p>

	Action required	Success measure	Action owner	Timeframe
		in our statutory annual report and accounts.		
7.	Annual update on implementation of the policy to Council.	Council receives annual updates on policy implementation and outcomes.	Regulatory Intelligence Unit Communications Legal Policy Governance Human Resources PSS	Ongoing

Council

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

Action: For information.

Issue: Reports action taken by the Chair of the Council since 28 November 2018 under delegated powers in accordance with Standing Orders.

There have been two Chair's actions and one Decision by correspondence:

1. Approval of Annual Returns 2017–2018 to the Charity Commission and the Office of the Scottish Charity Regulator.
2. Approval of minor changes to the Council's Standing Orders and Scheme of Delegation to reflect the introduction of regulation of the new profession of nursing associate in England.
3. Approval for changes to regulatory policy and guidance documents as a result of decisions relating to: Overseas registration policy; Registration policies; and English language guidance.

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: None.

Annexes: The following annexes are attached to this report:

- Annex 1: Chair's action 15/2018 – Approval of Annual Returns 2017–2018 to the Charity Commission and the Office of the Scottish Charity Regulator.
- Annex 2: Chair's action 01/2019 – Approval of minor changes to the Council's Standing Orders.
- Annex 3: Decision by correspondence – Registration policy changes (01–2018).

**Further
information:**

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

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15/2018

Chair's Action

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

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

Requested by: Secretary to the Council	Date: 13 December 2018
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Approval of Annual Returns 2017–2018 to the Charity Commission and the Office of the Scottish Charity Regulator (OSCR)

1. As a registered charity with income in excess of £10,000 a year, the NMC is required to submit annual returns to the Charity Commission and OSCR, together with copies of the audited annual report (Trustees' annual report) and accounts. Charity Commission guidance requires that the annual returns be reviewed and approved by a Trustee of the charity. The Audit Committee confirmed in June 2015 that review and approval by the Chair is appropriate.
2. The Assistant Director and the Head of Governance have reviewed, and where necessary updated, our details on the Charity Commission website. This included updating information about the policies we have, to confirm that we have a safeguarding policy.
3. The proposed 2017–2018 annual returns are attached for review:
 - 2.1. Annexe 1: Charity Commission
 - 2.2. Annexe 2: OSCR
4. The returns have been populated using information already produced in the audited annual report and accounts 2017–2018, which have been laid in Parliament and published. However in some areas, information has been requested that is not published in our annual report. This information has been supplied by the Interim Director of Resources.
5. The interim Director of Resources has confirmed that he is content with the financial aspects of both annual returns.
- 6. The Chair is asked to review and approve the returns.**

7. Once approved, the returns will be submitted by the Head of Governance online in advance of the deadline of 31 December 2018 (OSCR) and 31 January 2019 (Charity Commission).

Signed:



(Chair)

Date:



01/2019

Chair's Action

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

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

Requested by: Fionnuala Gill Secretary to the Council	Date: 8 January 2019
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Minor changes to the Council's Standing Orders

Some minor changes are needed to the Council's Standing Orders and Scheme of Delegation to reflect the introduction of regulation of the new profession of nursing associate in England.

The changes do not affect the operation of the Standing Orders or Scheme of Delegation.

The Chair is asked to approve the changes to add reference to nursing associates in the Standing Orders and the Scheme of Delegation (**annexe 1**).

Signed:  (Chair)

Date: 

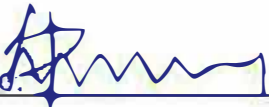
Council: Decision by correspondence

NMC/18/113 Registration policy changes (01–2018)

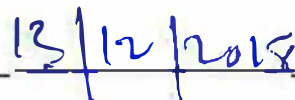
1. On 6 December 2018, a paper by the Director of Registration and Revalidation was sent by the Secretary to Council members by email:
 - a) Seeking Council approval for changes to regulatory policy and guidance documents as a result of recent decisions relating to: Overseas registration policy; Registration policies; and English language guidance.
 - b) Asking the Council to approve the following changes:
 - A. Overseas registration policy: how we will assess the qualifications of non-EEA applicants
 - B. Overseas registration policy: taking account of our new education standards and regulation of nursing associates
 - C. Wider registrations policies: adding nursing associates
 - D. English language guidance: amending the minimum IELTS writing score, clarifying EEA evidence and adding nursing associates
2. The email invited Council members to respond by Noon on 13 December 2018.
3. The Council's decision as at Noon on 13 December 2018 was to agree to the above changes.

Confirmed and signed by the Chair of the Council as a correct record.

Signed: _____



Date: _____



Consequential changes to the overseas registration policy, wider registration policies and English language guidance

Purpose

- 1 This paper asks for Council's approval of consequential changes to the overseas registration policy, wider registration policies and English language guidance to reflect recent Council decisions; our new education standards; and regulation of nursing associates.
- 2 **Recommendation: The Council is asked to approve the changes to policies as set out in sections A to D below by Noon on 13 December 2018.**

Background

- 3 As part of our corporate commitment to ensure our processes remain effective and efficient and reflect feedback from stakeholders and applicants, the NMC is currently undertaking several major workstreams:
 - 3.1 Reviewing our overseas process.
 - 3.2 Reviewing the requirements for English language competence.
 - 3.3 Updating our education standards for nurses and midwives.
 - 3.4 Preparing to take on regulation of the new profession of nursing associate.
- 4 The Council has recently made several decisions that now need to be implemented by updating our regulatory policy documents:
 - 4.1 Registration policies: at its meeting in September 2018, Council agreed that our registration and revalidation policies should be updated to apply to nursing associates.
 - 4.2 Overseas registration policy: Council's decision in March 2018 on the new future nurse standards and in September 2018 on the new nursing associate standards now need to be embedded via updates to the overseas registration policy to ensure we assess overseas applicants against these new standards.
 - 4.3 English language guidance: at its meeting in November 2018, Council agreed to maintain the requirement for an overall score of 7 and to accept a minimum score of 6.5 in the writing element of the International English Language Test (IELTS) as evidence of English language competence. Our guidance also needs to be updated to make the same provision for nursing associates.
- 5 This paper sets out how we have updated the above policies and guidance.

A. Overseas registration policy: how we will assess the qualifications of non-EEA applicants

- 6 We have updated the eligibility criteria for nurse, midwife and nursing associate applicants in the overseas registration policy to clarify what constitutes acceptable qualifications and how to present them to us:
- 6.1 Nurse and midwife applicants will require a qualification that allows them to register in their home country (at the moment they must be registered).
- 6.2 For nursing associate applicants (whose qualification is unlikely to be regulated in their home country) we will focus on the level and nature of their training, which must be the equivalent of a foundation degree (in line with the England programme requirements) in the sphere of nursing.
- 7 We have aligned the overseas application process with the process for those who trained in the UK by removing the requirement for 12 months of post-registration experience.

B. Overseas registration policy: taking account of our new education standards and nursing associates

- 8 Nurses, midwives and nursing associates must meet the same high standards regardless of where they gained their qualifications. We have updated the overseas registration policy to reflect our new standards of proficiency. We have also incorporated nursing associate applicants throughout the document, including referencing that the same policy applies to those who trained in the devolved administrations.

C. Wider registrations policies: adding nursing associates

- 9 We have incorporated nursing associates into the policies setting out how all registrants maintain their registration with the NMC.
- 10 We have also created three new documents:
- 10.1 A policy to set out how applicants with approved qualifications from England can apply to join the nursing associate part of the register.
- 10.2 A transitional policy to set out how those nursing associate applicants who trained on pre-regulation courses in England can apply to join the register (as per our legislation).
- 10.3 A policy to set out how EEA citizens (who fall under the General System route) can apply to join the nursing associate part of the register.

D. English language guidance: amending the minimum IELTS score, clarifying EEA evidence and adding nursing associates

- 11 We have amended the wording in our English language guidance to state that applicants can demonstrate their English language competence by an overall

score of 7.0 in the IELTS, with a score of no less than 7.0 in reading, listening and speaking, and no less than 6.5 in writing.

- 12 We have clarified that any further information, evidence or documents that EEA applicants provide in support of their application must meet our criteria that apply to all evidence of being recent, objective, independent, effective and verifiable.
- 13 We have updated the guidance to reflect that language evidence requirements apply to nursing associates.
- 14 **Recommendation: The Council is asked to approve the changes to policies as set out at A to D above by Noon on 13 December 2018.**

Next steps

- 15 Over the next few years we intend to create a list of comparable qualifications from non-EEA countries that we are assured meet our standards. In time this may create the opportunity for non-EEA applicants whose qualifications are on this list to gain direct entry to the register without undertaking a test of competence, although initially the overwhelming majority of applicants will still be required to undertake a test of competence. We will update the overseas registrations policy to set out this approach.

Emma Broadbent
Director of Registration and Revalidation
06 December 2018