

Meeting of the Council

To be held from 09:30am on Thursday 3 October 2019
Royal College of Physicians, Edinburgh, Scotland

Agenda

Philip Graf
Chair

Fionnuala Gill
Secretary

- | | | | |
|--------------------------------|---|-----------|-------------------------------|
| 1 | Welcome and Chair's opening remarks | NMC/19/63 | 09:30 |
| 2 | Apologies for absence | NMC/19/64 | |
| 3 | Declarations of interest | NMC/19/65 | |
| 4 | Minutes of the previous meeting
Chair | NMC/19/66 | |
| 5 | Summary of actions
Secretary | NMC/19/67 | |
| 6 | Reflections on Council visits
Council | NMC/19/68 | 09:40
(Oral) |
| 7 | Standards of proficiency for midwives and standards for pre registration midwifery programmes
Director of Education and Standards | NMC/19/69 | 10:10 |
| | Coffee | | 11:10 |
| 8 | Executive report
Chief Executive and Registrar/Executive | NMC/19/70 | 11:30 |
| 9 | Questions from observers
Chair | NMC/19/71 | 12:15
(Oral) |
| Matters for information | | | |
| 10 | Chair's actions since the last meeting
Chair | NMC/19/72 | |
| | CLOSE and LUNCH | | 12:45 |

Meeting of the Council
Held on 3 July 2019 at the People's History Museum, Manchester

Minutes

Present

Members:

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

NMC Officers:

Andrea Sutcliffe	Chief Executive and Registrar
Emma Broadbent	Director of Registration and Revalidation
Sarah Daniels	Director of People and Organisational Development
Matthew McClelland	Director of Fitness to Practise
Andy Gillies	Interim Director of Resources
Geraldine Walters	Director of Education and Standards
Edward Welsh	Director of External Affairs
Ric Sheldon	Interim Director of Technology and Business Innovation
Clare Padley	General Counsel
Fionnuala Gill	Secretary to the Council
Pernilla White	Senior Governance and Committee Manager

Minutes

NMC/19/45 Welcome and Chair's opening remarks

1. The Chair welcomed all attendees to the meeting, including those from North West and Wales and the regular attendees from London. The Council was pleased to be holding this meeting in Manchester.
2. The Council congratulated Ruth Walker on being awarded an MBE in the Birthday Honours list. The Chair and Chief Executive had written to congratulate all registered nurses and midwives who had been recognised in the honours list, including Dr Judith Ellis, former acting Chair of the Council.

NMC/19/46 Apologies for absence

1. Apologies had been received from Sir Hugh Bayley and Candace Imison, Director of Strategy Development.

NMC/19/47 Declarations of interest

1. The following declarations were recorded:
 - a) In relation to **NMC/19/53 – Draft Annual Fitness to Practise Report 2018–2019**: Ruth Walker and Karen Cox declared an interest as an employer of professionals on the register.
 - b) In relation to **NMC/19/54 – Revalidation Annual Data Report 2018–2019**: All registrant members and Geraldine Walters, Director of Education and Standards declared an interest.
 - c) In relation to **NMC/19/60 – Midwifery update**: Lorna Tinsley declared an interest as a Midwife. Ruth Walker and Karen Cox declared an interest as an employer of midwives.
2. None of the interests declared were deemed material as the individuals were not affected any more than other registrants.

NMC/19/48 Minutes of the previous meeting

1. The minutes of the meeting on 22 May 2019 were agreed as an accurate record.
2. In discussion the following points were noted:
 - a) It was important that the work as a result of the Lessons Learned review on how we engage with people was captured as an action so that the Council could be clear about progress.
 - b) A major programme to revise and rewrite all Registrations and Fitness to Practise (FTP) communications had been undertaken. In the

Registration and Revalidation directorate there had been engagement with each team to consider what it meant to embody kindness and compassion in our work. Staff had embraced this and it had been very empowering. Sample checks were carried out on how staff engaged with people in order to ensure that the change of style and tone of voice was implemented in practice.

- c) It was important to test whether those contacting or engaged with us were seeing a difference. Work to improve how feedback from people who engaged with us was captured and analysed was ongoing: an update would be provided to Council on this.
- d) It was important that this linked to the work on the new values and behaviours framework being developed alongside development of the new Strategy 2020–2025.

Action: i. Report back on the impact of the efforts to change the way we communicate with people who engage with us; and ii. Update the Council on our work to improve customer feedback.
For: Director of Registration and Revalidation
By: 3 October 2019

Action: Update Council on the work on our values and behaviours
For: Director of People and Organisational Development
By: 3 October 2019

NMC/19/49 Summary of actions

1. The Council considered progress on actions from the previous meetings. In discussion, the following points were noted:

Lessons Learned review

- a) The Chief Executive and Registrar had written to update the Chair of the Health and Social Care Committee on progress on our Lessons Learned review work. Letters to the families and other partners had been drafted and would be signed and sent imminently.

Employee turnover

- b) The target of 20 percent took account of comparators from Expert HR, a widely used HR industry database. The trend overall was going up but at the NMC the trend was going down and there had been an improvement compared to last year. Determining operational need and setting targets based on this may be a better approach than using geographical comparators.
- c) Turnover was affected by a number of factors, such as the upcoming office move to Stratford for some staff. It may be helpful in future reports to disaggregate the turnover due to the office move, as this could distort the figures.
- d) The average length of service had risen to over three years from two years and five months (as reported in the Annual Workforce Report 2018–2019 NMC/19/57) and this may be a better indicator.

- e) The Executive was focused on reducing turnover and action to address this included the current proposed changes to grading and pay.

Action: Consider the Council's comments in future reporting on turnover and service length, including possible disaggregation of the figures.
For: Director of People and Organisational Development
By: 3 October 2019

NMC/19/50 Executive report

1. The Council considered the Executive report and welcomed the improvements made and the work of the Interim Director of Resources and his team.

Executive update

2. The following points were noted in discussion:
- a) The Chief Executive and Registrar continued to contribute to the NHS People Plan steering group. In particular we would continue to raise the issue of nurses, midwives and nursing associates working outside of the NHS, which were not currently captured by the interim plan. The recognition in the interim People Plan of the need to address under investment in Continuing Professional Development (CPD) was welcome, but there were areas that needed attention such as CPD for nurses working in social care.
 - b) We continued to engage with the devolved administrations to ensure that our response to the plan linked up with the challenges and concerns across the four countries.
 - c) The update on the various recent reports relevant to our new FTP strategic direction were welcome. The Council had gained further insights into the various initiatives to promote 'just culture' from the previous day's attendance at the Patient Safety Congress.
 - d) The literature review by Dr Paul Sanderson published by the PSA, around the impact of transparency on decision making raised issues that would need to be considered carefully, particularly in the light of the new focus on context. The current default was that FTP hearings were in public unless there was a need to hold some or all in private eg to protect confidential health information.
 - e) A meeting with families affected by the events at Gosport War Memorial Hospital had been arranged for 16 July 2019. A pre-meeting with Bishop James and the Secretary of State would also take place in advance of that day to ensure that the meeting with the families would be as constructive as possible.
 - f) Brexit preparations, including for a possible no deal scenario, were continuing.
 - g) The first stage of the strategy development 2020–2025 closed on 30 June and over 2000 people had contributed.

- h) Preparations were underway to celebrate 100 years of nursing regulation and the WHO international year of the nurse in 2020. As well as celebrating the past, this was an excellent opportunity to promote the future of nursing and nursing as a career, for example by developing a pack which could be shared with schools, colleges and education providers. It would also be helpful to link up with the General Nursing Council Trust and its counterpart in Scotland as the legacy bodies of the original regulators and promote their work. The launch of the new midwifery standards in 2020 would be an opportunity to celebrate 118 years of midwifery.
- i) A ceremony to rename the Chair's Office as the Mary Seacole room had been held on 25 June 2019 with representatives from the Mary Seacole Trust and a range of guests.

3. **Performance**

The Council discussed the performance report to 31 May 2019. In discussion, the following points were noted:

- a) In relation to the delay in implementing back up phone lines, this was now expected to take place in August.
- b) The main areas where performance was not on target related to technology and there was also an underspend in this area. The IT underspend was due mainly to the delay in purchasing laptops.
- c) Underspend more generally was due to slippage, particularly in recruitment, but risks were considered manageable.
- d) The Executive was confident that the quality assurance of all education institutions and programmes against the new standards would remain on target despite the expected peak of activity during summer 2019.
- e) For the six institutions approved to date, the new process had been a challenge, but it should be, as it was important that we were able to rely on approved providers delivering newly qualified nurses who were safe and fit to practice. There had been some concerns expressed by education providers about the new processes. Learning had been shared with those education institutions who had yet to be approved, to help make the process more streamlined for them.
- f) The IT delays had not affected the approvals process but would make things easier once in place.
- g) In relation to the evaluation of 'protected learning time', there was a need for a sufficient number of nursing associate students to have completed programmes before this could be evaluated. It would be helpful to have data on the number of registrants returning to practice. This data would be difficult to disaggregate at present but would be built into the new system.
- h) Two key Registration contracts had been awarded for the design of test of competence and for delivery of the computer based test.
- i) The importance of progressing the introduction of the pro-bono legal advice service as part of the new FTP strategy was highlighted. There

may be value in engaging with the Bar Council and Bar Standards Board around this work.

- j) It was important that the underspend within FTP did not have a knock-on effect on processes and families. Recruitment of Employer Link Service staff, adjudication support staff and lawyers was currently underway.
- k) The number of FTP cases taking more than 66 weeks to conclude was concerning - this was a long time for all involved and we should keep the pressure on to do better. In part this was due to the challenges experienced in the investigations department over the past 18 months. This was now under control and there should be signs of improvement by the end of the year, though these would not be dramatic.
- l) A reforecast of spend against budget after the first quarter was being undertaken. This would include consideration of scope to reallocate resources to address any slippages which needed to be addressed as a matter of priority.
- m) The grading and pay consultation with staff was underway and feedback to Council would be provided once the consultation had closed.
- n) A new measure had been included relating to accommodation efficiency which was calculated on square ft per person. The target indicated that the NMC was close to best practice efficiency. The work on accommodation was welcomed by the Council, however it was important to note the crowded working conditions and lack of meeting space at Portland Place, which represented a real challenge.
- o) Another new measure relating to the oversight of contracts by the Procurement team had been included, this showed a current dip, however the overall trend indicated an improvement.
- p) An additional target in relation to recycling of waste would be developed.
- q) In October 2019, the Executive report would include new KPIs for the External Affairs department.

Action:	Update Council on how any resources have been reallocated following quarter one reforecast of spend against the budget together with the rationale for the reallocation.
For:	Interim Director of Resources
By:	3 October 2019

4. ***Corporate risk register***

The following points were noted in discussion:

- a) Two risks had been rated as red: Risk INF18/02 (Stability of IT infrastructure) and PEO18/01 (NMC workforce).
- b) The inclusion of timeframes in the risk register was welcomed.

NMC/19/51 Audit Committee Annual Report 2018–2019

1. The Chair of the Audit Committee introduced the Audit Committee's Annual Report for 2018–2019. The Chair and the Chief Executive and Registrar were thanked for their regular attendance at Audit Committee meetings. This was particularly welcomed as it meant issues raised by the Committee, were acted upon.
2. In discussion, the following points were noted:
 - a) The Committee's role was to look under the bonnet to see how the engine was running. The Committee had been pleased to see greater transparency and a renewed focus on improving risk management and was assured by how things were working.
 - b) The Committee's scrutiny of reports on serious events and data breaches was welcome. It would be helpful for the Council to receive information on the numbers and themes and the action taken to embed learning from the comprehensive risk and serious events reviews to ensure openness and transparency in this area.
 - c) It was good to see the number of single tender actions was reducing and that there were improvements being made to procurement pleasing and the action plans were noted as reasonable and accepted by the internal auditors.
 - d) The Committee had scrutinised the draft Annual Report and Accounts 2018–2019, including the Annual Governance Statement, on behalf of the Council and the draft Annual Fitness to Practise Report.
 - e) This had been an unusual year with three Chief Executive and Registrars and the Committee was pleased to be able to assure the Council that robust transition and comprehensive assurance handovers had been put in place to ensure continuity during the reporting year.
3. The Committee was pleased to be able to endorse the content of both reports and to recommend them for approval to the Council and to recommend to the Council that it should approve the letters of representation to the external auditors and the NAO.
4. Thanks were expressed to external and internal auditors and colleagues for their commitment and hard work over the last year.

Action:	Provide the Council with information on recommendations arising from the comprehensive risk reviews and outcomes of implementation of the recommendations.
For:	Interim Director of Resources
By:	3 October 2019

Action: Provide the Council with information on themes and learning from serious events reviews.
For: Director of Registration and Revalidation
By: 3 October 2019

NMC/19/52 Draft Annual Report and Accounts 2018–2019

1. The Chair introduced this item and noted that the Annual Report and Accounts were important as the key basis on which the Council accounted to Parliament and the public, including our registrants, for what we do and how we spend the fees. The previous year had been challenging and the Council had committed to doing things differently and treating everyone we engage with and regulate, with kindness and respect.

2. The Chief Executive and Registrar noted the following points when presenting the draft annual report and accounts:

- a) This was the Council's annual report to Parliament and also the Council's report as Trustees to the Charity Commission for England and Wales and the Office of the Scottish Charity Regulator (OSCR).
- b) The report covered key developments and achievements in the year from April 2018 to March 2019 including:
 - i. The introduction of our new Public Support Service;
 - ii. Our new approach to FTP;
 - iii. Welcoming nursing associates onto the register in England;
 - iv. The streamlining of process for those trained overseas wanting to work here;
 - v. Our future nurse standards; our consultation on the future midwife standards; and
 - vi. changes to how we quality assure the education programmes training the nurses, midwives and nursing associates who will be looking after us all in years to come.
- c) Internally, there was a lot of more work to be done on IT and people matters in the year ahead.

3. In discussion, the following additional points were noted:

- a) It had been a challenging year and the Executive team was congratulated for having delivered on the objectives despite this. The impact already made by Andrea Sutcliffe as Chief Executive had been very positive.
- b) In considering Council members' expenses, it was crucial to recognise that most members lived outside of London and therefore regularly travelled and stayed in London for Council purposes.
- c) The largest spend in the budget was still on FTP.
- d) The graph showing how registrants' money was spent was welcome. It was important to note that all costs relating to the introduction of regulation of nursing associates had been met by the Department of

Health and Social Care.

- e) The redesign of the report and use of infographics was welcome. As part of efforts to be more open and transparent, a short more accessible version and an easy read version would be published. The reports would also be published in Welsh.

4.

The report was the culmination of a great deal of work led and coordinated by the Governance Team. Thanks were expressed to all staff involved and to the staff in the Resources team for their work on the accounts and to our Auditors.

5.

Decision: The Council:

- **Authorised the Chair to sign the draft letter of representation to the external auditors.**
- **Authorised the Chair and Chief Executive, as Accounting Officer to sign the draft letter of representation to the NAO.**
- **Approved in principle the draft annual report and accounts 2018-2019, subject to any comments.**

NMC/19/53 Draft Annual Fitness to Practise Report 2018–2019

1.

The Director of Fitness to Practise introduced the draft Annual Fitness to Practise Report 2018–2019. In discussion the following points were noted:

- a) The report reflected how we had sought to learn from the PSA's Lessons Learned Review in developing our new strategic direction for FTP and establishing a more person centred approach and fostering a just culture.
- b) A key focus for 2019–2020 would be on improving the support provided to registrants under investigation. Work had begun on recording the number of registrants who take their own life during the course of our processes. Whilst the reasons for such action may be complex, it was critical for us to realise the impact that our processes can have on those under investigation, especially so if already vulnerable and to do what we could to reduce the impact in how we undertook our work. Whilst the FTP process was still adversarial in nature, it could still be approached with humanity and care.
- c) A truly culturally transformative process was taking place within FTP and this was welcome. It was critically important that we understand the real world context in which nurses, midwives and nursing associates practice. The Patient Safety Congress had provided some insights into this.
- d) We needed to engage sensitively and with kindness to all those involved in our processes, registrants as well as patients and families. We needed to understand what it is like for registrants going through the FTP process, especially given how long it can take and the impact on them and their lives.
- e) The proposed pro-bono legal advice service was welcome and

important to pursue. It was recognised that the Unions and professional bodies already provide representation for many registrants and we would continue to work with them.

2. The Council expressed its thanks to the Director and his team and all staff involved in producing the report.

3. **Decision: The Council approved the draft annual fitness to practise report for submission to Parliament.**

NMC/19/54 Revalidation Annual Data Report 2018–2019

1. The Director of Registration and Revalidation introduced the Revalidation Annual Data Report 2018–2019. This was a report on the final year of the first three year cycle of revalidation. An independent evaluation over the three years had found that Revalidation had been a real success with lots of positive feedback. This was consistent across all registration types. The evaluation report would be published alongside the final report.

2. In discussion, the following points were noted:

- a) One of the concerns when revalidation was introduced was that it would lead to people leaving the register; this had not proved to be the case. The reasons people leave the register were complex and whilst revalidation does feature, it was not the driving factor.
- b) More data had been included in this year's report and in particular there was now a much better picture of where registrants were working, which was really useful.
- c) Further work was needed on the barriers to revalidation, for example, an area to understand in more detail going forward was disability. The data on the impact of increasing age on revalidation rates was interesting.
- d) The data on black and minority ethnic groups and work setting was welcomed. Further research had been commissioned which would use this and FTP data to look at what we could learn. The verification and audit process adopted a risk based approach and more detail on this would be included in the final report.
- e) There were some interesting points coming through in relation to feedback and the associated barriers to collecting feedback from patients.
- f) It was important that the revalidation process was challenging and was something that registrants planned and worked towards over the three years.
- g) Continuing to promote the benefits of revalidation to registrants was also important. For example, for those professionals working in isolation or as the lone registrant in social care or GP practices, it provided an opportunity to engage on important issues such as Continuing Professional Development (CPD), confirmation and reflection.

3. The next steps were to include revalidation, including the role of CPD as part of development of the 2020–2025 strategy.
4. The Council expressed its thanks to the Director and all staff involved in producing the report.
5. **Decision: The Council approved the Revalidation Annual Data Report 2018–2019.**

NMC/19/55 Annual Equality, Diversity and Inclusion Report 2018–2019

1. The Director of Registration and Revalidation introduced the Annual Equality, Diversity and Inclusion (EDI) Report 2018–2019. In discussion, the following points were noted:
 - a) Section one of the report set out an overview of achievements and progress of the EDI work in 2018–2019 and section two presented a summary of the diversity data about the nurses, midwives and nursing associates on our register, including FTP data.
 - b) Work was ongoing to improve processes, including: for those disabled people and trans people that interact with the NMC; an overseas review; and new ways of working in FTP, for example, the implementation of the FTP strategy.
 - c) It was encouraging that a significant proportion of nursing associates were over 40 years of age, as these registrants bring previous experience.
 - d) Black and minority ethnic groups continued to be overrepresented in FTP proceedings: the research we had previously published showed that this could be due to employers' behaviours and may also be affected by the settings in which such staff worked. As mentioned previously, further research was being undertaken to explore this further and we would share the outcomes with other regulators. It was important to ensure that the NMC had no bias in how anyone was treated and that we did our best to achieve equality of outcomes for everyone regardless of any irrelevant factors.
 - e) Work was also ongoing in relation to the development of an understanding of how race impacted on our work, including how we could learn from the Workforce race equality scheme in the NHS.
 - f) We would be seeking to embed EDI in the development of the future Strategy 2020–2025.
2. The Council expressed its thanks to the Director and all staff involved in producing the report.

NMC/19/56 12a. Adroddiad Monitro'r Cynllun iaith Gymraeg ar gyfer y cyfnod rhwng 1 Ebrill 2018 a 31 Mawrth 2019

12b. The Welsh Language Scheme Monitoring Report 1 April 2018 –

31 March 2019

1. The Director of Registration and Revalidation introduced the Welsh Language Scheme Monitoring Report. In discussion, the following points were noted:
 - a) The Council welcomed the efforts made in drafting this report and in publishing it in the Council papers in both Welsh and English.
 - b) It was important to understand Welsh culture and to engage with people in Wales in order to gain a deeper understanding.
 - c) The inclusion of the statistics in Annexe 1 was helpful. It was noted that the number of publications available to the public included all forms of communications. This may be misunderstood and it would be helpful to be clearer about what the figures meant.
2. The Council expressed its thanks to the Director and all staff involved in producing the report.
3. **Decision: The Council approved the Welsh language scheme monitoring report 1 April 2018–31 March 2019 for submission to the Welsh Language Commissioner.**

NMC/19/57 Annual Workforce Report 2018–2019

1. The Director of People and Organisational Development introduced the Annual Workforce Report 2018–2019. In the interests of transparency and openness, the workforce report was being brought for discussion in an open Council meeting for the first time.
2. In discussion, the following points were noted:
 - a) Turnover was at its lowest level in six years at 21.6 percent for 2018–2019, down from 28 percent.
 - b) The number of exit interviews was increasing, which was good as feedback was very important.
 - c) A new employee survey had been introduced, which enabled monthly pulse surveys and these had begun in June 2019.
 - d) The longstanding promise to review grading and pay had commenced and consultation was underway.
 - e) 185 Managers had gone through the leadership development programme. The feedback received indicated that it had increased the management capability score. The programme would continue to evolve, taking into consideration key priorities for the organisation, results of our monthly engagement surveys and evidence from exit interviews.
3. The Council welcomed the work on the values and noted the importance of including the Council in the work to support the workforce.

4. The Council expressed its thanks to the Director and all staff involved in producing the report.

Action: Consider how the Council can be more involved in supporting the workforce
For: Director of people and Organisational Development/Secretary
By: 3 October 2019

NMC/19/58 Annual Health, Safety and Security Report 2018–2019

1. The Interim Director of Resources introduced the Annual Health, Safety and Security Report 2018–2019.
2. The Council welcomed the report and in particular the focus on as promotion of health and well being.
3. The Council expressed its thanks to the Director and staff involved in producing the report.

NMC/19/59 Questions from observers

1. The Chair invited questions and comments. The following comments were made:
 - a) A nursing student noted that supernumerary was a big issue as in practice students were often counted in the numbers at placements. This was a difficult issue for the students to challenge and it was also difficult for the students to get as much learning as possible. It was a worry that students may not have enough knowledge at the end of a course if this continued. The Director of Education and Standards would look into the issue, to ensure that the right processes were followed and get in touch with the relevant University.
 - b) Another nursing student noted that communications from the NMC to students were limited and asked how better communication could be achieved. The Director of Education and Standards noted that there was currently no direct communications link with students. It was not until people were on the register that the direct link was established. A student survey had been considered and this may create a stronger relationship between the NMC and students. This would be further considered as part of our Strategy 2020–2025 development. More useful information could also be added onto our website and further work undertaken to ensure that students feel part of the NMC family from the start.
 - c) The importance of continuing to develop the support work for registrants going to the FTP process was highlighted, as it was a very distressing experience.
 - d) It was questioned if the 1,654 responses to the midwifery consultation was a positive outcome. The future nurse consultation had received 1,000 responses and as an organisation 1,600 responses was a very

- good outcome.
- e) A representative from Unite noted that he had raised the lack of reference to school nurses and health visitors at the Council in January 2019, yet he had not seen any improvement. The FTP annual report did not provide any data on this and he asked that statistics were broken down for all fields of practice in all future reports. Consideration would be given to whether it was possible to break down the data further, although there was a need to be mindful with smaller numbers to make sure that individuals were not potentially identifiable. There would also be more work done in the areas of advanced practice and specialist community public health nursing standards.
 - f) Given the healthy financial position of the NMC it was suggested that the registration fee could be reduced, even for a limited time as this would have a significant benefit for registrants at this point in time. The Chief Executive and Registrar noted that by not increasing the fees for a number of years there had been a real terms reduction in income whilst the NMC faced increased costs. As we progress through our strategy 2020–2025 development, people would want us to do a lot of different things and there was a need to be mindful of this. If appropriate, a consideration of the fee may take place but this was not a promise that it would be possible.
 - g) A representative from the Greater Manchester Health and Social Care Partnership noted how good it was to see the Council in Manchester and asked when the Council would be back again. It was noted that the next Council meeting would take place in Edinburgh. It was not possible to make a firm commitment but in the meantime, we would continue to hold consultation and other engagements across the four countries in as many areas as possible. In relation to data on FTP referrals, vacancy rates etc regional data would be welcome. This could be considered, however it was also important to set the whole context and understand what more we could do.
 - h) A question was raised about future investments on the stock market. The Director of Resources confirmed that an ethical investment policy for the NMC had been approved by the Council, which identified clear ethical dimensions around investments. The policy was available online.
 - i) An observer welcomed reference to Continuing Professional Development. The NMC shared the concerns raised about continuing underinvestment across the sector in Continuing Professional Development.
 - j) In response to a question on preceptorship, the Director of Education and Standards recognised that this was valued, but the NMC had no power to mandate employers in this area. What the NMC could do was to refer to national guidance and frameworks, to promote good practice.
 - k) A representative from the Clatterbridge Cancer Centre NHS Foundation Trust commended the NMC for the improvements made in recent years. The openness at the Council meeting was welcome, for

example, the inclusion of the risk register, the work of the Audit Committee and the various Annual reports.

- l) The lack of diversity at the Council table was noticeable and the Council was urged to reflect on its own diversity. The Chair noted that Council had four vacancies coming up in the next year which created opportunities to address this.
- m) In relation to staff turnover, exit interviews were far too late in the process to identify why people were leaving and a better approach would be to conduct an interview after three months of joining the NMC and find out the reasons what would make staff members stay. The Executive would take this suggestion away and consider it.

NMC/19/60 Midwifery Update

- 1. The Council noted the Midwifery update.
- 2. The Director of Education and Standards advised that the future midwife consultation had now closed and 1,654 responses had been received. Feedback from seldom heard groups had been gained through focus groups and feedback from all sources including letters would be analysed and assimilated. The next step was to work with groups of experts who had helped us to develop the draft standards, to take onboard the changes and suggestions from the consultation. Feedback indicate that generally the content of the draft standards was supported.
- 3. Council member, Derek Pretty noted that he had accompanied the Senior Midwifery Adviser to the Chief Executive and Registrar on a visit to the Maternity Unit at the Royal Devon and Exeter Hospital. He had been impressed by the unit and the outstanding work; and the staff had been delighted to have representatives from the NMC visiting their workplace.

NMC/19/61 Appointments Board Annual Report 2018–2019

- 1. The Council noted the Audit Committee report.

NMC/19/62 Chair’s action taken since the last meeting

- 1. None to report.

The next meeting of the Council in public will be held on 3 October 2019.

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.

Secretary: Fionnuala Gill
Phone: 020 7681 5842
Fionnuala.gill@nmc-uk.org

Summary of outstanding actions arising from the Council meeting on 3 July 2019

Minute	Action	Action owner	Report back date	Progress to date
NMC/19/48	<p>Minutes of the previous meeting</p> <p>i. Report back on the impact of the efforts to change the way we communicate with people who engage with us; and</p> <p>ii. Update the Council on our work to improve customer feedback.</p>	Director of Registration and Revalidation	3 October 2019	<p>i. Colleagues have received tone of voice training and are continuing to review whether all of our Fitness to Practise and Registration and Revalidation correspondence reflects our new tone of voice. We are also monitoring any complaints we receive which relate to our communications, which will help us assess the impact of the changes. We will be able to report an update on this to Council in November 2019.</p> <p>ii. An update on our customer feedback improvement work is provided within the Executive Report.</p>
NMC/19/48	<p>Minutes of the previous meeting</p> <p>Update Council on the work on our values and behaviours</p>	Director of People and Organisational Development	3 October 2019	An external partner has been procured to support this work. The first stage is a survey, "Life at the NMC", which will go live at the end of September 2019.
NMC/19/49	<p>Summary of actions</p> <p>Consider the Council's comments in future reporting on turnover and service length, including</p>	Director of People and Organisational Development	3 October 2019	We will consider this for future reports.

Minute	Action	Action owner	Report back date	Progress to date
	possible disaggregation of the figures.			
NMC/19/50	<p>Executive report</p> <p>Update Council on how any resources have been reallocated following quarter one reforecast of spend against the budget together with the rationale for the reallocation.</p>	Director of Resources and TBI	3 October 2019	This has been included in the financial commentary section of the Executive report on the agenda.
NMC/19/51	<p>Audit Committee Annual Report 2018–2019</p> <p>Provide the Council with information on recommendations arising from the comprehensive risk reviews and outcomes of implementation of the recommendations.</p>	Director of Resources and TBI	3 October 2019	The comprehensive risk review of External Affairs in June 2019 generated a recommendation for a directorate risk register, which has already been implemented. Other recommendations and outcomes will be reported in the January 2020 Executive report.
NMC/19/51	<p>Audit Committee Annual Report 2018–2019</p> <p>Provide the Council with information on themes and learning from serious events reviews.</p>	Director of Registration and Revalidation	3 October 2019	<p>A report on themes and learning from serious events is already provided to the Audit Committee on a regular basis and the Committee subsequently reports on this to Council, so we wish to avoid duplication.</p> <p>We are developing a corporate approach to building learning into our work. Our plans will be reported</p>

Minute	Action	Action owner	Report back date	Progress to date
				to Council in early 2020.
NMC/19/57	<p>Annual Workforce Report 2018–2019</p> <p>Consider how the Council can be more involved in supporting the workforce</p>	Director of people and Organisational Development/Secretary	3 October 2019	A session on values and behaviours will be held at the Seminar on 29 October 2019. Council members have also been invited to attend the employee conference on 6 November 2019, where members can get involved in the values and behaviours sessions.

Summary of outstanding actions arising from the Council meeting on 22 May 2019

Minute	Action	Action owner	Report back date	Progress to date
NMC/19/34	<p>Executive report</p> <p>Ensure future reports</p> <p>iii. are balanced in reporting what has not been delivered as well as what has been achieved;</p> <p>iv. include more information about efficiencies</p>	Director of Resources and TBI	3 July 2019 3 October 2019	<p>i. We have included an executive summary within Annexe 1 (performance report) of the Executive report, which provides highlights, covering a range of performance updates (on and off track).</p> <p>ii. This has been included in the financial commentary section of the Executive report on the agenda.</p>

Minute	Action	Action owner	Report back date	Progress to date
NMC/19/36	Public Support Service Share the report on the findings from the work on hearing the voice of people who use services and families in FtP	Director of Fitness to Practise	27 November 2019	We expect to report to the Council on the findings and actions we are taking as part of the Executive Report in November 2019. We will circulate the research report at the same time.

Summary of outstanding actions arising from the Council meeting on 27 March 2019

Minute	Action	Action owner	Report back date	Progress to date
NMC/19/21	8a. Financial Strategy and Investment Policy Ensure that the principles around the use of consultants and temporary contractors are captured in operational guidance	Director of Resources and TBI	22 May 2019/ 3 July 2019 3 October 2019	Due to capacity issues, this action has not been completed. The new target date for operational guidance to be in place is January 2020 to allow time to engage with staff before implementation.
NMC/19/21	8a. Financial Strategy and Investment Policy Undertake additional work on efficiencies and update Council on progress	Director of Resources and TBI	3 October 2019	The financial commentary in the Executive report includes a summary of progress in securing the efficiencies planned for 2019–2020 to 2021–2022. These and the scope for further efficiencies will be reviewed during business planning for 2020–2021 onwards.

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

Minute	Action	Action owner	Report back date	Progress to date
NMC/18/101	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	As previously stated we are committed to the evaluation of our Future standards. We intend to independently commission this work and expect to go out to tender in 2020-2021 Q1 for this.

Council

Standards of proficiency for midwives and standards for pre registration midwifery programmes

Action For decision.

Issue: Seeks Council's approval of the new standards of proficiency for midwives and new standards for pre registration midwifery programmes.

Core regulatory function: Education and standards.

Strategic priority: Strategic priority 1: Effective regulation.

Decision required: Council is recommended to:

- approve the new standards of proficiency for midwives, (attached as **annexe 1**), as the standards of proficiency for entry to the midwifery part of the register (as required by Article 5 (2) of the Nursing and Midwifery Order 2001 ('the Order')) with effect from 31 January 2020 (paragraph 30);
- approve the new standards for pre registration midwifery programmes (attached as **annexe 2**) as part of the standards for education and training that are necessary to achieve the relevant standards of proficiency for entry to the midwifery part of the register as required by Article 15 (1) of the Order with effect from 31 January 2020 (paragraph 59);
- approve the transitional arrangements related to the above standards (paragraph 64);
- agree to us continuing to explore and confirm the scope of the work and timelines for initiation and delivery in three key areas (paragraph 66).

Annexes: The following annexes are attached to this paper:

- Annexe 1: The Future Midwife: Standards of proficiency for midwives.
- Annexe 2: Part 3: Programme standards; Standards for pre-registration midwifery programmes.
- Annexe 3: Letter from the Council – March 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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Context:

- 1 The Nursing and Midwifery Council has a duty to revise the standards of proficiency it sets for registrants and standards for education and training periodically, to ensure that they are fit for purpose, to protect the public. The standards of proficiency for midwives were last revised in 2009.
- 2 The decision to review the pre-registration midwifery standards was taken by Council in 2017. Professor Mary Renfrew was invited to lead the work on developing the new standards of proficiency for midwives. Professor Gwendolen Bradshaw led the development of new standards for pre registration midwifery programmes.
- 3 This work began with a rigorous review of evidence gained from research, the findings of national enquiries, NMC data and intelligence and our own independent evaluation that sought the views of women and their families, the public, charities and advocacy groups, registrants, students and employers. We also reviewed maternity strategies from all four countries of the UK to ensure the new standards aligned with the direction of travel of their respective national maternity strategies.
- 4 This work then entered a phase of extensive engagement and consultation to ensure that practising midwives, the public, advocacy groups, employers, educators, students, researchers and policy makers were involved in defining the ambition for the new standards, and shaping their format and content.
- 5 There was collective agreement that the role of the midwife is to provide skilled, knowledgeable, respectful, and compassionate care for all women, newborn infants and their families. The draft standards had to reflect that midwives work across the continuum from pre-pregnancy, pregnancy, labour and birth, postpartum, and the early weeks of newborn infants' lives.
- 6 The finalised draft standards are outcome focused. This gives approved education institutions (AEIs) and practice learning partners the flexibility to design and deliver midwifery programmes with creativity and innovation to meet the changing needs of women and families over the next 10 years.
- 7 Between February and May 2019, we held a full public consultation and sought views on:
 - 7.1 Draft standards of proficiency for midwives (annexe 1); and
 - 7.2 Draft standards for pre-registration midwifery programmes (annexe 2).
- 8 A number of changes have been made to the standards of proficiency and the programme standards as a result of the consultation responses. These are discussed within this paper.

Areas which generated the greatest amount of comment and feedback are set out below.

- 8.1 The standards of proficiency for midwives in relation to:
 - 8.1.1 The role and scope of the midwife in providing universal care to all women and their role in caring for women with complications and additional care needs;
 - 8.1.2 Continuity of care and carer;
 - 8.1.3 Systematic physical examination of the newborn;
 - 8.1.4 The level of detail in relation to associated midwifery skills; and
 - 8.1.5 The presentation and format of the standards.
- 8.2 The standards for pre registration midwifery programme in relation to:
 - 8.2.1 Simulation and practice learning;
 - 8.2.2 The role of the lead midwife for education (LME); and
 - 8.2.3 The structure and length of the programme.
- 9 In March 2018, the Council asked the Midwifery Panel to oversee progress and provide assurance on the draft standards (see **annexe 3**). In particular, the Council set out its expectations that the standards should:
 - 9.1 Be appropriate for all four countries of the UK.
 - 9.2 Prepare students to practise safely in all types of settings.
 - 9.3 Be outcome focused: focused on what a midwife needs to know, and be able to do, at the point of initial registration.
 - 9.4 Encompass multi-agency, multi-professional learning and team working.
 - 9.5 Allow flexibility to AEs to develop programmes that achieve those outcomes, minimising input and process requirements.
 - 9.6 Be evidence based, as far as is possible within the available evidence.
 - 9.7 Take account of evidence from Fitness to Practise of areas where strengthened focus in educational standards could improve public safety and prevent harm.
 - 9.8 Anticipate likely future conditions for midwifery practice and

develop standards accordingly.

- 9.9 Facilitate access to midwifery education for students from diverse backgrounds.
 - 9.10 Have been shared widely with interested parties, including, for example, other regulators, and the outcomes of this reported impartially when presenting proposals.
 - 9.11 Take full account of all recommendations arising from key relevant reports.
- 10 Following public consultation, extensive engagement, the assimilation of the findings of consultation and assurance from the Midwifery panel that the draft standards meet the expectations set, the draft standards have been finalised and are now presented for final approval by the Council.

- Four country factors:**
- 11 We were assisted by UK wide subject matter experts and the future midwife thought leadership group throughout the development, consultation assimilation and refinement of the draft standards.
 - 12 The consultation responses and activity were representative of all four countries of the UK and included the UK's four Chief Nursing Officers (CNOs) and their representatives, the Council of Deans of Health (CoDH), and women and advocacy groups. Four country consultation engagement activities were held to support this work.

Discussion: Draft standards of proficiency for midwives

Rationale for initial draft standards

- 13 We consulted on draft standards that set out the proficiencies required for the future midwife at the point of entry to the register. These draft proficiencies have drawn on the evidence-informed definition of midwifery and the framework for quality maternal and newborn care from The Lancet Series on Midwifery (Renfrew, McFadden, Bastos, Campbell et al, The Lancet 384, 1129-1145, 2014).
- 14 The draft standards go further than previous standards. They articulate the knowledge and skills needed to provide skilled, knowledgeable, respectful, kind and compassionate universal care for all women, newborn infants and their families across the continuum of care, and in having standards that prepare future midwives to recognise, anticipate and prevent changes that may lead to complications, and in ensuring timely collaboration with and referral to inter-disciplinary and multi-agency colleagues when interventions are necessary.

- 15 Importantly, these draft standards prepare future midwives to be fully accountable as the lead professional for the care and support of women and newborn infants, and when in line with the woman's wishes their partners and families, to provide care based on the best available evidence working in partnership with women, enabling their views, preferences, and decisions, and in helping to strengthen their capabilities.

Summary feedback from consultation and engagement

- 16 Overall, there were high levels of endorsement for the future midwife standards of proficiency; respondents agreed that the design principles for the proficiencies had been met.
- 17 Responses suggested that the standards would provide for safe and effective midwifery practice at the point of registration, emphasising working in partnership with women in supporting their needs, views, preferences and decisions.
- 18 There were areas where some respondents felt that the proficiency standards needed strengthening or clarification. In particular, areas requiring further consideration included:
- 18.1 The role and scope of the midwife and whether there was appropriate prominence on optimising normal physiological processes;
 - 18.2 Whether there was too much emphasis in meeting the additional care needs of women and newborn infants with complications and;
 - 18.3 Providing clarity on what the systematic physical examination of the newborn infant entailed.
- 19 Domain four (Additional care for women and newborn infants with complications) attracted a range of consultation responses with many welcoming standards that emphasise the midwife being responsible for immediate emergency response and first line management, and in ensuring timely collaboration with and referral to inter-disciplinary and multi-agency colleagues. In contrast however, some responses from midwives argued that these proficiencies exceeded the knowledge and skills expected of a newly qualified midwife and there was a risk that, in focusing on this area, the midwife's role in promoting normal physiological processes would be lost.
- 20 Respondents were positive about our intention to state the associated skills that midwives can safely undertake at the point of entry to the register. However, many commented on whether the use of detailed lists was too prescriptive and limited future flexibility when evidence and practice changes.

Refined draft standards of proficiency for midwives

- 21 The structure of the standards remains the same, but we have made a number of refinements and strengthened aspects of the introductory narrative and some outcome proficiencies to reflect the importance given to these areas in the consultation responses.
- 22 As a result, domain two: (Safe and effective midwifery care: promoting and providing continuity of care and carer) clarifies the role of the midwife in promoting continuity of care across all settings rather than being responsible for decisions about maternity service delivery.
- 23 The three subsections of domain three (Universal care for all women and newborn infants) remain in place but we have made refinements to wording that fully emphasise the midwife's role in working in partnership with women across these key areas of midwifery practice rather than providing care to women. This reiterates the midwife's role in optimising normal physiological processes for women throughout their maternity journey.
- 24 These refinements now clearly articulate the relationship between domain three (Universal care for all women and newborn infants) and domain four: (Additional care for women and newborn infants with complications) proficiency standards. Universal midwifery care for all women prevails and domain four proficiency standards ensure that future midwives will be able to recognise and provide first line management and additional care to women and newborn infants who have complications. They will be able to refer to inter-disciplinary and multi-agency teams when collaboration, intervention and care by those teams is also required. This is consistent with underpinning Lancet framework evidence.
- 25 We have refined the wording of the proficiency in relation to systemic examination of the newborn to reflect the need to adhere to local and national approaches and policies and removed the detailed list in the associated skills.
- 26 In response to consultation feedback, domain five: (Promoting excellence: the midwife as colleague, scholar and leader) has an additional proficiency that promotes the future midwife's knowledge and understanding of the principles and methods of sustainable health care. This is consistent with the General Medical Council (GMC) approach in its recently published outcomes for graduates.
- 27 Following consultation responses on the skills and the extensive use of detailed lists, a new domain has been introduced: domain six: (The midwife as skilled practitioner). This addition has improved the overall presentation of the document and hosts a significantly refined set of midwifery skills that avoids repetition and over-use of lists.

- 28 Importantly domain six makes clear the evidence based skills that future midwives must be able to do safely and effectively when caring for women, newborn infants and families across the continuum and in all practice settings. This includes communication, information sharing and relationship management skills and skills that prepare future midwives to work effectively with inter-disciplinary and multi-agency teams.
- 29 The proposed refined standards of proficiency were discussed at the Midwifery Panel meeting on 12 September 2019. The Panel was highly positive about the refinements that had been made to the draft standards of proficiency for midwives and welcomed our obvious consideration and action taken on the consultation findings. The Midwifery Panel formally stated its assurance to Council that the refined draft standards meet the expectations set.
- 30 **Recommendation: The Council is recommended to approve new standards of proficiency for midwives, (attached as annexe 1), as the standards of proficiency for entry to the midwifery part of the register (as required by Article 5 (2) of the Nursing and Midwifery Order 2001 ('the Order')) with effect from 31 January 2020.**

Draft standards for pre registration midwifery programmes

Rationale for initial proposals

- 31 Programme standards for pre-registration midwifery programmes are currently contained within the current Standards for pre-registration midwifery education (2009).
- 32 In 2018, the standards framework for nursing and midwifery education (Part 1) that applies to pre and post registration and Standards for student supervision (Part 2) and assessment was agreed by the Council.
- 33 Consequently, and in line with these earlier Council decisions, we consulted on new draft standards for pre registration midwifery programmes in a discrete document (Part 3 of the education and training standards framework).

Consultation responses and engagement feedback

- 34 Feedback from the consultation was largely positive; in particular respondents agreed with the balance of theory and practice learning and there was considerable support for a standardised national practice assessment document.
- 35 There were, however, definitional concerns about simulation and consistent appeals for simulation not to replace practice learning.
- 36 Key areas where further clarification was sought included the need to

articulate more clearly the role of the Lead Midwife for Education (LME); provide a clear definition of, and limits to, simulation and future consideration of the implications of Brexit.

- 37 A question on programme length was included in the consultation. Throughout the project, some stakeholders had questioned whether a three year programme was sufficient in length to develop the knowledge and skills required at the point of registration. The majority of respondents to the consultation preferred a programme of 4,600 hours, with many of those opting for the programme to be run over three years. Educators were most supportive of a longer course of 6,100 hours over four years, although some educators opted for a four year course, but without an increase in hours.
- 38 We also included a question about the relative importance of different factors and their impact on development of the required knowledges and skills. The three factors chosen most frequently were the quality of learning and teaching, the quality of supervision and assessment, and quality of placement learning. Programme length was cited least often by any responder group.

Refined draft standards for pre-registration midwifery education programmes

- 39 We have added a standard on the need for AELs to appoint an LME in our standards for student selection and admission section, clarified the role of the LME and have included additional information on the role of the LME.
- 40 In recognition of the increasing evidence base and value of simulation for learning and assessment in health education, our education and training standards therefore encourage innovation through setting appropriate outcome focused standards.
- 41 In doing so we recognise the growing role and importance of simulated learning, providing AELs with flexibility in determining how simulation is used for learning and assessment whilst ensuring that the amount of requisite practice hours is not diminished and compliance with wider EU legislation is achieved. This flexible approach aligns with other UK professional regulators.
- 42 Supporting moves towards standardisation of ongoing records of achievement for students has been driven by calls for greater consistency for ensuring that students meet the new outcome proficiencies. We are unable to mandate this but, in line with our approach in the standards for pre-registration nursing programmes, we will offer our support during the implementation phase through facilitation on the potential for standardising an ongoing record of achievement for students.
- 43 In light of the refinements to the standards of proficiency for

midwives we have taken the opportunity to refine our language in the standards for practice learning section of the programme standards.

Programme length

- 44 Although the responses to the consultation do not definitively support an increase in the length of the programme, we are aware that some groups of stakeholders remain concerned about the preparation of newly qualified midwives, although different perspectives remain regarding whether these are issues which would be resolved by increasing the length of the education programme, or by improving the management of the transition from student to qualified midwife once qualified.
- 45 We have acknowledged these concerns throughout the project and have taken a number of steps to explore whether increasing the programme length would be a viable solution:
- 45.1 We commissioned KPMG to review any evidence and explore the issue with senior stakeholders across the four countries.
 - 45.2 We undertook user testing of the standards during the consultation, to find out from stakeholders whether they believed that the standards were deliverable in three years.
 - 45.3 As described in paras 37 and 38, we asked questions about programme length and the importance of programme length on quality of education and training in the future midwife consultation.
 - 45.4 We tested the responses to the consultation questions with the consultation assimilation external stakeholder groups, taking into consideration all of the above findings.
 - 45.5 The Royal College of Midwives (RCM) remains strongly in favour of a four year course, as do some educators and professionals. Others expressed concern that the potential negative impact of a four year programme on costs, funding, student attraction and attrition rates, and workforce supply were too great, given the lack of evidence or consensus that the four year programme was the solution to the concerns initially raised.

Summary: programme length

- 46 In the absence of a strong evidence base or widespread consensus, our recommendation is to retain the current regulatory arrangement in relation to programme length. This being that AEs and their practice learning partners must design and deliver programmes which are sufficient to ensure that students meet the proficiencies required for registration by the end of the programme. AEs have the

freedom to run a programme of any length to achieve that, subject to the *minimum* length of three years, which is currently required by the EU directive.

- 47 The current approach also supports the ambition to avoid creating unnecessary or disproportionate barriers for those seeking to join the professions we regulate. Mandating a four year programme would mean that no AEI would be able to offer a three year programme to those with relevant academic or workplace learning or experience that might enable them to meet our standards of proficiency over a three year period.
- 48 Changing this approach could also have a negative impact on widening access and career progression. This does not include the shortened route available to registered nurses (UK adult field of nursing practice) that is set out in European legislation.

Further work

- 49 Although we do not recommend a change to the current arrangements for programme length for the reasons stated, we acknowledge that there is consensus that the first year following initial registration is crucial to the newly qualified midwife (NQM) and that preceptorship needs to be taken seriously.
- 50 We therefore intend to strengthen our expectations of the NQM preceptorship year. Although we cannot mandate this, we will work with the four countries to agree how this will be implemented and monitored in each area. This approach has been discussed with, and has the support of, all four country CNOs and the Chief Midwifery Officer (CMO) in England. We will engage on the detail of this commitment in time to publish our intentions at the time of the formal launch of the midwifery standards in January and February 2020.
- 51 As stated previously to the Council, we are committed to a programme of evaluation to establish how all our future standards are being implemented and in establishing what improvements may be needed in the future. This will be commissioned by the NMC and outputs and outcomes will be overseen by an advisory group of relevant stakeholders and will report into Midwifery Panel and the Council. This approach for midwifery would be consistent with the WHO action plan on Strengthening Quality Midwifery Education (WHO 2019), which sets expectations for continuous review and evaluation to adjust programme structure and content.
- 52 An additional item that we did not formally consult or received responses on was discussed by the Midwifery Panel. The Thought Leadership Group working with our independent adviser Professor Mary Renfrew, has recommended that the minimum bachelor's degree award is at an Honour's level.

- 53 Agreeing to this proposal in raising the minimum qualification to an Honour's degree would have consequences for our role in setting standards for education and training that can be applied fairly across the UK, as this would mean a four year programme in Scotland but not elsewhere.
- 54 We need to consider proportionality and be clear what the evidence base is for this change as an Honour's degree is not currently required. The rationale from the Thought Leadership Group is that the problem solving, initiative taking and personal responsibility skills required by the Future Midwife standards reflect the requirements of an Honour's not an Ordinary level of bachelor's degree.
- 55 For the Future Nurse standards, those same principles apply and the stated qualification is a bachelor's degree.
- 56 Any future change would require a full consultation and, critically, full financial, workforce and equality impact assessments. It is important to note that while we remain compliant with EU legislation we would be obliged to continue to allow access to the Register from EU midwives who have successfully completed a three year midwifery programme in their own country. As we may be obliged to consult on a range of issues in the event of Brexit bringing an end to the mandatory EU legislation for two of the professions we regulate, it would be sensible to align the timing of any future consultation.
- 57 The proposed refined draft standards for pre registration midwifery programmes were discussed at Midwifery Panel on 12 September 2019. They were very positive about the overall refinements that had been made to these programme standards and welcomed our obvious consideration and action taken on the consultation findings.
- 58 Midwifery Panel thoroughly discussed the challenging issues of programme length and qualification and recognised that these are difficult issues and that making any decision at this time is complex as the evidence to support change is not conclusive. The Panel also heard the RCM's position on length of programme. The Midwifery Panel recognised and formally stated its assurance that the refined draft standards meet the expectations set by the Council in 2018 (see **annexe 3**).
- 59 **Recommendation: It is recommended that the Council approve the new standards for pre-registration midwifery programmes (attached as annexe 2) as part of the standards for education and training that are necessary to achieve the new standards of proficiency for entry to the nursing part of the register as required by Article 15 (1) of the Order with effect from 31 January 2020.**

Transitional arrangements

- 60 Article 3(15) requires the Council to publish standards that it establish. We will publish new standards documents shortly and share them with all our AElS.
- 61 All new approvals after 31 January 2020, will be made against the new standards of proficiency for midwives and the new standards for pre registration midwifery programmes.
- 62 All midwifery education providers must be approved against the new standards by September 2021. No students will be entitled to commence a programme approved against the 2009 midwifery standards from September 2021.
- 63 All underpinning circulars related to existing standards in these areas will be withdrawn from the relevant transitional dates.
- 64 **Recommendation: The Council is recommended to approve the transitional arrangements related to the above standards.**
- 65 Before asking the Council to make any decisions on the wider discussions that have taken place on: preceptorship for newly qualified registrants; the need to scope, plan and accurately forecast costs for the commissioning of an independent evaluation of our standards and in considering the need for proposing changes to the minimum qualification, further work needs to take place that includes additional engagement with the four UK CNO's, the CMO in England and other key stakeholders.
- 66 **Recommendation: Council is recommended to agree to us continuing to explore and confirm the scope of the work and timelines for initiation and delivery in three key areas below:**
- 66.1 Refining our position and expectations on preceptorship for newly qualified registrants.
 - 66.2 Determining the requirements for commissioning an independent evaluation of our new standards.
 - 66.3 Confirming the evidence base and rationale for proposing any change to the minimum qualification we set prior to any subsequent public consultation.
- Public protection implications:**
- 67 Public protection is at the heart of all of our proficiency and education programme standards; the proposed new draft standards have been refined with a view to ensure that women and family centred care, safety and public protection are at their core.
- 68 The future midwife proficiencies state what women and families can expect midwives to know and be capable of doing safely and

proficiently and should enhance public confidence.

- 69 The standards framework for nursing and midwifery education and standards for student supervision and assessment provide a consistent approach to all programmes that we approve and applies to all parts of our register.

Resource implications:

- 70 Future resources necessary includes resource for design, and web based publications and further UK wide stakeholder engagement activity that will support the development and implementation of new programmes against the new standards. £75,000 has been forecast for these costs within the education programme budget.

Equality and diversity implications:

- 71 Equality and diversity considerations have been central to our standards development work at all stages. All proposals have been subject to equality impact assessments and rigorous user testing. Equality impacts and consultation responses were considered for all refinements to the proposed final drafts of all draft standards documents to ensure that they meet all relevant legislative requirements and actively promote equality and diversity in the provision of midwifery education.

Stakeholder engagement:

- 72 The range and depth of our stakeholder engagement as part of the development of these standards was set out in the paper presented to the Council in May 2019.
- 73 Once the standards are approved, we will commence a programme of UK wide stakeholder engagement to support implementation across all four UK countries and quality assurance of programmes that seeks to ensure that the new midwifery standards are introduced effectively by all AElS and practice learning partners.
- 74 In addition, we have been working closely with the offices of the four UK CNOs to confirm dates for the formal launch of these standards. The launch dates are as follows: Wednesday 15 January 2020 – Northern Ireland; Wednesday 22 January 2020– Wales; Wednesday 5 February 2020– Scotland; and Wednesday 12 February 2020 – England.

Risk implications:

- 75 It is essential that our education standards and midwifery proficiencies remain future focused in ensuring that students receive the necessary education and training to meet the needs of women, newborn infants and families and be fit for purpose. Failure to ensure this will result in students being unable to satisfy their programme requirements and the demands of those who require their care. This would be a clear risk to patient safety and public protection.

Legal implications:

- 76 Article 5 (2) of the Order requires the Council to establish the standards of proficiency necessary to be admitted to the register. These are also deemed to be the standards that the Council considers to be necessary for safe and effective practice for that part of the register. The standards of proficiency for midwives are the standards made under this requirement.
- 77 Article 15 (1) of the Order requires the Council to establish standards for education and training necessary to achieve the standards of proficiency. The standards framework for nursing and midwifery education, the standards for student supervision and assessment that were approved by the Council in 2018 and the standards for pre registration midwifery programmes are made under this provision.
- 78 The standards for pre registration midwifery programmes comply with the EU Directive on the recognition of professional qualifications (2005/36/EC).
- 79 Article 3 (14) of the Order requires the NMC to consult before establishing new standards. Extensive public consultation and engagement has taken place in line with our legislation and public law principles.

Draft Standards of proficiency for midwives

DRAFT

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Introduction

The Nursing and Midwifery Council has a duty to review the standards of proficiency it sets for the professions it registers on a regular basis to ensure that standards remain contemporary and fit for purpose. In reviewing these standards, new evidence and the changes that are taking place in society, midwifery, maternity and neonatal care services have been considered, along with the implications these have for the role of midwives of the future.

The standards of proficiency in this document specify the knowledge, understanding and skills that midwives must demonstrate at the point of qualification, when caring for women across the [maternity journey](#), [newborn infants](#), [partners](#) and [families](#) across all care settings. They reflect what the public can expect midwives to know and be able to do in order to deliver safe, effective, respectful, kind, compassionate, person-centred midwifery care.

They also provide a benchmark for midwives from the European Economic Area (EEA), European Union (EU) and overseas wishing to join the UK register, as well as for those who plan to return to practice after a period of absence.

Midwifery globally

Midwifery is a global profession. Childbearing women, newborn infants, and families share similar needs wherever they live and midwives make a vital contribution to their survival, health and well-being across the world. The World Health Organisation has stated that 'strengthening midwifery education [is a key step to improving quality of care and reducing maternal and newborn mortality and morbidity](#)'.

These standards of proficiency are in alignment with the International Confederation of Midwives' definition of the midwife:

'A midwife is a person who has successfully completed a midwifery education programme that is based on the [ICM Essential Competencies for Basic Midwifery Practice](#) and the framework of the [ICM Global Standards for Midwifery Education](#) and is recognised in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery'.

The Future Midwife: the role and scope of the midwife in the 21st century

The role of the midwife is to provide skilled, knowledgeable, respectful, and compassionate care for all women, newborn infants and their families. Midwives work across the continuum from pre-pregnancy, pregnancy, labour and birth, postpartum, and the early weeks of newborn infants' life. This includes women's future reproductive health, well-being, and decisions and in promoting [very early child development](#) and the parents' transition to parenthood. Midwives respect and enable the human rights of women and children, and their priority is to ensure that care always focuses on the needs, views, preferences, and decisions of the [woman](#) and the needs of the newborn infant.

Midwives are fully accountable as the lead professional for the care and support of women and newborn infants, and partners and families. They provide care based on the best available evidence, and keep up to date with current knowledge and skills, thereby helping to ensure that their care is responsive to emerging evidence and future developments. They work in partnership with women, enabling their views, preferences, and decisions, and helping to strengthen their capabilities.

Midwives optimise normal physiological processes, and support safe psychological, social, cultural and spiritual situations, working to promote positive outcomes and to anticipate and prevent complications.

Midwives make a vital contribution to the quality and safety of maternity care. They combine clinical knowledge, understanding, and skills with interpersonal and [cultural competence](#). They make an important contribution to population health and understand social and health inequalities, and how to work to mitigate them through good midwifery care. They provide health education, promotion and protection to promote psychological and physical health and well-being and prevent complications. Evidence shows the positive contribution midwives make to the short- and long-term health and well-being of the woman, newborn infant, and [family](#). Midwives provide and evaluate care in partnership with women, and their partners and families if appropriate, referring to and collaborating with other health and social care professionals as needed.

Midwives are ideally placed to anticipate and to recognise any changes that may lead to complications and additional care needs; these may be physical, psychological, social, cultural, or spiritual, and include perinatal loss and end of life care. When such situations arise, the midwife is responsible for recognising these and for immediate response, management and escalation, involving, collaborating with and referring to interdisciplinary and multiagency colleagues. In such circumstances, the midwife has specific responsibility for continuity and coordination of care, providing ongoing midwifery care as part of the multidisciplinary team, and acting as an advocate to ensure that care always focuses on the needs, views, preferences, and decisions of the woman and the needs of the newborn infant.

Midwives provide safe, respectful, empowering, and equitable care irrespective of social context and setting and including wider reproductive health services. In all settings, the

midwife is responsible for creating an environment that is safe, respectful, kind, nurturing, and empowering.

Critical thinking, problem solving, positive role modelling, and leadership development are fundamental components of safe and effective midwifery practice. Midwives play a leading role in enabling effective management and team working, promoting continuous improvement, and encouraging a learning culture. Midwives recognise their own strengths, as well as the strengths of others. They take responsibility for their own continuing professional development and know how they can contribute to others' development and education, including students and colleagues. They have the ability to develop in their careers in directions that can include practice, education, research, management, leadership, and policy settings. They continue to develop and refine their knowledge, skills, resourcefulness, flexibility and strength, self-care, critical and strategic thinking, emotional intelligence, and leadership skills throughout their career.

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About these standards of proficiency

The evidence

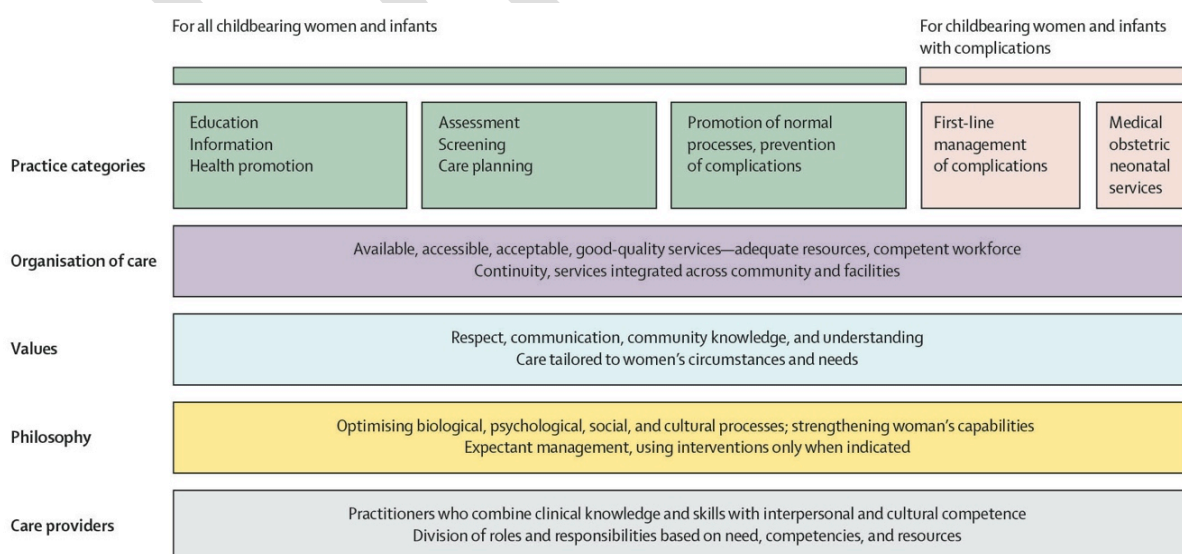
These standards of proficiency have been developed through an extensive and rigorous process of evidence review and consultation, and consideration of the changing context in which midwives work. They reflect contemporary national and international evidence on the health, well-being, needs, views and preferences of women and the needs of the newborn infant.

The standards of proficiency have drawn on the evidence-informed definition of midwifery and the framework for quality maternal and newborn care from [The Lancet Series on Midwifery 2014](#) in helping to shape the scope and content and ensure a consistent focus on the needs, views, preferences, and decisions of women and the needs of newborn infants across the whole continuum of care.

The definition of midwifery from The Lancet Series on Midwifery is:

Midwifery is defined as ‘skilled, knowledgeable, and compassionate care for childbearing women, newborn infants, and families across the continuum throughout pre-pregnancy, pregnancy, birth, postpartum, and the early weeks of life. Core characteristics include optimising normal biological, psychological, social, and cultural processes of reproduction and early life; timely prevention and management of complications; consultation with and referral to other services; respect for women’s individual circumstances and views; and working in partnership with women to strengthen women’s own capabilities to care for themselves and their families’ (Renfrew, McFadden, Bastos, Campbell et al The Lancet 384, 1129-1145, 2014).

The Framework for Quality Maternal and Newborn Health from The Lancet Series on Midwifery



Renfrew, McFadden, Bastos, Campbell et al The Lancet 384, 1129-1145, 2014 (used with permission)

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How to read these standards of proficiency

The standards of proficiency are stated as outcomes that each midwife must achieve at the point of registration.

The standards of proficiency are grouped under six Domains. These Domains inter-relate and build on each other, and should not be seen separately. Together these reflect what we expect a new midwife to know, understand and be capable of doing safely and proficiently, at the start of their career. This approach aims to provide clarity to the public and the professions about the knowledge, understanding and skills they can expect every midwife to demonstrate.

The Domains:

- 1 Being an accountable, autonomous, professional midwife**
- 2 Safe and effective midwifery care: promoting and providing continuity of care and carer**
- 3 Universal care for all women and newborn infants**
 - A The midwife's role in public health, health promotion and health protection
 - B The midwife's role in assessment, screening and care planning
 - C The midwife's role in optimising normal physiological processes and working to promote positive outcomes and prevent complications
- 4 Additional care for women and newborn infants with complications**
 - A The midwife's role in first line assessment and management of complications and additional care needs
 - B The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services
- 5 Promoting excellence: the midwife as colleague, scholar and leader**
 - A Working with others: the midwife as colleague
 - B Developing knowledge, positive role modelling and leadership: the midwife as scholar and leader
- 6 The midwife as skilled practitioner**

Communication, sharing information and relationship management skills: shared skills for Domains 1, 2, 3, 4 and 5

Being an accountable, autonomous, professional midwife: skills for Domain 1

Safe and effective midwifery care: promoting and providing continuity of care and carer: skills for Domain 2

Assessment, screening, planning, care and support across the continuum: shared skills for Domains 3 and 4

Evidence-based medicines administration and optimisation: shared skills for Domains 3 and 4

Universal care for all women and newborn infants: skills for Domain 3

Additional care for women and newborn infants with complications: skills for Domain 4

Promoting excellence: the midwife as colleague, scholar and leader: skills for Domain 5

Key themes

Several key themes run throughout the Domains, and include:

- evidence-based care and the importance of staying up-to-date with current knowledge
- the physical, psychological, social, cultural, and spiritual safety of women and newborn infants
- communication and relationship building, working in partnership with women
- enabling and advocating for the human rights of women and children
- enabling and advocating for the views, preferences, and decisions of women, partners and families
- working across the whole continuum of care and in all settings, and understanding the woman's and newborn infant's whole maternity journey
- providing continuity of care and carer
- optimising the normal processes of reproduction and early life
- ensuring that women, partners and families have all the information needed to fully inform their decisions
- the importance of physical, psychological, social, cultural, and spiritual factors
- anticipating, preventing, and responding to complications and additional care needs

- public health, health promotion, and health protection
- understanding and working to mitigate health and social inequalities
- interdisciplinary and multiagency working
- protecting, promoting and supporting breastfeeding
- the impact of pregnancy, labour and birth, postpartum, infant feeding, and the early weeks of life on longer-term health and well being
- taking personal responsibility for ongoing learning and development

These standards of proficiency apply to all NMC midwives. They should be read with *Realising professionalism: Standards for education and training*, which set out our expectations regarding provision of all pre-registration and post-registration NMC approved midwifery education programmes. These standards apply to all approved education providers and are set out in three parts:

[Part 1: Standards framework for nursing and midwifery education](#)

[Part 2: Standards for student supervision and assessment](#)

Part 3: Programme standards, which are the standards specific for each pre-registration or post-registration programme. (NB: Insert standards for pre registration midwifery programmes once link exists)

These standards of proficiency meet and exceed the [ICM Essential Standards for Midwifery Competencies set by the International Confederation of Midwives](#). They are informed by the [Unicef UK Baby Friendly Initiative Standards](#).

Education institutions must comply with our standards to be approved to run any NMC approved programmes. Together these standards aim to provide approved education institutions (AEIs) and their practice learning partners with the flexibility to develop innovative approaches to education for midwives, while being accountable for the local provision and management of approved pre-registration midwifery programmes in line with our standards. This is shown in the diagram below.

Add education diagram here

Legislative framework

Article 5(2) of the Nursing and Midwifery Order 2001 ('the Order') requires the NMC to establish standards of proficiency necessary to be admitted to each part of the register and for safe and effective practice under that part of the register. The standards of proficiency have been established under this provision.

Article 15(1) of the Order requires the Council to establish standards for education and training which are necessary to achieve the standards of proficiency for admission to the register. The standards for nursing and midwifery education providers are established under the provision of Article 15(1) of the Order.

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Domain 1: Being an accountable, autonomous, professional midwife

Midwives are fully accountable as the lead professional for the care and support of childbearing women and newborn infants, and partners and families. Respecting human rights, they work in partnership with women, enabling their views, preferences, and decisions, and helping to strengthen their capabilities. They promote safe and effective care, drawing on the best available evidence at all times. They communicate effectively and with kindness and compassion.

1 Outcomes:

At the point of registration, the midwife will be able to:

- 1.1 understand and act in accordance with *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*, and fulfil all registration requirements
- 1.2 understand and act in accordance with relevant legal, regulatory, and governance requirements, policies, and ethical frameworks including any mandatory reporting duties, differentiating where appropriate between the devolved legislatures of the United Kingdom
- 1.3 understand and act to promote and enable the human rights of women and newborn infants at all times, including women's sexual and reproductive rights
- 1.4 demonstrate the knowledge, skills, and ability to identify, critically analyse, and interpret research evidence and local, national, and international data and reports
- 1.5 use, share and apply research findings and lessons from data and reports to promote and inform best midwifery policy and practice, and to support women's evidence-informed decision-making
- 1.6 be accountable and autonomous as the lead professional for the midwifery care and support of women and newborn infants throughout the whole continuum of care
- 1.7 demonstrate knowledge and understanding of the role and scope of the midwife in the 21st Century
- 1.8 demonstrate an understanding of and the ability to challenge discriminatory behaviour
- 1.9 provide and promote non-discriminatory, respectful, compassionate, and kind care, and take account of any need for adjustments
- 1.10 demonstrate understanding of women's relationships and individual family circumstances, and the ability to communicate and involve her partner and

family in discussions and decisions about her care and the care of the newborn infant, always respecting the woman's preferences and decisions about who to involve and the extent of involvement and communication

- 1.11 use effective, authentic, and meaningful communication skills and strategies with women, newborn infants, partners and families, and with colleagues
- 1.12 develop and maintain trusting, respectful, kind, and compassionate person-centred relationships with women, their partners and families, and with colleagues
- 1.13 demonstrate the ability to always work in partnership with women, basing care on individual women's needs, views, preferences, and decisions, and working to strengthen women's own capabilities to care for themselves and their newborn infant
- 1.14 act in the best interests of women and newborn infants at all times
- 1.15 demonstrate the skills of advocacy and leadership, collaborating with and challenging colleagues as necessary, and knowing when and how to escalate concerns
- 1.16 demonstrate the ability to advocate for women and newborn infants who are made vulnerable by their physical, psychological, social, cultural, or spiritual circumstances
- 1.17 demonstrate knowledge and understanding of the range of factors affecting women, newborn infants, partners, and families and the impact these factors may have, including but not limited to:
 - 1.17.1 health and social inequalities and their determinants
 - 1.17.2 historical and social developments and trends
 - 1.17.3 cultural and media influences on public and professional understanding
- 1.18 explain the rationale that influences their own judgements and decisions, recognising and addressing any personal and external factors that may unduly influence their own decision-making in routine, complex, and challenging situations
- 1.19 understand and apply the principles of courage, integrity, transparency, and the professional duty of candour, recognising and reporting any situations, behaviours, or errors that could result in sub-standard care, dysfunctional attitudes and behaviour, ineffective team working, or adverse outcomes
- 1.20 understand the importance of, and demonstrate the ability to seek, informed consent from women, both for herself and her newborn infant

- 1.21 understand and respect the woman's right to decline consent, and demonstrate the ability to provide appropriate care and support in these circumstances
- 1.22 be able to advocate for the woman when her decision is outside of clinical guidance, in order to minimise risk and maintain relationships
- 1.23 demonstrate the skills of numeracy, literacy, digital, media, and technological literacy needed to ensure safe and effective midwifery practice
- 1.24 understand the importance of effective record keeping, and maintain consistent, complete, clear, accurate, secure, and timely records to ensure an account of all care given is available for review by the woman and by all professionals involved in care
- 1.25 act as an ambassador, uphold public trust and promote confidence in midwifery and health and care services
- 1.26 understand the professional responsibility to maintain the level of personal health, fitness, and wellbeing required to meet the needs of women, newborn infants and families for psychological and physical care
- 1.27 take responsibility for continuous self-reflection, seeking and responding to all support and feedback to develop their professional knowledge, understanding, and skills

Domain 2: Safe and effective midwifery care: promoting and providing continuity of care and carer

Midwives promote continuity of care, and work across the continuum from pre-pregnancy, pregnancy, labour and birth, postpartum, and the early weeks of newborn infants' life. They work in the woman's home, hospitals, the community, midwifery led units and all other environments where women require care by midwives. The midwife is responsible for creating an environment that is safe, respectful, kind, nurturing, and empowering, ensuring that the woman's experience of care during her whole maternity journey is seamless.

2 Outcomes:

At the point of registration, the midwife will be able to:

- 2.1 demonstrate knowledge and understanding of the health and social care system and of different settings for midwifery and maternity care, and the impact of these on women, newborn infants, partners and families
- 2.2 demonstrate knowledge and understanding of different ways of organising midwifery and maternity care, and the potential positive and negative impact of these on safety and effectiveness, and on women, their newborn infants, partners and families
- 2.3 demonstrate knowledge and understanding of the range of factors affecting the provision of safe and effective midwifery and maternity services and their impact on quality of care
- 2.4 demonstrate the ability to work in and across a range of health and social care settings and with other health and social care staff to promote continuity of care and carer
- 2.5 demonstrate the ability to provide continuity of midwifery carer across the whole continuum of care and in diverse settings for women and newborn infants with and without complications and additional care needs
- 2.6 demonstrate the ability to ensure that the needs of women and newborn infants are considered together as a priority in all settings, even when women and infants have to be cared for separately
- 2.7 demonstrate and apply knowledge and understanding of the social context in which women and their families live to inform, support, and assist in meeting their needs and preferences
- 2.8 demonstrate knowledge and understanding of ways of identifying and reaching out to women who may find it difficult to access services, and of adapting care provision to meet their needs

- 2.9 understand the need to work with other professionals, agencies, and communities to share knowledge of the needs of women, newborn infants, partners and families when considering the impact of the social determinants of health on public health and well-being
- 2.10 work with other professionals, agencies, and communities to promote, support and protect breastfeeding, including protection for women to breastfeed in all settings
- 2.11 demonstrate the ability to be the coordinator of care within the wider multi-disciplinary and multiagency teams, arranging a seamless transfer of care when midwifery care is complete
- 2.12 demonstrate an understanding of the need for an ongoing focus on the promotion of public health and wellbeing of women and newborn infants, their partners and families across all settings

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Domain 3: Universal care for all women and newborn infants

Midwives work in partnership with women to care for and support all childbearing women, newborn infants, and their families. They make an important contribution to population health, promoting psychological and physical health and well-being.

Midwives optimise normal physiological processes, and support safe psychological, social, cultural and spiritual situations, working to promote positive outcomes and to anticipate and prevent complications.

A The midwife's role in public health, and health promotion and protection

3A Outcomes:

At the point of registration, the midwife will be able to:

- 3.1 demonstrate knowledge and understanding of the woman's lived experiences in everyday life, enabling access to public health, social care and community resources as needed
- 3.2 understand epidemiological principles and critically appraise and interpret current evidence and data on public health strategies, health promotion, and [safeguarding](#), and use this evidence to inform conversations with women, their partners, and families, as appropriate to their needs and preferences
- 3.3 demonstrate the ability to share information on public health, health promotion and protection with women, enabling them to make evidence-informed decisions, and providing support for access to resources and services
- 3.4 demonstrate the ability to offer information and access to resources and services for women and families in regard to sexual and reproductive health and contraception
- 3.5 understand the importance of birth to public health and well-being across the life course
- 3.6 understand the importance of human milk and breastfeeding to public health and well-being, and demonstrate how to protect, promote and enable breastfeeding with the woman, her partner and family
- 3.7 demonstrate the ability to offer information and access to resources and services for women and families in regard to violence, [abuse](#), and safeguarding
- 3.8 understand and demonstrate how to support and provide parent education and preparation for parenthood, both for individuals and groups
- 3.9 promote and support parent and newborn mental health and well-being, positive attachment and the transition to parenthood

- 3.10 demonstrate effective health protection through understanding and applying the principles of infection prevention and control, communicable disease surveillance, and antimicrobial resistance and stewardship

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B The midwife's role in assessment, screening and care planning

3B Outcomes

At the point of registration, the midwife will be able to:

- 3.11 demonstrate knowledge and understanding of anatomy, physiology, genetics, and genomics of adolescent girls and women and of the reproductive system for adolescent boys and men
- 3.12 demonstrate knowledge and understanding of normal changes to anatomy, physiology, and [epigenetics](#) of the adolescent girl/woman during:
 - 3.12.1 pregnancy
 - 3.12.2 labour
 - 3.12.3 birth
 - 3.12.4 postpartum
- 3.13 demonstrate knowledge and understanding of anatomy, physiology, and epigenetics of:
 - 3.13.1 fetal development
 - 3.13.2 adaptation to life
 - 3.13.3 the newborn infant
 - 3.13.4 very early child development
- 3.14 demonstrate knowledge and understanding of anatomy, physiology, and epigenetics of infant feeding
- 3.15 demonstrate knowledge and understanding of the implications of infant feeding for maternal and child health and for very early child development
- 3.16 demonstrate knowledge and understanding of psychological, behavioural, and cognitive factors for:
 - 3.16.1 adolescents and adults
 - 3.16.2 newborn infants
- 3.17 demonstrate knowledge and understanding of changes to psychological, behavioural, and cognitive factors during:
 - 3.17.1 pregnancy, labour, birth and postpartum
 - 3.17.2 infant feeding and relationship building

3.17.3 the transition to parenthood and positive family attachment

- 3.18 demonstrate knowledge and understanding of pharmacology and the ability to recognise the positive and adverse effects of medicines across the continuum of care; to include allergies, drug sensitivities, side effects, contraindications, incompatibilities, adverse reactions, prescribing errors and the impact of polypharmacy and over the counter medication usage
- 3.19 demonstrate knowledge and understanding of the principles of safe and effective administration and optimisation of prescription and non-prescription medicines and midwives exemptions, demonstrating the ability to progress to a prescribing qualification following registration
- 3.20 demonstrate knowledge and understanding of national screening and diagnostic tests for women and newborn infants, and associated ethical dilemmas
- 3.21 demonstrate knowledge and understanding of the importance of optimising normal physiological processes, supporting safe psychological, social and cultural situations, and working to promote positive outcomes and to anticipate and prevent complications
- 3.22 demonstrate knowledge and understanding that women's circumstances vary widely, and the importance of supporting, promoting and protecting any individual needs and preferences that they themselves identify
- 3.23 in partnership with the woman, use evidence-based, best practice approaches to plan and carry out ongoing integrated assessment, individualised care planning and evaluation for both the woman and the newborn infant, based on sound knowledge and understanding of normal processes and recognition of deviations from these

C The midwife's role in optimising normal physiological processes and working to promote positive outcomes and prevent complications

3C Outcomes

At the point of registration, the midwife will be able to:

- 3.24 identify how factors in the care environment can impact on normal physiological processes and how the midwife can work to promote and protect a positive environment, both physical and emotional
- 3.25 use evidence-based, best practice approaches and work in partnership with the woman to provide care for the woman and the newborn infant across the continuum that optimises normal processes, manages common symptoms and problems, and anticipates and prevents complications, drawing on the findings of assessment, screening and care planning
- 3.26 understand when additional care or support is needed and demonstrate how to consult and make referrals for additional care or support needs when necessary
- 3.27 understand and demonstrate how to provide culturally sensitive and individualised care for all women, their partners and families, irrespective of their social situation

Domain 4: Additional care for women and newborn infants with complications

Midwives are ideally placed to recognise any changes that may lead to complications. The midwife is responsible for immediate emergency response and first line management and in ensuring timely collaboration with and referral to interdisciplinary and multiagency colleagues. The midwife has specific responsibility for continuity and coordination of care, providing ongoing midwifery care as part of the interdisciplinary team, and acting as an advocate for women and newborn infants to ensure that they are always the focus of care.

A The midwife's role in first line assessment and management of complications and additional care needs

4A Outcomes

At the point of registration, the midwife will be able to:

- 4.1 demonstrate knowledge and understanding that the complications and additional care needs of women, newborn infants, partners and families may relate to physical, psychological, social, cultural, and spiritual factors
- 4.2 identify and use reports and data on local, national, and international prevalence and risk to develop knowledge and awareness of complications and additional care needs that may affect women, newborn infants, and families
- 4.3 demonstrate knowledge and understanding of pre-existing, current and emerging complications and additional care needs that affect the woman, including their potential impact on the woman's health and wellbeing; and the ability to recognise and provide any care, support or referral that may be required as a result of any such complications or needs
- 4.4 demonstrate knowledge, understanding, and the ability to recognise complications and additional care needs in regard to:
 - 4.4.1 embryology and fetal development
 - 4.4.2 adaptation to life
 - 4.4.3 the newborn infant
 - 4.4.4 very early child development
 - 4.4.5 the transition to parenthood and positive family attachment
- 4.5 demonstrate knowledge, understanding, and the ability to recognise complications and additional care needs of the woman and/or newborn infant, in regard to infant feeding and the implications of feeding for very early child development

- 4.6 use evidence-based, best practice approaches to respond promptly to signs of compromise and deterioration in the woman, fetus, and newborn infant to make clinical decisions based on need and best practice evidence; and act on those decisions
- 4.7 use evidence-based, best practice approaches to the management of emergency situations
- 4.8 use evidence-based, best practice approaches for the first-line management of complications and additional care needs of the woman, fetus and/or newborn infant; including support, referral, interdisciplinary and multiagency team working, escalation and follow-up, as needed

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B The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services

4B Outcomes

At the point of registration, the midwife will be able to:

- 4.9 demonstrate the ability to work in collaboration with the interdisciplinary and multiagency teams while continuing to provide midwifery care needed by women and newborn infants
- 4.10 use evidence-based, best practice approaches to keep mothers and newborn infants together whenever possible when providing midwifery care, even when complications and additional care needs occur
- 4.11 demonstrate knowledge and understanding of how to work in collaboration with the interdisciplinary and multiagency teams to provide respectful, kind, compassionate end of life care for the woman and/or newborn infant, and their partner and family, and follow up with the family, ensuring continuity of care

Domain 5: Promoting excellence: the midwife as colleague, scholar and leader

Midwives make a critically important contribution to the quality and safety of maternity care, avoiding harm and promoting positive outcomes and experiences. They play a leading role in enabling effective team working, and promoting continuous improvement. Midwives recognise their own strengths, as well as the strengths of others. They take responsibility for engaging in continuing professional development and know how they can support and supervise others, including students and colleagues. They recognise that their careers may develop in practice, education, research, management, leadership, and policy settings.

A Working with others: the midwife as colleague

5A Outcomes

At the point of registration, the midwife will be able to:

- 5.1 demonstrate knowledge of quality improvement methodologies, and the skills required to actively engage in evidence-informed quality improvement processes to promote quality care for all
- 5.2 demonstrate an understanding of how to identify, report and critically reflect on near misses, critical incidents, major incidents, and serious adverse events
- 5.3 demonstrate knowledge and understanding of how to work with women, partners, families, advocacy groups, and colleagues to develop effective improvement strategies for quality and safety, sharing feedback and learning from positive and adverse outcomes and experiences
- 5.4 understand and apply the principles of [human factors](#), environmental factors, and [strength based approaches](#) when working with colleagues
- 5.5 understand the relationship between safe staffing levels, effective team working, appropriate skill mix, and the safety and quality of care
- 5.6 recognise risks to public protection and quality of care and know how to escalate concerns in line with local/national escalation guidance and policies
- 5.7 demonstrate the ability to act safely in situations where there is an absence of good quality evidence
- 5.8 demonstrate understanding of why interdisciplinary team working and learning matters, and the importance of participating in a range of interdisciplinary learning opportunities
- 5.9 contribute to team reflection activities to promote improvements in practice and service

- 5.10 demonstrate knowledge and understanding of the principles and methods of sustainable health care
- 5.11 demonstrate knowledge and understanding of change management and the ability to collaborate in, implement, and evaluate evidence-informed change at individual, group, and service level
- 5.12 effectively and responsibly use a range of digital and other technologies to access, record, share and apply data within teams and between agencies
- 5.13 demonstrate the ability to develop the strength, resourcefulness, and flexibility needed to work in stressful and difficult situations, and to develop strategies to contribute to safe and effective practice; this must include:
 - 5.13.1 individual and team reflection, problem solving, and planning
 - 5.13.2 effective and timely communication with colleagues and senior staff
 - 5.13.3 collaborating to ensure safe and sustainable systems and processes
 - 5.13.4 the ability to advocate for change
 - 5.13.5 the use of strength based approaches
 - 5.13.6 responding to unpredictable situations
- 5.14 demonstrate how to recognise signs of vulnerability in themselves or their colleagues and the actions required to minimise risks to health or well-being of self and others
- 5.15 demonstrate awareness of the need to manage the personal and emotional challenges of work and workload, uncertainty, and change; and incorporate compassionate self-care into their personal and professional life

B Developing knowledge, positive role modelling and leadership: the midwife as scholar and leader

5B Outcomes

At the point of registration, the midwife will be able to:

- 5.16 demonstrate knowledge and understanding of the importance of current and ongoing local, national and international research and scholarship in midwifery and related fields, and how to use this knowledge to keep updated, to inform decision-making, and to develop practice
- 5.17 demonstrate knowledge and understanding of the importance of midwives' contribution to the knowledge base for practice and policy through research, audit and service evaluation, engagement and consultation
- 5.18 demonstrate the ability and commitment to develop as a midwife, to understand career pathways that may include practice, management, leadership, education, research, and policy, and to recognise the need to take responsibility for engaging in ongoing education and professional development opportunities
- 5.19 safely and effectively lead and manage midwifery care, demonstrating appropriate prioritising, delegation, and assignment of care responsibilities to others involved in providing care
- 5.20 demonstrate positive leadership and role modelling, including the ability to guide, support, motivate, and interact with other members of the interdisciplinary team
- 5.21 support and supervise students in the provision of midwifery care, promoting reflection, providing constructive feedback, and evaluating and documenting their performance

Domain 6: The midwife as skilled practitioner

Midwives are skilled, autonomous practitioners who apply knowledge safely and effectively, to optimise outcomes for all women and newborn infants. They combine clinical knowledge, understanding, skills, and interpersonal and cultural competence, to provide quality care that is tailored to individual circumstances. They assess, plan, provide, and evaluate care in partnership with women, referring to and collaborating with other health and social care professionals as needed. They continue to enhance their midwifery practice for the benefit of women, newborn infants, partners, and families.

6 Outcomes

At the point of registration, the midwife will be able to:

- 6.0. safely demonstrate evidence-based best practice in all core and domain-specific skills and procedures listed below:

Communication, sharing information and relationship management: shared skills for Domains 1,2,3,4 and 5

Skills when communicating with women, their partners and families, and colleagues that take account of women's needs, views, preferences, and decisions

- 6.1 demonstrate the ability to use evidence-based communication skills when communicating and sharing information with the woman, newborn infants and families that takes account of the woman's needs, views, preferences, and decisions, and the needs of the newborn infant
 - 6.1.1 actively listen, recognise and respond to verbal and non-verbal cues
 - 6.1.2 use prompts and positive verbal and non-verbal reinforcement
 - 6.1.3 use appropriate non-verbal communication techniques including touch, eye contact, and respecting personal space
 - 6.1.4 make appropriate use of respectful, caring, and kind open and closed questioning
 - 6.1.5 check understanding and use clarification techniques
 - 6.1.6 respond to women's questions and concerns with kindness and compassion
 - 6.1.7 avoid discriminatory behaviour and identify signs of unconscious bias in self and others
 - 6.1.8 use clear language and appropriate resources, making adjustments where appropriate to optimise women's, and their partners' and families', understanding of their own and their newborn infant's health and well-being
 - 6.1.9 recognise the need for, and facilitate access to, translation and interpretation services
 - 6.1.10 recognise and accommodate sensory impairments during all communications
 - 6.1.11 support and manage the use of personal communication aids
 - 6.1.12 identify the need for alternative communication techniques, and access services to support these
 - 6.1.13 communicate effectively with interdisciplinary and multiagency teams and colleagues in all settings to support the women's needs, views, preferences, and decisions

- 6.1.14 maintain effective and kind communication techniques with women, partners and families in challenging and emergency situations
- 6.1.15 maintain effective communication techniques with interdisciplinary and multiagency teams and colleagues in challenging and emergency situations

Approaches for building relationships and sharing information with women, their partners and families that ensures that women's needs, views, preferences, and decisions can be supported in all circumstances

- 6.2 demonstrate the ability to use evidence-based approaches to build relationships with women, newborn infants, partners and families that respect and enable the woman's needs, views, preferences, and decisions
 - 6.2.1 build and maintain trusting, kind, and respectful professional relationships
 - 6.2.2 convey respect, compassion and sensitivity when supporting women, their partners and families who are emotionally vulnerable and/or distressed
 - 6.2.3 demonstrate the ability to conduct sensitive, individualised conversations that are informed by current evidence on public health promotion strategies
 - 6.2.4 demonstrate effective communication to initiate sensitive, compassionate, woman-centred conversations with pregnant women and new mothers around infant feeding and relationship building
 - 6.2.5 engage effectively in difficult conversations, including conversations about sensitive issues and decisions related to sexuality, pregnancy, childbirth, and the newborn infant; ethical dilemmas, and breaking bad news
 - 6.2.6 demonstrate the ability to explore with women their attitudes, beliefs and preferences related to childbirth, infant feeding, and parenting, taking into account differing cultural contexts and traditions
 - 6.2.7 provide effective and timely communication with women, who experience complications and additional care needs, and their partners and families. ; This includes support, accurate information and updates on changes; continuing to listen and respond to their concerns, views, preferences, and decisions
 - 6.2.8 communicate complex information regarding a woman's care needs in a clear, concise manner to interdisciplinary and multiagency colleagues and teams

- 6.2.9 consult with, seek help from, and refer to other health and social care professionals both in routine and emergency situations
- 6.2.10 demonstrate skills of effective challenge, de-escalation and remaining calm, considering and taking account of the views and decisions made by others

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Being an accountable, autonomous, professional midwife: skills for Domain 1

- 6.3 share and apply research, audit, and service evaluation findings to inform practice, to include:
 - 6.3.1 find and access best local, national and international evidence relevant to health, care, and policy
 - 6.3.2 critically analyse the strengths and limitations of quantitative and qualitative studies, including ethical considerations, study design, and data analysis
- 6.4 keep, and securely store, effective records for all aspects of the continuum of care for the woman, newborn infant, partner and family:
 - 6.4.1 present and share verbal, digital and written reports with individuals and/or groups, respecting confidentiality
 - 6.4.2 clearly document the woman's understanding, input, and decisions about her care
- 6.5 use strategies to work within the World Health Organisation International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly resolutions
- 6.6 reflect on and debate topics including those that are seen to be challenging or contentious
- 6.7 demonstrate the ability to escalate concerns in situations related to the health and well-being of the woman or newborn infant, or of the behaviour or vulnerability of colleagues

Safe and effective midwifery care: promoting and providing continuity of care and carer: skills for Domain 2

- 6.8 discuss with women, and their partners and families as appropriate, information on options for the place of birth; support the woman in her decision; and regularly review this with the woman and with colleagues
- 6.9 identify, contact, and communicate effectively with colleagues from their own and other health and social care settings, and voluntary and third sector agencies, to ensure continuity of care
- 6.10 consistently plan, implement, and evaluate care that considers the needs of women and newborn infants together
- 6.11 identify resources relevant to the needs of women and newborn infants, and support and enable women to access these as needed
- 6.12 arrange for effective transfer of care for the woman and newborn infant, as needed, and when midwifery care is complete
- 6.13 inform and update interdisciplinary and multiagency colleagues about changes in care needs and care planning, and update records accordingly

Assessment, screening, planning, care and support across the continuum: shared skills for Domains 3 and 4

- 6.14 promote the woman's confidence in her own body, health and well-being, and in her own ability to be pregnant, give birth, build a relationship, and nurture, feed, love, and respond to her newborn infant
- 6.15 when assessing, planning, and providing care include the woman's own self-assessment and assessment of her newborn infant's health and well-being, and her own ability and confidence in regard to self-care and care for her newborn infant
- 6.16 respond to any questions and concerns, and recognise the woman's own expertise of her own pre-existing conditions
- 6.17 demonstrate the ability to involve women in assessment, planning and evaluating their care
- 6.18 apply in-depth knowledge of anatomy, physiology, genetics, genomics, epigenetics and psychology to inform the assessment, planning and provision of care for the woman and newborn infant across the continuum
- 6.19 assess, plan and provide care that promotes and protects physical, psychological, social, cultural, and spiritual safety for all women and newborn infants, including any need for safeguarding, recognising the diversity of individual circumstances
- 6.20 demonstrate the ability to conduct a holistic assessment of physical, psychological, social, cultural, and spiritual health and well-being for the woman and the newborn infant, across the continuum
- 6.21 assess, plan and provide care that optimises the normal physiological processes of reproduction and early life, working to promote positive outcomes, health and well-being, and to anticipate and prevent complications
- 6.22 provide evidence-based information on all aspects of health and well-being of the woman and newborn infant to enable informed decision-making by the woman, and partner and family as appropriate
- 6.23 use evidence-based information to enable women, their partners and families to make individualised care choices and decisions about screening and diagnostic tests
- 6.24 demonstrate the ability to discuss findings of tests, observations and assessments with the woman, partner/companion and family as appropriate

- 6.25 assess the environment to maximise safety, privacy, dignity, and well-being, optimise normal physiological processes, and provide a welcoming environment for the woman, partner/companion, and family; and to create the conditions needed for the birth and subsequent care to be as gentle as possible for the newborn infant
- 6.26 identify opportunities to offer support and positive feedback to the woman
- 6.27 recognise and respond to signs of all forms of abuse and exploitation, and need for safeguarding
- 6.28 use skills of infection prevention and control, following local and national policies and protocols
- 6.29 engage women, partners, and families in understanding and applying principles of infection control and antimicrobial stewardship
- 6.30 demonstrate the ability to measure and record vital signs for the woman and newborn infant, using technological aids where appropriate, and implement appropriate responses and decisions
- 6.31 undertake abdominal examination and palpation of the woman appropriately across all stages of the continuum
- 6.32 undertake auscultation of the fetal heart, using Pinard stethoscope and technical devices as appropriate including cardiotocograph (CTG) accurately interpreting and recording all findings including fetal heart patterns
- 6.33 recognise normal vaginal loss and deviations from normal, across the continuum
- 6.34 undertake vaginal examination with the woman's consent
- 6.35 undertake venepuncture and cannulation and blood sampling, and interpret appropriate blood tests
- 6.36 recognise and respond to oedema, varicosities, and signs of thromboembolism
- 6.37 support the woman when nausea and vomiting occur, recognise deviations from normal physiological processes
- 6.38 assess, plan and provide care that optimises the woman's nutrition and hydration
- 6.39 assess, plan and provide care that optimises the woman's bladder and bowel function and health across the continuum
- 6.40 assess, plan and provide care and support in regard to the woman's experience of and response to pain, her need for pain management, using evidence-based

techniques including comfort measures, non-pharmacological and pharmacological methods

- 6.41 demonstrate the ability to recognise and respond to deviations from normal physiological processes, and unsafe psychological, social, cultural and spiritual situations for the woman and the newborn infant
- 6.42 demonstrate the ability to avoid and minimise trauma
- 6.43 demonstrate the ability to consult, collaborate with, and refer to, interdisciplinary and multiagency colleagues as appropriate
- 6.44 act as an advocate when care involves the interdisciplinary and multiagency team, to ensure that care continues to focus on the needs, views, preferences and decisions of women, and the needs of newborn infants
- 6.45 assess, promote, and encourage the development of the mother-newborn infant relationship, and opportunities for attachment, contact, interaction, and relationship building between the women, newborn infant, partner and family
- 6.46 enable immediate, uninterrupted, and ongoing safe skin-to-skin contact between the mother and the newborn infant, and positive time for the partner and family to be with the newborn infant and each other, preventing unnecessary interruptions
- 6.47 observe, assess, and promote the woman's, and partner's (as appropriate), immediate response to the newborn infant, and their ability to keep the newborn infant close and be responsive to the newborn infant's cues for love, comfort and feeding (reciprocity)
- 6.48 provide information about and promote access to community-based facilities and resources as needed

Evidence-based medicines administration and optimisation: shared skills for Domains 3 and 4:

- 6.49 demonstrate the ability to work in partnership with the woman to assess and provide care and support across the continuum that ensures the safe administration of medicines
 - 6.49.1 carry out initial and continued assessments of women and their ability to self-administer their own medications
 - 6.49.2 recognise the various procedural routes under which medicines can be prescribed, supplied, dispensed and administered; and the laws, policies, regulations and guidance that underpin them
 - 6.49.3 use the principles of safe remote prescribing and directions to administer medicines, including safe storage, transportation and disposal of medicinal products
 - 6.49.4 demonstrate the ability to safely supply and administer medicines listed in Schedule 17 of the Human Medicines Regulations (midwives exemptions) and any subsequent legislation and demonstrate the ability to check the list regularly
 - 6.49.5 undertake accurate drug calculations for a range of medications
 - 6.49.6 undertake accurate checks, including transcription and titration, of any direction to supply and administer a medicinal product
 - 6.49.7 exercise professional accountability in ensuring the safe administration of medicines, via a range of routes, to women and newborn infants
 - 6.49.8 administer injections using intramuscular, subcutaneous, intradermal and intravenous routes and manage injection equipment
 - 6.49.9 recognise and respond to adverse or abnormal reactions to medications for the woman and the newborn infant, and the potential impact on the fetus and the breastfed infant
 - 6.49.10 recognise the impact of medicines in breastmilk and support the woman to continue to responsively feed her newborn infant and/or to express breastmilk

Universal care for all women and newborn infants: skills for Domain 3

A The midwife's role in public health, health promotion and health protection

- 6.50 access oral, written and digital information from sources including published evidence, data and reports to inform conversations with women, partners, and families
- 6.51 conduct person-centred conversations with women, their partners and families on women's and children's health across the life course, depending on relevance and context; this must include:
 - 6.51.1 sexual and reproductive health: pre-conception, contraception, unintended pregnancy, abortion, sexually transmitted infections
 - 6.51.2 food, nutrition and food safety
 - 6.51.3 the importance of human milk and breastfeeding on short and long term health and well-being outcomes
 - 6.51.4 weight management and exercise
 - 6.51.5 smoking, alcohol and substance use
 - 6.51.6 immunisation
 - 6.51.7 poverty and social and health inequalities
 - 6.51.8 social media use and the potential for addiction
- 6.52 use evidence-based information to enable women, their partners and families to make individualised care choices and decisions on:
 - 6.52.1 the potential impact of practices and interventions in labour and at birth on the establishment of breastfeeding
 - 6.52.2 formula feeding responsively and as safely as possible
 - 6.52.3 attachment relationships and very early childhood development and the impact on their own and the infant's health and emotional well-being outcomes
- 6.53 develop and provide parent education and preparation for parenthood that is tailored to the context, needs, views, and preferences of individuals and groups
- 6.54 recognise when women, children and families are at risk of violence and abuse and know how to escalate, instigate and refer using safeguarding policies and protocols

B The midwife's role in assessment, screening, and care planning

- 6.55 accurately assess, interpret, and record findings for the woman in pregnancy and the fetus for:
- 6.55.1 signs and symptoms of pregnancy
 - 6.55.2 shared identification of social, and lifestyle factors
 - 6.55.3 maternal mental health and well-being
 - 6.55.4 recognition of signs of all forms of abuse and exploitation, and need for safeguarding
 - 6.55.5 weight and height including calculation of Body Mass Index (BMI)
 - 6.55.6 recognition of spontaneous rupture of membranes and assessment of vaginal loss
 - 6.55.7 recognition of the onset of labour
- 6.56 accurately assess, interpret and record the health and well-being of the woman and the fetus during labour for:
- 6.56.1 the woman's behaviour, appearance, and emotional needs
 - 6.56.2 the need for mobility and position changes
 - 6.56.3 effectiveness of contractions and progress in labour
 - 6.56.4 fetal well-being and the need to respond to problems
 - 6.56.5 the need to expedite birth when necessary
 - 6.56.6 the need for an episiotomy
 - 6.56.7 recognising the position of the umbilical cord during birth and the need to respond to problems
 - 6.56.8 progress of the third stage of labour, birthing of the placenta, completeness and healthiness of the placenta and membranes, and any suspected abnormalities and associated blood loss
 - 6.56.9 perineal/labial/vaginal/cervical/anal trauma, and need for suturing
- 6.57 conduct immediate assessments of the newborn infant at birth and after birth, and interpret and record findings; this must include:
- 6.57.1 initial adaptation to extra-uterine life including appearance, heart rate, response, tone and respirations

- 6.57.2 the infant's ability to respond to cues for food, love, and comfort and the ability to suck, swallow and breathe at the first breastfeed or bottle feed
 - 6.57.3 the need for neonatal life support (NLS) where respiration is not established
 - 6.57.4 with the mother present whenever possible, check newborn infant's vital signs and body systems, reflexes, behaviour, movement, neurological tone, and posture
- 6.58 conduct ongoing assessments of the health and well-being of the newborn infant, involving the mother and partner as appropriate and providing a full explanation; this must include:
- 6.58.1 parental confidence in handling and caring for the newborn infant including response to crying and comfort measures
 - 6.58.2 full systematic physical examination of the newborn infant in line with local and national evidence-based protocols
 - 6.58.3 ensuring screening and diagnostic tests are carried out appropriately and as required in line with local and national evidence-based protocols
- 6.59 accurately assess interpret and record the health and well-being of the woman postnatally; this must include:
- 6.59.1 mental health and well-being: including appetite, energy levels, sleeping pattern, ability to cope with daily living, mood, anxiety and depression, family relationships
 - 6.59.2 vital signs and physical assessment including; uterine involution and perineal health and wellbeing
 - 6.59.3 individual mobility needs, including any adaptations needed to carry and care for her newborn infant
- 6.60 accurately assess all relevant aspects of infant feeding, for both the woman and the newborn infant; this must include:
- 6.60.1 monitoring the newborn infant's weight, growth and development
 - 6.60.2 use skills of observation, active listening and evaluation to examine effectiveness of feeding practices
 - 6.60.3 observation of the woman's breasts for tenderness, pain, engorgement, and need for pain management

- 6.61 for women and newborn infants who are breastfeeding: ongoing observation and assessment of effective breastfeeding; this must include:
 - 6.61.1 effective attachment and positioning of the infant at the breast
 - 6.61.2 responsive feeding
 - 6.61.3 infant behaviour at the breast including coordination and effectiveness of sucking and swallowing
 - 6.61.4 effective milk transfer and milk production
 - 6.61.5 stool and urine output appropriate to age of infant
 - 6.61.6 ability to maximise breastmilk; safe and effective hand expression and feeding the baby expressed breastmilk
- 6.62 for the woman and her partner, and newborn infants who are formula feeding or bottle feeding with human milk, partially or exclusively; observation and assessment must include:
 - 6.62.1 parent's assessment of and confidence with using a bottle to feed their baby
 - 6.62.2 responsive bottle feeding: pacing the feeds, limiting the number of care givers
 - 6.62.3 when formula feeding: use of appropriate formula, making up feeds and sterilisation of equipment as safely as possible
- 6.63 effectively implement, review, and adapt an individualised, evidence-informed care plan for the woman and her newborn infant across the continuum, involving her partner and family as appropriate

C The midwife's role in optimising normal physiological processes and working to promote positive outcomes and to anticipate and prevent complications

- 6.64 implement care that meets the needs of the woman and fetus in labour and at birth, including provision of safe, continuous, one-to-one care for the woman in labour and at birth, and for the newborn infant at birth; this must include:
- 6.64.1 encourage mobility and support the woman to achieve optimal positions in labour and for birth
 - 6.64.2 guide and support the woman as she gives birth, using evidence-informed approaches to safely conduct the birth, and to avoid and minimise trauma, while responding to the women's own preferences
 - 6.64.3 optimise the management of the umbilical cord at birth
 - 6.64.4 use evidence-informed physiological and active techniques as appropriate to safely manage the third stage of labour
 - 6.64.5 suture an episiotomy, undertake repair of 1st and 2nd degree perineal tears as necessary, and refer if additional trauma has occurred
- 6.65 implement care that meets the woman's mental health and well-being needs after birth; this must include:
- 6.65.1 provide ongoing information, support, and care on all aspects of the woman's mental health and well-being
 - 6.65.2 if assessment has identified concerns about the partner's mental health, encourage referral to appropriate services
 - 6.65.3 provide opportunities for the woman, and partner as appropriate, to discuss the birth and any questions they may have
- 6.66 share evidence-based information with all women and fathers/partners as appropriate on how to minimise the risks of sudden infant death syndrome
- 6.67 implement care that meets the needs of the woman in regard to infant feeding; this must include:
- 6.67.1 for all women:
 - 6.67.1.1 understand how to complete an infant feeding assessment with the woman, maintaining accurate records including plans of care, and any challenges encountered or referrals made

- 6.67.1.2 provide appropriate pain management for breast tenderness and pain
- 6.67.2 for women who are breastfeeding:
 - 6.67.2.1 apply in-depth knowledge of the anatomy of the breast and physiology and psychology of lactation to enable mothers to get breastfeeding off to good start
 - 6.67.2.2 support women learning how to hand express their breastmilk and how to store, freeze and warm it with consideration to aspects of infection control
 - 6.67.2.3 share information with women and families about national and local information and networks that are available to support women in the continuation of breastfeeding
- 6.67.3 for parents who bottle feed, partially or exclusively:
 - 6.67.3.1 support women who wish to combine breastfeeding with formula feeding, helping women to understand the impact on breastmilk production
 - 6.67.3.2 encourage responsive bottle feeding
 - 6.67.3.3 encourage parents' use of appropriate formula including its reconstitution, and the cleaning and sterilising of equipment as safely as possible

Additional care for women and newborn infants with complications: skills for Domain 4

A The midwife's role in first line assessment and management of complications and additional care needs

- 6.68 recognise, assess, plan, and respond to pre-existing and emerging complications and additional care needs for women and newborn infants, collaborating with, consulting and referring to the interdisciplinary and multiagency team as appropriate; this must include:
- 6.68.1 pre-existing and emerging physical conditions, and complications of pregnancy, labour, birth, postpartum for the woman and fetus, and complications for the newborn infant, infant feeding challenges, perinatal loss, and maternal illness or death
 - 6.68.2 physical disability
 - 6.68.3 learning disability
 - 6.68.4 psychological circumstances and mental illness including alcohol, drug and substance misuse/withdrawal, previous perinatal loss, stress, depression, anxiety, postpartum psychosis
 - 6.68.5 social circumstances including lack of family and community support, poverty, homelessness, those in the criminal justice system, refugees, asylum seekers and victims of trafficking and modern slavery
 - 6.68.6 violence and abuse including female genital mutilation and emergency safeguarding situations
 - 6.68.7 traumatic experiences including tocophobia, birth trauma and its sequelae including post-traumatic stress disorder, pre-term birth, perinatal loss and bereavement
- 6.69 act upon the need to involve others, promptly and proactively consulting with and referring to appropriate health and social care professionals when signs of compromise and deterioration or emergencies occur
- 6.70 implement first-line emergency management of complications and/or additional care needs for the woman, fetus, and newborn infant when signs of compromise and deterioration or emergencies occur until other help is available; this must include:
- 6.70.1 prompt call for assistance and escalation as necessary

- 6.70.2 implement evidence-based, emergency actions and procedures and immediate life support for the woman and newborn infant until help is available
- 6.70.3 monitor deterioration using evidence-based early warning tools
- 6.70.4 respond to signs of infection, sepsis, blood loss including haemorrhage, and meconium-stained liquor
- 6.70.5 communicate concerns to interdisciplinary and/or multiagency colleagues using recognised tools
- 6.70.6 expedite birth of newborn infant
- 6.70.7 conduct a breech birth and manage shoulder dystocia
- 6.70.8 keep accurate and clear records, including emergency scribe sheets
- 6.70.9 undertake delegated tests for woman, fetus and newborn infant
- 6.70.10 organise safe environment, immediate referral, and appropriate support if acute mental illness, violence or abuse is identified
- 6.70.11 arrange safe transfer to appropriate care setting

B The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services

- 6.71 work in partnership with the woman and in collaboration with the interdisciplinary and/or multiagency team to plan and implement midwifery care for women and newborn infants as appropriate to:
- 6.71.1 implement appropriate response when acute social problems occur
 - 6.71.2 implement necessary interventions when physical complications occur, including but not limited to:
 - 6.71.2.1 manage, monitor, and effectively administer fluid balance
 - 6.71.2.2 conduct speculum examination and low and high vaginal swabs to test for signs of infection and preterm labour
 - 6.71.2.3 undertake amniotomy and application of fetal scalp electrode
 - 6.71.2.4 obtain cord blood and interpret results
 - 6.71.2.5 provide care for women who have experienced female genital mutilation
- 6.72 demonstrate the ability to collaborate effectively with interdisciplinary teams and work in partnership with the woman to assess and provide care and support when emergency situations or clinical complications arise that ensures the safe administration of medicines; this must include:
- 6.72.1 safe administration of medicines in an emergency
 - 6.72.2 manage intravenous (IV) fluids including transfusion of blood and blood products
 - 6.72.3 manage fluid and infusion pumps and devices
- 6.73 provide midwifery care for the women and newborn infant before, during, and after medical interventions, and collaborate with colleagues as needed, including epidural analgesia, fetal blood sampling, instrumental births, caesarean section and medical and surgical interventions to manage haemorrhage
- 6.73.1 provide midwifery care for the women and newborn infant before, during, and after interventions carried out in theatre

- 6.74 provide additional postnatal care for the woman including referral to services and resources as needed; this must include:
- 6.74.1 support and care for women with pre-existing conditions
 - 6.74.2 support and care for women following caesarean section
 - 6.74.3 support and care for women with perineal/labial/vaginal/cervical/anal trauma including female genital mutilation
 - 6.74.4 support and care for woman with urinary or faecal incontinence
 - 6.74.5 support for women and families undergoing surrogacy or adoption
- 6.75 support transitional care of a newborn infant with additional care needs in collaboration with the neonatal team
- 6.76 support women and their partners who have a newborn infant in the neonatal unit to:
- 6.76.1 stay close to their newborn infant, be partners in care, build a close and loving relationship with their newborn infant
 - 6.76.2 optimise skin-to-skin/kangaroo care where possible, including for parents of more than one newborn infant who may be separated and cared for in different places
 - 6.76.3 to enable their newborn infant to receive human milk and be breastfed when possible, including access to and use of donor milk
- 6.77 support women who are separated from their newborn infants as a result of maternal illness and enable contact with the newborn infant to maximise the time they can spend together
- 6.78 work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and/or multiagency team, to plan and implement midwifery care for the newborn infant who requires additional care and support
- 6.79 work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and/or multiagency team, to plan and implement compassionate, respectful, empathetic, dignified midwifery care for women and/or partners and families experiencing perinatal loss or maternal death, and demonstrate the ability to:
- 6.79.1 provide care and follow up after discharge to women and/or families experiencing miscarriage, stillbirth, or newborn infant death, and understand the care needed by partners and families who experience maternal death

- 6.79.2 provide end of life care for a woman or for a newborn infant
 - 6.79.3 arrange provision of pastoral and spiritual care according to the woman's, father's/partner's, and family's wishes and religious/spiritual beliefs and faith
 - 6.79.4 support and assist with palliative care for the woman or newborn infant
 - 6.79.5 offer opportunities for parents and/or family to spend as much private time as they wish with the dying or dead infant or woman
 - 6.79.6 support the parents of more than one newborn infant when a newborn infant survives while another dies, recognising the psychological challenges of dealing with loss and bereavement and adapting to parenthood at the same time
 - 6.79.7 provide care for the deceased woman or newborn infant and the bereaved, respecting cultural requirements and protocols
 - 6.79.8 support the bereaved woman with lactation suppression and/or donating her breastmilk if wished
 - 6.79.9 provide clear information and support regarding any possible post-mortem examinations, registration of death and options for funeral arrangements and/or a memorial service
- 6.80 work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and multiagency team, to plan and implement midwifery care for women and/or partners and families experiencing mental illness and following traumatic experiences; this must include:
- 6.80.1 provide care and support for women and the newborn infant, and partners and families as appropriate
 - 6.80.2 support the woman to stay close to her newborn infant to build positive attachment behaviours
 - 6.80.3 support the woman to responsively feed her newborn infant, and to maximise the use of human milk/breastfeeding
 - 6.80.4 support positive attachment between the father/partner and the infant
- 6.81 work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and/or multiagency team, to plan and implement midwifery care for women, newborn infants, and partners and families as appropriate, when problems occur with infant feeding; this must include:

- 6.81.1 carry out ongoing feeding assessments when a newborn infant is not feeding effectively and respond if newborn infant weight gain is insufficient
- 6.81.2 refer to appropriate colleagues where deviation from evidence-based infant feeding and growth patterns does not respond to first line management
- 6.81.3 for women who are breastfeeding: support women to overcome breastfeeding challenges and provide ongoing support and referral to infant feeding specialists and peer supporters as required

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Promoting excellence: the midwife as colleague, scholar and leader: skills for Domain 5

A Working with others: the midwife as colleague

- 6.82 work with interdisciplinary and multiagency colleagues, advocacy groups and stakeholders to promote quality improvement; this must include:
- 6.82.1 use best evidence to inform decisions
 - 6.82.2 learn from local, national, and international reports
 - 6.82.3 analyse, clearly record and share digital information and data
 - 6.82.4 contribute to audit and risk management
 - 6.82.5 contribute to investigations on critical incidents, near misses and serious event reviews
- 6.83 work with interdisciplinary and multiagency colleagues to implement change management; this must include:
- 6.83.1 advocate for change
 - 6.83.2 negotiate and challenge skills
 - 6.83.3 use evidence-informed approaches to support change
- 6.84 when managing, supervising, supporting, teaching and delegating care responsibilities to other members of the midwifery and interdisciplinary team and students:
- 6.84.1 provide clear verbal, digital or written information and instructions and check understanding
 - 6.84.2 provide encouragement to colleagues and students that helps them to reflect on their practice
 - 6.84.3 keep unambiguous records of performance
- 6.85 demonstrate effective team management skills when:
- 6.85.1 developing, supporting and managing teams
 - 6.85.2 managing concerns
 - 6.85.3 escalating and reporting on those concerns
 - 6.85.4 de-escalating conflict

6.85.5 reflecting on learning that comes from working with interdisciplinary and multiagency teams

6.86 demonstrate skills to recognise and respond to vulnerability in self and others, including:

6.86.1 self-reflection

6.86.2 seeking support and assistance when feeling vulnerable

6.86.3 taking action when own vulnerability may impact on ability to undertake their role as a midwife

6.86.4 identifying vulnerability of individual and wider team members and action support and/or intervention as needed

6.86.5 demonstrating strength-based approaches and compassionate self-care

B Developing knowledge, positive role modelling and leadership: the midwife as scholar and leader

6.87 reflect on own thoughts and feelings around positive and negative feedback, and take responsibility for incorporating relevant changes into practice and behaviour

6.88 demonstrate engagement in ongoing midwifery and interdisciplinary professional development, including:

6.88.1 participatory and self-directed learning

6.88.2 reflection on learning that informs professional development and practice

6.89 know how to:

6.89.1 keep up to date by accessing evidence-based information and policy, applying digital literacy and critical appraisal skills

6.89.2 debate the implications for practice where no research or conflicting research evidence exists

6.89.3 find information about possible paths for career development including opportunities for postgraduate courses and scholarships

Glossary

The following terms and their accompanying explanations relate to the context of the standards of proficiency for midwives.

Abuse: an act that may harm the woman or the newborn infants, endanger their lives, or violate their rights. The person responsible for the abuse may be doing this on purpose or may not realise the harm they are causing. The type of abuse may be emotional, physical, sexual, psychological material, financial, or neglect. Abuse may be current or may have occurred in the past (known as non-recent, or historical, abuse); in these circumstances, the harmful physical and psychological effects can still manifest in the present.

Autonomous: to have the knowledge and confidence to exercise professional judgement

Cultural competence: knowledge of how to promote respectful and responsive midwifery care in cross-cultural settings that reflects the cultural and linguistic needs of the diverse population.

Companion: the person/people chosen by the woman to support her in labour and at birth.

Continuity of carer or relational continuity of care: care provided by a midwife or small group of midwives who provide care for a woman and her newborn infant, partner and family throughout the continuum of her maternity journey.

Continuity of care or management continuity: continuity and consistency of management, including providing and sharing information and care planning, and any necessary co-ordination of care required.

Continuum of care: care across the whole childbearing period from pre-pregnancy, pregnancy, labour, birth, the immediate postpartum, and the early days and weeks of life.

Epigenetics: changes in organisms caused by the modification of gene expression that does not involve an alteration in the DNA sequence itself.

Evidence-based midwifery practice: decision-making that integrates midwifery expertise with knowledge derived from the best available evidence.

Female genital mutilation: the practice of partially or totally removing the external female genitalia for non-medical reasons. This practice is illegal in the UK.

Human factors: environmental, organisational, and job factors, and human and individual characteristics, which influence behaviour at work in a way which can affect health and safety.

Kangaroo care: an evidence-based method of caring for a newborn infant where the infant is held in skin-to-skin contact against the chest, usually by the parent, for as long as possible each day to promote attachment and infant growth and development.

Maternity journey: the woman's view of her journey through the lead up to pregnancy, pregnancy, labour, birth, the immediate postpartum period, and the early days and weeks after pregnancy.

Morbidity: maternal and newborn: physical or psychological harm to a woman or newborn infant as a direct or indirect consequence of pregnancy, birth, or postpartum.

Newborn infant: an infant from birth to around two months of age.

Partner: the person considered by the woman to be her life partner. This may include the biological father and other -or same-sex partners.

Reciprocity: The intimate interaction between the baby and their parent through mutual communication which encourages secure, positive attachments.

Skin-to-skin contact at birth: the practice where a newborn infant is dried and laid directly on their mother's bare chest after birth, both of them covered in a warm blanket and left for at least an hour or until after the first feed. Ongoing skin-to-skin contact involves the mother/parent holding the newborn infant skin-to-skin for feeding, love and comfort.

Strengths-based approach: a strengths-based approach is a collaborative process between the woman and the midwife, allowing them to work together to determine an outcome that draws on the woman's own strengths and assets.

Tocophobia: severe fear of pregnancy and childbirth.

Very early child development: Very early child development includes physical, social, emotional, cognitive, and motor development in the first hours, days and weeks when the newborn infant is developing most rapidly.

Woman: the words woman and women have been used throughout this document as this is the way that the majority of those who are pregnant and having a baby will identify. For the purpose of this document, this term includes people whose gender identity does not correspond with their birth sex or who may have a non-binary identity.

The role of the Nursing and Midwifery Council

What we do

We're the independent regulator for nurses, midwives and nursing associates. We hold a register of all the 690,000 nurses, midwives and nursing associates who can practise in the UK.

Better and safer care for people is at the heart of what we do, supporting the healthcare professionals on our register to deliver the highest standards of care.

We make sure nurses, midwives and nursing associates have the skills they need to care for people safely, with integrity, expertise, respect and compassion, from the moment they step into their first job.

Learning does not stop the day nurses, midwives and nursing associates qualify. To promote safety and public trust, we require professionals to demonstrate throughout their career that they are committed to learning and developing to keep their skills up to date and improve as practitioners.

We want to encourage openness and learning among healthcare professions to improve care and keep the public safe. On the occasions when something goes wrong and people are at risk, we can step in to investigate and take action, giving patients and families a voice as we do so.

These standards were approved by Council at its meeting on XXX

Standards for pre-registration midwifery

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Standards for pre-registration midwifery programmes

About our standards

Realising professionalism: Standards for education and training include the Standards framework for nursing¹ and midwifery education, Standards for student supervision and assessment and programme standards specific to each approved programme.

Our Standards for education and training are set out in three parts:

Part 1: [Standards framework for nursing and midwifery education](#)

Part 2: [Standards for student supervision and assessment](#)

Part 3: Programme standards:

- [Standards for pre-registration nursing programmes](#)
- Standards for pre-registration midwifery programmes
- [Standards for pre-registration nursing associate programmes](#)
- [Standards for prescribing programmes](#)
- [Standards for return to practice programmes](#)

These standards help nursing and midwifery [students](#) achieve NMC proficiencies and programme outcomes. All nursing and midwifery professionals must practise in line with the requirements of [the Code](#), the professional standards of practice, values and behaviours that nurses, midwives and nursing associates are expected to uphold.

Introduction

Our Standards for pre-registration midwifery programmes set out the legal requirements, entry requirements and entry routes, length of programme, curriculum, practice learning, supervision and assessment and the qualification to be awarded for all pre-registration midwifery programmes.

¹ We have used the phrase 'nursing' in this document to apply to the work of nurses and nursing associates. Nursing associates are a distinct profession with their own part of our register, but they are part of the nursing team.

Student midwives must successfully complete an NMC approved pre-registration midwifery programme in order to meet the Standards of proficiency for midwives and to be eligible to apply, and be entered onto, the NMC register.

Better, safer care is central to our standards. Student midwives will be in contact with [people](#) throughout their education and it is important they learn in a safe and effective way.

These pre-registration midwifery programme standards should be read in conjunction with the Standards framework for nursing and midwifery education and the Standards for student supervision and assessment, which apply to all NMC approved education programmes. There must be compliance with all these standards for an education institution to be approved and to run any pre-registration midwifery NMC approved programme.

Education providers structure their education programmes to comply with our programme standards. They also design their curricula around the published proficiencies for a particular programme. Students are assessed against published proficiencies to ensure they are capable of providing safe and effective care. Proficiencies are the knowledge, skills and behaviours that nurses, midwives and nursing associates need in order to practise. We publish standards of proficiency for the nursing and midwifery professions as well as proficiencies for NMC approved post-registration programmes.

Through our [quality assurance \(QA\)](#) processes we check that education programmes meet all of our standards regarding the structure and delivery of education programmes and that the programme outcomes relate to the expected proficiencies for particular qualifications. We also check that [approved education institutions \(AEIs\)](#) and [practice learning partners](#) are managing risks effectively. Using internal and external intelligence we monitor potential and actual risks to quality in education and training. This intelligence gathering includes analysis of system regulator reports.

In accordance with our QA framework, before a midwifery programme can be delivered, an approval process takes place through which we check that the proposed programme meets our standards.

Overall responsibility and accountability for compliance with NMC standards lies with AEIs in partnership with practice learning partners.

DIAGRAM

Legislative framework

Our legislation

Article 5(2) of the Nursing and Midwifery Order 2001 ('the Order')² requires the NMC to establish standards of proficiency necessary to be admitted to each part of the register and for safe and effective practice under that part of the register. The standards of proficiency have been established under this provision. Article 15(1) of the Order requires the Council to establish standards of education and training which are necessary to achieve the standards of proficiency. The standards for pre-registration midwifery programmes are established under the provisions of Article 15(1) of the Order.

Lead midwife for education

Rule 6(i)(a)(ii) and Rule 6(3) of the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004³ establish the requirements of the lead midwife for education.

[Information about the role of the lead midwife for education](#) can be found on page 20.

EU legislation

These standards comply with Directive 2005/36/EC of the European parliament and of the council on the recognition of professional qualifications (as amended) as outlined in [Annexe 1](#) of this document.

Standards for pre-registration midwifery programmes

AEIs have ownership, overall responsibility and accountability for education programmes. We expect AEIs to work in partnership with their practice learning partners on the development, delivery and management of pre-registration midwifery programmes. Pre-registration midwifery programmes may offer various routes to registration.

The Standards framework for nursing and midwifery education, the Standards for student supervision and assessment and the Standards for pre-registration midwifery programmes provide the overall regulatory framework, which enables AEIs and practice learning partners to design programmes that meet our requirements while at the same time allowing for local flexibility, innovation and variability within individual curricula.

² [The Nursing and Midwifery Order 2001 \(SI 2002/253\)](#)

³ [The Nursing and Midwifery Council \(Education, Registration and Registration Appeals\) Rules 2004 \(SI 2004/1767\)](#)

Midwifery curricula must include the outcomes set out in the Standards of proficiency for midwives, which include the content and competencies specified in relevant EU legislation. Students will learn and be assessed in a range of environments including AEI and practice learning partner settings and through [simulation](#).

The involvement of women, partners, families and advocacy groups in the design, development and delivery of midwifery curricula is intended to promote public confidence in the education of future midwives. We therefore expect the use of supportive evidence and engagement from people who have experienced care by midwives to inform programme design and delivery.

On successful completion of an NMC approved programme students will be eligible to apply to the NMC to register as a midwife.

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The student journey

Standards for pre-registration midwifery programmes follow the student journey and are grouped under the following five headings:

1. Selection, admission and progression

Standards about an applicant's suitability and continued participation in a pre-registration midwifery programme

2. Curriculum

Standards for the content, delivery and evaluation of pre-registration midwifery programmes

3. Practice learning

Standards specific to pre-registration learning that takes place in practice settings

4. Supervision and assessment

Standards for safe and effective supervision and assessment for pre-registration midwifery programmes

5. Qualification to be awarded

Standards which state the award and information for the NMC register.

1 Selection, admission and progression

AEIs must ensure:

- 1.1 they appoint a lead midwife for education who is responsible for midwifery education in the AEI
- 1.2 they inform the NMC of the name of the lead midwife for education
- 1.3 recognition of prior learning is not permitted for pre-registration midwifery programmes

AEIs together with practice learning partners must:

- 1.4 ensure selection, admission and progression comply with the NMC Standards framework for nursing and midwifery education
- 1.5 confirm on entry to the programme that [students](#):
 - 1.5.1 enrolled on pre-registration midwifery programmes are compliant with Article 40(2) of Directive 2005/36/EC regarding general education length or nursing qualification as appropriate outlined in [Annexe 1](#) of this document
 - 1.5.2 demonstrate an understanding of the role and scope of practice of the midwife
 - 1.5.3 demonstrate values in accordance with [the Code](#)
 - 1.5.4 have capability to learn behaviours in accordance with the Code
 - 1.5.5 have capability to develop numeracy skills required to meet programme outcomes
 - 1.5.6 can demonstrate proficiency in English language
 - 1.5.7 have capability in literacy to meet programme outcomes
 - 1.5.8 have capability for digital and technological literacy to meet programme outcomes
- 1.6 support students throughout the programme in continuously developing their abilities in numeracy, literacy and digital and technological literacy to meet programme outcomes
- 1.7 ensure students' [health and character](#) are sufficient to enable safe and effective practice on entering the programme, throughout the programme and when submitting the supporting declaration of health and character in line with the NMC's [health and character decision-making guidance](#). This includes satisfactory occupational health assessments and criminal record checks

- 1.8 ensure students are fully informed of the requirement to declare immediately any cautions, charges, conditional discharges or convictions and any adverse determinations made by other regulators, professional bodies and education establishments and that any declarations are dealt with promptly, fairly and lawfully
- 1.9 ensure the lead midwife for education, or their [designated midwife substitute](#) is able to provide supporting declarations of health and character for students who have successfully completed an NMC approved pre-registration midwifery programme or an adaptation to midwifery programme in the United Kingdom, and
- 1.10 ensure NMC registered nurses entering a shortened pre-registration midwifery programme are a Registered nurse: first level (adult) and the programme complies with Article 40(1)(b) of Directive 2005/36/EC outlined in [Annexe 1](#) of this document.

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2 Curriculum

AEIs together with practice learning partners must:

- 2.1 confirm programmes comply with the NMC Standards framework for nursing and midwifery education
- 2.2 confirm programmes comply with the NMC Standards for student supervision and assessment
- 2.3 ensure programme learning outcomes reflect the NMC Standards of proficiency for midwives
- 2.4 involve women, partners, families and advocacy groups in the design, development, delivery and evaluation of programmes
- 2.5 ensure programmes delivered in Wales comply with legislation which supports use of the Welsh language
- 2.6 design and deliver programmes that support students and provide relevant and ongoing exposure to midwifery practice
- 2.7 ensure technology-enhanced and simulated learning opportunities are used effectively and proportionately to support learning and assessment, including where clinical circumstances occur infrequently and a proficiency is required
- 2.8 design curricula that provide an equal balance of 50 percent theory and 50 percent practice learning, using a range of learning and teaching strategies, and
- 2.9 ensure NMC approved pre-registration midwifery education programmes comply with Article 40 (1) and satisfy Article 41(1) of Directive 2005/36/EC (see Annexe 1) by meeting the following criteria:
 - 2.9.1 full time education and training as a midwife is a minimum of three years and 4,600 hours, or
 - 2.9.2 where a student is already registered with the NMC as a Registered nurse: first level (adult), full-time education and training as a midwife shall be a minimum of two years and 3,600 hours, or
 - 2.9.3 where a student is already registered with the NMC as a Registered nurse: first level (adult), full-time education and training as a midwife shall be a minimum of 18 months and 3,000 hours, and in order for the qualification to be recognised in EU member states it must be followed by a year of professional midwifery practice.

3 Practice learning

AEIs together with practice learning partners must:

- 3.1 provide practice learning opportunities that enable students to develop and meet the NMC Standards of proficiency for midwives
- 3.2 ensure students experience the role and scope of the midwife enabling them to provide holistic care to women, newborn infants, partners and families
- 3.3 provide students with learning opportunities to enable them to achieve the proficiencies related to interdisciplinary and multi-agency team working
- 3.4 provide students with learning opportunities to experience continuity of midwifery carer across the whole continuum for women and newborn infants with and without complications and additional care needs
- 3.5 provide students with learning opportunities to experience midwifery care for a diverse population across a range of settings, including midwifery led services
- 3.6 provide learning opportunities that enable students to develop the required knowledge, skills and behaviours needed when caring for women and newborn infants when complication and additional care needs arise, including as they relate to physical, psychological, social, cultural and spiritual factors
- 3.7 take account of students' individual needs and personal circumstances when allocating their practice learning opportunities, including making reasonable adjustments for students with disabilities
- 3.8 ensure students experience the range of hours expected of practising midwives, and
- 3.9 ensure students are [supernumerary](#).

4 Supervision and assessment

AEIs together with practice learning partners must:

- 4.1 provide support, supervision, learning opportunities and assessment that complies with the NMC Standards framework for nursing and midwifery education
- 4.2 provide support, supervision, learning opportunities and assessment that complies with the NMC Standards for student supervision and assessment
- 4.3 ensure throughout the programme that students meet the NMC Standards of proficiency for midwives and programme outcomes
- 4.4 provide students with constructive feedback throughout the programme to support their development
- 4.5 ensure all programmes include a specific focus on numeracy assessment related to the midwifery proficiencies and the calculation of medicines, which must be passed with a score of 100 percent
- 4.6 assess students to confirm proficiency in preparation for professional practice as a midwife
- 4.7 ensure all proficiencies are recorded in an ongoing record of achievement, which must demonstrate the achievement of proficiencies and skills set out in the NMC Standards of proficiency for midwives, and
- 4.8 ensure the knowledge and skills for midwives set out in Article 40(3) and the activities of a midwife specified in Article 42 of Directive 2005/36/EC have been met as outlined in [Annexe 1](#) of this document.

5 Qualification to be awarded

AEIs together with practice learning partners must:

- 5.1 ensure the minimum award for a pre-registration midwifery programme is a bachelor's degree, and
- 5.2 notify students during and before completion of the programme that they have [five years](#) to apply to register with the NMC if they wish to rely on this qualification⁴. In the event of a student failing to register their qualification within five years they will have to undertake additional education and training or gain such experience as specified in our standards.

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⁴ Article 9(2)(a) of the Order

Annexe 1

Extract from Directive 2005/36/EC of the European parliament and of the council on the recognition of professional qualifications (as amended)

Article 40

The training of midwives

1. The training of midwives shall comprise a total of at least:
 - (a) specific full-time training as a midwife comprising at least three years of theoretical and practical study (route I) comprising at least the programme described in Annex V, point 5.5.1, or
 - (b) specific full-time training as a midwife of 18 months' duration (route II), comprising at least the study programme described in Annex V, point 5.5.1, which was not the subject of equivalent training of nurses responsible for general care.

The Member States shall ensure that institutions providing midwife training are responsible for coordinating theory and practice throughout the programme of study.

The Commission shall be empowered to adopt delegated acts in accordance with Article 57c concerning the amendment of the list set out in point 5.5.1 of Annex V with a view to adapting it to scientific and technical progress.

The amendments referred to in the third subparagraph shall not entail an amendment of existing essential legislative principles in Member States regarding the structure of professions as regards training and conditions of access by natural persons. Such amendments shall respect the responsibility of the Member States for the organisation of education systems, as set out in Article 165(1) TFEU.

2. Admission to training as a midwife shall be contingent upon one of the following conditions:
 - (a) completion of at least 12 years of general school education or possession of a certificate attesting success in an examination, of an equivalent level, for admission to a midwifery school for route I;
 - (b) possession of evidence of formal qualifications as a nurse responsible for general care referred to in point 5.2.2 of Annex V for route II.
3. Training as a midwife shall provide an assurance that the professional in question has acquired the following knowledge and skills:
 - (a) detailed knowledge of the sciences on which the activities of midwives are based, particularly midwifery, obstetrics and gynaecology;

- (b) adequate knowledge of the ethics of the profession and the legislation relevant for the practice of the profession;
- (c) adequate knowledge of general medical knowledge (biological functions, anatomy and physiology) and of pharmacology in the field of obstetrics and of the newly born, and also knowledge of the relationship between the state of health and the physical and social environment of the human being, and of his behaviour;
- (d) adequate clinical experience gained in approved institutions allowing the midwife to be able, independently and under his own responsibility, to the extent necessary and excluding pathological situations, to manage the antenatal care, to conduct the delivery and its consequences in approved institutions, and to supervise labour and birth, postnatal care and neonatal resuscitation while awaiting a medical practitioner;
- (e) adequate understanding of the training of health personnel and experience of working with such personnel.

Extract from Directive 2005/36/EC of the European parliament and of the council on the recognition of professional qualifications (as amended)

Article 41

Procedures for the recognition of evidence of formal qualifications as a midwife

1. The evidence of formal qualifications as a midwife referred to in point 5.5.2 of Annex V shall be subject to automatic recognition pursuant to Article 21 in so far as they satisfy one of the following criteria:
 - (a) full-time training of at least three years as a midwife, which may in addition be expressed with the equivalent ECTS credits, consisting of at least 4 600 hours of theoretical and practical training, with at least one third of the minimum duration representing clinical training;
 - (b) full-time training as a midwife of at least two years, which may in addition be expressed with the equivalent ECTS credits, consisting of at least 3 600 hours, contingent upon possession of evidence of formal qualifications as a nurse responsible for general care referred to in point 5.2.2 of Annex V;
 - (c) full-time training as a midwife of at least 18 months, which may in addition be expressed with the equivalent ECTS credits, consisting of at least 3 000 hours, contingent upon possession of evidence of formal qualifications as a nurse responsible for general care referred to in point 5.2.2 of Annex V, and followed by one year's professional practice for which a certificate has been issued in accordance with paragraph 2.
2. The certificate referred to in paragraph 1 shall be issued by the competent authorities in the home Member State. It shall certify that the holder, after obtaining evidence of formal qualifications as a midwife, has satisfactorily pursued all the activities of a midwife for a corresponding period in a hospital or a health care establishment approved for that purpose.

Extract from Directive 2005/36/EC of the European parliament and of the council on the recognition of professional qualifications (as amended)

Article 42

Pursuit of the professional activities of a midwife

1. The provisions of this section shall apply to the activities of midwives as defined by each Member State, without prejudice to paragraph 2, and pursued under the professional titles set out in Annex V, point 5.5.2.
2. The Member States shall ensure that midwives are able to gain access to and pursue at least the following activities:
 - (a) provision of sound family planning information and advice;
 - (b) diagnosis of pregnancies and monitoring normal pregnancies; carrying out the examinations necessary for the monitoring of the development of normal pregnancies;
 - (c) prescribing or advising on the examinations necessary for the earliest possible diagnosis of pregnancies at risk;
 - (d) provision of programmes of parenthood preparation and complete preparation for childbirth including advice on hygiene and nutrition;
 - (e) caring for and assisting the mother during labour and monitoring the condition of the foetus in utero by the appropriate clinical and technical means;
 - (f) conducting spontaneous deliveries including where required episiotomies and in urgent cases breech deliveries;
 - (g) recognising the warning signs of abnormality in the mother or infant which necessitate referral to a doctor and assisting the latter where appropriate; taking the necessary emergency measures in the doctor's absence, in particular the manual removal of the placenta, possibly followed by manual examination of the uterus;
 - (h) examining and caring for the new-born infant; taking all initiatives which are necessary in case of need and carrying out where necessary immediate resuscitation;
 - (i) caring for and monitoring the progress of the mother in the post-natal period and giving all necessary advice to the mother on infant care to enable her to ensure the optimum progress of the new-born infant;
 - (j) carrying out treatment prescribed by doctors;
 - (k) drawing up the necessary written reports.

Extract from Directive 2005/36/EC of the European parliament and of the council on the recognition of professional qualifications (as amended)

ANNEX V Recognition on the basis of coordination of the minimum training conditions

V.5. MIDWIFE

5.5.1. Training programme for midwives (Training types I and II)

The training programme for obtaining evidence of formal qualifications in midwifery consists of the following two parts:

A. Theoretical and technical instruction

a. General subjects

- Basic anatomy and physiology
- Basic pathology
- Basic bacteriology, virology and parasitology
- Basic biophysics, biochemistry and radiology
- Paediatrics, with particular reference to new-born infants
- Hygiene, health education, preventive medicine, early diagnosis of diseases
- Nutrition and dietetics, with particular reference to women, new-born and young babies
- Basic sociology and socio-medical questions
- Basic pharmacology
- Psychology
- Principles and methods of teaching
- Health and social legislation and health organisation
- Professional ethics and professional legislation
- Sex education and family planning
- Legal protection of mother and infant

b. Subjects specific to the activities of midwives

- Anatomy and physiology
- Embryology and development of the foetus
- Pregnancy, childbirth and puerperium
- Gynaecological and obstetrical pathology
- Preparation for childbirth and parenthood, including psychological aspects
- Preparation for delivery (including knowledge and use of technical equipment in obstetrics)
- Analgesia, anaesthesia and resuscitation
- Physiology and pathology of the new-born infant
- Care and supervision of the new-born infant
- Psychological and social factors

B. Practical and clinical training

This training is to be dispensed under appropriate supervision:

- Advising of pregnant women, involving at least 100 pre-natal examinations.
- Supervision and care of at least 40 pregnant women.
- Conduct by the student of at least 40 deliveries; where this number cannot
- be reached owing to the lack of available women in labour, it may be reduced to a minimum of 30, provided that the student assists with 20 further deliveries.
- Active participation with breech deliveries. Where this is not possible because of lack of breech deliveries, practice may be in a simulated situation.
- Performance of episiotomy and initiation into suturing. Initiation shall include theoretical instruction and clinical practice. The practice of suturing includes suturing of the wound following an episiotomy and a simple perineal laceration. This may be in a simulated situation if absolutely necessary.
- Supervision and care of 40 women at risk in pregnancy, or labour or post-natal period.
- Supervision and care (including examination) of at least 100 post-natal women and healthy new-born infants.
- Observation and care of the new-born requiring special care, including those born pre-term, post-term, underweight or ill.
- Care of women with pathological conditions in the fields of gynaecology and obstetrics.
- Initiation into care in the field of medicine and surgery. Initiation shall include theoretical instruction and clinical practice.

The theoretical and technical training (Part A of the training programme) shall be balanced and coordinated with the clinical training (Part B of the same programme) in such a way that the knowledge and experience listed in this Annex may be acquired in an adequate manner.

Clinical instruction shall take the form of supervised in-service training in hospital departments or other health services approved by the competent authorities or bodies. As part of this training, student midwives shall participate in the activities of the departments concerned in so far as those activities contribute to their training. They shall be taught the responsibilities involved in the activities of midwives.

Glossary

Approved education institutions (AEIs): the status awarded by the NMC to an institution, or part of an institution, or combination of institutions that work in partnership with practice placement and work placed learning providers. AEIs will have provided us with assurance that they are accountable and capable of delivering NMC approved education programmes.

Designated midwife substitute: must be a midwife who holds registration with the NMC. Their role is to sign declarations of health and character when the lead midwife for education is not available to do so.

Educators: in the context of the NMC Standards for education and training educators are those who deliver, support, supervise and assess theory, practice and/or work placed learning.

Health and character: in the NMC Order those applying to join our register must meet health and character requirements in accordance with the [NMC health and character guidance](#).

Lead midwife for education: is responsible for midwifery education in the relevant AEI. The lead midwife for education must be a midwife who holds registration with the NMC.

People: individuals or groups who receive services from nurses and midwives, healthy and sick people, parents, children, families, carers, representatives, also including educators and students and others within and outside the learning environment.

Practice learning partners: organisations that provide practice learning opportunities necessary for supporting pre-registration and post-registration students in meeting proficiencies and programme outcomes.

Quality assurance: NMC processes for making sure all AEIs and their approved education programmes comply with our standards.

Reasonable adjustments: changes the way services are offered to prevent students with disabilities from being placed at a substantial disadvantage, ensuring a fair and equal chance of accessing services as set out in equalities and human rights legislation.

Simulation: an artificial representation of a real world practice scenario that supports midwifery student development through experiential learning with the opportunity for repetition, feedback, evaluation and reflection. Effective simulation facilitates safety by enhancing knowledge, behaviours and skills.

Student: any individual enrolled onto an NMC approved education programme whether full time or less than full time.

Supernumerary: students in practice or work placed learning must be supported to learn without being counted as part of the staffing required for safe and effective care in that setting. Placements should enable students to learn to provide safe and effective care, not merely to observe; students can and should add real value to care. The contribution students make will increase over time as they gain proficiency and they will continue to benefit from ongoing guidance and feedback. Once a student has demonstrated that they are proficient, they should be able to fulfil tasks without direct oversight. The level of supervision a student needs is based on the professional judgement of their supervisors, taking into account any associated risks and the student's knowledge, proficiency and confidence.

These standards were approved by Council at its meeting on (DATE TBC).

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Information about the role of the lead midwife for education

The lead midwife for education is responsible for midwifery education in the relevant approved education institution (AEI) and is suitably qualified and experienced to lead and advise on matters relating to midwifery education. The lead midwife for education and their designated midwife substitute must be a midwife who holds registration with the Nursing and Midwifery Council (NMC).

We require an AEI to do the following:

- appoint a lead midwife for education who is responsible for midwifery education
- inform the NMC Council of the name of the lead midwife for education

The requirements of the lead midwife for education are set out in Rule 6(1)(a)(ii) and Rule 6(3) of the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004. The lead midwife for education will:

- be responsible for midwifery education in the AEI
- be accountable for signing the supporting declarations of health and character for applicants applying for admission to the register after completing a pre-registration midwifery programme or for applicants applying for readmission to the register following a return to practice programme
- be accountable for signing the supporting declarations of health and character for applicants who have successfully completed an adaptation programme in the United Kingdom

If the lead midwife for education (or their designated midwife substitute) cannot be assured of a student's health and character they must not sign the supporting declaration. The student therefore, cannot be recommended for admission to the midwives' part of the register. In the case of a student who is already registered with the NMC as a Registered nurse: first level (adult) it would be good practice to inform the NMC why the student is not being recommended for admission to the midwives register.

In conjunction with Part 3: [Standards for prescribing programmes](#) and [Standards for return to practice programmes](#) the lead midwife for education works with the programme leader and the practice assessor to ensure adequate support for any midwives undertaking prescribing programmes and return to practice programmes.

AEIs in partnership with practice learning partners have overall responsibility for the quality of their education programmes and AEIs may assign the responsibilities they determine appropriate to the lead midwife for education in order to enable them to carry out their role. This may include, but is not limited to, advising on academic standards and quality in midwifery education, contributing to the development, delivery, quality assurance and evaluation of midwifery programmes and providing input at strategic and operational levels within the AEIs on matters relating to midwifery education.

The role of the Nursing and Midwifery Council

What we do

We're the independent regulator for nurses, midwives and nursing associates. We hold a register of all the 690,000 nurses, midwives and nursing associates who can practise in the UK.

Better and safer care for people is at the heart of what we do, supporting the healthcare professionals on our register to deliver the highest standards of care.

We make sure nurses, midwives and nursing associates have the skills they need to care for people safely, with integrity, expertise, respect and compassion, from the moment they step into their first job.

Learning does not stop the day nurses, midwives and nursing associates qualify. To promote safety and public trust, we require professionals to demonstrate throughout their career that they are committed to learning and developing to keep their skills up to date and improve as practitioners.

We want to encourage openness and learning among healthcare professions to improve care and keep the public safe. On the occasions when something goes wrong and people are at risk, we can step in to investigate and take action, giving patients and families a voice as we do so.

Jackie Smith
Chair
Midwifery Panel
NMC

19 March 2018

Dear Jackie

Future Midwife Standards

As you know, at our February seminar, the Council received an informative update from Professor Mary Renfrew on her work on the future midwife standards. I understand that similar updates have been shared with the Midwifery Panel.

Mary's update provided a timely opportunity for the Council to discuss and clarify its expectations of the future midwife standards, as summarised in the framework below. This is intended to both assist Mary and the team by providing a clear picture of the Council's expectations, as well as provide a framework which can be used to assess progress and judge drafts of the standards as they develop. I have discussed and shared the framework with Mary.

Council members are not experts in midwifery, so it is crucial that we not only have a shared understanding of what the new standards will deliver, but a way of securing assurance that those expectations will be met.

I am therefore writing to you in your capacity as Chair of the Midwifery Panel to ask whether the Panel would take on the role of overseeing progress and assessing the draft standards as they develop to provide assurance that the Council's expectations will be met.

The Council's expectations are that the standards should:

- Be appropriate for all four countries of the UK.
- Prepare students to practise safely in all types of setting.
- Be outcome focused: focused on what a midwife needs to know, and be able to do, at the point of initial registration.
- Encompass multi-agency, multi-professional learning and team working.

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The nursing and midwifery regulator for England,
Wales, Scotland and Northern Ireland

Registered charity in England and Wales (1091434) and in Scotland (SC038362)

- Allow flexibility to AEs to develop programmes that achieve those outcomes, minimising input and process requirements.
- Be evidence based, as far as is possible within the available evidence.
- This should include taking account of evidence from Fitness to Practise of areas where strengthened focus in educational standards could improve public safety and prevent harm.
- Anticipate likely future conditions for midwifery practice and develop standards accordingly.
- Facilitate access to midwifery education for students from diverse backgrounds.
- Have been shared widely with interested parties, including, for example, other regulators, and the outcomes of this reported impartially when presenting proposals.
- Take full account of all recommendations arising from key relevant reports.

Given the vital importance of this work to the profession and to future generations of families, I do hope that the Panel will be willing to take on this role.

Yours sincerely

A handwritten signature in black ink that reads "Janet Finch". The signature is written in a cursive style with a long horizontal stroke at the end.

Dame Janet Finch CBE
Chair of the Council

cc:

Gerry Walters, Director of Education, Standards and Policy
Professor Mary Renfrew, Lead, Future Midwife Standards

Council

Executive report

Action: For discussion.

Issue: The Council is invited to consider the Executive's report on key strategic developments and financial performance against our 2019–2020 corporate plan and budget up to 31 August 2019.

Core regulatory function: All regulatory functions.

Strategic priority: All.

Decision required: None.

Annexe: The following annexes are attached to this paper:

- Annexe 1: Performance report at August 2019.
- Annexe 2: Corporate risk register at August 2019.

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 The purpose of this report is to provide a status update regarding delivery of our 2019–2020 corporate business plan and budget, alongside highlights from the external environment which could affect what we do.
 - 2 The report consists of three sections:
 - 2.1 A report by the Executive with highlights from the external environment and our strategic engagement work;
 - 2.2 Our performance report providing status updates against our corporate plan and budget (**annexe 1**);
 - 2.3 Our corporate risk position and risk register (**annexe 2**).
 - 3 This report provides the year to date position up to 31 August 2019.
 - 4 Some risks are inherent within our plans. These remain tolerable and are discussed at **annexe 2**.

Developments within the external environment

Four country engagement on workforce issues

England

- 5 Council members will recall that on 3 June 2019, NHS England and NHS Improvement published the Interim NHS People Plan. A NHS People Plan Advisory Group has been set up to ensure the implementation of the immediate actions for 2019–2020; input into the Spending Review process; development of national workforce plans, and development of the full NHS People Plan.
- 6 Andrea Sutcliffe, Chief Executive and Registrar, represents the NMC on the Advisory Group, with a number of NMC colleagues from across different directorates being part of key working groups which feed into the main Advisory Group.
- 7 We have written to Baroness Harding, the chair of the Advisory Group, outlining what we believe are the priority areas that the full People Plan needs to tackle. These included increased focus on continued professional development (CPD), retention and the need to consider the social care workforce as well as the NHS.
- 8 At a recent meeting of the advisory group, together with the General Medical Council (GMC) we highlighted the importance of the professional regulators working with the system and quality regulators to align priorities to support implementation of the People Plan. We suggested that this could focus on a small number of objectives. Further work is now expected to take this forward.

- 9 On 22 August 2019, we submitted evidence to the Health Select Committee's enquiry on the funding required to support the aspirations of the NHS Ten Year Plan in England. Our evidence focused on why funding in nursing and midwifery is needed and what that funding could be used for, rather than the specific amounts of funding required. We believe there must be adequate investment to build a sustainable nursing and midwifery workforce who are able to deliver the ambitions of the long term plan. We support the focus on our registrants working to the top of their licence, recognising that this requires significant investment in their CPD to enable our experienced registrants to meet the standards we now expect of new entrants.

Scotland

- 10 We have established a project team to support Matthew McClelland in his engagement as new country director for Scotland. This group is currently undertaking stakeholder mapping and reviewing current relationships and the political and policy environment to enable us to have a stronger, leading voice in the Scottish health and social care sector.
- 11 In July 2019, Matthew McClelland attended the first meeting of a working group chaired by the Cabinet Secretary for Health and Sport, Jeane Freeman MSP, to look at how to improve the culture of the NHS in Scotland, following the publication of the [Sturrock review](#) into *Cultural issues relating to allegations of bullying and harassment in NHS Highland* and the [Scottish Government's response](#) to it. A further meeting is planned in October 2019. Matthew McClelland has recently engaged with leaders of RCN Scotland, RCM Scotland, Care Inspectorate and Healthcare Improvement Scotland to discuss the NMC's future strategy and commitment to support the nursing and midwifery workforce in Scotland. Upcoming engagement is planned with Jeane Freeman MSP (Cabinet Secretary for Health and Sport), Monica Lennon MSP (Shadow Cabinet Secretary for Health and Sport) and Miles Briggs (Conservative Spokesperson for Health and Sport).

Wales

- 12 Health Education and Improvement Wales (HEIW) have gathered the views of the public and key stakeholders about the biggest challenges and opportunities facing the health and social care workforce in Wales over the next decade. Emma Westcott, Assistant Director, Strategy and Insight, attended a workshop in July 2019 to discuss these challenges and opportunities in greater depth which we will reflect within our own strategy planning.
- 13 We have now responded to the formal consultation, 'A Healthier Wales: A Workforce Strategy for Health and Social Care' which sets out potential actions to be taken over the next 10 years and across

seven key themes (including seamless working, attraction and recruitment, and leadership).

- 14 The three key points we made in our response were:
- 14.1 We support the aims of the strategy and agree that integration of health and social care in Wales is a positive development for people using services, the public and for health and social care professionals. Nurses and midwives are the cornerstones of the workforce in Wales and providing increased support for the nursing and midwifery workforce is paramount to realising the strategy;
 - 14.2 We are supportive of the key priorities in the workforce strategy, including: making the health and social care sector the 'employer of choice' in Wales; a focus on ensuring safe and open cultures; and the recognition of the importance of Continuing Professional Development. We reiterated the key points from our submission to Health and Social Care Select Committee inquiry into the Budget and NHS Long Term Plan on how investment in education and training is essential in supporting the workforce, including in retention; and
 - 14.3 That the workforce strategy should be accompanied by a focus on how its implementation can be achieved in practice. In our view, this can only be achieved through involvement and alignment with professional regulators, systems regulators and quality regulators. A more joined up approach across regulators in Wales would support the implementation of the workforce strategy and we are happy to work with HEIW and SCW to achieve this.
- 15 A final high-level strategy is expected to be published later this year.

Northern Ireland

- 16 We are establishing a project team to support Edward Welsh in his engagement as new country director for Northern Ireland. This will mirror our activity in Scotland.

Funding

Spending review announcement

- 17 The Government announced its Spending Review on 4 September 2019. Key points were:
- 17.1 An additional £150m for Continuing Professional Development providing a £1,000 central training budget over three years for each nurse, midwife and allied health professional working in the NHS, as well as increased funding for wider education and training budgets to support delivery of the NHS Long Term

Plan.

- 17.2 A promise to upgrade outdated facilities and equipment in 20 hospitals – sharing an £854m pot of funding.
 - 17.3 A £1bn increase to NHS capital spending in 2019–2020 to allow existing upgrades to proceed and to tackle the most urgent infrastructure projects.
 - 17.4 An additional £250m for artificial intelligence technologies to help tackle modern health care challenges, including cancer detection and discovering new treatments.
 - 17.5 £1.5bn for social care next year which Councils can access, alongside £2.5bn in social care grants. In addition, the government will consult on a 2 percent Adult Social Care precept that will enable councils to access a further £0.5bn.
- 18 Andrea Sutcliffe responded to the Spending Review announcement welcoming the CPD investment which we had supported, but indicating that this was a first step and that more needed to be done, in particular within social care.

Brexit planning

- 19 We have refreshed our planning and preparation for the UK's departure from the European Union, in particular in relation to a 'no-deal' outcome. We have reviewed all our regulatory functions and identified the actions that we need to take to amend our processes and systems to accommodate the changes to the way that EEA trained nurses, midwives and nursing associates will apply for registration.
- 20 EEA trained nurses, midwives and nursing associates continue to be a valued part of the health workforce and the UK's departure from the EU in no way affects their registration with the NMC.
- 21 A range of communication material for EEA nationals have been prepared targeting those already on the register, those in the process of applying for registration, and those who may apply in the future.
- 22 We have also provided information and support to the NMC's own EU members of staff, including information about applying for settled status in the UK, where this is relevant to them.

Professional Standards Authority performance review

- 23 The Professional Standards Authority (PSA) performance review of the NMC for 2018–2019 is in progress with the outcome of the review expected in autumn 2019. The PSA is also carrying out an

audit in Fitness to Practise.

- 24 Internal work to prepare us for the introduction of revised Standards of Good Regulation (SOGR) from 2019–2020 continues. The PSA are currently piloting the new SOGR and we are participating in the pilot for the EDI Standard. The outcomes of the pilot are expected to be communicated in autumn 2019.

Engagement

Improving our approach

- 25 Directors have been appointed to lead our engagement in each country – Edward Welsh in Northern Ireland, Emma Broadbent in Wales, Geraldine Walters in England, and Matthew McClelland in Scotland – and project teams have been established to support each director in their role. Country directors have held or will be holding meetings with senior stakeholders in each nation, including Chief Nursing Officers and devolved administrations, to ensure that the voice of each country is heard at the highest level within the NMC.
- 26 Key research with stakeholders is being used to change and improve how we communicate to engage more effectively with our diverse audiences. Important events for the remainder of the year include: developing and launching our 2020–2025 strategy, marking 100 years of professional regulation of nursing, the launch of our future midwife standards and the one year anniversary of Nursing Associates.

Shaping the future: strategy development 2020–2025

- 27 We have successfully launched our consultation about our strategy for 2020–2025. Engagement highlights include:
- 27.1 **Launch event:** More than 110 people attended our launch event at Coin Street Community Centre in London, with 93 percent of attendees providing positive feedback about the event.
- 27.2 The highlight of the evening was hearing from Claire Garrod-Pullar, who shared her story about her experiences of engaging with the NMC as part of a Fitness to Practise case. We would like to thank Claire again for taking the time to share her story and for her ongoing work with us to help continue to improve the way we engage with people who come into contact with us.
- 27.3 **Consultation responses:** By the end of August 2019, we had received over 1,500 responses with good representation of stakeholders across the four countries of the UK and beyond.

- 27.4 **Engagement events:** We continue to engage stakeholders through consultation events held throughout the UK which will continue until our consultation closes on 16 October 2019. Locations are: Birmingham, Bristol London, Manchester, Edinburgh, Craigavon and Cardiff.
- 27.5 **Representation across registrants groups:** We are hosting a series of round tables with specific audiences such as nursing associates, nurses in primary care and social care, educators, and students. We have also commissioned focus groups and interviews with seldom heard groups to ensure we benefit from a wide range of perspectives.
- 27.6 **Social media presence:** more than 178,300 impressions have been made on Twitter and within 24 hours of launching the consultation, the shaping the future pages on our website had more than 16,000 unique page views with 3,172 visiting the consultation page.

Celebrating the care and professionalism of nursing - marking 100 years of professional regulation.

- 28 On 14 September 2019, we initiated a 100 day countdown to the centenary of the 1919 Nurse Registration Act under the banner of 'Always Caring. Always Nursing. 100 years of professional pride'. The focus of the initiative is to celebrate the fantastic job done by nurses caring for the public by providing messages about the outcomes of for those using health and care services, in pursuit of better, safer care.
- 29 To launch the countdown we promoted the story of 'Registered Nurse No.1', Ethel Gordon Fenwick, who campaigned for the introduction of the Nurse Registration Act 1919.
- 30 Working with stakeholders, NMC is collecting the stories and case studies of nurses to produce, publish and broadcast their testimony as part of our celebrations. Key activities include a short film commissioned by NMC, parliamentary engagement, media relations, social media content and a celebratory event scheduled to take place in late November 2019.

Future midwife standards

- 31 Work has started to develop the formal launch of the future midwife standards in the new year, pending approval by the Council. We will seek the views of our key stakeholders as we develop the approach for the launch, and use a number of methods to engage people about the new standards.
- 32 The future midwife standards provide us with a key opportunity to engage the public in our work, and we are developing an

overarching message for this activity that would appeal to registrants and people who use services. We will also celebrate 118 years of midwifery regulation.

EDI research

- 33 We have started a piece of research to look at how different groups of people (on the basis of protected characteristic) experience our processes. We will be looking at three broad questions:
- 33.1 Do certain groups of people experience our processes differently?
 - 33.2 Why are such differences occurring?
 - 33.3 What impact do these differences have on the people involved?
- 34 We are currently scoping the details of the research. On 6 August 2019, we held the first meeting of the external advisory group to inform our proposed EDI research (the meeting included a wide range of attendees from across the UK, including representatives of employers, educators, unions and patients, with an emphasis on those with knowledge of different protected characteristics). The internal and external data will be analysed by the end of 2019, any follow-up qualitative research is due to be completed by March 2020 with a report of initial findings due in Spring 2020.

Public Protection	35	Public protection implications are considered when reviewing performance and the factors behind poor or good performance.
Resource implications:	36	Performance and risk reporting are a corporate requirement and are resourced from within BAU budgets. No external resources have been used to produce this report.
Equality and diversity implications:	37	Equality and diversity implications are considered in reviewing our performance and risks.
Stakeholder engagement:	38	Not applicable.
Risk implications:	39	The impact of risks is assessed and rated within our corporate risk register.
Legal implications:	40	None.

NMC Performance report for 2019–2020

Report period: August 2019

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Glossary

Section 1: Executive Summary

- 1 Traffic light assessments against our delivery plan (section 2), budget (section 3) and KPIs (sections 3) reflect the targets set within our corporate plan and budget for 2019–2020 which were agreed by the Council in March 2019. Detailed budget commentary can be found within section 5 and detailed KPI commentary within sections 5 to 8.
- 2 Our delivery plan which details the key milestones for delivering our corporate commitments, shows that a significant proportion of milestones remain on track. However, there are areas where milestones have either slipped but will continue to be delivered this financial year, or are off track and are likely to be delivered next year.
- 3 The Executive Board would like to draw to the attention of Council those areas where performance is notable or has slipped as discussed below.

Replacing core ICT systems

- 4 Following the handover from the Interim Director of TBI, whose contract ended at the end of August 2019, and the appointment of a new programme manager for modernising our technology services (MOTS), we are reviewing progress on the MOTS programme, and the priorities for the remainder of the financial year. We are concentrating resources on the replacement of Wiser, the core registration system.
- 5 Good progress has been made on the replacement of Wiser, but we expect that the go live date will slip by one or two months, missing our November target (reflecting the current amber status).
- 6 As a consequence, we are delaying the work to build the new FTP case management system (reflected in the red current and year end status). We now expect to complete the new case management system in quarter 3 of 2020–2021. To manage the impact, we will align the timescales with the implementation of FTP's new target operating model.
- 7 We will prepare a full exception report for the November 2019 Council meeting which will compare progress achieved so far and our revised plans to the original business case.
- 8 We had hoped to move to our new technical solution for quality assurance for education standards for approved education institutions by May 2019. The programme board approved a new delivery date of March 2020. Risks continue to be mitigated and are tolerable (reflected in the amber current and year end forecast status).
- 9 (At the time of writing) we expect to launch to the public the full automation of the overseas application process on 7 October. This represents a marginal slippage from the planned deliver date of September 2019 (reflected in the current amber status).

Digital workplace

- 10 Although the overall digital workplace programme work progresses well, we have paused the planning phase for the telephony enhancements work which was due to be complete in July 2019, in order to focus on the IT installation at the new Stratford offices. This is represented by the current amber status.
- 11 After some delays reported within the last Executive Report, our telephony migration onto a new infrastructure is now complete and provides greater service resilience.

Post regulation standards

- 12 A work programme and timeline for reviewing our standards beyond initial registrations, and to address community public health nursing standards and specialist practice is currently being developed. Engagement work has already commenced with key stakeholders, and we are mapping the gap between post regulation standards and our new standards and considering our wider role within advanced practice. This work has been slightly delayed (reflecting the current amber status) but we intend to bring our plans to the Council before the end of the financial year.

Approval decisions for approved education institutions against new standards

- 13 The number of approvals has significantly accelerated compared to last quarter (as predicted) with 36 decisions now in place since April 2019. This represents 57 percent progress against our target of 63 approval decisions for 2019–2020 (a green current status).

Initial registrations

- 14 We experienced a dip in performance for initial registration completed within 60 days KPI during August. Our trend indicates that this likely to be an isolated occurrence which resulted from 2 cases exceeding our 60 day target. Our year to date average remains above target (reflecting a green current status).
- 15 **Developing a new approach to fitness to practise:** The pilots have been evaluated and an implementation plan is in place. The amber status relates to the contextual factors work.
- 16 We have tested a tool to help us take a more systematic approach to assessing context. The test provided useful data. We now need to do further testing and policy development work during 2019–2020 prior to launch in 2020–2021. In the meantime, we will continue to take account of context during proceedings in the usual ways.
- 17 We are continuing to develop our proposals to pilot a pro bono legal advice service for unrepresented registrants. We have had initial discussions with representative bodies and have undertaken some market testing with a range of organisations that provide pro bono services. The next planned step is a scoping discussion with Executive Board at the end of Q2 2019–2020.

Interim Orders

- 18 During August 2019, we experienced a dip in performance for the number of interim orders imposed within 28 days of opening the case. Following a review of the reasons why, we will put in place mitigations to bring this back on track. Our year to date average remains within target (reflected in a green current and year end forecast status).

Contact Centre

- 19 Our call answering rates dipped during June and July due to operational disruption. To mitigate the ongoing impact we have brought forward plans to implement our peak resourcing levels to manage the demand. This should ensure that we are prepared for the seasonal increases in call volumes expected during September and October 2019.

Learning from customer feedback

- 20 Having procured external consultants to review our approach to using customer feedback, we are now producing an action plan taking into account all of their recommendations. This will be considered by the Executive Board and we will update Council about our plan by the end of year.
- 21 We are focusing on how we capture feedback and what methods we can use to make it easy for the customer to interact with us. We are looking at how we streamline the existing surveys to have a core backbone of questions with specialist focus areas relating to customers' experiences with different teams or directorates at key decision and exit points of their journey with us. The core backbone of questions will be linked directly to our corporate priorities.
- 22 We are also considering how all teams can be involved in this work with central collation and review owned by the Customer Enquiries and Complaints team. We are planning to have a steering group, focus groups, training sessions for all teams and champions throughout the organisation, who will help us to embed the learning and take action on what our customers are telling us.
- 23 We will also produce a new dashboard for the Council which will report on customer feedback including customer satisfaction, key trends and learning.

Strategy development

- 24 Following a successful launch of our strategy consultation in July 2019, we have now progressed plans to align our strategy development work with our annual business planning processes (reflected in a green current status).
- 25 The Executive will lead a thematic planning approach which will provide feasibility testing of our draft strategic themes and engage senior leaders in drafting our implementation for 2020 and beyond (reflected in a green current status). A new strategy and business plan will be finalised by the Council in March 2020.

People

- 26 Our overall rolling staff turnover reduced to 18 percent in August and is now below our target of 20 percent (reflected in a green current status). This is a five percentage point reduction on the same period last year and shows a positive trend towards our long term turnover reducing over time.
- 27 Our response rate for exit interviews has also increased, providing us with more information about the key reasons for people deciding to leave the NMC.

Move to Stratford

- 28 Although we are on track to move from Kemble Street to One Westfield Avenue over the weekend of 28 and 29 September 2019 (reflecting a green current status), colleagues from our Aldwych office had to move to Kemble Street before moving to Stratford which is a divergence from our original plans (reflected in an amber status).

Budget

- 29 We have a year to date surplus of £3.3m (excluding capital expenditure), which is £5.9m more than our budgeted deficit of £2.6m. This is largely driven by underspends in BAU spending across a small number of directorates and delays to spending or lower than anticipated costs within our programmes and projects. This reflects a degree of over optimism within our planning (reflected in a green current status for income and amber current status for expenditure).
- 30 We expect to break even by year end; our original budget was for a deficit of £4.3m.
- 31 At the Council's request, we have provided greater insight about the progress of our efficiency expectations within section 4.

New KPIs for External Affairs

- 32 In this report, we have included a new dashboard and KPIs for the External Affairs directorate, at section 8. Council are asked to confirm if they are content with the information, or feedback any suggested improvements.

Section 2: Traffic summary of progress against our Delivery plan to 31 August 2019

Note: Amber or Red status evaluations have been discussed as part of the executive summary within section 1 above.

Key deadline	Activity	Previous forecast (May 2019)	Current forecast (August 2019)
1. Changing our Approach			
Delivering a new approach to fitness to practice (Matthew McClelland)			
Jun 19 (Q1)	Evaluate the outcomes from pilots and develop implementation plan <i>*Implementation plans are in place. The amber reflects that implementation of the contextual factors tool is expected to take place in 2020-2021</i>	Green	Amber
Sept 19 (Q2)	Improve the level of support that we provide for nurses, midwives, and nursing associates	Green	Green
Sept 19 (Q2)	Introduce a pro-bono legal advice service for unrepresented registrants, in partnership with a law school	Green	Amber
Dec 19 (Q3)	Launch an emotional support helpline by the end of quarter three	Green	Green
Embedding Lessons Learned (Emma Broadbent)			
Sept 19 (Q2)	Transform the way we will deal with all enquiries and complaints <i>*New enquires process in place from 1 October 2019</i>	Green	Green
Reviewing the overseas registration process (Emma Broadbent)			
May 2019 (Q1)	NA Overseas applications: technical solution	Green	Complete
Sept 19 (Q2)	Continue to develop and improve the test of competence	Green	Green
2. Core business and new initiatives			
Education (Geraldine Walters)			
Jun 19 (Q1)	Return to practice: publish new return to practice standards for nurses, midwives and nursing associates	Green	Green
Jan 20 (Q4)	Launch an alternative route for return to practice	Green	Green
Sept 20 (Q2)	Post regulation standards: agree a timescale and work programme to complete our review <i>*Amber reflects a different approach taken</i>	Green	Amber
Oct 19 (Q3)	Future nurse: implement our new education framework and our new standards of	Green	Green

Key deadline	Activity	Previous forecast (May 2019)	Current forecast (August 2019)
	proficiency for registered nurses		
Jan 20 (Q4)	Future midwife: complete the consultation on our draft standards for registered midwives, approve and launch the final standards and proficiencies	Green	Green
Mar 20 (Q4)	Quality assure all education institutions and programmes against the new standards using our new model of quality assurance	Green	Green
Nursing Associates (Geraldine Walters)			
No date – approvals are demand led	Approve nursing associate pre-registrations programmes using our new QA framework	Green	Green
Mar 20 (Q4)	Monitor and review our regulatory processes to ensure they work well for nursing associates on an ongoing basis throughout the year and seek to gain insights from the evaluation being undertaken by the National Institute for Health Research into the introduction of the role.	Green	Green
3. Enhancing our capability and infrastructure			
Accommodation (Andy Gillies)			
Jun-19 (Q1)	Decant from Aldwych <i>*Amber reflects that employees needed to move twice rather than direct to the new offices</i>	Green	Amber
Aug-19 (Q2)	Decant from Kemble Street	Green	Green
Replacing core technology (MOTS) (Andy Gillies)			
May-19 (Q1)	New technical solution for quality assurance of education standards for Approved Education Institutions	Amber	Amber
Nov-19 (Q3)	Wiser replacement (our core systems for our register)	Green	Amber
Mar-20 (Q4)	Case Management <i>*Red reflects that timelines have slipped into 2020-2021</i>	Green	Red
Digital Workplace (Andy Gillies)			
Jul-19 (Q1)	Telephony enhancements (planning phase) <i>*Amber reflects a pause in the planning phase for the telephony enhancements work</i>	Green	Amber
Jun-19 (Q1)	Backup phone lines	Green	Green
May-19 (Q1)	Collaboration tools	Amber	Green
Aug-19 (Q2)	Technology supporting the office move to Stratford	Green	Green

Key deadline	Activity	Previous forecast (May 2019)	Current forecast (August 2019)
People Strategy (Sarah Daniels)			
May 19 (Q1)	Implement monthly employee surveys	Green	Green
Jun 19 (Q1)	Equality and inclusion action plan to be rolled out during quarter one.	Green	Green
Sept 19 (Q2)	New pay and grading system to be consulted upon and implemented by end of quarter two.	Green	Green
Mar 20 (Q4)	Longer term work on future pay scheme design to be concluded by the end of quarter four.	Green	Green
Mar 20 (Q4)	New values and behaviours framework to be agreed by the end of quarter four.	Green	Green
Delivering proactive strategic communications and engagement (Edward Welsh)			
Sep 19 (Q2)	A new operating model for communications and engagement to support the successful roll out of our public policy initiatives, and improve engagement with parliamentary and devolved administrations by establishing and growing our network.	Green	Green
	Co-produce with stakeholders and key audiences the draft themes for the 2020–2025 corporate strategy	Green	Green
4. Strategy 2020–2025			
Strategy Development (Candace Imison supported by Edward Welsh for co-production and engagement)			
11 Jun 19 (Q1)	Council seminar to discuss themes	Green	Green
24 July 19 (Q2)	Launch consultation against strategic themes	Green	Green
Aug-Sept (Q2)	Launch process for implementation planning (business planning)	Green	Green
9 Oct 19 (Q3)	Council review consultation outcomes	Green	Green
28 Jan 20 (Q4)	Draft strategy to Council	Green	Green
24 Mar 20 (Q4)	Council approve strategy	Green	Green
1 April 20 (Q4)	Launch the corporate strategy, achieving widespread third party support and high levels of employee knowledge.	Green	Green

Section 3: Traffic light summary of budget and KPI performance to 31 August 2019

Year to date income and expenditure	Current status
Income (YTD outturn: £36.9 million, which is £0.8m / 2% ahead of budget)	Green
Expenditure (YTD outturn: £38.7 million, which is £3.6m / 8% under budget)* <i>*The size of the underspend indicates a risk of slippage in delivery against plans</i>	Amber

Registration & Revalidation performance metrics (YTD against target)	Current status
% of UK Initial Registration Completed (1 day)	Green
% of UK Initial Registration Completed (60 days)	Green
% of Overseas Applications Assessed (60 days)	Green
% of EU Applications Assessed (30 days)	Green
% of Readmission applications completed (21 days)	Green
% of calls answered by the contact centre* <i>*Results for month actuals in June and July 2019 showed dips below target which could risk the year end results.</i>	Green

Education and Standards metrics	Current status
Approval decisions against new standards	Green

Fitness to Practise performance metrics (YTD against target)	Current status
% of interim orders imposed within 28 days of opening the case* <i>*Results for month actuals showed a dip below target for August.</i>	Green
Proportion of FtP cases concluded within 15 months of opening	Green

People and Organisational Development performance metrics (YTD against target)	Current status
Overall staff turnover (12 month rolling)	Green
Staff turnover within six months of joining	Green
All leavers	Green
Average sick days per employee	Reducing

Technology and Business Innovation performance metrics (YTD against target)	Current status
Monthly customer satisfaction with technology services	Green
Resolution: First time fix rate*	Green
<i>*Results for month actuals showed a dip below target for June 2019. Despite this we are forecasting to achieve a 75% average at year end</i>	
Resolution: All incidents logged, and resolved within 5 working days	Green
Network security: Threats blocked	Green
Incident reports for all Priority 1 (P1) failures produced and distributed within 3 working days	Green
NMC website / NMC online downtime (Working hours/ out of hours) - excluding planned outages	Green

Resources performance metrics	Current status
Accommodation efficiency	Green
Confidential waste across NMC sites (new measure)	N/a

External Affairs performance metrics	Current status
Internal communications (employee engagement scores)	Green
Registrant mass email communications (open rates and engagement)	Green
Social media (Twitter and LinkedIn engagement) <i>*Both Twitter and LinkedIn below baseline</i>	Amber
Events (satisfaction scores)	Green
Stakeholder engagement (annual perceptions survey)	Due in 2020
Press office – sentiment (quarterly measure)	Amber
Political and parliamentary engagement (6 monthly survey)	Reported in future reports

Section 4: Financial performance data

a. Income and expenditure to 31 August 2019

Nursing and Midwifery Council Financial Monitoring Report

	YTD August 2019				Full Year			
	Actual	Budget	Var.	Var.	Q1 Forecast	Budget	Var.	Var.
	£'m	£'m	£'m	%	£'m	£'m	£'m	%
Income								
Registration fees	34.7	34.8	(0.1)	(0.4%)	83.5	83.5	(0.1)	(0%)
Other	2.0	1.0	1.0	103%	3.9	2.6	1.3	48%
Nursing Associates funding	0.2	0.3	(0.1)	(37%)	0.4	0.4	0.0	0%
Total Income	36.9	36.1	0.8	2%	87.7	86.5	1.2	1%
Expenditure								
Directorates								
Fitness to Practise	15.2	16.6	1.4	9%	37.9	38.8	0.8	2%
Resources & TBI	7.1	8.4	1.3	15%	18.2	17.9	(0.2)	(1%)
Registrations and Revalidation	2.8	3.1	0.2	8%	7.5	7.4	(0.1)	(1%)
Education and Standards	1.4	1.5	0.1	5%	3.8	3.3	(0.5)	(16%)
People & Organisational Development	1.3	1.1	(0.2)	(20%)	2.9	2.8	(0.2)	(6%)
Office of the Chair & Chief Executive	1.4	1.4	0.0	0%	3.5	3.4	(0.1)	(2%)
External Affairs	1.0	1.1	0.1	8%	2.7	2.8	0.0	1%
Directorate BAU	30.2	33.1	2.9	9%	76.6	76.3	(0.3)	(0%)
Corporate								
Depreciation	0.7	0.9	0.2	19%	1.9	2.3	0.4	19%
PSA Fee	0.8	0.8	0.0	0%	1.9	1.9	0.0	0%
Other	0.1	0.1	0.0	0%	1.3	1.3	0.0	0%
Contingency	0.0	0.0	0.0	0%	0.0	2.5	2.5	100%
Total Corporate	1.5	1.7	0.2	10%	5.1	8.0	2.9	36%
Total BAU Expenditure	31.8	34.8	3.0	9%	81.6	84.2	2.6	3%
Surplus/(Deficit) excluding Programmes	5.1	1.3	3.8		6.1	2.3	3.8	
Programmes & Projects								
Accommodation Project	3.9	3.8	(0.1)	(4%)	4.4	4.8	0.5	10%
Modernisation of Technology Services	2.3	1.9	(0.3)	(17%)	4.5	4.1	(0.4)	(9%)
Education Programme	0.2	0.4	0.2	51%	0.8	1.1	0.3	28%
FtP Change Strategy	0.1	0.4	0.3	85%	0.8	0.8	0.0	0%
People Strategy	0.1	0.2	0.1	67%	0.6	0.7	0.0	0%
Overseas Programme	0.1	0.2	0.1	60%	0.7	0.7	(0.1)	(8%)
Digital Workplace	0.2	0.3	0.1	39%	0.5	0.5	(0.0)	(0%)
Nursing Associates	0.2	0.3	0.1	37%	0.4	0.4	0.0	0%
Total Programmes/Projects	6.9	7.5	0.6	7%	12.6	12.9	0.3	3%
Total Expenditure including capex	38.7	42.3	3.6	8%	94.2	97.2	3.0	3%
Surplus/(Deficit) including capex	(1.8)	(6.2)	4.4		(6.5)	(10.7)	4.2	39%
Capital	5.2	3.6	(1.6)	(45%)	6.5	6.4	(0.2)	(3%)
Surplus/(Deficit) excluding capex	3.3	(2.6)	5.9		0.0	(4.3)	4.3	
Free Reserves	27.5	24.9	2.6	11%	24.0	21.8	2.2	10%

b. Balance sheet at 31 August 2019

Balance Sheet	Mar-19	Aug-19	Change	Change
	£'m	£'m	£'m	(%)
Fixed Assets				
Tangible Assets	19.7	24.1	4.4	23%
Current Assets				
Cash	28.8	8.8	(20.0)	(69%)
Debtors	4.3	2.1	(2.2)	(52%)
Investments	66.0	81.3	15.3	23%
Total Current Assets	99.1	92.3	(6.9)	(7%)
Total Assets	118.8	116.4	(2.4)	(2%)
Liabilities				
Creditors	(55.0)	(47.7)	7.4	13%
Provisions	(1.2)	(3.3)	(2.1)	(173%)
Total Liabilities	(56.2)	(51.0)	5.2	9%
Net Assets (excl pension liability)	62.6	65.4	2.8	5%
Pension Liability	(14.2)	(13.8)	0.5	3%
Total Net Assets	48.3	51.6	3.3	7%
Total Reserves	48.3	51.6	3.3	7%
Free Reserves	28.6	27.5	(1.1)	(4%)

c. Cash flow statement to 31 August 2019

Statement of Cash Flows	Aug-18	Aug-19
	(£'m)	(£'m)
Cashflow from operating activities		
Surplus/(Deficit) (YTD)	4.8	3.3
Adjustment for non-cash transactions	1.2	0.7
(Increase)/Decrease in current assets	0.7	2.2
Increase/(Decrease) in liabilities	(6.7)	(5.2)
Pension Deficit Payments	(0.5)	(0.5)
Net Cash inflow/(outflow) from operating activities	(0.5)	0.5
Cashflow from investing activities		
Capital Expenditure (YTD)	0.0	(5.2)
Net Cash inflow/(outflow) from investing activities	0.0	(5.2)
Cumulative net increase/(decrease) in cash and cash equivalent at month end	(0.5)	(4.6)
Cash & Cash Equivalent at the beginning of the year	82.2	94.8
Cash & Cash Equivalent at the end of the month	81.7	90.1

d. Detailed financial commentary

Year to date (YTD) financial performance

Overview: As at August 2019, we have recorded a surplus of £3.3m year-to-date (YTD). We forecast to breakeven for the full financial year, compared to the budgeted deficit of £4.3m. There are, however, pressures from business as usual activity building in 2020–2021.

Income

YTD Income is £36.9m which is £0.8m above budget mainly due to higher numbers of overseas applications (included in “other income”) than initially expected.

We expect that full year income will be £1.2m above budget overall again driven by higher overseas applications.

Expenditure on business as usual (BAU) activities

Total BAU expenditure is £30.2m which is £2.9m below budget YTD. We forecast that full year spend will be £2.6m below budget. Key elements are:

- **Resources & TBI:** Spend is £1.3m below budget mainly due to the phased roll out of laptops that was initially planned to be purchased at once.
- **FtP:** The YTD underspend of £1.4m is largely due to lower staff costs (£0.5m) arising from vacancies, travel and accommodation (£0.4m) as well as delays in a range of smaller activities.

Full year spend is forecast to be £0.8m below budget. This is the net outcome of a forecast £2.5m underspend resulting from lower hearing days and lower staff costs due to vacancies, offset by £1.7m of proposed reallocations of funding. The £1.7m includes £0.6m for increased external legal investigations, £0.7m to create a dedicated team for the Gosport enquiry, £0.2m for the RIU software solution, and £0.2m in 2019-2020 for nine newly created posts for different functions within FtP. Annually, the new posts will cost around £0.5m. The increased funding for investigations and the new posts will address the back log of cases in Investigations.

- **Education and Standards:** YTD underspend of £0.1m is mainly due to less Quality Assurance (QA) work done compared to plan. However, full year QA activity is forecast to be significantly higher than budget resulting in an overspend of £0.5m by year end. This increase was flagged as a possibility when the budget was set.
- **POD:** YTD overspend of £0.2m is due to high recruitment costs and learning and development costs. The latter is partly due to higher levels of activities happening sooner than planned but is expected to even out by year end.

Full year outturn is forecast to be £0.2m above budget as a result of recruitment overspends to date following initial higher than anticipated use of external recruitment consultants.

d. Detailed financial commentary

- **Corporate:** YTD spend is £0.2m below budget due to lower than expected depreciation as a result in delays to MOTS capital expenditure. Full year outturn is forecast to be £2.9m below budget due to the contingency budget (£2.5m) not expected to be spent. Also, depreciation is expected to be £0.4m below budget by year end.

Risks:

Some risks have been identified during the forecasting exercise which will impact on this year as well as future years. These are:

- **Newly created posts:** In FtP, nine new posts are planned, annual cost £0.5m. In Registrations and Revalidation, the three newly created posts would cost £0.1m annually. The total impact on future years is that cost will increase by £0.6m if offsetting savings are not found
- **Gosport enquiry:** FtP has created a dedicated team to carry out pre-assessment work. The back-fill cost for 21.5 FTEs is estimated at £0.7m in 2019-20. This will cost £0.9m in 2020-2021 and reduce to £0.2m as the work finishes in Q1 of 2021-2022. Furthermore, there is an estimated additional £0.5m for Gosport related external investigations costs in 2020-2021 and £0.1m in 2021-2022.
- **Additional external investigations costs:** We estimate that an additional £1m will be required in 2020-2021 to provide additional capacity for external investigations. This is in addition to the extra spending of £4m to clear backlog of cases between 2018-2019 and 2019-2020.
- **FtP Hearing costs:** It is forecast that hearing activities, and costs, in 2019-2020 will be lower than budget by £1.4m. We estimate that this is likely to lead to an increase in hearing activities and costs relative to the indicative budgets, £0.4m and £1m, in 2020-2021 and 2021-2022 respectively to reflect the reduction in investigations backlog.
- These pressures above total £3.4m in 2020-2021.

Expenditure on strategic programmes and projects

Spend on programmes and projects is £6.9m (YTD spend as at August 2018 was £2.7m) which is £0.6m below budget YTD due to lower spend than initial estimates as well as delays in activities, across most of the programmes/projects, to later in the year. Full year outturn is forecast to be £0.3m below budget. The key drivers of performance are:

- **FtP Strategy:** YTD spend is £0.2m below budget largely due to delays in consultancy work which is now planned for second quarter of the year. However, we expect the work to be done and budget to be fully spent by end of the year.
- **Education Programme:** Spend is £0.2m below budget YTD due to activities that were budgeted for but no longer happening, for example, evaluation of new standards, annual conference per country and others. Full year spend is forecast to be £0.3m below budget for these same reasons.
- **Modernisation of Technology Services:** The YTD overspend of £0.2m is

d. Detailed financial commentary

mainly due the project delivering additional requirement for Education programme QA IT solution. The forecast full year overspend of £0.4m is tentative pending the completion of the exception report which will be brought to the Council in November.

- Accommodation Project: YTD spend is £0.1m (4 percent) over budget mainly due to timing of activities. However, full year spend is forecast to be £0.5m below budget mainly due to a better than expected outcome for the rent review at 61 Aldwych.

Efficiencies in 2019-2020 budget and 2020-2022 indicative budgets

Directorate	2019-20 £'000	2020-21 £'000	2021-22 £'000	Comment
Resources	1,000			Mainly rent savings from moving Kemble Street & Aldwych offices to Stratford
Resources	172			Savings due to restructuring in Procurement
Resources	73			From less use of contractor staff
Resources			340	From less support required for lower number of change projects
R&R	100			Due to changing the scope of research work
R&R		300		From changes in the overseas process
R&R		500		From the MOTS programme
POD			78	From advert contract review
TBI			600	From improved technology
FTP	143	1,800	769	Mainly due to lower hearing days as a result of FtP Strategy
Total year on year efficiency savings	1,693	1,955	1,787	

Total cumulative compared to 2018-19 outturn	1,693	4,293	6,080
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Below is the current view on the above efficiencies:

- Resources: The planned efficiency savings for 2019-2020 are on track as the office move, which accounts for most of the savings, is happening as planned. Also, savings resulting from the Procurement team restructure is forecast to be realised as the new structure is embedded.
- Registrations & Revalidation: The planned £0.1m efficiency saving from changing the scope of research work is on track based on current forecast. The planned efficiencies for 2020-2021 need further work.
- Fitness to Practise: We expect to deliver more outcomes with less number of hearing days in 2020-2021 and 2021-2022. Hearing days per outcome is expected to reduce from 3.3 days in 2019-20 to 2.5 days in 2020-2021 and 2021-2022. This is due to our strategy as we expect more cases being resolved through alternative disposals rather than going through full hearings. We expect to operate more efficiently despite pressures of higher number of cases that are forecast for 2020-2021 and 2021-2022.

Section 5: Non-financial performance data

5.1. Corporate KPIs

a. Status at 31 August 2019

9 Currently above target <i>(R&R = 6; FTP = 2, ES = 1)</i>	0 Marginally below target	0 Significantly below target
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b. Registration and Revalidation commentary and metrics

Commentary and metrics

KPI 1 (UK initial registrations completed within 1 day) (graph 5.01)

Result: On target. Year to date performance since April is 99 percent against a target of 97 percent.

Commentary: This KPI has remained consistently above target for each month since April 2019.

KPI 2 (UK initial registrations completed in 60 days) (graph 5.02)

Result: Above target. Year to date performance since April is 98.6 percent against a target of 95 percent.

Commentary: Performance for Initial Applications with declared concerns has achieved 100 percent each month since April except for August where performance dipped to 92.8 percent. The August dip was as a result of two cases which exceeded 60 days. One case which took 63 days to complete (NMC handling time for this case was 22 days), the other case took 94 days to complete (NMC handling time for this case was 37 days).

KPI 3 (Overseas registration assessed within 60 days) (graph 5.03)

Result: Above target. Year to date performance since April is 100 percent against a target for 90 percent.

Commentary: Performance for Overseas assessments remains at 100 percent. June saw our first Overseas Nursing Associates sit and pass their OSCEs.

We continue to see high volumes of overseas applications presented for assessment, most notably in July, ahead of the new process to be launched in October.

KPI 4 (EU Applications Assessed within 30 days) (graph 5.04)

Result: Above target. Year to date performance since April is 100 percent against a target for 90 percent.

Commentary: Performance for EU assessments remains at 100 percent.

Commentary and metrics

The number of EU applications presented this quarter remained stable and in line with previous quarter.

KPI 5 (Readmission applications completed within 21 days) (graph 5.05)

Result: Above target. Year to date performance since April is 94.5 percent against a target of 90 percent.

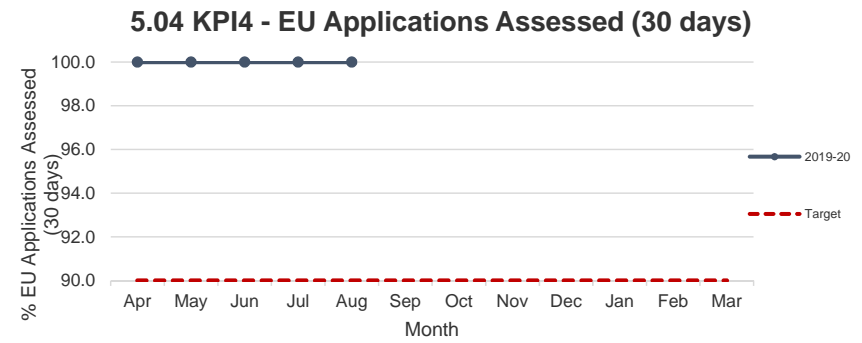
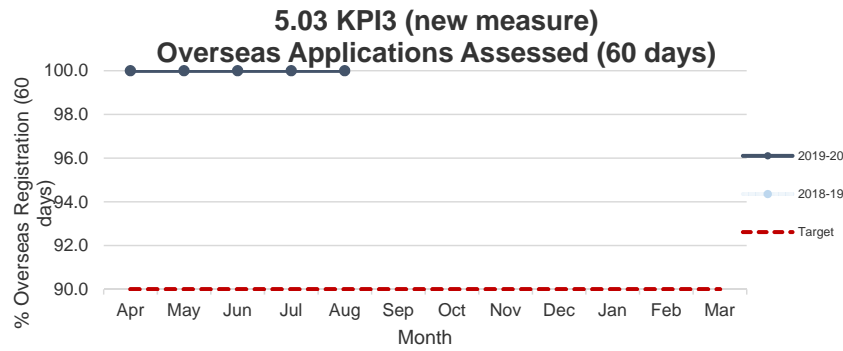
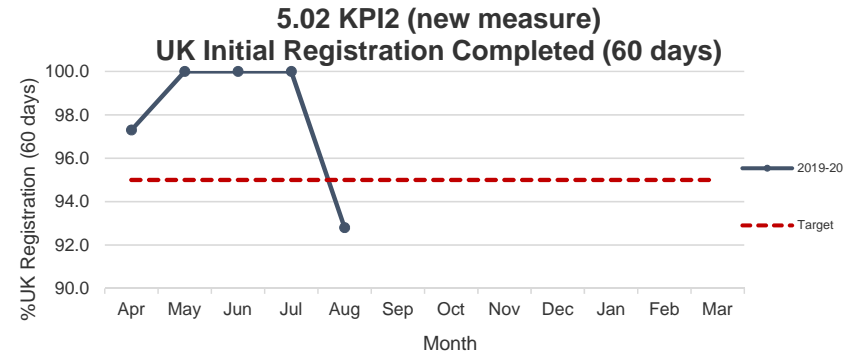
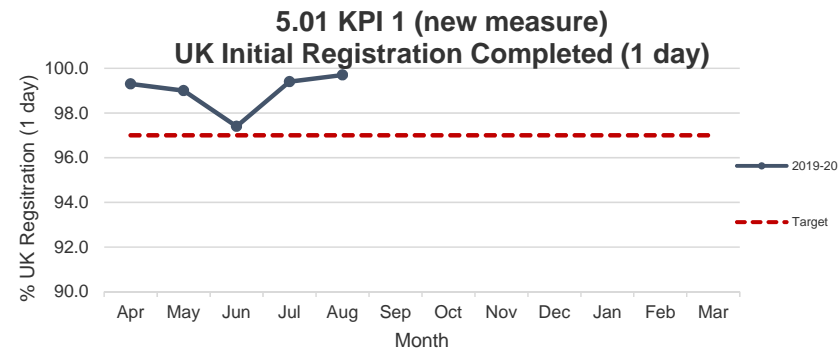
Commentary: Performance for readmission applications remains consistently above target. With the recent system and process improvements we anticipate that outturn for our peak period (between September and October) will also remain comfortably above target.

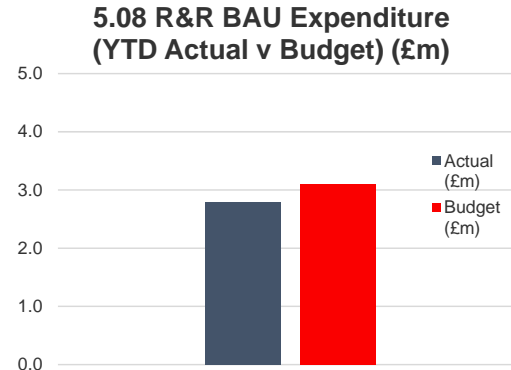
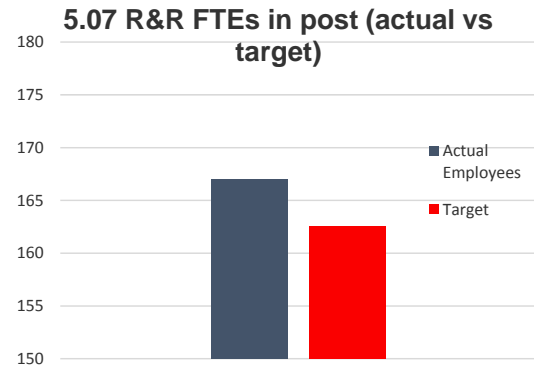
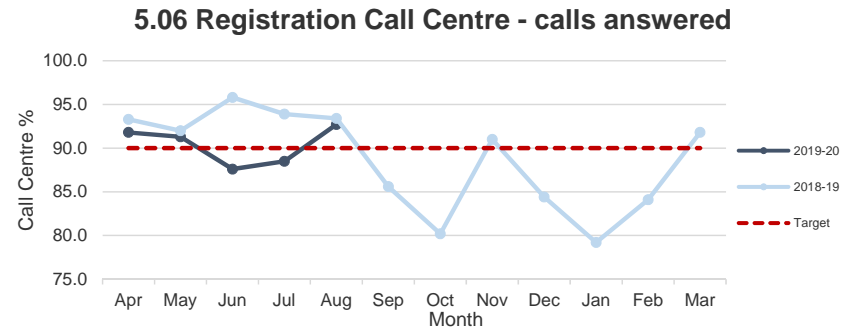
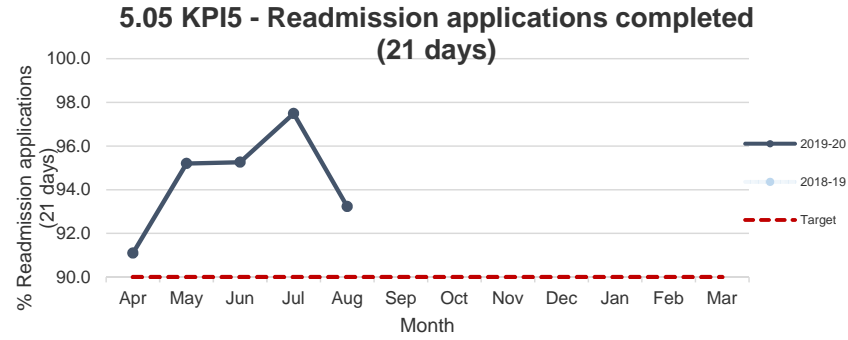
Contact centre (calls answered) (graph 5.06)

Result: On target. Year to date performance since April is 90.4 percent against a target of 90 percent.

Commentary: Despite the year to date average remaining above target, we have experienced dips below target in June (87.6 percent) and July (88.5 percent). This was the result of various challenges being presented in the Contact Centre during this period, including two power outages, public transport disruption as a result of the heatwave and also an emergency fire drill affecting our capacity. Additional resources to manage our peak period for September and October has been brought forward to ensure that the outturn for September and October will be achieved within target.

Section 5: Performance against the corporate business plan (at August 2019) Registration and Revalidation performance metrics





5.09 Corporate risk (current status)

REG18/01: Risk that we fail to maintain an accurate register of people who meet our standards

Likelihood	Impact	L X I	Trend	Response
4	5	20	Stable	Tolerate

Aug 2019 Directorate Engagement Score = 6.4 (Target = 6.4)

Section 5: Performance against the corporate business plan (at August 2019) Education & Standards - performance metrics

5.10 KPI 6 (new measure) Approval decisions for AEI against new standards

August 2019 status:

36 decisions against a target of 63 for 2019-2020 (57% complete)



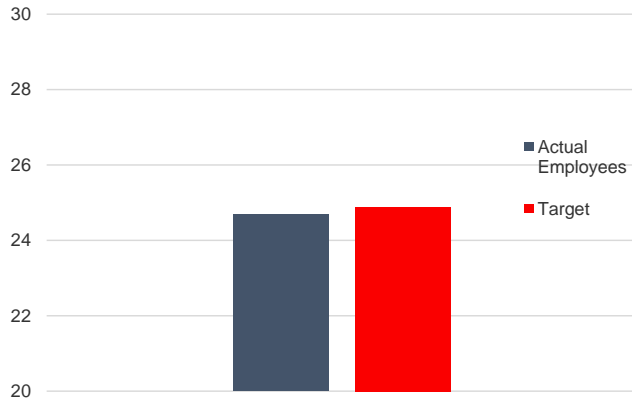
Status commentary:

The number of approvals are planned to ramp up during the year and expect to remain on track to deliver our target.

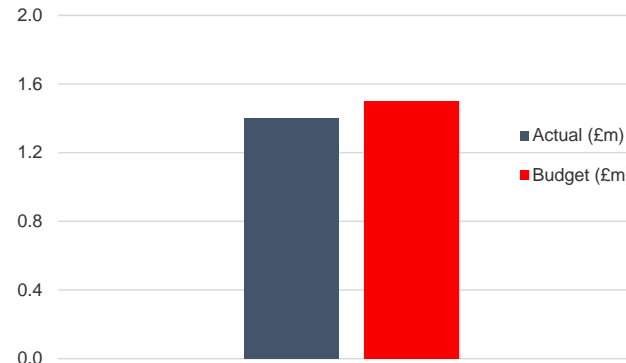
5.11 Corporate risk (current status)

REG18/01: Risk that we fail to ensure that educational standards are fit for purpose, and processes to ensure compliance with standards are being met				
Likelihood	Impact	L X I	Trend	Response
2	4	8	Stable	Tolerate

5.12 ES FTEs in post (actual vs target)



5.13 E&S BAU Expenditure (YTD Actual v Budget) (£m)



Aug 2019 Directorate Engagement Score = 6.1 (Target = 6.4)

d. Fitness to Practise commentary and metrics

Fitness to Practise performance summary

Key points to note

- Performance against the two corporate KPIs was as follows:
 - KPI 4 – interim orders: the spot rate for August was 72 percent and the 12 month rolling average is 83 percent.
 - KPI 5 – cases concluded within 15 months: the spot rate for August was 80 percent and the 12 month rolling average is 84 percent.
- A total of 47 interim orders were imposed in August: 34 were imposed within the 28 day KPI and 13 were imposed outside the KPI. Of the 13 cases where additional time was taken to impose an interim, the shortest additional period was 11 days; the median was 67 days; and the longest was 161 days.
- Our review of the reasons why interim orders were imposed outside the KPI has identified opportunities to improve initial risk assessment; identification and targeting of initial lines of inquiry; and case management. We are providing feedback and additional training in these areas.
- The overall screening caseload is higher than originally expected. Capacity in the decision-making team was affected by unexpected problems filling vacancies, with a knock on effect on time taken to train and induct new temporary and permanent colleagues. There was also an unusually high number of referrals in July. We have an action plan in place to improve productivity and resource planning in the team, and we started to see improved output towards the end of August.
- Output from investigations was lower than planned during 2018-2019 whilst we made significant operational improvements and took steps to improve the capacity of the internal teams. This had an impact on the timeliness of case progression. This year we have allocated additional funding for external investigations and focused on recruiting additional resource to our internal investigation teams, with the final round of permanent recruitment starting in September 2019. Our new recruits have been supported by a new comprehensive induction programme, and we have already begun to see positive increases in the output from our internal teams. Over the summer we have seen lower than expected returns from our external firms, which has impacted on our overall numbers. We are working closely with both firms to understand the reasons for this, and to plan for when we will see an improvement on these numbers.

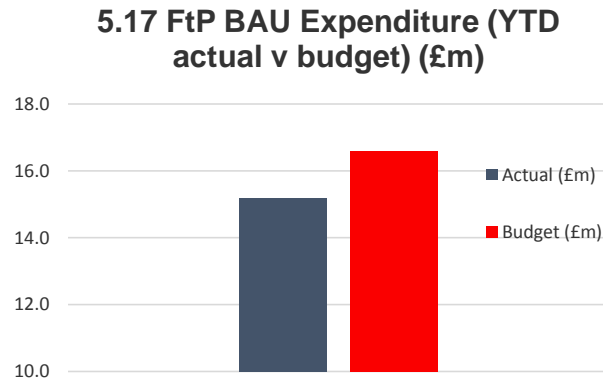
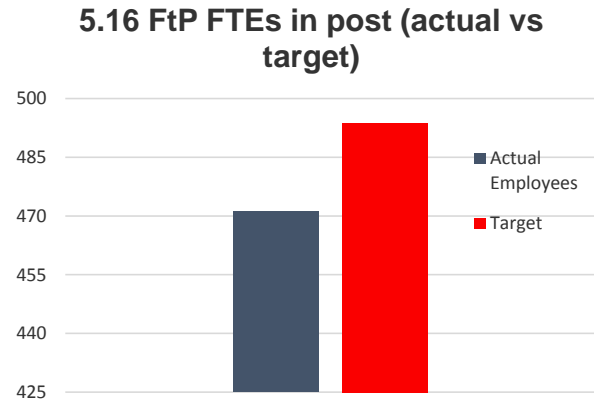
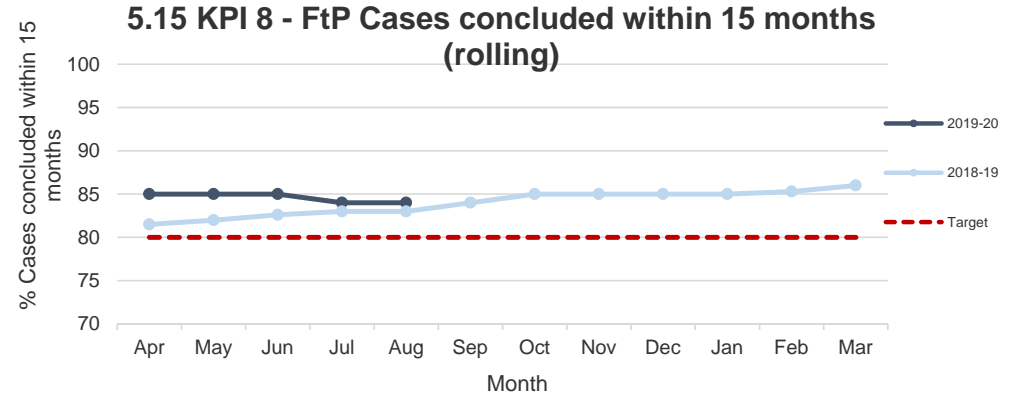
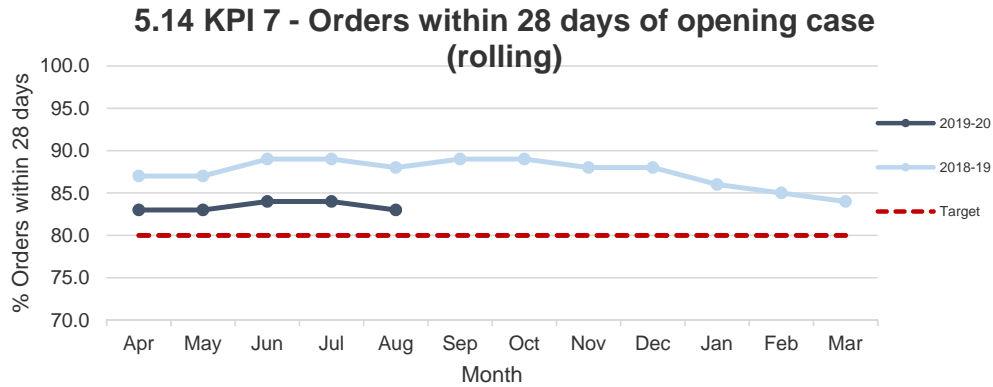
Notes on the dashboard

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 2019–2020. We expect the caseload to be broadly stable during the year.

3. Graph A3 shows the referral rate;
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.

Section 5: Performance against the corporate business plan (at August 2019)

Fitness to Practise - performance metrics



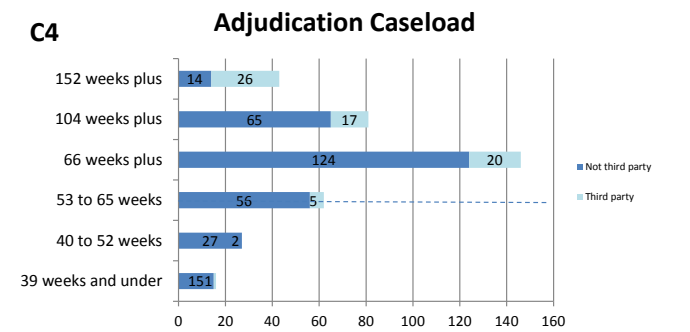
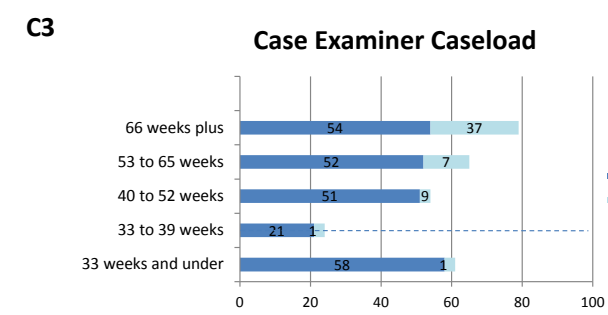
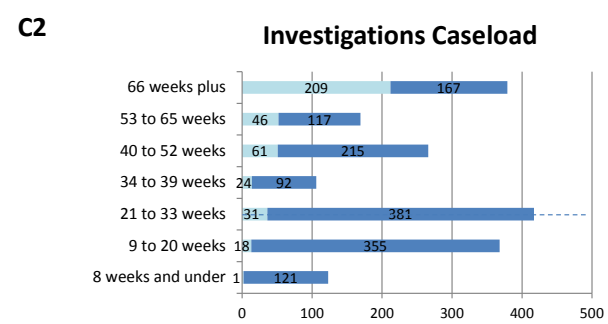
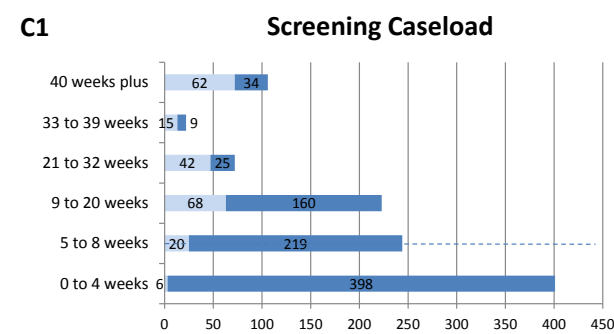
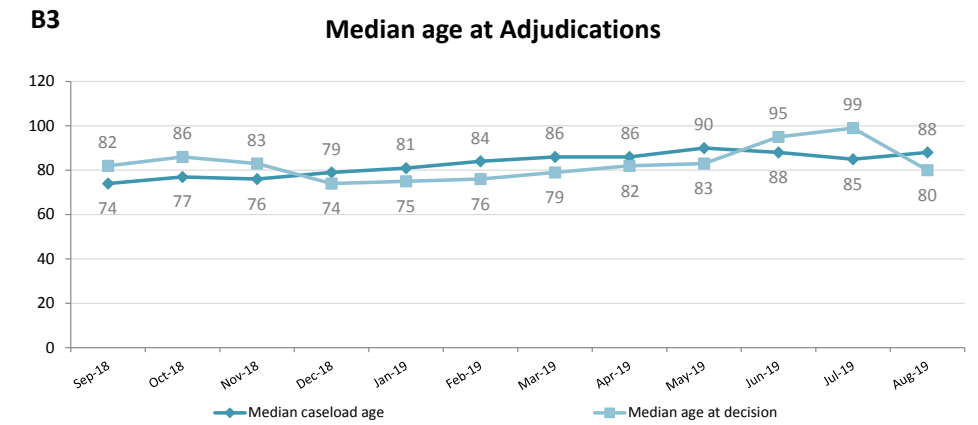
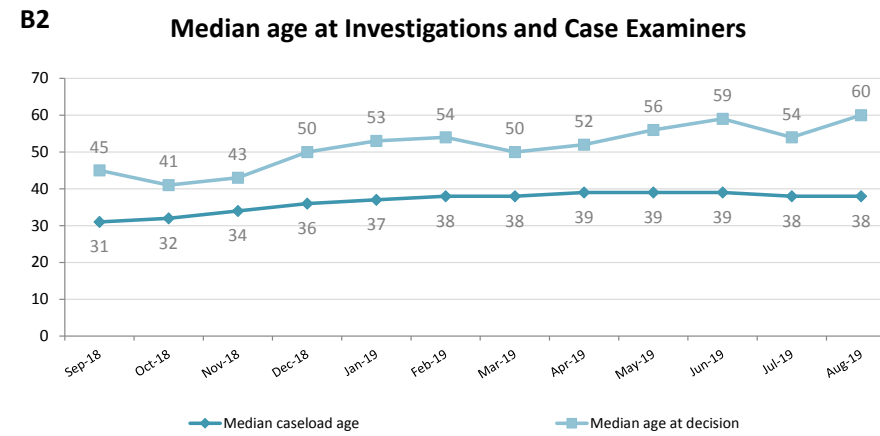
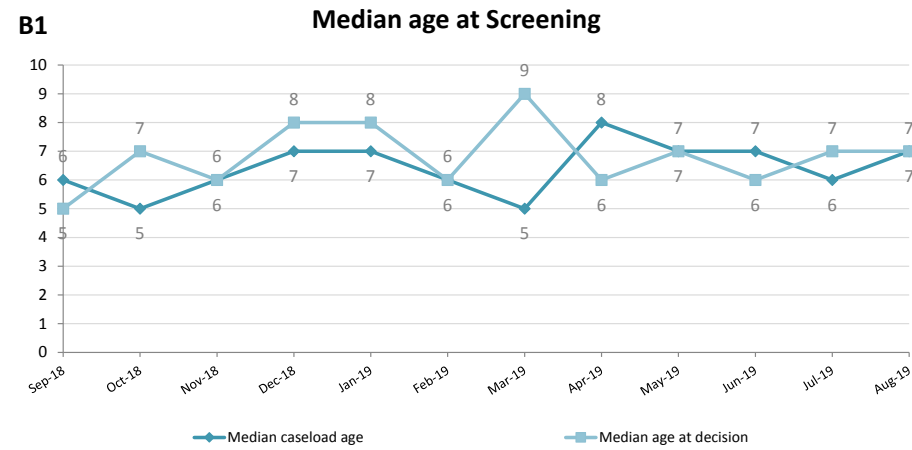
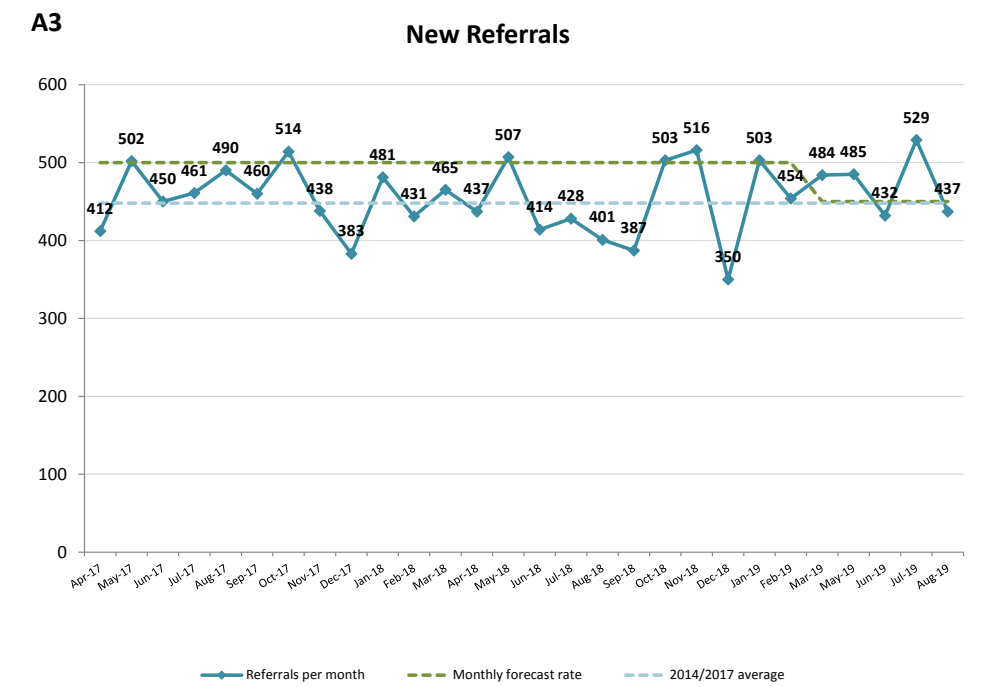
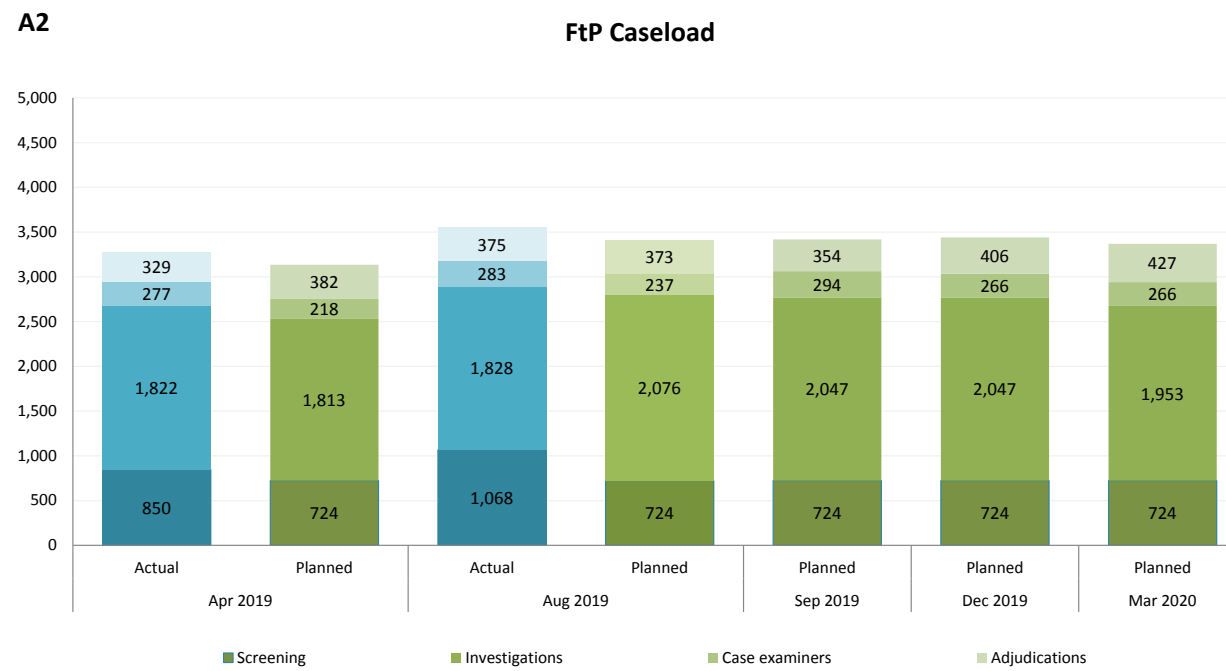
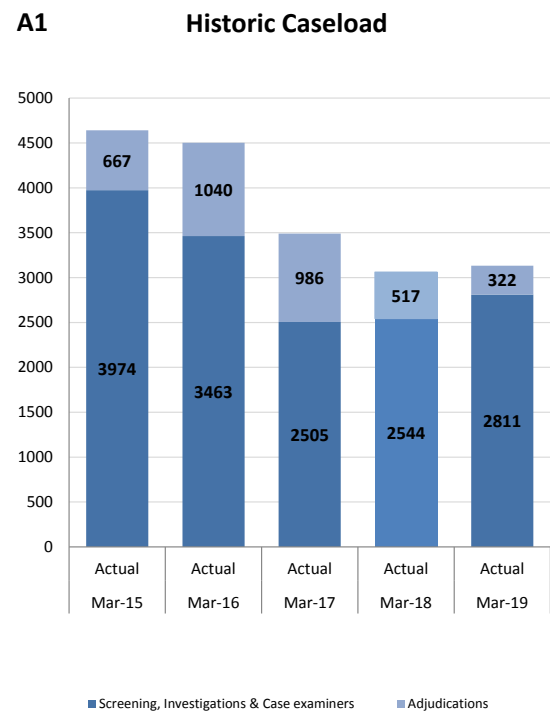
5.18 Corporate risk (current status)

REG18/02: Risk that we fail to take appropriate action to address a regulatory concern

Likelihood	Impact	L X I	Trend	Response
2	5	10	Stable	Tolerate

Aug 2019
 Directorate
 Engagement
 Score = 6.4
 (Target = 6.4)

FtP Performance Dashboard August 2019, Final



Caseload Movement Summary

Opening caseload 3,369

966 cases received

781 cases closed

3,554 Closing caseload

Section 6: People data

People

Measure 1: Overall employee turnover (12 month rolling) – (graph 6.01)

Target: 20 percent

Result: On track. Our average turnover for August was 18 percent against a year-end target of 20 percent.

Commentary: The number of people leaving the organisation continues to reduce. Turnover in August was 18.0 percent, down from 21.2 percent in May and comparatively demonstrates turnover reducing by 5 percentage points compared to the same period during 2018–2019. 51 colleagues left the organisation since April 2019, an average of 10.2 employees per month, compared to 74 for the same period last year (an average of 14.8 employees per month). If the trend continues we forecast a turnover of 18 percent by March 2020.

Exit Interview insights: Increased engagement with colleagues and managers means we have seen success in a higher uptake of exit interviews, this is up to 64.7 percent from 42 percent in May. We are continuing to develop new ideas and opportunities to increase uptake further. The reasons cited for leaving fall into the following themes:

- **Role** (30.3 percent/ 10 employees) – Colleagues who have been in their respective roles for an average of 4 years and felt they needed a new challenge.
- **Work dissatisfaction** (18.2 percent/ 6 employees) – Issues around workload and feeling undervalued in their role.
- **Career Progression** (12.1 percent/4 employees) – Represents a number of colleagues who have been in their respective roles for over 4 years and had no opportunities for career progression as there were no senior roles available in the NMC.

Note: The impact of the move of FtP colleagues to the new office has been low with only 2 colleagues year to date citing the accommodation move as their reason for leaving.

Since the start of the reward consultation no colleague has given pay and benefits as their reason for leaving.

Measure 2: Employee turnover within 6 months of service (within probation) – (graph 6.02)

Target: 18 percent

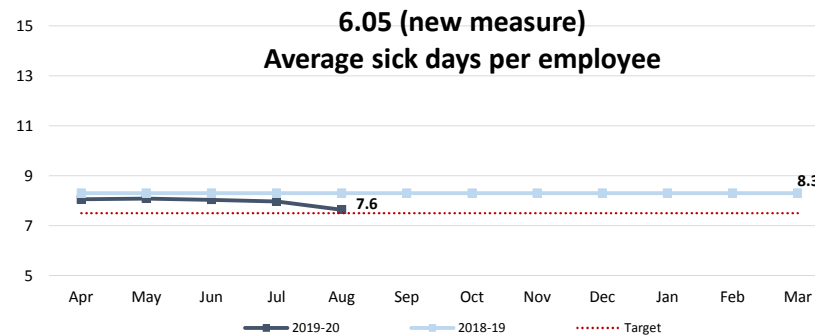
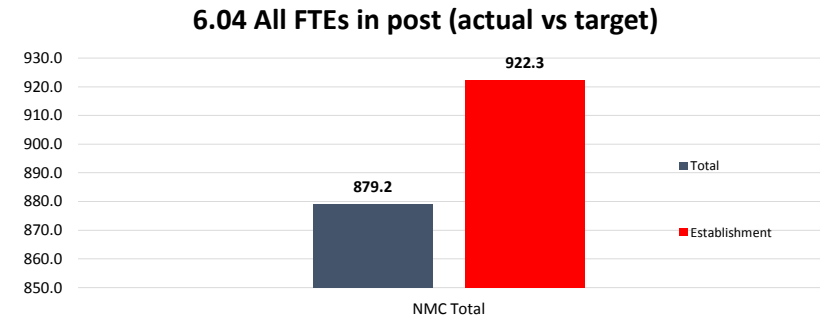
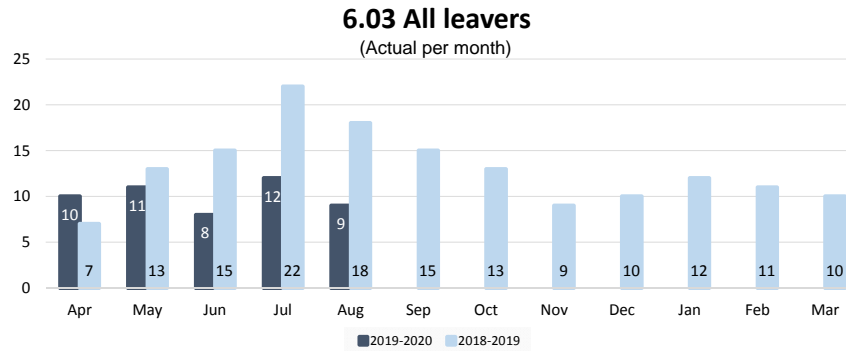
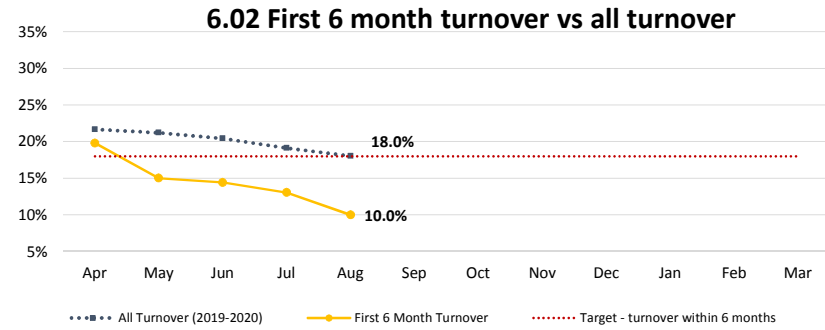
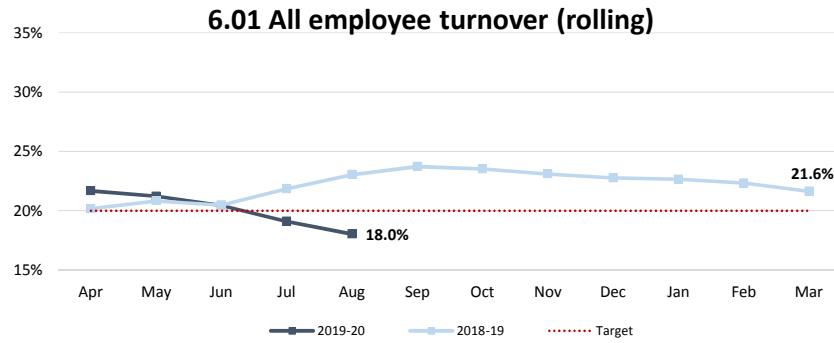
Result: On track. Turnover within probation in August has reduced to 10 percent, down from 15 percent in July. Year on year this is a 16.2 percentage points reduction from 26.2 percent in August 2018. If the current trend continues we forecast 6 month

turnover to reduce to 8.7 percent by March 2020.

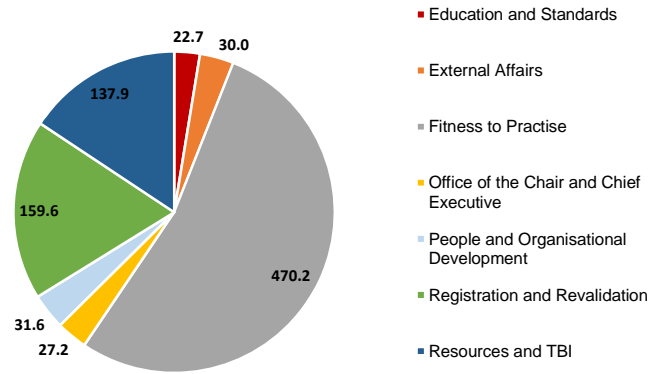
Next steps: Ongoing work includes:

- **The reward implementation plan:** Consultation has concluded with a largely positive response to the first stage of the reward implementation plan. The new grading and pay structure will be presented to Council in October 2019. Planning will then commence on the next stages.
- **The Peakon employee engagement survey:** Our monthly pulse survey has taken place for 3 months- June to August. We have seen our corporate engagement score increase from 5.8 percent in December 2018 to the current score of 6.3 percent. The pulse surveys have been placed on hold during September and October in order to launch our Values and Behaviours survey “Life at the NMC” at the end of September. This will be in partnership with our external partners Campbell Tickell.

Section 6: People (at August 2019) Corporate metrics



6.06 NMC FTE by directorate



6.07 Corporate risk (at 31 August 19)

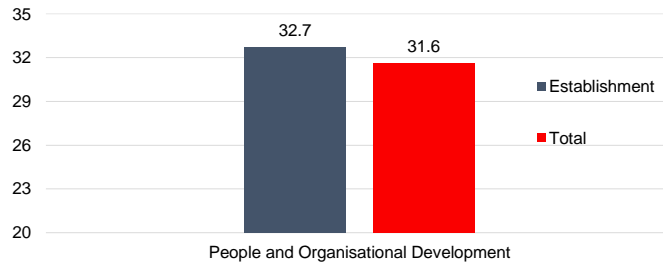
PEO18/01: Risk that we fail to recruit and retain an adequately skilled and engaged workforce (permanent and temporary staff, contractors, and third parties)

Likelihood	Impact	L X I	Trend	Response
4	4	16	Stable	Treat

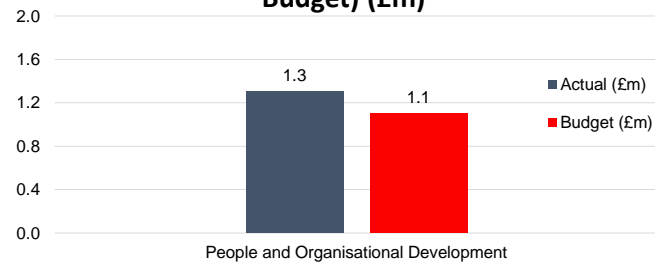
Aug 2019
Organisationa
l Engagement
Score = 6.3
(Target = 6.4)

Directorate Metrics

6.08 POD FTEs in post (actual vs target)

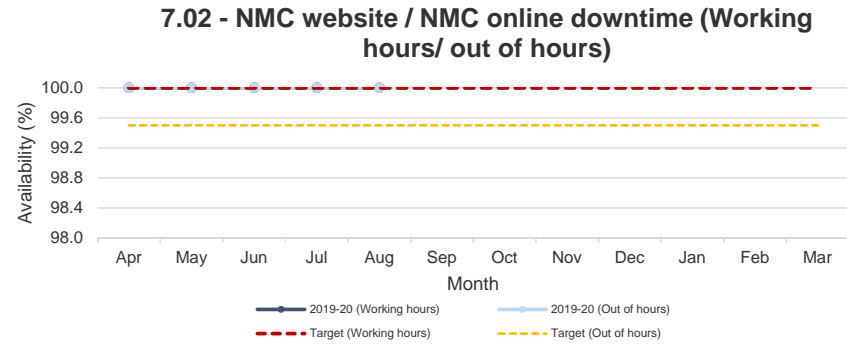
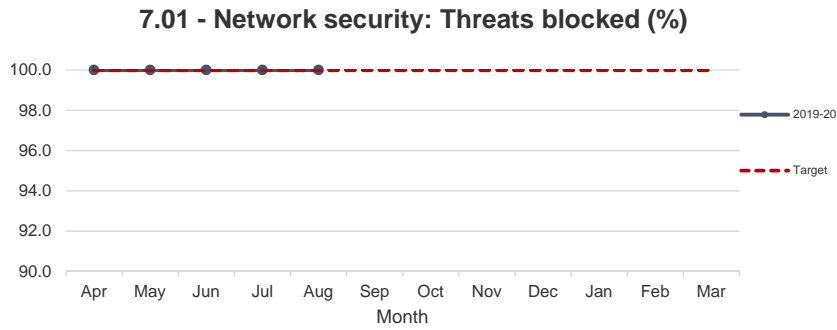


6.09 POD BAU Expenditure (YTD Actual v Budget) (£m)



Aug 2019
Directorate
Engagement
Score = 6.2
(Target = 6.4)

Section 7: Resources & Technology KPIs (at August 2019) Performance metrics - TBI



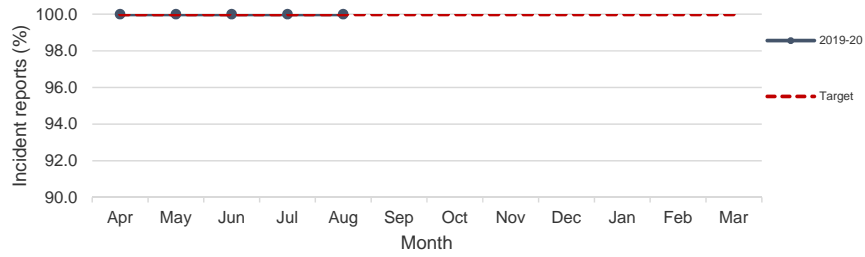
7.03 Corporate risk (at 31 August 19)

COM18/01: Risk that we fail to prevent a significant data loss or we experience an information security breach				
Likelihood	Impact	L X I	Trend	Response
3	3	9	Stable	Treat

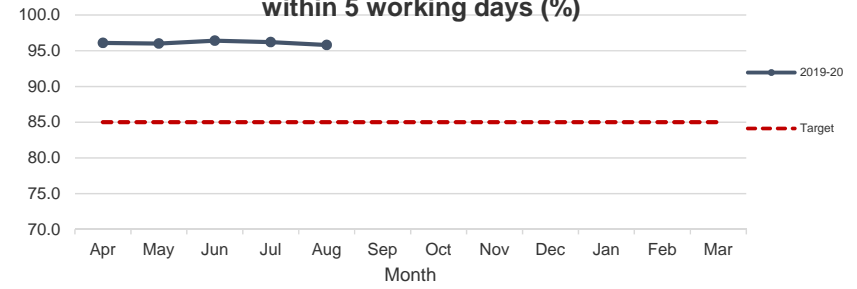
7.04 Corporate risk (at 31 August 19)

INF18/02: Risk that ICT failure impedes our ability to deliver effective and robust services for stakeholders or value for money				
Likelihood	Impact	L X I	Trend	Response
4	5	20	Increasing	Treat

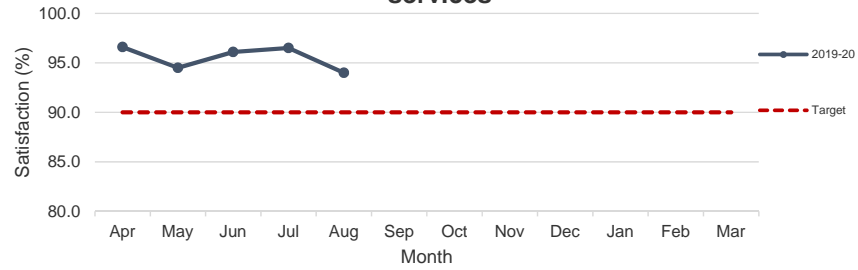
7.05 - Incident reports for all Priority 1 (P1) failures produced and distributed within 3 working days (%)



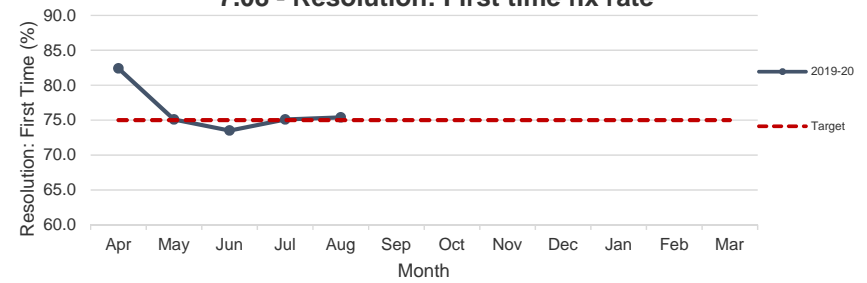
7.06 - Resolution: All incidents logged, and resolved within 5 working days (%)



7.07 - Monthly customer satisfaction with technology services



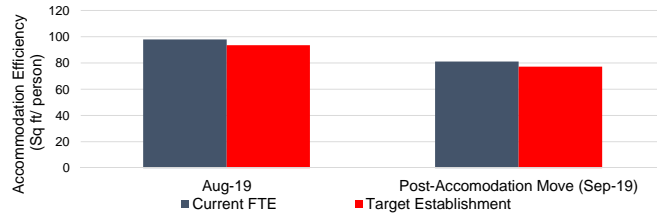
7.08 - Resolution: First time fix rate



Section 7: Resources & Technology KPIs (at August 2019)

Performance metrics - Resources

7.09 - Accommodation Efficiency

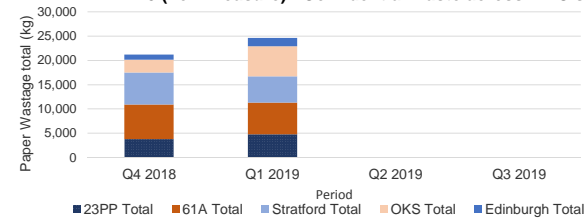


Status Commentary:

Accommodation efficiency is calculated on square ft per person, based on the current FTE (879). We have also included the budgeted establishment (922) as a comparison to demonstrate the difference if we were at full employee capacity.

The columns in the above chart show both our current status at August 2019 and the forecast status post the accommodation move to One Westfield Avenue. This indicates that post September 2019, we will be using our space approximately 17% more efficiently than currently.

7.10 (new measure) - Confidential waste across NMC sites



Status Commentary:

We continue to monitor our levels of confidential waste. With the closure of two buildings, we would expect to see an increase in the disposal of confidential waste as we clear two establishment locations and move to new premises.

The levels of confidential waste disposed of between Q4 2018 and Q1 2019, means that:

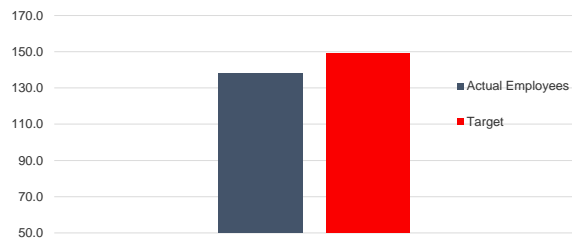
- 779 trees saved (Q4 = 361; Q1 = 418)
- 1,466,176 litres of water saved (Q4 = 677,856 litres; Q1 = 788,320 litres)
- 27,490kg CO2 saved (Q4 =12,710kg; Q1 = 14,780kg)
- 106m³ Landfill saved (Q4 = 49m³; Q1 = 57m³).

7.11 Corporate risk (at 31 August 19)

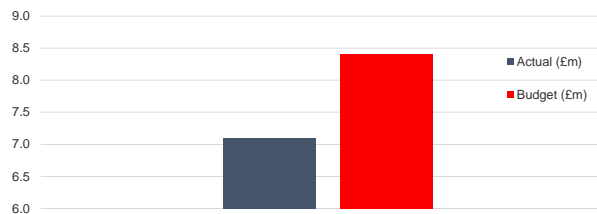
INF18/01: Risk that we fail to recover from adverse infrastructure incidents				
Likelihood	Impact	L X I	Trend	Response
3	4	12	Stable	Treat

Directorate Metrics

7.12 Resources FTEs in post (actual vs target)



7.13 Resources BAU Expenditure (YTD Actual v Budget) (£m)



Aug 2019 Resources Directorate Engagement Score = 5.1 (Target = 6.4)

Aug 2019 TBI Directorate Engagement Score = 6.3 (Target = 6.4)

Section 8: External Affairs

KPIs

Background

Context: The external affairs team has been improving its approach to communications and engagement over the last 12 months, developing a programme of strategic communications. This supports the organisation's strategic objectives and is explicit that the purpose of communications and engagement activity across the NMC is to build greater trust and confidence in professional regulation.

Developing KPIs: We are committed to demonstrating the impact our External Affairs activities are having amongst key audiences and how we are delivering value for money. This is first time that the Council has been provided with performance metrics for our communications and engagement activity, and for this purpose we have included information about the KPI definitions. The Council are asked to confirm they are content with the KPIs being presented.

Challenges: In some areas we lack the technology to capture data and provide deeper insights to measure the impact our communications and engagement is having. Below we have provide details about how we are working to invest in different tools to provide us with meaningful insights in the future.

Registrant mass email communications

Measure 8.01: Mass emails have an average unique open rate of 55 percent.

Result: 53 percent at the end of quarter 1.

Commentary: This metric measures the number of recipients who have opened an email at least once (unique open rate) over a three month period. The public sector standard for good unique open rates is 20 percent. Given the quality of our data, we expect to see a higher open rate, and we have therefore set our KPI target higher than this standard to reflect our current circumstances. We will report on this KPI every quarter.

Measure 8.02: Mass emails have an average click per email open rate of 30 percent

Result: 26.4 percent at the end of quarter 1. This is an average across all email communications. We will report this measure quarterly.

Commentary: In order to gain a more accurate measurement of people taking action as a result of the emails we send, we track the click-to-open rate (CTOR). The rate is the total number of unique clicks divided by the total number of unique opens, given as a percentage.

For example: an email was sent to 100 contacts and 10 people opened it. The CTOR would then measure how many of the 10 people went on to click a link as a result of the email. So if five of the recipients then click the link within the email (out of the 10 people that opened it) this would be a CTOR of 50 percent.

The public sector standards for good click-to-open rates are between 20 percent and 30 percent so we have set the KPI target at the higher end of this standard. We are continually reviewing our content to ensure it is engaging and helps us meet our objectives.

Social media

KPIs

Measure 8.03: Twitter posts have an engagement rate of 1.5 percent.

Measure 8.04: LinkedIn posts have an engagement rate of 4 percent.

Results at the end of quarter 1:

- Twitter engagement is 1.4 percent against a target of 1.5 percent (down from quarter 4).
- LinkedIn engagement is 3.3 percent against a target of 4 percent (down from quarter 4).

Commentary: Engagement is a measurement of whether our audiences reacted to our posts beyond just seeing them. For example, if they clicked on a link, shared a post or commented on it. An engagement rate is the percentage of engagements expressed as a total of the number of impressions (i.e. the post appeared on someone's social media feed). For example, a 1 percent engagement rate means 1 engagement per 100 impressions.

There is no easily identifiable industry standard engagement rate for Twitter and LinkedIn, so we set a rate of 1.5 percent and 4 percent respectively based on an assessment of previous performance. We will keep this KPI under close review.

As we develop our approach to measuring our communications and engagement activity, we will be working with other organisations to understand their benchmarks and KPIs to refine our approach further. These measures will be reported quarterly.

Internal communications

Measure 8.01: Internal communications scores a 7 out of 10 in Peakon monthly pulse survey.

Result: 6.3 out of 10 for August 2019 (0.7 below the benchmark).

Commentary: Drawing on external comparators, Peakon provides a benchmark of 7 for what good internal communications should be. Using a different means of analysis, the feedback on internal communications in 2017 was 35 percent, and within the full scale Peakon last December was 6.8.

We will be undertaking an audit of our internal communications channels to better understand their efficacy, using both qualitative and quantitative data. We expect to be able to report on this in the autumn.

Events

Measure 8.06: 70 percent of people agree or strongly agree that our events have met their objectives

Result: To be reported within future reports.

Commentary: We previously measured attendee event satisfaction which over the past few months has produced a score 100 percent. To gain a richer insight, the events team has changed its feedback forms and will now ask attendees whether they believe the event met its stated objectives. We have set a benchmark of 70 percent, and may need to review this once the baseline is

KPIs

established at the end of September. We will report on this KPI monthly.

Stakeholder engagement

Commentary: In January 2019, the organisation sought the views of some of its senior stakeholders to understand their perceptions of us and how they thought we could better communicate and engage with them. From this, we determined that it was essential for us to continue to build trust in what we do as a regulator among our key audiences. To determine the level of trust in the organisation, we will hold an annual perceptions survey, the first of which will be reported in January 2020.

Press office

Measure 8.07: 65 percent of media coverage in the last quarter achieving positive sentiment

Result: 51 percent in quarter 1.

Commentary: At the moment, our sentiment score is calculated by taking a selection of around a third of our media coverage over a three month period and analysing whether it is positive, neutral or negative. We are looking to expand this to analyse to all of our coverage and will update the KPI as appropriate. We will report on sentiment quarterly.

Political and parliamentary engagement

Commentary: We are currently developing our political and parliamentary engagement function across the four countries. As part of this, we will begin tracking awareness of the NMC and its work among a representative group of parliamentarians, across all parties and the four countries of the UK. We will also ask questions relating to how effective we are as an organisation and what more people would like to see from us. The survey will be undertaken every six months, and the first opportunity to do so will be between October and December 2019. We will be using this first survey to set the baseline and in turn to determine an accurate KPI. We will report back to the Council in January on the agreed KPI.

Section 8: External Affairs KPIs (at August 2019)
Corporate Services Directorates - performance metrics - External Affairs

8.01 & 8.02 (new measures) - Registrant Emails

	1 January 2019 to 31 March 2019 (Q4)	1 April 2019 to 30 June 2019 (Q1)
Registrant emails		
Number of registrant emails sent <i>* higher volumes in Q4 driven by NA launch</i>	2,153,116*	874,939
Number of unique opens	921,468	330,336
Average percentage of unique opens across all registrant email types (email opened at least once within a three month period) - [target: 55%]	48.0%	▲ 53.0%
Avg. click to open per email (percentage of people who have clicked a link within an email, from those who have opened the email across all registrant email types) - [target: 30%]	19.4%	▲ 26.4%

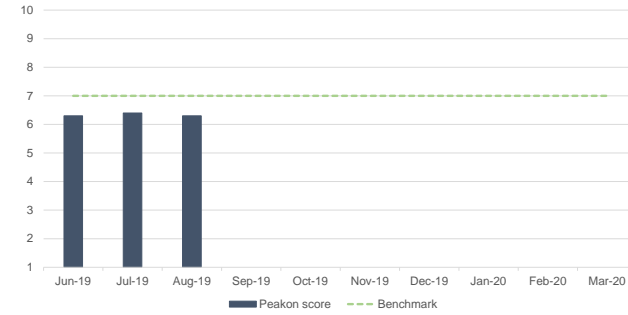
(Red = Off target by 5%+, Amber = Within 5% of KPI, Green = Meeting or exceeding KPI)

8.03 & 8.04 (new measures) - Social media

	1 January 2019 to 31 March 2019 (Q4)	1 April 2019 to 30 June 2019 (Q1)
Twitter		
Number of Twitter posts	320	▲ 596
Impressions (1)	2,224,933	▲ 2,609,203
Engagement (2)	47,314	▼ 46,144
Avg. engagement rate	1.8%	1.4%
LinkedIn		
Number of social media posts	31	▲ 92
Impressions (3)	330,561	▲ 355,143
Engagements (4)	15,815	▼ 11,511
Avg. engagement rate	4.7%	3.3%
Referrals to our website from all social media channels	35,242	▼ 29,200

(Impressions = the number of times a post appeared on a followers social media feed)

8.05 (new measure) - Internal Communications - Peakon score



8.08 Corporate risk (at 31 August 19)

EXT18/01: Risk that we may lack the right capacity and capability to influence and respond to changes in the external environment

Likelihood	Impact	L X I	Trend	Response
3	3	9	Stable	Treat

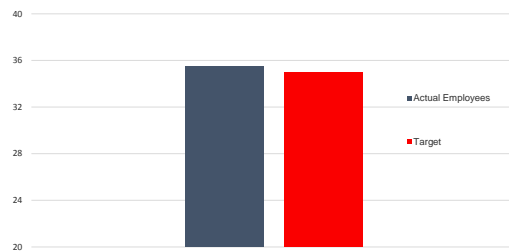
8.09 Corporate risk (at 31 August 19)

EXP18/01: Risk that we fail to meet external expectations significantly affecting our ability to maintain stakeholders' trust in our ability to regulate

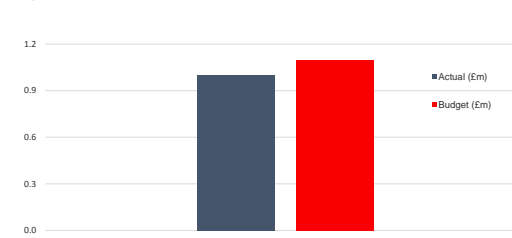
Likelihood	Impact	L X I	Trend	Response
3	4	12	Stable	Treat

Directorate metrics

8.10 EA FTEs in post (actual vs target)



8.11 EA BAU Expenditure (YTD Actual v Budget) (£m)



**Aug 19
 Directorate
 Engagement
 Score = 6.2
 (Target = 6.4)**

Impressions (1) = the number of times a post appeared on a followers social media feed
 Engagement (2) = the number of times someone took any type of action on one of our posts.
 Impressions (3): the number of times a message appears on a user's timeline
 Engagement rate (4) = percentage of engagements as an expression of the total number of impressions [e.g. 1 engagement per 100 impressions]

Glossary

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

Income and Expenditure Traffic Light Definitions

	Income	Expenditure	Actions
Red	2% or more below budget	<input type="checkbox"/> 2% or more over budget <input type="checkbox"/> 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	<input type="checkbox"/> 1-2% over budget <input type="checkbox"/> 5-10% under budget	<input type="checkbox"/> Managed by Executive Board <input type="checkbox"/> Check whether underspends have affected delivery of corporate plan <input type="checkbox"/> Adjust the budget to manage variances
Green	Under 1% below budget	<input type="checkbox"/> Less than 5% under budget	<input type="checkbox"/> No action

Corporate Risk Traffic Light Definitions

Red	High likelihood with high impact
Amber	Medium to low likelihood but high impact High likelihood but moderate to minor impact
Green	Low likelihood but moderate to minor impact High likelihood but minor to insignificant impact

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

Corporate Risk Register at 31 August 2019

- 1 We continue to review and refine our controls and mitigations on a regular basis; changes between July and August 2019 are reflected in red text.
- 2 The Executive most recently reviewed the risk register in September, and have concluded that our overall risk exposure has largely remained stable since June 2019. Two of our nine risks are rated as red (Risk INF18/02 [Stability of ICT] and PEO18/01 [NMC workforce]).
- 3 The Executive have included a new risk to reflect potential challenges with developing our strategy for 2020–2025 (see 4.3 below):
- 4 Items of note are:

4.1 **Stability of IT infrastructure (INF18/02):** As reported within the delivery plan at **annexe 1**, various initiatives are underway to deliver long term actions to mitigate this risk. Since July 2019, new leadership has been confirmed with the permanent appointment of the Director of Resources and TBI. A new programme manager for the MOTS programme is also in place and we have strengthened our governance and oversight to support the programme to manage interdependencies across a number of milestones due to be delivered during the short to medium term.

We are reviewing the work done to date and the future planning timelines to ensure that the programme's major deliverables are appropriately prioritised. Some timelines have already been adjusted as detailed in **annexe 1**, section 1. We will bring an exception report to the November 2019 Council meeting. In the meantime, we have revised some of the timelines.

4.2 **NMC workforce (PEO18/01):** We continue to monitor our capacity at a time when a number of short term pressures are likely to crystallise. Major factors include:

- a) An anticipated short term increase in employee turnover resulting from our office move to Stratford.

Mitigations have previously been discussed by the Council at the May 2019 Council meeting. The move takes place in late September.

- b) Concerns regarding the number of priorities the organisation is focusing on.

This is being mitigated through close monitoring of corporate performance and interdependencies by the Executive, with reprioritisation undertaken when the risk exposure is deemed no longer tolerable.

- c) A number of major milestones being delivered within similar timeframes between now and December. This includes technical solutions for Education QA and Overseas, our office move, our strategy development work for 2020–2025, and values and behaviours development with employees.

This is being mitigated by joining up related activities to reduce duplication (such as strategy development, annual business planning and values and behaviors development work), considering different ways to deliver the activities (such as phasing annual planning and using a blend of workshops and online tools to engage employees), and using strong internal governance to keep activities under continuous review (such as increased governance for technology milestones and strategy development work).

- 4.3 **Strategy (STR19/01):** The Executive have included a new risk ‘risk that we fail to develop a strategy for 2020–2025 which is achievable and is underpinned by appropriate implementation plans’. The risk reflects short term concerns regarding meeting external expectations for the proposed impact of the strategy, and our ability to implement our plans. The current risk assessment is amber (12) with likelihood rated as possible (3) and impact rated as major (4).

A number of mitigations are already in place such as the strategy consultation to gather the views of external and internal stakeholders, aligning the strategy development work with implementation planning, and directors leading a series of thematic discussions internally to test the feasibility of the emerging strategy themes against consultation feedback.

Guidance for understanding NMC's corporate risk register

Term	Description
Risk Reference Number	NMCs unique identifier assigned to the risk. The reference tells you the type of risk, the year the risk was raised, and assigned number. E.g. REG18/01
Risk Description	Describes: <ul style="list-style-type: none"> • what the risk is • the potential impact it could have on NMC • our risk appetite
Contributing factors / causations	Provides details about what could cause the risk to happen. Essentially, these are risk factors within the main risk where some or all may need to occur for the risk to happen.
Inherent risk rating (before controls)	Provides a risk rating for likelihood and impact before any risk reducing controls have been applied. Understanding inherent risk levels demonstrates the level of risk if our controls fail. Likelihood and impact are scored using a scale of 1 to 5, with 5 being the most severe (detailed description below)
Mitigations and controls (in place)	Mitigations and controls we have put in place to reduce the inherent risk level. These includes actions to reduce the likelihood of risk occurring, actions which reduce the impact of the risk to make it more tolerable, or contingency measures to minimise the impact if a risk does occur.
Current rating (with controls)	<ol style="list-style-type: none"> 1. Provides the current level of risk once mitigations and controls which are in place are taken into account. Again, likelihood and impact are scored using a scale of 1 to 5. 2. Highlights our intended risk response: <ul style="list-style-type: none"> • Treat – take action to reduce the likelihood of occurrence or to reduce the impact • Tolerate – accept the risk at its current level but continue that controls and mitigations are appropriate • Transfer – either share or transfer the risk (e.g. via insurance) • Terminate – stop the activities causing the risk 3. Risk trend details whether the risk has increased, decreased or remained stable since the risk was last reported to the Council. Comments are provided when the trend changed.
Planning mitigations and controls	Mitigations and actions that we will put in place to reduce the level of risk further.

Term	Description
Target rating (after planned actions)	1. The expected reduction in the risk levels once planned actions and controls have been delivered. Scored for likelihood and impact. 2. Expected date the target rating should be achieved. 3. Any supporting commentary.
Executive Lead	The assigned internal lead from the Executive who provides oversight for the risk, ensuring that risk treatments (mitigations, controls, contingency plans) are still appropriate and being progressed.

Risk scores	
5	<ul style="list-style-type: none"> • Likelihood: Almost certain (likelihood of 81-100%) • Critical impact on the achievement of business, project and public protection objectives, and overall performance. Huge impact on public protection, costs and/or trust in the organisation. Very difficult to recover from and long term consequences.
4	<ul style="list-style-type: none"> • Likelihood: Likely (likelihood of 51-80%) • Major impact on costs and achievement of objectives. Affects a significant part of the business or project. Serious impact on output, quality, reputation and/or trust in the organisation. Difficult and expensive to recover from and medium to long term consequences.
3	<ul style="list-style-type: none"> • Likelihood: Possible (likelihood of 21-50%) • Moderate impact which results in significant waste of time and resources. Impact on operational efficiency, output and quality, hindering effective progress against objectives. Adverse impact on public protection, costs and/or trust in the organisation. Not easy to recover from and medium term consequences.
2	<ul style="list-style-type: none"> • Likelihood: Unlikely (likelihood of 6-20%) • Minor loss, delay, inconvenience or interruption. Objectives not compromised. Low impact on public protection and/or trust in the organisation. Easy to recover from and mostly short term consequences.
1	<ul style="list-style-type: none"> • Likelihood: Remote (likelihood of 0-5%) • Insignificant impact of minimal loss, delay, inconvenience or interruption. Very low or no impact on public protection, costs and/or trust in the organisation. Very easy to recover from and no lasting consequences.

**Likelihood is scored for the period covering April 2019 – March 2020*

Corporate risk register for 2019-20 (up to 31 August 2019)

Reference	Risk	Current Rating
REG18/0	Risk that we fail to maintain an accurate register of people who meet our standards	AMBER
REG18/0	Risk that we fail to take appropriate action to address a regulatory concern	AMBER
REG19/0	Failure to ensure that educational standards are fit for purpose, and processes to ensure compliance with standards are being met	GREEN
PEO18/0	Risk that we fail to recruit and retain an adequately skilled and engaged workforce	RED
INF18/01	Risk that we fail to recover from adverse infrastructure incidents	AMBER
COM18/0	Risk that we fail to prevent a significant data loss or we experience an information security breach	AMBER
COM18/0	Risk that we fail to comply with legal or compliance requirements	AMBER
EXT18/0	Risk that we may lack the right capacity and capability to influence and respond to changes in the external environment	AMBER
EXP18/0	Risk that we fail to meet external expectations affecting stakeholders' trust in our ability to regulate	AMBER
INF18/02	Risk that ICT failure impedes our ability to deliver effective and robust services for stakeholders or value for money	RED
STR19/0	Risk that we fail to develop a strategy for 2020-25 which is achievable and underpinned by appropriate implementation plans (NEW)	AMBER

Risk Ref. Number	Risk Description	Contributing Factors / Causation	Inherent Risk (without controls)			Mitigations and Controls (In place)	Current Rating (with controls)			Planned Mitigations and Controls	Target Rating (after planned actions are delivered)			Executive Lead (responsible for assuring risk treatment)	
			L	I	L X I		L	I	L X I		L	I	L X I		
REG18/01	<p>Risk that we fail to maintain an accurate register of people who meet our standards</p> <p>i) Potential Impact: - Public are not protected - Loss of confidence in NMC - Undermines public trust</p> <p>ii) Appetite: Averse: but always some residual risk</p>	<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. Increased risk as the new Quality Assurance (QA) model is implemented and we enter a transition period where we reassess 80+ AEIs and 900+ programmes between now and September 2020.</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 current standards.</p> <p>f. A failure of core registration systems</p>	5	5	25	<p>a, e. Identity and quality checks for UK, EU and Overseas initial registrations, and renewals and readmissions to limit fraudulent entry and human errors.</p> <p>a. Revalidation ensures the details of registrants are kept up to date and that their fitness to practise is confirmed. Including automation of revalidation readmissions process.</p> <p>a, e. Self serve and Wiser improvements provide automation of core processes to reduce errors. The latest improvements are the automation of the readmission process and phase 1 of case management functionality for our Appeals team (RAST), both in place from July 2019.</p> <p>a, b. Staff training and induction in required standards and core processes.</p> <p>a, b, e. Risk based quality assurance approach of AEIs. The new QA Framework for Education of Nurses, Midwives and Nursing Associates includes a requirement for annual self reporting, including an annual declaration from AEIs that they continue to comply with our standards. This is supported by thematic reporting and analysis, additional requirements for programmes under enhanced scrutiny, and data driven monitoring with action taken when concerns emerge.</p> <p>d. Daily reconciliation processes to reconcile FtP outcomes and International Market Information (IMI) alerts which are added to register.</p> <p>a, d. Serious Event Reviews, complaints and assurance controls.</p> <p>f. Business continuity processes in place to manage system down time. See risk INF18/01 (business continuity and disaster recovery)</p> <p>a, b, c. Registration workshops are underway with some AEIs to offer support on qualification uploads for registration and to strengthen relationships.</p>	3	5	15	<p>a, b, d, f. Ongoing data, systems and registration process improvement work to resolve gaps and improve robustness. This include developing analytical tools which will provide trend insights that enable us to spot risk areas. (Ongoing)</p> <p>a, b, c. Updated guidance to Approved Education Institutions (AEIs) to clarify their obligations regarding approval of programmes and requirements when uploading students' qualifications for application to the register. (October 2019)</p> <p>a, b, c. In rolling out our new education standards and QA framework, we will: - actively monitor programmes in line with our new QA framework. - approve programmes against our new standards (the peak of the approvals for 2019-2020 will happen during summer 2019) before September 2020 (2021 for return to practice and midwifery)</p> <p>a, d and f. Modernising our Technology (MOTS) programme will deliver core systems replacement for Wiser and CMS and improved case management. Implementation started from November 2018. (see risk INF18/02). Further automation of readmissions process (July 2019) The introduction of case management functionality for our Appeals team (RAST) (September 2019) - Enhancements to the revalidation process (November 2019) - Continuing to develop case management functionality for our Appeals team (RAST): Phase 2 - expected October 2019 - to streamline the management of complex registration applications and appeals.</p> <p>e. Overseas review during 2019. - Implementation of updated process and online system (October 2019) - Introduction of test of competence against FN standards (January Summer 2020)</p>	2	5	10	<p>Date change expected: March 2020</p> <p>Comments: Maintain controls and monitor outcomes for any changes. Implementation of new systems via MOTS will reduce the potential for processing errors, and data governance controls will be put in place as part of the work. We anticipate the risk will reduce by March 2020 once these systems have bedded in.</p>	Director, Registrations and Revalidation

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			L	I	L X I		L	I	L X I		L	I	L X I		
REG18/02	<p>Risk that we fail to take appropriate action to address a regulatory concern</p> <p>i) Potential Impact: - Public are not protected - Loss of confidence in NMC - Undermines public trust</p> <p>ii) 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. Intelligence and insights are not escalated, used effectively, or shared 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 effectivity with members of public.</p>	5	5	25	<p>a. b. Lessons Learned Programme implemented during 2018-2019 which addressed PSA recommendations including establishing a new corporate enquiries and complaints team in April 2019. An assurance process is in place to monitor the improvements (mitigation added April 2019)</p> <p>a, d. Existing FtP, Registrations and Education policies and processes.</p> <p>a. Monthly monitoring of FtP timeliness pathway. Council/public visibility via KPIs presented at open Council meetings.</p> <p>a, b. Extended powers for case examiner disposals (from 31 July 2017) to manage FtP cases more quickly and effectively.</p> <p>a, b, c. Targeted recruitment for high turnover roles and staff induction, training and L&D.</p> <p>c. Collaboration and data sharing with external stakeholders and partners.</p> <p>d. Routine information sharing regarding processes and risks between FtP, Registrations and Education and Standards.</p> <p>a. c. Employer Link Service supports early engagement with employers and relevant stakeholders to improve knowledge of FtP processes. Increased capacity within the Regulatory Intelligence Unit in place from May 2019.</p> <p>c, d. RIU data lake established with first outputs to inform intelligence around fraudulent entry cases.</p> <p>e. Public Support Service provides tailored support to patients, families and parents (from October 2019)</p>	2	5	10	<p>a. Embedding outcomes from Lessons Learned programme. Outstanding actions include further work on employee values and behaviours (delivered as part of our People Strategy) and bedding in our corporate enquires and complaints team which was established in April 2019. Improvements to our public support service will continue during 2019-2020.</p> <p>a - e. The new model for FtP using the outcomes from our FtP pilots will be implemented during 2019-2020. An implementation plan is being developed (July 2019) is being implemented during 2019-2020. The final changes will be delivered in 2020-2021.</p> <p>c - d. Regulatory Intelligence Unit will continue to develop our capabilities in trend analysis and risk assessment, and we will enhance processes sharing information with internal and external stakeholders. (3 year expansion programme from March 2019). - Embedding new software and developing intelligence tools. (March 2020)</p> <p>d. Continue to deliver process improvements between FtP and Registrations and Revalidation to ensure more consistency in regulatory actions and approach. FtP and Education and Standards working together to develop new data driven approach to QA. Bi monthly meetings between FtP and R&R leadership teams (in place) Review of potential fraudulent entries (July 2019)</p>	2	5	10	<p>Date change expected: N/A</p> <p>Comments: Maintain controls and monitor outcomes for any changes. Planned mitigations are focused on exploiting opportunities rather than to reduce likelihood further. Impact is unlikely to decrease as a failure could impact public safety.</p>	Director, Fitness to Practise
REG19/03	<p>Failure to ensure that educational standards are fit for purpose, and processes to ensure compliance with standards are being met</p> <p>i) Potential impact: - Public are not protected - Loss of confidence in educational standards - Undermines public trust - Loss of confidence in our processes for quality assurance of education</p> <p>ii) Risk appetite: Averse: but always some residual risk</p>	<p>a. Our Code and standards fail to keep pace with changes in healthcare delivery and practice within and across the four devolved UK countries.</p> <p>b. We do not process programme approvals within the expected timescales which potentially impacts the number of new nurses, midwives and nursing associates joining the register.</p> <p>d. We do not meet the Standards of Good Regulation (SoGR) for standards and education.</p> <p>e. AEs and their practice learning partners do not continue to deliver programmes of education and training for nurses, midwives and nursing associates that meet our standards.</p>	4	4	16	<p>a Ongoing development and delivery of new standards for nurses, midwives and nursing associates.</p> <p>a Four country communications and engagement plan established and embedded in our approach to standards development and delivery</p> <p>b. A new model of Quality Assurance has been implemented. This includes a defined timescale for approvals.</p> <p>d. Our programme of delivery of new standards and our new model of Quality Assurance meets the SoGR.</p> <p>e. The new QA Framework for Education of nurses, midwives and nursing associates includes requirements for monitoring of all programmes. There are additional requirements for programmes under enhanced scrutiny and a new approach to data driven monitoring, with action taken when concerns are identified.</p>	2	4	8	<p>a. Education programme which will deliver new standards for midwives (Jan 2020)</p> <p>a Implementing a rolling programme of evaluation, review and update for all existing standards (from April 2020)</p> <p>e In rolling out our new education standards and QA framework, we will: - actively monitor programmes in line with our new QA framework. - approve programmes against our new standards before September 2020 (2021 for return to practice and midwifery)</p>	2	2	4	<p>Comments: Risk added on to register in May 2019 and accepted by Council in July 2019</p>	Director, Education and Standards

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			L	I	L X I		L	I	L X I		L	I	L X I	
PEO18/01	Risk that we fail to recruit and retain an adequately skilled and engaged workforce (permanent and temporary staff, contractors, and third parties). i) Potential Impact: - Reduced capacity - Inadequate skills - Low staff engagement / resilience - Increased costs - Delays or failure to deliver commitments ii) Appetite: Open: willing to consider all potential delivery options	a. Weak recruitment and high vacancies. b. Poor retention and high turnover. c. Low resilience and poor engagement including over reliance on key individuals / teams and high staff sickness. d. Failure to embed a high performance and development culture. e. Gaps in BAU capacity resulting from staff being redeployed to deliver programmes and projects. f. Our workforce does not keep pace with the capacity and / or capability needed to deliver our corporate plan. g. High turnover of Executive Team leads to destabilised leadership and lost skills and knowledge and diverts attention from the plan (two interim directors and a new CEO and Registrar). h. Short term capacity risks posed by accommodation moves from OKS and 61 Aldwych. i. Turnover increase due to accommodation move	5	4	20	a. Targeted recruitment and procurement of specialist advertising partner for hard to recruit to roles. a-f. Focused People Directorate which facilitates business partnering, provides targeted people insights (monthly directorate dashboard), and provides focused analysis and solutions for high risk areas. a-c. HR policies, procedures and L&D. HR policies review during 2018-2019 continues. b, d. Rolling leadership development programme majoring on performance management from March 2018. a-d. People strategy with 3 year plan covering attraction, recruitment and retention and reward. a, b, c. Annual staff engagement survey and engagement action plans. a, b, c. Monthly staff engagement survey to take regular measurements of employee engagement from June 2019. c. Updated appraisal format implemented from May 2018. e. Staff backfilled when employees are redeployed onto programmes and projects. h, i. Ongoing staff engagement regarding the FIP accommodation move, including survey work, workshops, and staff support meetings.	4	4	16	a and b. Continuous improvement of NMC employer brand to attract and retain staff. Initiatives for 2019-2020 have been approved and will be delivered throughout the year. (March 2020) a-c, e. Staff capacity improvement plan to relieve current capacity/capability pressure points (e.g. FIP investigation) (Ongoing) a-c. Programme of career pathways initiated. (March 2020) a, b. Pay envelope analysis to develop options for strengthening staff pay and reward. (Principles agreed by the Council in March 2019, modelling of new pay structures from May 2019) - Consultation for part 1 of pay and reward implementation (July 2019) - Recommendations to Remuneration Committee (September 2019) and Council (October 2019) a, b, g. Succession planning for critical leadership roles. -Recruitment for the Director of Finance, Estates and IT- (conclusion by September 2019)-	2	3	6	Director, People and Organisational Design
INF18/01	Risk that we fail to recover from adverse infrastructure incidents i) Potential Impact: - Disrupted service delivery - Short term heightened risk of significant harm to the public ii) Appetite: Cautious: preference for safe delivery options that have a low degree of residual risk	a. Shifts in terrorist threat levels particularly in central London where the majority of staff are based. b. Failure of Business Continuity Plans and ICT contingency plan. i) Significant interruption to premises due to inadequate recovery arrangements ii) Significant interruption to IT services due to inadequate IT service recovery arrangements. c. Accommodation moves from OKS and 61 Aldwych. d. 23 Portland Place maintenance programme.	4	5	20	a and b. Business Impact Analysis (BIA) to understand the operational resource needed in the event of infrastructure incidents. Business Continuity Plans, lockdown procedures, and ICT infrastructure disaster recovery arrangements in case of incident. b. Training and desktop exercises with lead directorate representatives. Director and senior management strategic training and desktop exercise undertaken in March 2019. c. Accommodation programme and roadmap including risk monitoring and risk treatment. d. 23 Portland Place maintenance programme has been scoped within the 2019+ business plan.	3	4	12	a, b. Review of business continuity plans including annual tests. A programme of Business Continuity training and exercises. - Emergency Response Team and Incident Management Team to undertake Business Continuity Training and exercises (March 2020). b. IT infrastructure disaster recovery test every 6 months (most recently completed in May 2019). Business continuity plans updated following test. (see risk INF18/02) (November 2019).	2	4	8	Director, Resources and TBI

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COM18/01	Risk that we fail to prevent a significant data loss or we experience a major information security breach i) Potential Impact: - Disrupted service delivery - Loss of stakeholder data - Compliance breach - ICO fines - Negative perceptions - Bank sanctions ii) Appetite: Cautious: preference for safe delivery options that have a low degree of residual risk	a. Potential cyber vulnerabilities in our IT applications and servers and lack of staff awareness. b. Failure to put in place adequate safe guards for data protection. Lack of staff awareness and literacy of data protection obligations. c. Data protection breaches lead to unauthorised disclosure of personal data, inaccuracy of personal data, failure to comply with the data protection principles. d. Information and records management does not comply with relevant legal requirements or business requirements. e. Non-compliance with the Payment Card Industry Standards.	5	5	25	a. Insurance cover for cyber security threats. Mandatory Information security training for all employees. Work continues to address vulnerabilities in our IT systems. a. Technical controls e.g. software security patches (where possible), IT security measures, encrypted email. a. Priority actions to improve cyber and other vulnerabilities implemented at the end Q1 of 2019-2020. b. Second phase of GDPR project completed in April 2019. (project to end 30/4/19) b and c. Oversight provided by Information Governance and Security Board which includes the Business Continuity Working Group. b and c. Information security risk register, treatment plan and monitoring in accordance with ISO standard.	3	3	9	a. MOTS programme will deliver core systems replacement for Wisser and CMS during 2019-20 (see risk INF18/02). b and c. Continue to maintain and strengthen controls around information governance (a-d) by: i) implementing the treatment plan. ii) maintaining staff awareness - comms. iii) ongoing BAU work on technical side. (Ongoing)	2	3	6	Director, Resources and TBI
COM18/02	Risk that we fail to comply with legal or compliance requirements which result in an intolerable level of recovery following a breach i) Potential Impact: - Financial loss and wasted resources - Loss of trust/ confidence - Negative perceptions - Bank sanctions - Fines ii) Appetite: Cautious: preference for safe delivery options that have a low degree of residual risk	a. Failure to meet statutory, legal and mandatory responsibilities (e.g. Equality legislation, regulatory processes, data protection, health and safety, Freedom of Information, procurement, employment law etc). b. Risk of significant internal and external legal and other staff costs and damages to pay. c. Risk of significant regulatory fines and bank sanctions.	4	4	16	a. Centralised corporate legal services team to advise on achieving legal compliance and support the business if breaches occur. a. Legal knowledge management system in place to identify changes in law and assess impact. a. Equality, Diversity and Inclusion framework with oversight from the Equality and Diversity Leadership Group. a-b. Overseas legal review completed leading to a new process being developed. b. Legal services review phase 2 completed, this reviewed areas of increased legal risk. a-b. Legal support for all corporate programmes to improve legal awareness and compliance. a-b. Creation of Complaints and Customer Enquiries department who handle all data protection and Freedom of Information requests, ensuring learning is collated, shared and drives continuous improvement. b. Insurance. a. The recommendations from the Sep 2018 Procurement internal audit have been followed to drive process improvements, including implementation of comprehensive Procurement Policy, tendering of contracts through routes-to-market, addressing historic areas of uncontracted spend, implementation of e-sourcing portal, implementation of 'supplier assurance' portal and central contract management database.	3	3	9	a. Improvements plan to resolve weaknesses in contracting and procurement processes including increased oversight from corporate legal services. (ongoing) a-b. Improvements and embedding new processes to how we handle information requests. (By March 2020) b. Implementation of recommendations from the second phase of the legal services review. (By March 2020) b. Phase 2 of legal services review will include further legal-compliance reviews to identify and areas of increased legal risk-and plan appropriate changes-(xxx)	2	3	6	General Counsel
EXT18/01	Risk that we may lack the right capacity and capability to influence and respond to changes in the external environment i) Potential Impact: - Inability to influence - particularly in the devolved countries - Undermine public trust - Missed opportunities - Wasted resources ii) Appetite: Open: willing to consider all potential delivery options	a. Complex stakeholder relationships affects our ability to collaborate or influence. b. We fail to be part of key discussions eroding our ability to influence (e.g. NHS workforce planning). c. Significant changes are not anticipated and our response is reactive or unplanned. (e.g. Brexit; change of government and/or ineffectiveness of government as a consequence of Brexit). d. External pressure to adopt further commitments. e. We fail to invest appropriately in our External Affairs Directorate resulting in a lack of corporate support for engagement and communications across NMC. f. Disjointed organisational communications result in a failure to speak with one voice leading to confusion or negative stakeholder perceptions of NMC. g. Strategy development for 2020-2025 fails to gain support from key stakeholders.	4	4	16	a, b, e.g. Investment in External Affairs directorate provides targeted support across the organisation to improve how we manage our external stakeholders and unify our communications (from May 2018 with extra investment agreed from 2019-20). a,b,f,g. Insights generated by stakeholder perception research (IFF) and research into the trust in professional regulation (Stonehaven) has been used to clarify our purpose and will be used to underpin targeted strategic communications and engagement across NMC. b,f. Long Term Plan internal working group aims to coordinate our activity and messaging and ensure we are part of key discussions taking place in NHSE/I and DHSC. c. Brexit lead and working group and regulatory reform lead and working group. c. Contingency fund built into the annual corporate budget to manage unexpected events. e.f. Organisational narrative which provides standardised communication messages to present one voice (updated June 2019). e,f. Briefings to be produced with corporate messages from across the business linked to narrative to enable Directors and outward-facing staff to communicate messages across the business (ongoing). g. Strategy development process for 2020-2025 launched in April 2019, with appointment of a fixed term Director of Strategy for 12 months to lead the process.	3	3	9	a, b, e, f, g. Insights generated by stakeholder perception research (IFF) and research into the trust in professional regulation (Stonehaven) will be used to develop targeted strategic communications and engagement programme and support development of the 2020-2025 strategy (ongoing). b.f. Revising our organisational narrative. (June 2019) f. Delivery of strategic communication and engagement programme and implementation of capability plans to build skills and knowledge. This will be regularly monitored using clear success criteria. (Monitoring and improvements will be delivered on an ongoing basis). g. New Strategy for 2020-2025 to be developed during 2019 with specific focus on co-production and consultation with key stakeholders. - Consultation and engagement activities on strategic themes (July - October 2019) - Corporate planning (TBC - August to December 2019) - Strategy, corporate plan and budget agreed (March 2020). a-g. Clearer internal roles and responsibilities regarding procedures for managing external stakeholders. (September 19)	2	3	6	Director, External Affairs

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EXP18/01	<p>Risk that we fail to meet external expectations significantly affecting our ability to maintain stakeholders' trust in our ability to regulate</p> <p>i) Potential Impact: - Inability to influence - particularly in the devolved countries - Undermine public trust - Missed opportunities - Wasted resources</p> <p>ii) 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, Gosport, Shrewsbury and Telford.</p> <p>b. We fail to appropriately manage a negative media publicity/campaign.</p> <p>c. Failure to deliver significant regulatory change programmes e.g. FtP change or overseas programmes.</p> <p>d. Core business failure leads to negative publicity.</p> <p>e. Fail to maintain the trust of key stakeholders - particularly in the devolved nations where our engagement is currently inconsistent.</p> <p>f. Strategy development for 2020-2025 fails to gain support from key stakeholders.</p> <p>g. Our website fails to meet the needs of our audiences, not providing them with the information they need.</p> <p>h. Unfairness or harm to registrants, applicants, referrers, witnesses, members of the public or employees as a result of unfair outcomes or avoidable delays</p> <p>(Links to risks REG18/01 (register) and REG18/02 (dealing with regulatory concerns) - but the focus here is a corporate wide loss of trust rather than a small number of stakeholders).</p>	4	4	16	<p>a. Public apology and acknowledgements of mistakes at the June 2018 Council meeting supported by media communications.</p> <p>a. An assurance process is in place to monitor the improvements from PSA lessons learned recommendations.</p> <p>a.h. Public Support Service providing tailored support to patients, families and parents. And emotional support lines for referrers, witnesses and registrants.</p> <p>b Temporary crisis communications checklist in place.</p> <p>b, e. Dedicated press office, schedule of authorised people that can speak with the media, and regular analysis to anticipate potential media publicity.</p> <p>c. Regular monitoring of programme performance at Council and dedicated programme boards for strategic programmes to tackle issues early.</p> <p>c. NA register launched in January 2019.</p> <p>e, f. Insights generated by stakeholder perception research (IFF) and research into the trust in professional regulation (Stonehaven) will be used to develop targeted strategic communications and engagement plans, and support development of the 2020-2025 strategy.</p> <p>e.f. Establishment of Country Directors to help build better engagement with senior partners and stakeholders across the four UK countries.</p> <p>h. Equality diversity and inclusion framework and action plan including a new reasonable adjustments policy</p>	3	4	12	<p>a.h. Embedding outcomes from lessons learned programme. Outstanding actions include further work on employee values and behaviours (delivered as part of our People Strategy) and bedding in our corporate enquires and complaints team. which was established in April 2019. (Ongoing)</p> <p>b. Development of crisis communications response.</p> <p>c. Pilots in 4 key areas of the FtP change programme are being tested between October 2018 - March 2019. Plans for implementing the new model for FtP will be delivered from June 2019 until 2020.</p> <p>e, f. Delivery of strategic communication and engagement programme and implementation of capability plans to build skills and knowledge. This will be regularly monitored using clear success criteria. (Monitoring and improvements will be delivered on an ongoing basis).</p> <p>e, f. New Strategy for 2020-2025 to be developed during 2019 with specific focus on co-production and consultation with key stakeholders. - Consultation and engagement activities on strategic themes (July - October 2019) - Corporate planning (TBC - August 19 to March 20) - Strategy, corporate plan and budget agreed (March 20).</p> <p>e.f. Establish project teams to understand stakeholder mapping, political and policy analysis and horizon scanning across the devolved countries to support improved engagement.</p> <p>g. Initial scoping for new website underway, business planning includes website rebuild from 2020.</p>	3	3	9	<p>Director, External Affairs</p> <p>Date change expected: TBC</p> <p>Comments: Delivery of FtP change programme and completion of lessons learned programme are key mitigations.</p>

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			L	I	L X I		L	I	L X I		L	I	L X I	
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>i) Potential Impact: - Service disruption - Negative customer feedback - Wasted resources</p> <p>ii) 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 potential cyber vulnerabilities which could result in data and information security breaches. (Also see risk COM18/01).</p> <p>c. Ageing IT infrastructure and processes and incompatibility between legacy and modern systems and applications results in reduced capability impeding efficient delivery and risking compliance obligations.</p>	5	5	25	<p>a. Disaster recovery testing to test switching between our main systems and our back up systems. Last successful test in May 2019 with actions implemented by Q1 2019-2020.</p> <p>a, b, c Priority actions to improve cyber and other vulnerabilities implemented at the end of Q1 2019-2020.</p> <p>b. Management plan for systems failures.</p> <p>b. External review of most recent failures and escalation plan now in place.</p> <p>b. Regular penetration and vulnerability testing for data breaches and business continuity.</p> <p>b-c Network penetration test carried out in Q3 2018-2019.</p> <p>a-c. Annual business planning takes a holistic view of all technology commitments being proposed to ensure interdependencies and capacity are sufficiently managed. This is tracked and monitored during the year.</p>	4	5	20	<p>a-b. MOTS programme will deliver core systems replacement for Wiser and CMS during 2019-20.</p> <p>a-c. Succession planning for critical leadership roles. -Recruitment for the Director of Finance, Estates and IT- (conclusion by September 2019).</p>	2	4	8	<p>Director, Resources and TBI</p> <p>Date change expected: 2020-2021</p>
STR19/01	<p>Risk that we fail to develop a strategy for 2020-25 which is achievable and underpinned by appropriate implementation plans</p> <p>i) Potential Impact: - Inability to influence - particularly in the devolved countries - Undermine public trust - Missed opportunities - Wasted resources</p> <p>ii) Appetite: Open: Willing to consider all potential delivery options</p>	<p>a. The strategy fails to meet the expectations of key stakeholder groups resulting in eroded trust and engagement in our future plans</p> <p>b. External factors divert our attention away from strategy development (e.g. Brexit, regulatory reform, stability of the UK government)</p> <p>c. Competing internal priorities divert our attention away from strategy development and implementation planning</p> <p>d. We lack the capacity and capability to plan, leading to implementation failure (poor processes, weak capability and decision-making, lack of senior oversight, lack of focus on outcomes)</p> <p>e. We fail to invest in the change needed for success</p>	5	4	20	<p>a. Wide-ranging strategy consultation with key stakeholders groups between Jul-Oct 2019 utilising a range of communication channels (social media, online survey, a roadshow of targeted strategy engagement sessions across the UK)</p> <p>a. Draft consultation document with an overview of the external context and suggested strategic themes and outcomes for stakeholders to respond to.</p> <p>b. Internal steering groups to anticipate risks relating to Brexit and regulatory reform. Contingency plans in key areas.</p> <p>c. Regular Executive Board discussions regarding key corporate priorities and where we need to create capacity.</p> <p>d. Strategy governance structures - strategy matrix working group, core strategy team, and implementation sub-group to ensure collaboration, oversight and to manage specific capability risks. Templates and guidance to support planning.</p>	3	4	12	<p>a. Outcomes of strategy consultation will be fed into thematic workshops and implementation planning to ensure that we respond to expectations. (Oct 2019)</p> <p>a. Strategy communications plan to communicate outcomes of the consultation and the resulting strategy (by April 2020)</p> <p>b-c. Key milestone points built into the strategy development and implementation planning timeline to ensure Executive have corporate oversight of emerging plans. (E.g. quarterly away days and Executive Board discussions)</p> <p>c, d. Directorate led thematic workshops to test themes and consider implementation planning. (Sept to Nov 2019)</p> <p>e. An investment strategy planning process which is aligned with implementation planning to enable us to consider changes required and prioritise where we need to invest additional resources.</p> <p>e. 'Fit for Purpose Organisation' workshops led by the CEO to determine change requirements. (Sept to Dec 2019)</p>	1	4	4	<p>Director, Strategy</p> <p>Date change expected: March 2020</p> <p>This is a time-limited risk whilst we develop the strategy and generate our investment plans.</p>

Council

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

Action: For information.

Issue: Reports action taken by the Chair of the Council since 3 July 2019 under delegated powers in accordance with Standing Orders.

There have been four Chair's actions:

1. Reappointment of Fred Psyk to the Appointments Board.
2. Signing and sealing of three deeds relating to the 'Nursing and Midwifery Council and Associated Employers' defined benefit pension scheme.
3. Signing the NMC's application to become a training provider with the Solicitors Regulation Authority.
4. Approval of Annual Returns 2018–2019 to the Charity Commission and the Office of the Scottish Charity Regulator.

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:

- Annexe 1: Chair's action 09/2019 – Reappointment of Fred Psyk to the Appointments Board.
- Annexe 2: Chair's action 10/2019 – Signing and sealing of three deeds relating to the 'Nursing and Midwifery Council and Associated Employers' defined benefit pension scheme.
- Annexe 3: Chair's action 13/2019 – Signing the NMC's application to become a training provider with the Solicitors Regulation Authority.
- Annexe 4: Chair's action 14/2019 – Approval of Annual Returns 2018–2019 to the Charity Commission and the Office of the Scottish Charity Regulator.

**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.

Secretary: Fionnuala Gill
Phone: 020 7681 5842
fionnuala.gill@nmc-uk.org

09/2019

Chair's Action

Under NMC Standing Orders, the Chair of the Council has delegated authority for appointing the members of Committees of the Council (Scheme of Delegation, paragraph 4.2) – the Appointments Board is one of the Council's Discretionary Committees.

Such actions shall be recorded in writing and passed to the Secretary who maintains a record of all occasions where the Chair has exercised this delegated authority. The Chair is accountable for their decisions under delegated authority and must report in writing, for information, to each Council meeting any such decisions which have been made since the preceding Council meeting.

Each Chair's action must set out full details of the decision that the Chair is requested to make under their delegated authority on behalf of the Council.

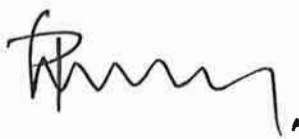
Requested by: Secretary to the Council	Date: 17/7/2019
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Reappointment to the Appointments Board

The Chair is requested to reappoint Frederick Psyk as a partner member of the Appointments Board from 1 September 2019 to 31 August 2022 in accordance with NMC Standing Orders.

The basis for the recommendation is set out in the supporting paper at **Annexe 1**.

Signed (Chair)



Date 17/7/2019

Reappointment to the Appointments Board

- Action:** For decision.
- Issue:** Reappointment to the Appointments Board.
- Core regulatory function:** Supporting functions.
- Strategic priority:** Strategic priority 4: An effective organisation.
- Decision required:** The Chair is requested to reappoint Frederick Psyk as a partner member of the Appointments Board from 1 September 2019 to 31 August 2022.
- Annexe:** The following Annexes are attached to this paper:
- Annexe 1:** Biography for Frederic Psyk
 - Annexe 2:** Completed reappointment application form from Frederick Psyk
 - Annexe 3:** Completed reappointment appraisal form for Frederick Psyk
- Further information:** If you require clarification about any point in the paper or would like further information please contact the author below.

Author: Mary Anne Poxton
Phone: 020 7681 5440
Maryanne.Poxton@nmc-uk.org

Secretary: Fionnuala Gill
Phone: 020 7681 5842
Fionnuala.Gill@nmc-uk.org

Context and Discussion:

- 1 The Council established the Appointments Board as a discretionary Committee to assist the Council with the exercise of any function or process relating to the appointment of Fitness to Practise Panel Members and Legal Assessors.
- 2 In accordance with NMC Standing Orders, the Board comprises a Chair and four members, all of whom are lay, partner members. The Board currently has a full complement of members.
- 3 Frederick Psyk's first term of office as a Board member ends on 31 August 2019. He will have served one three year term and will be eligible for reappointment for a further term of up to three years. A biography for Frederick Psyk is attached as Annexe 1.
- 4 Frederick Psyk has indicated his willingness to be reappointed (see Annexe 2), and the Chair of the Board is recommending his reappointment (see Annexe 3).
- 5 The Secretary to the Board has received an updated declaration of interests form from Frederick Psyk and the due diligence checks undertaken at the time of his original appointment have been refreshed, with no issues being identified.

Terms of Appointment

- 6 The appointment of partner members to Discretionary Committees of the Council is governed by the NMC Standing Orders.
- 7 Under paragraph 4.2.7 of the NMC Standing Orders, the duration of the term of office is determined by the Chair of the Council and in the case of a Partner Member (which includes a member of the Appointments Board) the term may not exceed three years from the date of appointment, renewable once. The normative principle adopted by the Council is that appointments should be for a period of 3 years. On this basis, Frederick Psyk's reappointment would be effective from 1 September 2019 to 31 August 2022.
- 8 Subject to approval, a formal reappointment letter will be sent to Frederick Psyk and this Chair's action will be reported to the next Council meeting (in October 2019).
- 9 **Recommendation: The Chair is asked to reappoint Frederick Psyk as a member of the Appointments Board, as recommended by the Chair of Board, for the period from 1 September 2019 to 31 August 2022.**

Public protection implications:

- 10 None.

Resource implications:	11	Allowances and expenses for partner members are provided for within the Governance budget.
Equality and diversity implications:	12	None.
Stakeholder engagement:	13	Not applicable.
Risk implications:	14	None.
Legal implications:	15	None.

10/2019

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:	Date:
Assistant Director, Finance and Audit	17 July 2019

Request to sign and apply our seal to three deeds

We need to sign and apply our seal to three deeds relating to the "Nursing and Midwifery Council and Associated Employers" defined benefit pension scheme. One is to remove two retiring trustees and appoint replacements, the other two represent minor amendments to the scheme's trust deed reflecting changes in the law.

We are doing this in conjunction with the pension trustees, using paperwork prepared by the trustees' lawyers. The documents are being signed in counterpart (ie all the parties can sign separately at different times).

Background

The defined benefit pension scheme is managed by independent trustees and has about 100 current NMC employees as members. We are the only employer with active members – the Department of Health and Social Care (DHSC) is the other employer in the scheme, but its members are no longer active employees. We understand that the DHSC has agreed to the changes.

Purpose and content of the changes

The purposes of the deeds are to:

1. appoint two new trustees and remove two retiring trustees. The new trustees are one member-nominated trustee (ie an NMC employee chosen by those employees). The other is an employer-nominated trustee whose appointment was approved by the Chair of the Council as a Chair's Action on 11 April 2019.

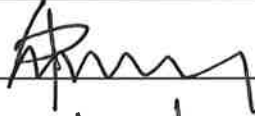
2. amend the various provisions in the governing rules, which relate to the defined benefit pension scheme being contracted out of the second state pension before 6 April 2016. After this date, contracting out completely ceased. The changes under the deed are tidying up changes to clarify for the avoidance of doubt that after 6 April 2016 the defined benefit pension scheme ceased to be contracted out. There is nothing fundamental about the changes under the deed.
3. make the changes necessary to comply with legal requirements to put surviving same sex spouses and civil partners in the same position as surviving spouses of the opposite sex.

Due diligence

I have reviewed the deeds of amendment in the context of the main trust deed and can confirm the impact of the changes in wording. We have also consulted our external lawyers (Blake Morgan) who have reviewed in detail the changes relating to contracting out and same sex spouses/civil partners and have advised that this is routine tidying of the trust deed.

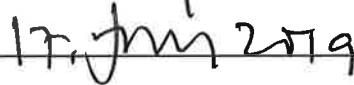
As documents requiring to be executed under seal, **both the Chief Executive and Registrar and the Chair are requested to sign the deeds** in line with Standing Orders (Section 6.7). Please do not date the deed.

Signed: _____



(Chair)

Date: _____



13/2019

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: Head of Case Management, Fitness to Practise	Date: 17 July 2019
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Request to sign the NMC's application to become a training provider with the Solicitors Regulation Authority

The Chair is requested to review and sign the NMC's application to become a training provider with the Solicitors Regulation Authority.

Signed:  (Chair)

Date: 17th July 2019

Training solicitors at the NMC

Action:	For review and signature.
Issue:	To seek authorisation to become a training provider with the Solicitors Regulation Authority (SRA).
Core regulatory function:	Fitness to practise Supporting functions
Strategic priority:	Strategic priority 1: Effective regulation Strategic priority 3: Collaboration and communication Strategic priority 4: An effective organisation
Decision required:	The Chair is requested to sign the NMC's application to become a training provider with SRA in order to meet the SRA's requirement that the application is made by a person on the governing body of the organisation (paragraph 8).
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: Shelley Brownlee Phone: 020 7681 5102 shelley.brownlee@nmc-uk.org
	Director: Matthew McClelland Phone: 020 7681 5987 matthew.mclelland@nmc-uk.org

Context:

1. The NMC has expanded its legal resource quite significantly over the past few years, most notably with the introduction of the role of General Counsel and the Corporate Legal Services team. This addition to the legal support in the organisation has led to strong and transparent working relationships between the senior lawyers and legal heads across the organisation.
2. For over ten years, the legal team in Case Preparation and Presentation, one of the business units in the Fitness to Practise (FtP) Directorate, has offered a pupillage to facilitate the training of a pupil barrister over a 12 month period. We have always viewed that pathway to qualification as a valuable investment, leading to a steady flow of newly qualified lawyers moving into the legal teams in FtP. From our previous records with our qualified barristers, we have managed to retain them in lawyer posts with the organisation for at least three years and those who have left have gone on to impressive roles elsewhere. Those who have remained have developed into highly regarded specialist lawyers across the organisation.

Discussion and options appraisal:

3. Historically, our lawyers have tended to be barristers rather than solicitors. Through diversification of the two legal professions, we now have a significant number of solicitors in lawyer roles across the organisation. It is an opportune time to consider offering training opportunities to individuals who wish to qualify as solicitors. We have the legal resource in the organisation to support the supervision and regulation of solicitor training ('a training contract') and we have the variation in work to offer a number of different training seats (for six month periods). The training contract option will also strengthen working relationships between the various legal teams and is likely to provide a model for shared resource/flexible use of lawyers between different teams.
4. We have a number of paralegals and other staff across the NMC with legal qualifications who would be interested in qualifying as solicitors or barristers. Providing one or two training contracts opens up additional opportunities to qualify as an NMC lawyer and will raise our profile as a credible training organisation and allow us to recruit into our legal teams from a wider and more diverse pool of interested applicants.
5. We have secured budget in FtP to provide two training contracts in the new financial year. In order to prepare for this, we have certain regulatory requirements to meet with the Solicitors Regulation Authority (SRA).
6. We must first complete the training provider application and submit it to the SRA together with a registration fee of £100, a minimum of 30 days before the training contract begins. This application is the first step to designing the training contract for 2019-2020 and

onwards.

7. We must register as a training provider with the SRA before implementing the requirements for a training contract. We have identified a suitable training principal who is a suitably experienced solicitor and a senior lawyer in the FtP Directorate (Nerina Barnes).
8. **Recommendation: The Chair is requested to sign the NMC's application to become a training provider with SRA in order to meet the SRA's requirement that the application is made by a person on the governing body of the organisation.**
9. We can provide assurance to the Chair that the training regulations have been reviewed and there will be systems put in place to meet our ongoing requirements as a training provider. We can also confirm that all the declarations in the enclosed application are correct.

Public protection implications:

10. None.

Resource implications:

11. The training contract programme will have some impact on legal resources, in that it will require adequate time for the seat supervisor and the training principal to ensure they are meeting the regulatory requirements of the training contract. This will be achievable in our current model, with reasonable modifications to workload and acts as a key area of development for solicitors and barristers who wish to develop into management roles.

Equality and diversity implications:

12. This programme should lead to greater diversity amongst the legal teams.

Risk implications:

13. None.

Legal implications:

14. As set out above, we will have to ensure that we have systems in place to meet our ongoing regulatory requirements as an SRA registered training provider.

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: 23 July 2019
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Approval of Annual Returns 2018–2019 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 proposed 2018–2019 annual returns are attached for review:
 - 2.1. Annexe 1: Charity Commission
 - 2.2. Annexe 2: OSCR
3. The returns have been populated using information already produced in the audited annual report and accounts 2018–2019, 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.
4. The Interim Director of Resources has confirmed that he is content with the financial aspects of both annual returns.
5. **The Chair is asked to review and approve the annual returns.**
6. Once approved, the returns will be submitted by the Head of Governance online by Friday 26 July 2019. This is in line with good practice, which is that annual returns should be submitted within six months of the financial year-end. It is well in advance of the deadlines of 31 December 2019 (OSCR) and 31 January 2020 (Charity Commission).

Signed: _____ (Chair)

Date: 28 July 2014