

# Council Open 2 December 2020

MEETING  
2 December 2020 09:30

PUBLISHED  
30 November 2020

## Meeting of the Council

To be held by teleconference at 09:30am on Wednesday 2 December 2020

### Agenda

Karen Cox  
Deputy Chair of the Council

Fionnuala Gill  
Secretary

- |                               |                                                                                                         |           |                                        |
|-------------------------------|---------------------------------------------------------------------------------------------------------|-----------|----------------------------------------|
| <b>1</b>                      | <b>Welcome and Deputy Chair's opening remarks</b>                                                       | NMC/20/84 | <b>09:30</b>                           |
| <b>2</b>                      | <b>Apologies for absence</b>                                                                            | NMC/20/85 |                                        |
| <b>3</b>                      | <b>Declarations of interest</b>                                                                         | NMC/20/86 |                                        |
| <b>4</b>                      | <b>4a Minutes of the previous meeting</b>                                                               | NMC/20/87 |                                        |
|                               | <b>4b Report of a Special meeting held 05 October 2020</b>                                              |           |                                        |
|                               | Deputy Chair of the Council                                                                             |           |                                        |
| <b>5</b>                      | <b>Summary of actions</b>                                                                               | NMC/20/88 |                                        |
|                               | Secretary                                                                                               |           |                                        |
| <b>6</b>                      | <b>6.1 Executive report</b>                                                                             | NMC/20/89 | <b>09:45-11:00</b><br><i>(75 mins)</i> |
|                               | <b>6.2 Performance and Risk report for Q2 July 2020-<br/>Sept 2020</b>                                  |           |                                        |
|                               | <b>6.3 Fitness to practise caseload recovery plan</b>                                                   |           |                                        |
|                               | Chief Executive and Registrar/Executive                                                                 |           |                                        |
|                               | <i>Comfort break</i>                                                                                    |           | <b>11:00-11:15</b><br><i>(15 mins)</i> |
| <b>Matters for discussion</b> |                                                                                                         |           |                                        |
| <b>7</b>                      | <b>Equality, Diversity and Inclusion update</b>                                                         | NMC/20/90 | <b>11:15-11:45</b><br><i>(30 mins)</i> |
|                               | Executive Director, Strategy and Insight/Executive<br>Director, People and Organisational Effectiveness |           |                                        |

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|----------|-----------------------------------------------------------------------------------------------------------|-----------|----------------------------------------|
| <b>8</b> | <b>Post-registration standards update</b><br>Executive Director, Professional Practice                    | NMC/20/91 | <b>11:45-12:15</b><br><i>(30 mins)</i> |
|          | <i>Comfort break</i>                                                                                      |           | <i>12:15-12:25</i><br><i>(10 mins)</i> |
| <b>9</b> | <b>Preparation for the end of the EU-UK transition period</b><br>Executive Director, Strategy and Insight | NMC/20/92 | <b>12:25-12:45</b><br><i>(20 mins)</i> |

**Matter for decision**

- |           |                                                                                           |           |                                        |
|-----------|-------------------------------------------------------------------------------------------|-----------|----------------------------------------|
| <b>10</b> | <b>Appointment of Assistant Registrars</b><br>Executive Director, Professional Regulation | NMC/20/93 | <b>12:45-12:55</b><br><i>(10 mins)</i> |
| <b>11</b> | <b>Questions from observers</b><br>Deputy Chair                                           | NMC/20/94 | <b>12:55</b><br><b>(Oral)</b>          |

**Matters for information**

- |           |                                                                           |           |  |
|-----------|---------------------------------------------------------------------------|-----------|--|
| <b>12</b> | <b>Audit Committee Report</b><br>Chair of the Audit Committee             | NMC/20/95 |  |
| <b>13</b> | <b>Investment Committee Report</b><br>Chair, Investment Committee         | NMC/20/96 |  |
| <b>14</b> | <b>Council Committee membership and appointments</b><br>Secretary         | NMC/20/97 |  |
| <b>15</b> | <b>Deputy Chair's action taken since the last meeting</b><br>Deputy Chair | NMC/20/98 |  |

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Meeting of the Council  
Held on 23 September 2020 by videoconference.

## Minutes

### Members:

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

### In attendance

Sue Whelan	Designate Council member
Lynne Wiggins	Designate Council member
Anna Walker	Designate Council member
Eileen McEneaney	Designate Council member
Jane Slatter	Chair, Appointments Board
Robert Allan	Member, Appointments Board

### NMC Officers:

Andrea Sutcliffe	Chief Executive and Registrar
Emma Broadbent	Executive Director, Professional Regulation
Sarah Daniels	Director of People
Matthew McClelland	Executive Director, Strategy and Insight
Andy Gillies	Executive Director, Resources and Technology Services
Geraldine Walters	Executive Director, Professional Practice
Edward Welsh	Executive Director, Communications and Engagement
Clare Padley	General Counsel
Alice Hilken	Deputy General Counsel
Fionnuala Gill	Secretary to the Council
Pernilla White	Senior Governance Manager

*A list of all who joined by teleconference to listen to the meeting is at Annexe A.*

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**Minutes**

**NMC/20/73 Welcome and Chair’s opening remarks**

1. The Chair welcomed all attendees to the virtual Council meeting, including external observers. The Council welcomed in particular:
  - a) the four new designated members, Sue Whelan, Lynne Wiggins, Anna Walker and Eileen McEaney who take up office on 1 October 2020;
  - b) Jane Slatter, Chair, Appointments Board and Robert Allen, Appointments Board member;
  - c) Francesca Okosi, new Executive Director of People and Organisational Effectiveness who joins the NMC in October 2020; and
  - d) Alice Hilken, Deputy General Counsel, who would take over as Interim General Counsel in October 2020.

**NMC/20/74 Reflections on the past six months**

1. The Council noted that 23 September 2020 marked six months since the national lockdown, due to the Covid-19 pandemic, and heard reflections as below.
2. Andrea Sutcliffe, Chief Executive and Registrar noted the following:
  - a) The pandemic had touched us all, affecting the way we live, the way we work and the value we place on simple things, like hugging a friend. We had seen existing inequalities exposed and exacerbated for people using and working in health and social care services. We had seen people fall ill and some of us have seen loved ones die. We had also seen nurses, midwives and nursing associates and nursing and midwifery students at the forefront of the response to the pandemic – playing a huge role in keeping the public safe, caring for others, leading their teams and making a massive difference.
  - b) She had sent an email to all the professionals on the register to thank them for everything they had done in the past six months.
  - c) It was important to remember the professionals on the NMC register who had sadly lost their lives during this period.
  - d) Colleagues at the NMC had truly lived our values of being fair, kind, ambitious and collaborative in trying to support our professions in their vital work during this time and would continue to do so.
  - e) Nurses, midwives and nursing associates and nursing and midwifery students were thanked for everything they had done.
3. Ruth Walker, registrant member of Council and Executive Nurse Director at Cardiff and Vale University Health Board noted the following in her reflection:
  - a) The year of 2020 had begun with an intention to celebrate nursing, little knowing that celebration would take on such a different hue over the coming months.

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- b) She had had the privilege of leading professionals, including student nurses and those who had returned to service on the temporary register, during the pandemic. Professionals had all stepped up to the challenge without hesitation and embraced the development of new skills and knowledge.
- c) Sadly, she had lost five colleagues and standing outside the hospital paying respects when they passed, had been very difficult.
- d) Staff had played an important role, not least in giving comfort to the dying, alone without their families around them.
- e) No one could have anticipated that there would be a need for a new hospital to be built at the Millennium stadium in Wales.
- f) The teams had been extraordinary, she was very proud to be part of this and thanked all professionals in health and social care for everything they had done.
- g) Professionals were prepared to step up for the next challenge ahead of us; they were weary, anxious but would go with open eyes and the right determination.

- 4. Becky Garnett, a Case Examiner in the Professional Regulation directorate who returned to clinical practice during the pandemic, shared the following reflections:
  - a) The COVID-19 situation had thrust nursing to the forefront of the nation’s consciousness. It was the strangest, but perhaps proudest, of times to be a professional.
  - b) She had taken on the role as infection control nurse: the work was hard, and the role was the most challenging one she have ever had, but equally it was one of the most rewarding.
  - c) Every shift, she worked with nurses, doctors and other staff doing an incredible job in an ever changing situation, as everyone learnt more about this new disease.
  - d) Working clinically at the moment had also served as a reminder that nursing was not just about knowledge and those important technical skills, but crucially about combining those skills with compassion, and care, not just for patients, but for colleagues too.
  - e) All the nurses, midwives, nursing associates and nursing and midwifery students were thanked for working so hard during this challenging time and for the hard work yet to come.
- 5. The Chair thanked Andrea, Ruth and Becky for their input and noted how much the NMC and everyone directly involved had achieved during the past six months. Tough challenges lay ahead for everyone.
- 6. A minute’s silence was held to remember those professionals who had sadly died during the emergency.
- 7. The Chair closed the session by sharing a personal poem.

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**NMC/20/75 Apologies for absence**

1. No apologies had been received.

**NMC/20/76 Declarations of interest**

1. No declarations of interest had been identified.

**NMC/20/77 Minutes of the previous meeting**

1. A minor correction was noted on page 3 of 13 of the minutes, where the second sentence in paragraph 2f, would be amended from ‘*Individuals*’ to ‘*Overseas applicants*’. Subject to that correction, the minutes of the meeting on 29 July 2020 were agreed as an accurate record.

**NMC/20/78 Summary of actions**

1. The Council noted progress on actions from the previous meetings.

**NMC/20/79 Executive Report**

1. The Chief Executive and Registrar introduced the Executive report. The last six months had been challenging but as indicated in the report, there was a focus on getting back to business as normal, including with the re-opening of the OSCE test centres and the resumption of face to face Fitness to Practise hearings in a safe way for all involved. This had been enabled by the hard work of facilities and IT colleagues, amongst others.
2. In discussion, the following points were noted:
  - a) Questions were raised about dependency on international recruitment to increase workforce capacity in the NHS People Plan for England. There were ethical aspects, particularly at this time, when developing countries needed to retain those skills and expertise to address the pandemic. In previous comments on the NHS People Plan, we had stressed the importance of an integrated workforce plan focused on training and development of nurses and midwives for the future and reducing reliance on international recruitment to fill those gaps.
  - b) International recruitment of nursing and midwifery and other professionals remained an important element of workforce capacity, particularly in England. In a recent interview, the Chief Nursing Officer, Ruth May, had recognised the importance of ethical recruitment.
  - c) The NMC’s role was to work with education providers around courses and placements, ensure registrants were meeting our standards and encourage students onto courses and to join our register. The NMC also had a part to play for overseas applicants, to facilitate registration for those with the right skills and expertise and ensure the OCCE centres had capacity to ensure that everyone could sit the test.

- d) The Professional Regulation directorate had a task group with four country representation, employer groups and representative bodies to understand current international recruitment trends and to be ready for upcoming demand. Ethical recruitment issues were also discussed by the task force.
- e) The update on the equality, diversity and inclusion (EDI) research was welcomed; the Council had considered this in depth in seminar the previous day and had been pleased to see the way use was now being made of the wealth of data available to the organisation. A report on the first phase would be published in mid-October 2020. The next stage would focus on those aspects of our processes where the most significant variances in outcomes by protected characteristic had been identified and Council would be updated on plans at the next meeting.
- f) The findings so far were similar to those found in work conducted by other health and care professional regulators. The benefits of a collaborative approach were recognised: the NMC was actively engaged in the inter-regulatory EDI network and the EDI research advisory group included colleagues from other regulators, such as the GMC.
- g) On work arising from Black Lives Matter, initial efforts to identify external expertise to support the Council and Executive had not proved fruitful. Given the importance of getting this right, we were reflecting on how best to approach this before seeking further proposals.
- h) In relation to Education quality assurance, we had engaged with education stakeholders about the difficulties arising from the Modernisation of Technology programme migration issues. The issues were being resolved and did not have any impact on the efficacy of our education quality assurance arrangements.
- i) Conversations were ongoing with a wide range of stakeholders on development of the new post-registration standards. Discussions were ongoing to resolve different views around the proposed new Specialist Practice Qualification (SPQ) for community nursing practice. It was vital to continue to progress this work as the current standards were out of date and the aim was still to be ready for consultation early next year.
- j) The new regular NMC column in the Nursing Times was an excellent platform for reaching registrants. Scope for a similar initiative for midwives was being explored.
- k) The decision to phase out automatic revalidation extensions by the end of 2020 had been taken following feedback from the professions and stakeholders. Information about this had been published on the website. Registrants who were struggling to meet their revalidation period were encouraged to get in contact with the NMC for support and would be considered on a case by case basis.



- l) Understanding the level of flex available over the next six months would be important, given the difficult times which lay ahead. The powers in the Emergency Rules would continue, as agreed in July 2020 and we would consult as promised on any extension of the use of those Rules beyond 31 March 2021.
- m) The move to virtual engagement as a result of Covid-19 had produced extremely positive results, for example, in terms of engaging far more widely on the post-registration standards. Engagement with the public had been more challenging but with the recruitment of the new Assistant Director of Stakeholder Engagement, this would now be progressed.
- n) The code campaign was welcomed. The Council had previewed one of the animated films in seminar and noted that this was a very good way to see new life injected into the Code. The films could be used in different ways, such as in conversations between professionals and could have a real impact.

3. The Council noted the exceptional engagement work by the Professional Practice and Communications teams on the Post-Registration standards and thanked the Executive and all staff for the continued hard work and commitment. .

#### **NMC/20/80 Welsh Language Scheme Monitoring Report 2019-2020**

1. The Executive Director, Strategy and Insight introduced the Welsh Language Scheme Monitoring Report. In discussion, the following points were noted:

- a) The work of Emma Broadbent as the lead director for Wales, had strengthened our engagement with professionals in Wales.
- b) The efforts made to ensure the report was produced and published in the Council papers in both Welsh and English were recognised.
- c) Whilst the number of people who had taken up the opportunity to have materials or communications in Welsh was low, this was not surprising. The organisation's commitment to recognise the Welsh language and celebrate Welsh events was evident.
- d) It may be advisable to clarify wording around records of referrals to ensure it did not give an inaccurate impression. The executive would review and confirmed that improvements were being made to ensure systematic arrangements were in place to capture any referrals made in Welsh.

2. The Council expressed its thanks to the Executive Director, Emma Lawrence, Senior Policy Officer, and all colleagues involved in producing the report.

3. **Decision: The Council approved the Welsh language scheme monitoring report 1 April 2019–31 March 2020 for submission to the Welsh Language Commissioner.**

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**NMC/20/81 Impact of Covid-19 on our 2020-2025 Strategy**

1. The Executive Director, Strategy and Insight introduced the paper which set out the high-level impact of Covid-19 on our strategy for this and future years. The Executive Director expressed thanks to Rob Beaton, Head of Corporate Planning, Performance and Risk for her work underpinning the paper.

***Impact of Covid-19 on our Strategy 2020-2025; Impact on our corporate plan commitments 2020-2021***

2. In discussion, the following matters were noted:
- a) The work that had been done during this period was commended and the proposed approach and balanced nature of the report was welcome.
  - b) The resurgence of Covid-19 had seen the picture changing again, we were no longer in a transitional or period of recovery and the pressure on the nursing and midwifery workforce would continue for the next six months at least. This, combined with the uncertainties around future relationships with the EU, meant that we were operating in a very uncertain external context. The Council would discuss these matters in more detail in seminar in October 2020.
  - c) Further scenario planning may be helpful. For example, fitness to practise work may become more challenging due to sickness within the NHS and care homes, there would likely be an impact on education institutions and students, all of which would have a compounded impact on the ability of the organisation to catch up on work.
  - d) The emergency had shown that it was possible for the organisation to take good decisions swiftly and in a flexible way. Consideration should be given to how to consolidate these benefits and maintain the pace of decision making at both Executive and Council level. It was equally important to be mindful that there were reasons underlying more measured processes, such as the need to consult publicly and to undertake quality and other impact assessments before reaching decisions to ensure that these were fair, well grounded and protected peoples’ rights and interests.
  - e) The Executive’s responsiveness to intelligence from education and service providers about challenges was commended. The ability to respond swiftly in this way over the past six months, was the result of work done prior to this, including, improving communications, visibility and the work of our lead directors in the four countries. No one could have predicted that when the Strategy was drafted and when the Values and Behaviours were developed, they would be tested in the way they had over the past months. Both the Strategy themes and the Values and Behaviours had proved invaluable in guiding our approach to the emergency.
  - f) Being clear about our red lines on standards and safety had been beneficial and this approach would continue.

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- g) The interaction/working relationship between the Executive and Council and building on learning from Covid-19 would be considered at the virtual Council awaytime in November 2020.
  - h) Feedback from stakeholders was received through a range of channels including regular meetings and the Employer Link Service (ELS).
  - i) A review was underway into ELS, which would include consideration of what an expanded ELS would look like in the future and scope to reach out further into previously more challenging to reach areas, such as social care and the independent sector.
  - j) Ways to capture more structured feedback would be considered over the coming months by the Communications and Engagement directorate. This included a follow up on the perceptions audit and seeking views from stakeholders on how the NMC had handled the last year and lived the valued and behaviours.
  - k) The decision to postpone implementation of the education standards, after listening to concerns was a prime example of the NMC's approach to Covid-19 and engagement with education providers.
  - l) In terms of the impact of Covid-19 on our corporate plan for 2020-2021, there were unknowns, such as how long it would take to catch up on fitness to practise case work. It would be helpful for the future discussion with Council on business planning, to be clear about what plans were being rescheduled, phased or deferred and what the impact would be.
  - m) The PSA would be undertaking a review on impact and learning from Covid-19 across all professional regulators, which should identify collective learning points. There had been considerable joint work between professional regulators throughout the emergency.
  - n) It was important to be mindful of the stamina of both the professional workforce and NMC colleagues and how pressures were being managed. This was an obvious and critical point for the infrastructure of the organisation and the workforce.

***Financial monitoring report and budget forecast***

- 3. The Executive Director, Resources and Technology Services introduced this part of the paper. Our forecasts modelled a continued growth in numbers on the register (annexe 2). The Public Accounts Committee report which had just been published suggested an increase in those considering leaving the profession in the next year. Any significant fall would have a financial impact. The position was being monitored closely and Council would be informed of any significant change.
- 4. In discussion, the following matters were noted:
  - a) Financially, the NMC was in a fortunate position due to the secure income from fees.

- b) The year end overspend on the Modernisation of Technology Services programme included anticipated work in the final quarter and the Council's approval for this spend would be sought in a business case to be brought in January 2021.
- c) Some of the funds allocated for the Strategy Implementation Fund had been allocated out to directorates and therefore been moved up the line in the Income and Expenditure table. The forecast was to allocate out another £400,000, however there may be delays due to workload pressures and this would potentially have implications for the next two years.
- d) Any drop in income as a result of reduced numbers of overseas applications fees could be accommodated, given the level of reserves.
- e) The figures relating to programmes and projects were queried; the Executive Director, Resources and Technology Services would check and inform Council if any errors were identified.

***Future approach to Corporate performance and risk reporting***

- 5. Introducing the paper, the Executive Director, Resources and Technology Services noted that the Council had asked for a fundamental review of KPIs and success measures to ensure these aligned with the 2020-2025 Strategy and that any targets were suitably stretching. Due to the need to prioritise the Covid-19 response, a full-scale review of measures and KPIs had been postponed. It was proposed to now undertake this as part of corporate planning for 2021-2022. However, a revised approach to reporting performance to the Council was proposed based on the strategic themes; reporting by exception; adopting a tiered approach; and presenting the corporate risk report on a six-monthly basis.
- 6. In discussion, the following points were noted:
  - a) The proposed thematic approach to performance reporting arrangements and a reduction in the level of operational detail.
  - b) It was important that reporting to the Council was focused, clear about whether performance was on or off track and, if off track, why and what support was needed from the Council.
  - c) Ownership of the corporate risk register rightly rested with the Council. The Audit Committee's role was to provide assurance to the Council that effective risk management arrangements were in place and being applied, although it was useful for the Committee to view the Corporate Risk Register annually to assist with approving the focus of annual internal audit programmes.
- 7. The Council agreed that it would be comfortable reviewing the risk register twice a year, instead of quarterly, given that the risks remained static, provided that any significant changes were reported on an exception basis. The detailed and lengthy content of the current Corporate Risk Register made it difficult for the Council to exercise strategic oversight and scrutiny of risk: a more streamlined strategic risk register would assist in this respect.

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

<b>Action:</b>	<b>Ensure that the future discussion with Council on business planning was clear about what matters were being paused or rescheduled.</b>
<b>For:</b>	<b>Executive Director, Resources and Technology Services</b>
<b>By:</b>	<b>2 December 2020</b>
<b>Action:</b>	<b>Streamline the risk register to allow the Council to maintain a strategic overview of risk</b>
<b>For:</b>	<b>Executive Director, Resources and Technology Services</b>
<b>By:</b>	<b>2 December 2020</b>

**NMC/20/82 Questions from observers**

1. The Council noted that one advance question had been received from a member of the public. Unfortunately, the question related to matters that were outside the remit and responsibility of the NMC and not something we could help with. This had been explained to the member of the public.

**NMC/20/83 Chair’s action taken since the last meeting**

1. The Council noted the Chair’s action to approve Annual Returns 2019-2020 to the Charity Commission and the Office of the Scottish Charity Regulator.

**Chair's closing remarks**

1. On behalf of the Council, the Chair thanked Clare Padley, General Counsel for everything she had done over the past 10 years for the NMC, registrants and the public. She had contributed to all aspects of the NMC’s work including Fitness to Practise, Revalidation, Education and Standards, before becoming General Counsel in 2017. She had played a pivotal role in many significant achievements including the NMC’s response to the Francis Report; the new Code, the Introduction of Revalidation, the Regulation of Nursing Associates in England and the many legislative changes. Clare’s ability to translate complex legal issues into clear, simple terms that all could understand and sound judgement, would be much missed. The Chief Executive and Registrar echoed her thanks on behalf of the whole Executive Team and noted that Clare would be sorely missed for her integrity, astonishing attention to detail, support and advice. The Council, Executive and all colleagues wished Clare every success for the future.

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2. On behalf of the Council, the Chair expressed considerable thanks to Anne Wright, Lorna Tinsley, Maura Devlin and Stephen Thornton who were demitting office. All had been appointed to the new Council set up in 2013 and taken on the challenge of turning the organisation around. The last seven and a half years brought further challenges for the Council to address, including the reports into the tragic failings of care at Mid Staffordshire and Morecambe Bay, which had a devastating impact for the families affected and the Lessons Learned review which followed. These had all caused the Council to reflect deeply and commit to doing better. Alongside that, there had been significant achievements including the new Code, the introduction of Revalidation, new ambitious Nursing and Midwifery Education Standards, the introduction in England of regulation of Nursing Associates, the person-centred approach and a bold new strategy for fitness to practise and most recently our new Strategy, Values and Behaviors.
3. The Chief Executive and Registrar added her thanks to Maura, Stephen, Lorna and Anne. Each had brought their own insight, challenge and support and had carried out their important role to ensure strategic objectives were delivered and hold the Executive to account.
4. All would be sorely missed: the Chair thanked them all for the tremendous public service they had given both to the professionals we regulate and the public we serve.
5. The Chair thanked everyone for listening.

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

**SIGNATURE:** .....

**DATE:** .....

## Observers

Jane Beach Patrick Harrison	Lead professional officer regulation, Unite Senior Policy Manager NHS England and NHS Improvement
John Lee	Professional advisor, CNO Directorate, Scottish Government
Angela Di Nuzzo	Senior Business Manager, MSI Group Ltd
James Penry-Davey	Partner, Capsticks Solicitors LLP
Jenny Wood	Associate, Capsticks Solicitors LLP
Abbie Fordham Barnes	Associate Professor, Birmingham City University
Gail Adams	Head of Professional Services, UNISON
Carmel Lloyd	Head of Education, The Royal College of Midwives
Hadrian Coulton	Director, Real Disability Solutions
Pamela Page	Quality Assurance Deputy Director, Mott MacDonald
Kate Fawcett	Senior Scrutiny Officer, Professional Standards Authority
Chinaza Okafor	Nurse, Nigeria
Trevor Peel	Member, International Committee, The Royal College of Nursing
Denise Leck	Team leader, Bolton Hospital NHS Trust
Sarah Rock	Family Nurse Supervisor, Shropshire Community NHS Trust
Martyn Huws	Staff Nurse, St George's Hospital
Claire Roberts	Associate Professor - Quality Enhancement Lead, Birmingham City University
Lisa Jesson	Quality enhancement lead nursing and midwifery, Birmingham City University
Anna O'Neill	Midwife & Quality Improvement Practitioner, Milton Keynes University Hospital

## NMC Staff Observers

Francesca Okosi	Executive Director of People and Organisational Effectiveness (in post from 19 October 2020)
Ellie Taylor	Social media officer
Lauren Haslehurst	Head of News
Beth Faircliffe	Event Manager
Rob Beaton	Head of Corporate Planning, Performance and Risk
Grahame Tinsley	Planning and Delivery Manager
David Abrahams	Senior Policy Lawyer
Emma Lawrence	Senior EDI Policy Officer
Kelly O'Brien	Governance Manager
Renee Caffyn	Executive Assistant, TBI
Valasia Savvidou	Senior Research Officer
Kim Butler	Head of Finance

## Press

John Ely	Senior reporter, RCNI
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## Council

### Report of the special meeting to appoint a Deputy Chair

<b>Action:</b>	For information.
<b>Issue:</b>	Provides a public report for transparency on the action taken by the Council to agree a Deputy Chair to serve as Chair during the absence of the Chair of Council.
<b>Core regulatory function:</b>	All regulatory and supporting functions.
<b>Strategic priority:</b>	Strategic aim 6: Fit for the future organisation.
<b>Decision required:</b>	None.
<b>Annexes:</b>	None.
<b>Further information:</b>	If you require clarification about any point in the paper or would like further information, please contact the author or the director named below.

Council Secretary: Fionnuala Gill  
[Fionnuala.Gill@nmc-uk.org](mailto:Fionnuala.Gill@nmc-uk.org)  
020 7681 5842

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**Context:**

1 At the end of September 2020, we were notified that the Chair of Council had been taken unexpectedly seriously ill and was unlikely to be able to resume his role as Chair for at least a month.

2 The constitutional and governance requirements which apply when the Chair of Council is likely to be absent for more than one month are set out in Article 9 of the Nursing and Midwifery (Constitution) Order 2008 (as amended) and the Council's Standing Orders (paragraph 3.3).

3 These require the Council to meet as soon as practicable to choose a member as 'Deputy Chair', to serve as Chair, until such time as the Chair of Council is able to resume his duties or, should the Chair's office become vacant, until the vacancy is filled.

**Four country factors**

4 Applicable to all UK countries.

**Discussion:**

3 A special Council meeting was called for 05 October 2020 under Standing Order 5.1.2(c) with the required three days' notice. The meeting was held in confidential session given that it touched on personal health matters.

4 Council member, Derek Pretty was chosen by the Council to preside over the nomination of a Deputy Chair and nominations were invited.

5 One nomination was received, and the Council unanimously agreed that Karen Cox be appointed as Deputy Chair.

6 The Council expressed its appreciation to Karen for taking on the role and made clear its wish to provide her with all possible support and assistance. Subsequently, the Deputy Chair has asked Rob Parry and Derek Pretty to act as Vice-Chairs to provide additional support.

7 The Council agreed to continue with all business as planned and endorsed communications to notify the Privy Council and Professional Standards Authority of the arrangements, along with key stakeholders and partners.

8 The Council agreed that the position would be reviewed in January 2021, or earlier, as appropriate.

9 The Council sent its thoughts and well wishes to the Chair for his recovery and to his family.

<b>Public protection implications:</b>	10	The Council's overarching statutory duty to protect the public is reflected in the Standing Orders and Scheme of Delegation.
<b>Resource implications:</b>	11	None.
<b>Equality and diversity implications:</b>	12	None directly from this paper.
<b>Stakeholder engagement:</b>	13	None.
<b>Risk implications:</b>	14	The nomination of a Deputy Chair to serve as Chair mitigates any risk to the Council's ability to fulfil its role effectively. The position will be reviewed in January 2021.
<b>Legal implications:</b>	15	The proposed arrangements are compliant with the Nursing and Midwifery (Constitution) Order 2008 and the Council's Standing Orders.

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## Council

### Summary of actions

<b>Action:</b>	For information.
<b>Issue:</b>	Summarises progress on completing actions from previous Council meetings.
<b>Core regulatory function:</b>	Supporting functions.
<b>Strategic priority:</b>	Strategic aim 6: Fit for the future organisation.
<b>Decision required:</b>	None.
<b>Annexes:</b>	None.
<b>Further information:</b>	If you require clarification about any point in the paper or would like further information please contact the author below.

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## Summary of outstanding actions arising from the Council meeting on 22 September 2020

Minute	Action	Action owner	Report back date	Progress to date
<b>NMC/20/81</b>	<p><b>Impact of Covid-19 on our 2020-2025 Strategy</b></p> <p>Ensure that the future discussion with Council on business planning was clear about what matters were being paused or rescheduled.</p>	<b>Executive Director, Resources and Technology Services</b>	<b>2 December 2020</b>	As part of annual business planning for 2021–2022 (for year 2 of our 5 year strategy) we will provide a prioritised corporate plan and budget which highlight any areas from our 5 year work programme which have been rescheduled into later years. This will be provided to the Council in March 2021.
<b>NMC/20/22</b>	<p><b>Strategy 2020–2025</b></p> <p>Schedule a thorough review of progress to achieve the Strategy’s ambitions given the impact of the Covid-19 pandemic.</p>	<b>Director of Strategy and Insight</b>	<b>24 March 2021</b>	Not yet due.
<b>NMC/20/81</b>	<p><b>Risk register</b></p> <p>Streamline the risk register to allow the Council to maintain a strategic overview of risk</p>	<b>Executive Director, Resources and Technology Services</b>	<b>2 December 2020</b>	As agreed, the risk register will now be provided within the Executive Report twice a year, at quarters 2 and 4, starting with the quarter 4 report at Council’s meeting in May 2021. A more streamlined corporate exposure report has been included in the Executive performance report on the agenda. In the intervening quarters we will report any significant changes in our risk exposure by exception.

## Summary of outstanding actions arising from the Council meeting on 29 July 2020

Minute	Action	Action owner	Report back date	Progress to date
<b>NMC/20/67</b>	<p><b>Fitness to Practice activity</b></p> <p>i. Share the expected trajectory of fitness to practise caseloads with Council.</p> <p>ii. Once the trajectory is clear, consider wider communications to provide a picture of likely timescales.</p>	<b>Executive Director, Professional Regulation</b>	<b>2 December 2020 / 23 September 2020</b>	<p>Please see the update within the Executive Report on the agenda.</p> <p>Our work on the caseload is continuing and we are working with Communications and Engagement colleagues on wider communications.</p>
<b>NMC/20/68</b>	<p><b>Emergency rule changes</b></p> <p>Bring back the outcome of the consultation and recommendations on the ongoing use of any or all of the permissive powers in the Rules before 31 March 2021. These recommendations may include requesting the Government to change or remove any of the Rules in the future, whether via further rule changes or wider regulatory reform.</p>	<b>Executive Director, Professional Regulation</b>	<b>24 March 2021</b>	Not yet due.

## Summary of outstanding actions arising from the Council meeting on 2 July 2020

Minute	Action	Action owner	Report back date	Progress to date
<b>NMC/20/52</b>	<p><b>Black Lives Matter</b></p> <p>Provide an evaluation of the impact of the actions taken following the University of Greenwich report (2017).</p>	<p><b>Executive Director, Professional Regulation</b></p>	<p><b>2 December 2020 / 23 September 2020</b></p>	<p>We will report an update on the fitness to practise strategic direction at the January 2021 Council meeting and highlight the impacts so far.</p>

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## Summary of outstanding actions arising from the Council meeting on 20 May 2020

Minute	Action	Action owner	Report back date	Progress to date
NMC/20/36	<p><b>Learning from our response to the Covid-19 pandemic</b></p> <p>Share learning from utilising new ways of working and how things could change for the future as a result</p>	<p><b>Executive Director, Strategy and Insight / Executive Director Resources and Technology Services</b></p>	<p><b>2 December 2020 / 23 September 2020</b></p>	<p>The impact of new ways of working that have been proven in our response to the Covid-19 pandemic is reflected in the updated accommodation strategy, and in the business case for the future of 23 Portland Place, both on the agenda for the January 2021 meeting. The new offices in Edinburgh will also carry forward the design philosophy forward successfully applied at One Westfield Avenue, where we designed the accommodation to be as flexible as possible, which should enable us to respond to a similar future pandemic.</p>

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Minute	Action	Action owner	Report back date	Progress to date
<b>NMC/20/37</b>	<p><b>Employee turnover</b></p> <p>Provide data and insight on the reasons for staying at the NMC when available</p>	<b>Director, People</b>	<b>2 December 2020 / 29 July 2020</b>	<p>Our review was delayed while we recruited a new Head of Talent. Now appointed, our new Head of Talent has met with Peakon (survey provider) to look at ways of gaining further insight into the reasons colleagues are staying with the NMC. We are also looking to survey colleagues when they receive long service awards.</p>

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## Council

### Executive report

**Action:** For discussion.

**Issue:** The Council is invited to consider the Executive's report on key developments up to mid November 2020.

**Core regulatory function:** All regulatory functions.

**Strategic priority:** All priorities for the strategic period 2020–2021.

**Decision required:** None.

**Annexes:** The following annexes have been attached to this paper:

- Annexe 6.1: Corporate performance report
- Annexe 6.2: Corporate risk report
- Annexe 6.3: Fitness to Practise caseload

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

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**Context:**

- 1 This paper is produced by the Executive and provides an updates from the external environment, progress against our corporate plan and risks facing the organisation.
- 2 The report consists of three sections:
  - 2.1 This cover report with highlights from the external environment and our strategic engagement work up to November 2020;
  - 2.2 Our quarter two performance report providing status updates against our corporate plan and budget for 2020–2021 up to 30 September 2020(**annexe 1**); and Our corporate risk position for 2020–2021 up to 31 October 2020 (**annexe 2**).
  - 2.3 An update on FtP casework (**annexe 3**).
- 3 We have structured the following discussion using our 5 strategic themes from our 2020–2025 strategy, and significant updates.

**Four country factors:**

- 4 Same in all UK countries.

**Discussion:**

**Innovation and Improvement**

*To improve and innovate across all our regulatory functions, providing better customer service, and maximising the public benefit from what we do.*

**Covid-19 pandemic**

- 5 With tighter restrictions implemented across the UK in response to increasing Covid-19 cases, the NMC reviewed how to continue our core regulatory services in line with government guidance.
  - 5.1 We will continue to hold in-person fitness to practise (FtP) hearings where virtual hearings are not possible.
  - 5.2 Members of the public are usually allowed to observe certain hearings, but in light of current Government measures public access to in-person hearings has been limited. Virtual hearings continue to provide audio access to members of the public.
  - 5.3 The existing arrangements for revalidation will remain in place, enabling some flexibility for extension.

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- 5.4 Our objective structured clinical examination (OSCE) test centres continue to operate in a Covid-19 secure way, enabling professionals trained overseas to continue their registration process.
  - 5.5 Our education quality assurance activity will continue to happen remotely until at least March 2021.
  - 5.6 On Monday 23 November 2020, we published a joint statement with the Chief Nursing Officers of each UK country setting out our shared position in relation to student education. The statement outlines our commitment to keeping our recovery standards in place, enabling flexibility and supporting students to complete their courses with the appropriate supervision.
- 6 On Friday, 20 November 2020, we were co-signatories to a joint letter with the Chief Nursing Officers. The letter was addressed to all nursing and midwifery professionals and thanked them for their work as the UK faces increased Covid-19 cases. It affirmed our support for registrants at this time. It also reminded them of how the Code can support them to manage the challenging situations they may encounter.

#### **Emergency rules consultation**

- 7 On 25 March 2020, the Council made new rules to help us continue to operate effectively during the Covid-19 emergency. These were then approved by the Department of Health and Social Care (DHSC) and came into force on 31 March 2020. These new rules gave us greater flexibility with our fitness to practise and registration processes and have enabled us to maintain our core regulatory activity during the pandemic.
- 8 Due to the emergency situation, we were not able to consult when the rules were introduced but there was a 'sunset clause' included within the rules which limited how long the powers would last. However, in July 2020, at the request of DHSC, the sunset clause was removed. Given the context in which these powers were introduced and the fact that they had not been consulted upon, Council decided in July 2020 that it would not be appropriate to use these powers outside of an emergency without first consulting.
- 9 The consultation on our emergency rules went live on 5 November and will run until 15 January 2021. As part of the consultation we held a public webinar on 24 November 2020 and we will also conduct qualitative research with seldom-heard groups.

- 10 The outcome of the consultation will be reported to Council at the March open meeting, with a view to Council deciding on how these powers should be used in the future beyond the Covid-19 pandemic.

### **Proactive support**

*We work to enable our professions to uphold our standards today and tomorrow, anticipating and shaping future nursing and midwifery practice.*

### **Post-registrations standards**

- 11 **Post-registrations standards:** See separate item the agenda.

#### **Careline**

- 12 We introduced our Careline 12 months ago as a pilot to support professionals involved in fitness to practise cases. Over that year, it supported 474 people. We have now reviewed the service and agreed it will continue. A separate service exists to support members of the public.

#### **Caring with confidence**

- 13 In September, we launched our Caring with Confidence: the Code in Action campaign. It's based on a series of bite-sized animations about key aspects of nursing and midwifery professionals' roles, and how the Code can support them, particularly in challenging circumstances.
- 14 The areas covered are: accountability, professional judgement, delegation, speaking up, challenging discrimination, professional use of social media, person-centred care, end-of-life care, and professionalism and trust.
- 15 The first five animations have had a combined total of nearly 250,000 views. The campaign has been covered by the Nursing Times, Nursing Standard, and The Practising Midwife.
- 16 Stakeholders who have shared or endorsed the campaign include the General Medical Council (GMC), Royal College of Nursing, National Care Forum, Care Inspectorate, and Queen's Nursing Institute Scotland. Other groups that have amplified the campaign include We Nurses and The Student Nurse Project on Twitter. We have also heard from educators who are using the animations with their students.

## Post-EU arrangements for EEA professionals

- 17 As part of our work to support professionals, we emailed people from the European Union/European Economic Area/European Free Trade Association (EU/EEA/EFTA) in week commencing 23 November 2020 who have started applications to register with us. We outlined that our processes might change after the end of the transition period on 31 December 2020, and what they need to do before the end of 2020 to ensure they are not affected by any potential change.
- 18 We will continue to reassure current registrants and NMC colleagues from EU/EEA/EFTA of their status and continued importance to us.

## Engagement with UK government

- 19 On 25 August, Department for Business, Energy and Industrial Strategy (BEIS) launched its consultation into 'Recognition of professional qualifications and regulation of professions'. The NMC has responded in full and our response is now available on our website. We are considering wider government and parliamentary engagement around this issue.

## A more visible and informed regulator

*We work in close contact with our professions, their employers and their educators so we can regulate with a deeper understanding of the learning and care environment in each country of the UK.*

## Queen's birthday honours

- 20 This year's Birthday Honours, announced on 10 October, recognised 81 nursing and midwifery professionals.
- 21 In response, we published a statement from Chief Executive and Registrar Andrea Sutcliffe and Deputy Chair Professor Karen Cox. The statement celebrated the contribution of all those recognised
- 22 Among those recognised is Dr Lynne Wogens, who joined our Council in October. She was awarded an OBE for services to nursing reflecting an outstanding career spanning clinical care, education and leading the profession in the east of England as their Chief Nurse.
- 23 Andrea, Karen and Geraldine Walters wrote to each of the 81 nursing and midwifery professionals and partners who were awarded honours, thanking them for their contributions.

### **Baby loss awareness week**

- 24 Baby loss awareness week takes place every October. As well as raising awareness of baby loss, it's a chance to mark the lives of babies lost in pregnancy or soon after being born.
- 25 We published a blog externally from Verena Wallace, our Senior Midwifery Adviser, who spoke about how far bereavement care has come since her parents experienced baby loss, and how our Future Midwife standards support excellent care.
- 26 23 Portland Place was illuminated blue and pink - the colours of baby loss awareness week - to show our support and to mark the campaign.
- 27 Colleagues shared personal stories of their losses on Workplace, our internal social media channel, prompting words of kindness and reflection.

### **Speaking up month**

- 28 Soon after publishing our annual healthcare professional regulators' whistleblowing report in September, we supported the National Guardian Office's (NGO) 'Alphabet of Speak Up' during October - an annual initiative to raise awareness of Freedom to Speak Up across England.
- 29 Linking to our own Caring with Confidence animation about 'Speaking Up', key activities included:
  - 29.1 A social media video from Andrea Sutcliffe to nursing and midwifery professionals using data from the NGO's latest report to highlight the impact, available support and importance of speaking up.
  - 29.2 An article from Prof Geraldine Walters for the Nursing Standard - using her experience and insight as a registered nurse to frame how the Code can help registrants to speak up about anything that gets in the way of high-quality care or affects professional working life.
  - 29.3 An article in our employer newsletter and on Workplace from Karyn Richards-Wright, Freedom to Speak Up Guardian at St George's University Hospitals NHS Foundation Trust.

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## Four countries engagement

- 30 In October and November 2020, we held a second virtual meeting with our partners in Wales and Northern Ireland respectively to discuss the impact of the coronavirus pandemic. We are very grateful to those stakeholders in service who joined us for these meetings, sharing how they were responding and the impact of this work on them and their colleagues.
- 31 A further call with partners in Scotland is being planned for January, and we are planning targeted conversations with partners in England who we do not regularly reach via other forums.

## Enhancing our communications and engagement tools

- 32 Our second bi-monthly (November/December issue) column written by Andrea Sutcliffe was published for the Nursing Times – focusing on the importance of caring for those who care for us.
- 33 The press office is also developing a calendar of bi-monthly midwifery publications for the year ahead, including creative digital channels such as a virtual livestream interview, which we will use to further strengthen our engagement focus on regulate, support and influence with our midwifery audience.
- 34 The first two issues of our new newsletter for students have been published, and we have built up a list of more than 4,000 subscribers so far.

## Empowering and engaging

*We actively engage with and empower the public, our professions and partners. We contribute to an NMC that is trusted and responsive, actively building an understanding of what we and our professionals do for people.*

- 35 The past two months have seen several high profile external reports focusing on the health and care workforce. We ensured the development of our stronger, confident voice by publishing a number of public responses resulting in trade media coverage, including:
- 35.1 The King's Fund Courage of Compassion report
  - 35.2 Care Quality Commission (CQC) State of Care report
  - 35.3 The Public Accounts Committee's NHS nursing workforce report
  - 35.4 CQC's report, Out of sight – who cares?: Restraint, segregation and seclusion review.

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## Engagement with UK Parliament

- 36 We continue to provide political stakeholders across the UK with regular briefing on our response to the Covid-19 crisis, and to engage with interested committees and parliamentarians.
- 37 As part of our programme of engagement with the UK Parliament Health and Social Care Committee (HSCC), Andrea Sutcliffe and Matthew McClelland had an introductory meeting with committee member and Scottish National Party MP for Kirkcaldy and Cowdenbeath, Neale Hanvey on 13 October.
- 38 As part of series of regular catch ups, Andrea Sutcliffe met with Baroness Watkins of Tavistock on 17 November 2020. They discussed post registration standards, regulatory reform and our collaborative work with the GMC and CQC on maternity services.

## Public engagement

- 39 We continue to develop our organisation-wide approach to public engagement. See update at **annexe 1**, section 1.

## Greater insight and influence

*Learning from data and research, we improve what we do and work collaboratively to share insights responsibly to help improve the wider health and care system.*

## Together in practice

- 40 We are using the Together in Practice banner to co-ordinate and highlight our work to promote equality, diversity and inclusion as a regulator and an employer.
- 41 On 20 October, we published Ambitious for Change, our research report into how people with different protected characteristics experience our processes. The following day we held a virtual meeting with the external advisory group that has supported us with this work, and we are taking forward a number of recommendations from the report for action. See separate paper on the agenda.
- 42 We also held webinars on Ambitious for Change with colleagues (17 November 2020) and external stakeholders (30 November 2020).
- 43 We worked with BMe, our employee network for black, Asian and minority ethnic colleagues, and friends, to mark Black History Month. Highlights included:



- 43.1 'A celebration of the contribution of black nurses and midwives to the NHS', a panel discussion hosted by Andrea Sutcliffe and Karen Lanlehin, between Dame Elizabeth Anionwu, Yvonne Coghill, Jacqueline Dunkley-Bent and Dame Donna Kinnair. This webinar is available for public viewing on the Together in Practice hub on our website.
- 43.2 A conversation with Dr Nicola Rollock about race equality, white privilege and inclusion in the workplace.
- 44 We are promoting our reasonable adjustments policy on social media and internally through disability history month from 18 November to 20 December 2020.

### **Collaborative work on maternity safety in England**

- 45 We have been working collaboratively with Care Quality Commission and General Medical Council to identify themes in maternity safety in England, improve the way we share and use intelligence, and embed lessons learned in our processes.
- 46 On 2 November 2020, we jointly hosted a roundtable discussion with other key stakeholders, including the Department for Health and Social Care, NHS England & Improvement, Health Education England, Royal College of Midwives, NHS Resolution, Healthcare Safety Investigation Branch, National Institute for Health and Care Excellence (NICE), Royal College of Obstetricians and Gynaecologists, Royal College of General Practitioners, and Baby Lifeline.
- 47 As next steps, we are considering how to provide enhanced insight and support to Trust Boards.

### **Mid-year data report**

- 48 On Thursday 12 November 2020, we published our mid-year registration data report. The data covers 1 April to 30 September 2020.
- 49 The data shows that the total number of professionals on our permanent register grew from 716,607 to 724,516 (1.1 per cent). Within that total, the number of midwives increased from 37,918 to 38,855 (2.5 per cent).
- 50 The data report was reported on within The Times, iNews, Nursing Standard and Nursing Times.
- 51 A Tweet from the Secretary of State for Health and Social Care said, *"Fantastic news that we've now got 724,516 nurses, midwives & nursing associates on the @nmcnews register."*

## Regulatory reform

52 See update at **annexe 6.1** section 1 (paragraph 24).

## Fit for future organisation

*We will align our culture, capabilities and infrastructure to our new strategic aims.*

### NMC welcomes four new council members

53 We were delighted to welcome four new members to the Council in October 2020. Dr Lynne Wogens and Eileen McEaney join the NMC as registrant members, with Eileen being the member for Northern Ireland. Anna Walker and Sue Whelan Tracy join as lay members.

### NMC welcomes our new Executive Director for People and Organisational Effectiveness

54 Francesca Okosi joined us in October 2020 to take up her role as Executive Director of People and Organisational Effectiveness. She joins us from the General Pharmaceutical Council, where she has extensive experience as a deputy CEO and executive director level leader in Corporate Services, Operations and Human Resources.

55 This new role is focused on making sure the NMC is a great place to work and a great organisation to work with. Francesca's experience and skills will help to further embed our values of fairness, kindness, ambition and collaboration in all that we do, and take forward our people plans to embed new ways of working.

### Returning to the workplace

56 A number of colleagues have returned to the workplace since July to support our core work including in-person fitness to practise hearings and our objective structured clinical examination test centres. A small number of colleagues who faced barriers to working effectively from home have also returned to the office.

57 As a result of the recent lockdown in England we have paused plans to bring back colleagues with a preference for returning to the office.

### Midwifery implications:

58 There are no differences to the application of this topic for midwifery.

### Public protection implications:

59 Public protection implications are considered when reviewing performance and the factors behind poor or good performance.

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<b>Resource implications:</b>	60	No external resources have been used to produce this report.
<b>Equality diversity and inclusion implications:</b>	61	Equality and diversity issues are taken account of within the work we do. Separate equality impact assessments (EQIA) are produced for all major areas contributing to our strategic objectives. An EQIA for our work regarding Covid-19 is in place.
<b>Stakeholder engagement:</b>	62	Not applicable.
<b>Risk implications:</b>	63	The impact of risks is assessed and rated within our corporate risk register.
<b>Legal implications:</b>	64	None.

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## Section 1: Executive Summary

### Context

- 1 Annexe 1 contains a number of different data reports providing updates against our corporate plan, budget and KPIs. Sections are: progress against corporate commitments (section 2), financial monitoring report (section 3), and dashboards reporting against corporate KPIs for 2020–2021 (section 4).
- 2 As agreed with the Council in September 2020, we have taken forward actions to report two tiers of KPIs for the Council and the Executive. Strategic KPIs (tier 1) will be provided to the Council and Executive Board. KPIs which provide operational or directorate breakdowns (tier 2) were provided to the Executive Board only. Tier 2 KPIs are escalated to the Council as required when performance at tier 1 varies beyond expectation (either negatively or positively).
- 3 We have updated the format of our charts in within the data report as we have automated the process by using our analytics tool Power BI. We welcome feedback regarding the format and style.
- 4 At the same meeting the Council agreed that we would adopt the principle of reporting by exception. We have attempted to implement this from Q2 and will continue to embed this in subsequent reports over subsequent quarters. A dashboard of progress against our corporate plan is provided every quarter at annexe 1, section 2.
- 5 As discussed in September 2020, a number of activities have been rescheduled due to Covid-19 and will take place from 2021–2022 (next year). We are currently preparing our annual business plans and will present a draft to the Council in January 2021. This will include an assessment of the expected cumulative impact of delays on our strategy and 5 year work programme.
- 6 Reducing our fitness to practise (FtP) caseload is a major focus area. A fuller update has been provided at annexe 3. For this report we've provided our data charts showing performance against the FtP corporate KPIs and the FtP dashboard within annexe 3 (rather than annexe 1) to enable a holistic discussion about FtP casework.
- 7 All data is for quarter 2 (Q2) and represents the period 1 July 2020 to 30 September 2020.
- 8 The following report have been structured by our five strategic themes from our 2020–2025 strategy, and work contributing towards being a 'Fit for Future' organisation.

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## Performance highlights

- 9 The Executive Board would like to draw the attention of Council to those areas where performance is notable or has been rescheduled. These are:

### Innovation and Improvement

- 10 **Overseas registration:** Our objective structured clinical examination (OSCE) testing centres reopened in July, there are no plans to close them again for the second or subsequent waves of Covid-19.
- 11 We are on track to deliver the new test of competence in Q1 2021-2022.
- 12 **New approach to Fitness to Practise:**
- 12.1 **Taking account of context:** Our approach to context continues to be implemented. We continue to refine it based on workshop feedback, and feedback from external stakeholders e.g. the Patient Experience network which covers 400 members of acute, mental health, community and ambulance trusts. The next steps are to produce guidance, train our panel members and amend referral forms so that we can request context information at the time of a referral.
- 12.2 **Lay advocacy:** This work has been delayed due to seeking legal advice on the remit of the framework, ensuring that it adequately covers different kinds of support available, and that the framework would be accessible to other regulators to utilise. We are launching the tender in January 2021.
- 12.3 **Patient support:** We continue to shape our work on vulnerable parties, now termed 'Supporting Peoples' Needs'. This included reviewing who might need support, how we can provide additional measures to support them, and developing a needs assessment form.
- 12.4 **Remediation:** Our approach to taking into account remediation continues. In June 2020 we published additional tailored guidance on remediation during Covid-19.
- 12.5 **Resolving issues of 'material disputes':** In August 2020 we made updates to our meetings criteria. Updates included clarity on what constitutes a 'material dispute'. We will continue to monitor the implications of this work.
- 12.6 A more substantial update on our FtP strategic changes will be brought to the Council in early 2021.

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- 13 **Fitness to practise case closure KPI:** Conclusion of FtP Cases within 15 months continued to trend downwards falling below target in June 2020. We expect this KPI to continue trending downwards due to the cumulative impact of Covid-19. See annexe 3 for more detail about our plans to reduce the FTP caseload.
- 14 **Interim orders KPI:** The issuing of interim orders within 28 days of opening a case began to recover against target during Q2. We continue to prioritise cases where there is an immediate risk of harm whilst we to recover from the impact of Covid-19.
- 15 **Registration KPIs:** The dip in initial registrations completed within 60 days has recovered and is now above target. All other KPIs are on target.
- 16 **Customer Feedback:**
- 16.1 *Complaints:* response times remain within target with 90 per cent of complaints responded to within 20 working days.
- 16.2 *Enquires:* response times reduced during Q2 (from 98 per cent within 20 day to 73 per cent). This was due to prioritising enquires related to Covid-19.
- 16.3 *Information requests:* response times remain above target with over 90 per cent of requests responded to within statutory timeframes.
- A particular FOI request led us to discovering that there are limitations in our ability to report on specific equality, diversity and inclusive (EDI) data which is collected from registrants. The reportable categories of EDI data recorded are quite restrictive which prevents us being able to identify certain groups on our register. This matter was escalated and is being looked at with a view to improving reporting functionality for EDI data in the future.
- 16.4 *Satisfaction:* 83 per cent of customers rated our service as good or very good. This is down from 89 per cent at Q1 but still higher than Q4, which was 75 per cent. We contacted 3 customers to resolve issues of dissatisfaction. Significantly more surveys were completed during Q2.

### Proactive support for professionals

- 17 **Post registrations standards:** See separate item on the agenda.
- 18 **A dynamic approach to developing professional standards:** Whilst internal working groups have been established to devise new standards, ongoing work around regulatory reform, Brexit, and the pandemic response means that work in this area is currently delayed. A detailed update regarding Brexit is on the agenda.

## More visible and better informed

- 19 **Stakeholder engagement:** A review of engagement forums and co-production is progressing. The focus is understanding what engagement needs we have across NMC, and mapping existing engagement structures to undertake a gap analysis. Outcomes from this review, including recommendations for change will be provided in Q4.
- 20 **Four country engagement:** We have begun to review our work regarding engagement in the 4 countries of the UK, holding in-depth discussions with internal stakeholders. We are producing a detailed activity plan for 2021-2022 to coordinate this work.

## Empowering and engaging

- 21 **Public engagement:** We are developing an organisation-wide approach to public engagement to support our commitment to a person centred approach, with input from a wide range of internal and external stakeholders. This includes developing a package of policies to ensure we are able to recruit and support a wide range of members of the public to work with us effectively. We will shortly be commissioning qualitative research with members of the public to develop a shared understanding and definition of a person-centred approach to regulation.
- 22 The principles guiding this work are to:
- 22.1 Respect people's expertise, experience and time
  - 22.2 Plan ahead and build engagement into our work from an early stage
  - 22.3 Actively reach out and be inclusive
  - 22.4 Use evidence and avoid assumptions
  - 22.5 Use the right kind of engagement at the right time
  - 22.6 Work with others in the field
  - 22.7 Evaluate and share learning
- 23 A review of engagement forums is underway as part of our commitment to use co-production as our habitual means of developing standards and policy, with recommendations due in the new year.

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## Greater insight and influence

- 24 **Regulatory reform:** We continue to engage with Department of Health and Social Care (DHSC) and other regulators around regulatory reform. The DHSC consultation is planned to be launched in February 2021 and will be initially focused on the changes required to the General Medical Council (GMC) legislation to implement the wide regulatory reform thinking. The intention is for the NMC being the next regulator subject to the same sort of legislative change.
- 25 We are developing our stakeholder engagement and public affairs approaches for this work and are working to identify where wider stakeholder engagement is needed to support our own policy thinking.
- 26 We have attended various all-regulator meetings with DHSC and devolved administrations between July and September, these have focused on policy development in the areas of registration and education. On 2 October, we hosted an expert advisory group meeting with key stakeholders to discuss our approach to reforming fitness to practise rules.
- 27 The Council discussed regulatory reform at the seminar in October. The business case for the regulatory reform programme was also agreed October 2020.
- 28 **Emergency Rules:** paragraph See cover paper at paragraph 7.
- 29 **EU Exit:**
- 29.1 International registration: we are on track to implement the ‘standstill arrangements’ from 1 January 2021 once confirmed Government has secured a deal. Under these arrangements, automatic recognition of qualifications will continue to apply for EU applicants for a period of up to two years. We have responded to the Department of Business, Energy and Industrial Strategy (BEIS) on recognition of professional qualifications beyond that period. Our position is that our current international registration route should apply to all applicants who trained overseas, on the basis of public protection, fairness, and efficiency.



29.2 Education programme standards: we are well advanced tendering for external research to review the evidence underpinning elements of programme standards mandated by the EU directive. We expect to receive the outputs of the research in the early part of 2021 and will consider options around greater flexibility at that point

30 **EDI research:** See cover report at paragraph 42.

## Fit for Future Organisation

### Our people

- 31 **Turnover:** our overall employee turnover continues to reduce, having fallen to 7.5 per cent by September 2020 (against a target of 15 per cent). Turnover within 6 months of joining the NMC remains below target at 14 per cent in September (against a target of 15 per cent).
- 32 **Employee engagement:** Employee pulse surveys provide regular data about the level of employee engagement. For our latest survey our overall score engagement score remains at 7.1 out of 10. The Executive Board raised our target from 6.5 (agreed by the Council in March 2020) to 7.1 (agreed in August 2020) to provide some 'stretch' in our ambitions.
- 33 **Organisational design:** We continue to progress reviews in 7 key areas. Our review into our equality, diversity and inclusion capabilities is complete, with recruitment taking place in November. The review of local engagement continues to be delayed pending workshops with external stakeholders. The review into change and continuous improvement has refocused its terms of reference to review resourcing. We have begun our reviews of appeals, policy and executive support capabilities. The review into data and intelligence has been de-prioritised and will be scheduled for a later date.
- 34 **Values and behaviours:** Values and behaviours e-learning was launched in August 2020. Our redesigned leadership development programme will be launched in November 2020 and run until April 2021. This programme will focus on embedding the values and behaviours across 5 performance management modules.
- 35 **Employee conference:** This event will take place virtually on Thursday 4 February 2021. In the run-up to the conference, we are running webinars to support the event's themes. The first of these took place on 25 November, giving colleagues a chance to hear from Council member Ruth Walker, clinical adviser Kathy Dalley and case examiner Becky Garnett about their experiences of nursing through the pandemic.

36 **People plan:**

- 36.1 Reward: We have secured a new external partner to support us with reviewing executive remuneration. Next steps are an introduction to our Remuneration Committee to begin the next phase of the work.
- 36.2 Pensions: Our consultation regarding the closure of the defined benefits pension scheme is due to close in December, with final outcomes agreed there after.
- 36.3 Policies: Work continues to review our HR policies. Work is progressing slower than anticipated due to supporting our Covid-19 recovery.

**Replacing core ICT systems**

- 37 A detailed update providing progress up to November 2020 has been provided for the confidential session of the Council at agenda item 8.
- 38 A detailed 'plan and analyse' phase begun in September to scope the requirements for the next phase of the MOTS programme. The outcomes of this planning will presented in a business case will be reviewed by the Council in January 2021.
- 39 In addition, the Executive have agreed a vision for the MOTS programme to clarify what we expect the programme to delivery at the end. This has been feed into the next stages of planning.

**Returning to the office**

- 40 Risk Assessments have been completed for our buildings and those colleagues that have or are due to return to the office. We have published our compliant 'Covid Secure' statement on our public NMC website, together with the associated risk assessments for our buildings. They have also been shared with colleagues on our internal Workplace (digital) noticeboard and highlighted in employee briefings. We continue to review the different approaches, guidelines and recommendations being published by each of the four nations with regards to the different tiers, lockdowns and other measures to be followed.
- 41 With the onset of the 'second wave', most colleagues will continue to work from home until March 2021. From 1 September, our hearing venues in Stratford, Edinburgh and Belfast and our office at One Westfield Avenue have been open in a 'Covid Secure' environment for colleagues and the general public. We are preparing our hearing venues in Cardiff to be ready by the end of November 2020. Our people team are monitoring the health and wellbeing of colleagues – through our internal communications, briefings and surveys.

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## Edinburgh office

- 42 We have undertaken a review of the Heads of Terms of two properties and following due diligence building surveys, we are moving forward with the most favourable building. As part of our engagement and site visits, it was also the most favourable option chosen by colleagues. We have appointed specialist property legal advice to review the lease. We continue to follow changes to Covid-19 guidelines and rules that are being made by the Scottish Government.
- 43 The Accommodation Strategy which was approved by Council in March 2020 contains flexibility as a key theme in our accommodation requirements. The medium and long term requirements will continue to be reviewed with this flexibility in mind. A revised Accommodation Strategy will to be presented to Council in Q4 2020–2021.

## Financial performance

- 44 At end of October 2020 we have a surplus of £7.9m, £4.4m above year to date (YTD) budget. This is primarily due to a reduction in our regulatory activities and slippage in spend, offset in part by a reduction in income from overseas applications, both due to the Covid-19 pandemic. Income from registrant fees is broadly in line with budget and remains secure. See financial management report at annexe 1, section 3.

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## Section 2: Progress against our corporate commitments within our 2020-2021 corporate plan

Status at Q2 (up to 30 September 2020)

	Q2 Status	Year End Forecast
<b>Innovation and Improvement</b>		
<p><b>Commitment 1. Provide effective regulation of nursing and midwifery professionals across the UK and nursing associates in England.</b></p> <p>(An accurate register; robust standards of conduct, behaviour and proficiency; quality assurance of education; responding fairly to concerns)</p>	<p><b>Resumed with some backlogs</b></p> <p><i>Objective structured clinical examination (OSCE) test centres are open, physical hearings have resumed, other services delivered remotely.</i></p>	<p><b>Resumed with some backlogs</b></p> <p><i>Our major focus is reducing the FTP caseload. Work will continue into 2021-2020.</i></p>
<p><b>Commitment 2. Continue to implement our new strategic approach to fitness to practise (FtP) and improve the experience and support for these involved.</b></p> <p><i>(Taking account of context; support for witnesses and members of the public; sign-posting; new approaches and guidance)</i></p>	<p><b>Progressing - some areas rescheduled into 2021-2022</b></p> <p><i>Approach to context now implemented. Work progressing in all areas but at a slower pace.</i></p>	<p><b>Some areas rescheduled into 2021-2022</b></p> <p><i>The programme will be reviewed and refocused on supporting reductions to the FtP caseload</i></p>
<p><b>Commitment 3. Deliver the next stage of improvements for registration of overseas applicants.</b></p> <p><i>(Continue to improve support to overseas applicants and those supporting them, and developing our test of competence model)</i></p>	<p><b>Rescheduled into 2021-22</b></p> <p><i>Preparation continues for revised timescale</i></p>	<p><b>Rescheduled into 2021-22</b></p> <p><i>Test of Competence due to launch in spring 2021</i></p>
<b>Proactive support for professionals</b>		
<p><b>Commitment 4. Deliver a new set of ambitious post registration standards of proficiency.</b></p> <p>(Co-produce a set of four new standards, and consulting and user testing for launch in autumn 2021)</p>	<p><b>Progressing</b></p> <p><i>Preparation and planning for consultation in February 2021.</i></p>	<p><b>On track</b></p> <p><i>Consultation completed by Q4 with new standards published in 2021-2022.</i></p>
<p><b>Commitment 5. New method for ensuring that we take a dynamic approach to developing professional standards.</b></p> <p><i>(Agree our approach for the provision of additional supportive tools, and produce a forward programme for updating our standards)</i></p>	<p><b>Delayed</b></p> <p><i>Resources diverted onto other work including regulatory reform, Brexit preparation and Covid-19 recovery.</i></p>	<p><b>Rescheduled into 2021-2022</b></p> <p><i>Work will continue into 2021-2022.</i></p>

	Q2 Status	Year End Forecast
<b>More visible and better informed</b>		
<b>Commitment 6. Develop our presence in local areas across the English regions and in Scotland, Wales and Northern Ireland.</b> <i>(Co-produce a review of our model for our employer link service and produce an implementation plan)</i>	<b>Delayed</b>  <i>Delays whilst we resolve how we will most effectively engage frontline customers in the review.</i>	<b>Risk of delay</b>  <i>Proposals for a new model will be progressed. There is uncertainty about when we can take forward stakeholder engagement.</i>
<b>Empowering and engaging</b>		
<b>Commitment 7. Formulate and agree an organisation-wide approach that ensures people are at the heart of what we do.</b> <i>(Establish co-production principles and agree our person centred approach).</i>	<b>Resumed</b> <i>Work has begun on developing an organisation wide approach to public engagement and on defining our person-centred approach.</i>	<b>Some areas rescheduled to 2021-2022</b> <i>Embedding of co-production principles moves into 2021. Implementation of public engagement moves into 2021.</i>
<b>Commitment 8. Develop a more systematic and targeted approach to stakeholder engagement across the four countries of the UK.</b> <i>(Review our stakeholder relations across the organisation to inform a relationship framework, and develop a programme of targeted stakeholder engagement across all 4 countries)</i>	<b>Progressing</b> <i>A review of engagement forums and co-production has begun.</i> <i>An activity plan for 2021-2022 is being developed for 4 country engagement.</i>	<b>On track</b> <i>Outcomes of the review including proposals for potential changes are due by Q4.</i>
<b>Greater Insight and influence</b>		
<b>Commitment 9. Work with the Department of Health and Social Care (DHSC) and others on a substantial programme of reform to shape improvements to our legislative framework.</b> <i>(Shaping the scope of policy, engaging stakeholders and listening to feedback, and supporting the legislative process).</i>	<b>Progressing within DHSC timelines</b> <i>Brexit preparations are being made. A consultation on our emergency rules will run until January 2021.</i>	<b>Progressed within DHSC timelines</b>  <b>Brexit trade implications for international registrations will be implemented</b>

<p><b>Commitment 10. We will start to improve the way we use and publish data and insight to add value for our stakeholders and help shape the sector.</b>  <i>Publishing Equality Diversity and Inclusion (EDI) data and analysis, supporting future workforce planning, planning improvements to the information on the state of nursing and midwifery, and reviewing our insights and intelligence capabilities)</i></p>	<p><b>Progressing with some slippage in planned timescales</b>  <i>The first stage of EDI research is published. The second stage is being planned.</i>  <i>Scoping for the insight programme has begun.</i></p>	<p><b>Progressed with some slippage in planned timescales</b>  <i>Second stage EDI research planned.</i>    <i>Scoping for the insight programme progressed further.</i></p>
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<b>Q2 Status</b>	<b>Year End Forecast</b>
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<b>Fit for future organisation</b>
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<p><b>Commitment 11. Make sure that we have the right capabilities, processes and resources to fulfil our ambitions for the strategic period ahead.</b></p>		
<p><b>A. People:</b> <i>delivering our new organisational design, embedding our new values and behaviours, delivering the next phase of our people plan progression, Learning and Development, and EDI</i></p>	<p><b>Progressing - some areas rescheduled to 2021-2022</b>  <i>Organisational design and policies progressing at a slower pace. Defined benefits pension scheme consultation in progress.</i></p>	<p><b>The programme will be reviewed and refocused.</b>    <i>Pension consultation completed. Some organisational design reviews completed.</i></p>
<p><b>B. Technology:</b> <i>new technology using Microsoft Dynamics 365, FTP case management, improving the user experience and ensuing our infrastructure is ready for future opportunities, modern dynamic working</i></p>	<p><b>Delayed</b>  <i>'Plan and analyse phase' has commenced; updated business case being prepared.</i></p>	<p><b>The programme will be refocused.</b>    <i>Next phase of programme agreed following an updated business case to be presented in January 2021.</i></p>
<p><b>C. Accommodation:</b> <i>workplace safety, office relocation in Edinburgh, planning 23 Portland Place renovation and longer term accommodation requirements).</i></p>	<p><b>On track</b>  <i>Options appraisal completed for Edinburgh and preferred option selected. Due diligence being progressed.</i></p>	<p><b>On track</b>  <i>Edinburgh near completion. Plans for 23 Portland place agreed following an updated business case to be presented in January 2021.</i></p>



## Section 3: Financial monitoring report

**Table A: Income and expenditure to 31 October 2020**

Nursing and Midwifery Council Financial Monitoring Report						
INCOME & EXPENDITURE (£'m)	October 2020 Year-to-Date				Full Year	
Income	Actual	Budget	Var.	Var. (%)	Forecast <sup>1</sup>	Budget
Registration fees	49.6	50.0	(0.4)	(1%)	85.8	85.9
Other	1.8	2.8	(1.0)	(35%)	2.9	4.9
<b>Total Income</b>	<b>51.4</b>	<b>52.8</b>	<b>(1.4)</b>	<b>(3%)</b>	<b>88.7</b>	<b>90.7</b>
<b>Expenditure</b>						
<u>Core Business</u>						
Professional Regulation	20.5	24.6	4.1	17%	39.0	42.2
Resources & Technology Services	10.0	10.3	0.3	3%	18.0	18.1
People & Organisational Effectiveness	4.1	4.5	0.4	9%	7.5	7.8
Professional Practice	2.2	2.7	0.5	19%	4.5	4.8
Strategy & Insight	2.2	2.5	0.3	11%	4.3	4.3
Communications & Engagement	1.3	1.7	0.3	21%	2.7	3.1
<b>Directorate - Core Business</b>	<b>40.3</b>	<b>46.3</b>	<b>6.0</b>	<b>13%</b>	<b>76.0</b>	<b>80.3</b>
<u>Corporate</u>						
Depreciation	1.3	1.4	0.1	4%	2.6	2.7
PSA Fee	1.1	1.1	0.0	0%	1.9	1.9
Apprenticeship Levy	0.1	0.1	0.0	16%	0.2	0.2
Contingency	0.0	0.0	0.0	0%	0.0	5.3
Other	0.0	0.0	0.0	0%	0.0	0.3
<b>Total Corporate</b>	<b>2.6</b>	<b>2.6</b>	<b>0.0</b>	<b>0%</b>	<b>4.8</b>	<b>10.5</b>
<b>Total Core Business</b>	<b>42.9</b>	<b>48.9</b>	<b>6.0</b>	<b>12%</b>	<b>80.7</b>	<b>90.7</b>
<b>Surplus/(Deficit) excluding Programmes</b>	<b>8.5</b>	<b>3.9</b>	<b>4.6</b>		<b>8.0</b>	<b>0.1</b>
<b>Programmes &amp; Projects</b>						
Accommodation Project	0.0	0.6	0.6	97%	2.3	3.5
Modernisation of Technology Services	2.6	3.0	0.4	14%	4.6	4.0
FtP Change Strategy	0.3	0.3	0.0	3%	0.5	0.6
People Strategy	0.2	0.2	0.0	0%	0.3	0.4
Insight Plan	0.0	0.0	0.0	0%	0.3	0.3
Improvement in Technology Services	0.0	0.2	0.2	100%	0.4	0.6
<b>Total Programmes/Projects</b>	<b>3.2</b>	<b>4.2</b>	<b>1.0</b>	<b>24%</b>	<b>8.5</b>	<b>9.3</b>
Strategy Implementation Fund	0.0	0.0	0.0	0%	0.4	2.7
<b>Total Expenditure including capex</b>	<b>46.1</b>	<b>53.2</b>	<b>7.1</b>	<b>13%</b>	<b>89.6</b>	<b>102.7</b>
Capital Expenditure	3.0	3.9	0.9	24%	7.4	10.7
<b>Total expenditure excluding capex</b>	<b>43.1</b>	<b>49.3</b>	<b>6.2</b>	<b>13%</b>	<b>82.2</b>	<b>92.0</b>
Unrealised (Gains)/Losses	0.4	-	(0.4)	-	0.4	-
<b>Net Surplus/(Deficit) excluding capex</b>	<b>7.9</b>	<b>3.5</b>	<b>4.4</b>		<b>6.1</b>	<b>(1.3)</b>
<b>Free Reserves</b>	<b>37.2</b>	<b>29.4</b>	<b>7.8</b>	<b>27%</b>	<b>32.3</b>	<b>19.6</b>

<sup>1</sup> Forecast represents actual outturn Oct YTD plus profiled forecast for the rest of the year

**Table B: Balance sheet as at 31 October 2020**

Balance Sheet (£'m)	Mar-20	Oct-20	Change	Change %
<b>Fixed Assets</b>				
Tangible Assets	26.5	28.2	1.7	6%
Investments	-	19.6	19.6	0%
<b>Total Fixed Assets</b>	<b>26.5</b>	<b>47.8</b>	<b>21.3</b>	<b>80%</b>
<b>Current Assets</b>				
Cash	33.1	15.1	(18.0)	(54%)
Debtors	2.7	1.6	(1.2)	(43%)
Investments	63.9	64.1	0.2	0%
<b>Total Current Assets</b>	<b>99.7</b>	<b>80.8</b>	<b>(18.9)</b>	<b>(19%)</b>
<b>Total Assets</b>	<b>126.3</b>	<b>128.6</b>	<b>2.3</b>	<b>2%</b>
<b>Liabilities</b>				
Creditors	(54.7)	(56.3)	(1.6)	(3%)
Provisions	(2.5)	(2.5)	(0.1)	(4%)
<b>Total Liabilities</b>	<b>(57.1)</b>	<b>(58.8)</b>	<b>(1.7)</b>	<b>(3%)</b>
<b>Net Assets (excl pension liability)</b>	<b>69.1</b>	<b>69.7</b>	<b>0.6</b>	<b>1%</b>
Pension Liability	(11.6)	(4.3)	7.3	63%
<b>Total Net Assets</b>	<b>57.5</b>	<b>65.4</b>	<b>7.9</b>	<b>14%</b>
<b>Total Reserves</b>	<b>57.5</b>	<b>65.4</b>	<b>7.9</b>	<b>14%</b>

**Table C: Cash flow statement to 31 October 2020**

Statement of Cash Flows	Oct-19	Oct-20
	(£'m)	(£'m)
<b>Cashflow from operating activities</b>		
Surplus/(Deficit) (YTD)	3.0	7.9
Adjustment for non-cash transactions	1.2	1.3
(Gains)/Losses on Investments	-	0.4
Investment/Dividend income	-	-
(Increase)/Decrease in current assets	2.5	1.2
Increase/(Decrease) in liabilities	6.1	1.7
Pension Deficit Payments	(0.7)	(7.3)
<b>Net Cash inflow/(outflow) from operating activities</b>	<b>12.2</b>	<b>5.2</b>
<b>Cashflow from investing activities</b>		
Capital Expenditure (YTD)	(6.4)	(3.0)
<b>Net Cash inflow/(outflow) from investing activities</b>	<b>(6.4)</b>	<b>(3.0)</b>
<b>Cashflow from financing activities</b>		
Capital Market Investments	-	(20.0)
<b>Net Cash inflow/(outflow) from financing activities</b>	<b>-</b>	<b>(20.0)</b>
<b>Cumulative net increase/(decrease) in cash and cash equivalent at month end</b>	<b>5.9</b>	<b>(17.8)</b>
Cash & Cash Equivalent at the beginning of the year	94.8	97.0
<b>Cash &amp; Cash Equivalent at the end of the month</b>	<b>100.6</b>	<b>79.2</b>

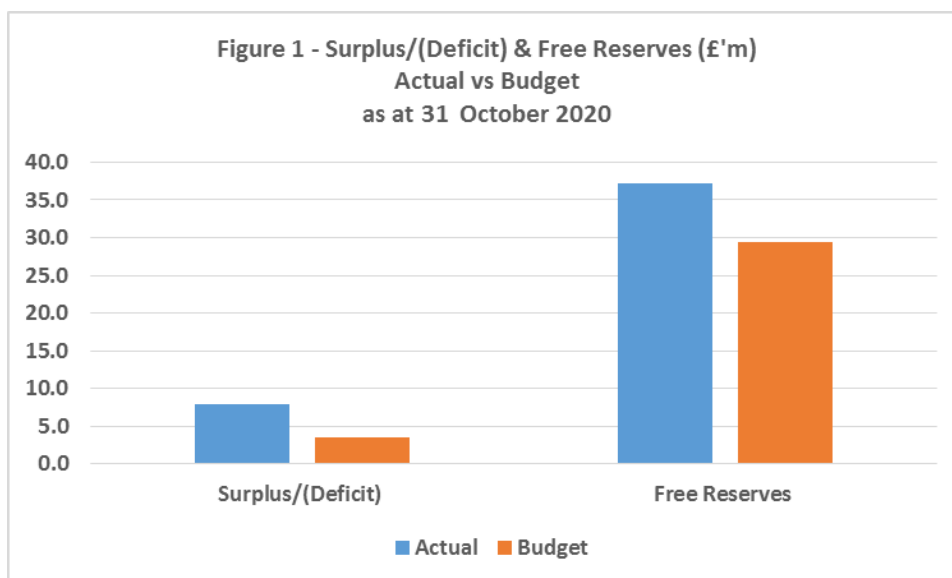
All figures are subject to rounding



## Financial commentary

### Year To Date (YTD) Financial performance

**Summary:** At end of October 2020 we have a surplus of £7.9m, £4.4m above YTD budget (Table A and Figure 1). This is primarily due to a reduction in our regulatory activities and slippage in spend, offset in part by a reduction in income from overseas applications, both due to the Covid-19 pandemic. Income from registrant fees is broadly in line with budget and remains secure.



Free reserves remained high at the end of October 2020 (at £37.2m) relative to the upper end of our target range of £25 million. We expect free reserves to reduce in future as deferred expenditure catches up as part of our recovery and restoration plans and as we continue to implement investment in our IT and buildings infrastructure over the period of our 2020-2025 strategy.

The bank balances reduced by the transfer of £20m into a portfolio of equity based investments, in July and in October 2020, and by a £6.3m one-off payment in October to reduce the deficit of the defined benefit pension scheme. Due to stock market volatility, we have reported £0.4m worth of unrealised losses in our investments YTD.

The latest re-forecasting exercise is underway and will be presented to Executive Board in December, reflecting the financial impact of the FTP caseload recovery plans.

### Income

Total YTD income is £51.4m, £1.4m, (3 percent) below budget.

- a) **UK registration fee** income was £49.6m, largely in line with budget.
- b) **Other income** was £1.8m, £1.1m, (35 percent) below expectations. This is mainly due to a fall in overseas nurses' applications (likely as a result of travel restrictions) as well as being impacted by falls in interest rates impacting bank deposit income.

## Financial commentary

### Expenditure on core business activities

Total spend on core business activities is £42.9m, significantly below budget by £6.0m, (13 percent). All directorates have generated underspends with significant variances reported in:

- a) **Professional Regulation:** YTD expenditure is £20.5m, £4.1m (17 percent) below budget. Although there have been some savings through holding hearings virtually, significant extra costs will be incurred as we recover our operations. The underspend is therefore deferred expenditure as a result of an initial pause in our FTP regulatory activities due to the pandemic situation, not a saving. Work on tackling the caseload backlog is underway as part of the Restore and Recovery plans and the forecast will be updated as these plans develop.
- a) **Professional Practice:** YTD expenditure is £0.5m (19 percent) below budget and mainly driven by the delay of standards evaluation workstreams. Underspends on the working group external costs were also contributing factors. Owing to the current pandemic these costs will be deferred into next financial year.

### Expenditure on strategic programmes and projects

Total YTD expenditure is £3.2m, £1.0m (25 percent) below budget. The key variance is due to the Accommodation project which has underspent on budget by £0.6m, (97 percent) and is attributable to changes in the final business case schedule for the 23 Portland Place refurbishment which will be presented to the Council in January 2021.

YTD expenditure on Modernisation of Technology Services (MOTS) programme is £2.6m, £0.4m (14 percent) below budget, due to delays in the recruitment of cross-programme support staff, and an underspend on the Plan and Analyse Phase due to a slower start on tasks and timing of support partner costs. The forecast overspend on the programme for the full year is because the budget approved by Council in July only covers the period up to January 2021, whereas the forecast assumes continuation of work in February and March.

### Risks

Key risks that are likely to have an impact on full year outturn.

These are:

- a) **Income** – despite the decline in overseas application fees relative to budget due to Covid-19 restrictions at the start of the year, we have seen some increase in application numbers from October 2020. It is, however, still a very difficult situation to forecast as we are going through a second wave of the pandemic.
- b) **Professional Regulation** – we have resumed our physical hearings from September but we have a significant backlog in fitness to practise work. The Professional Regulation directorate is currently developing its plan to address the backlog. Whilst costs are still uncertain, this work is likely to involve cost greater than the savings from slippage, with most costs expected to fall into 2021-2022.
- c) **Slippages** – disruption to our operations due to Covid-19 led to some work and associated costs to be deferred and now likely to be carried forward to the next financial year across all the directorates.

## Section 4

### Data report for the Council

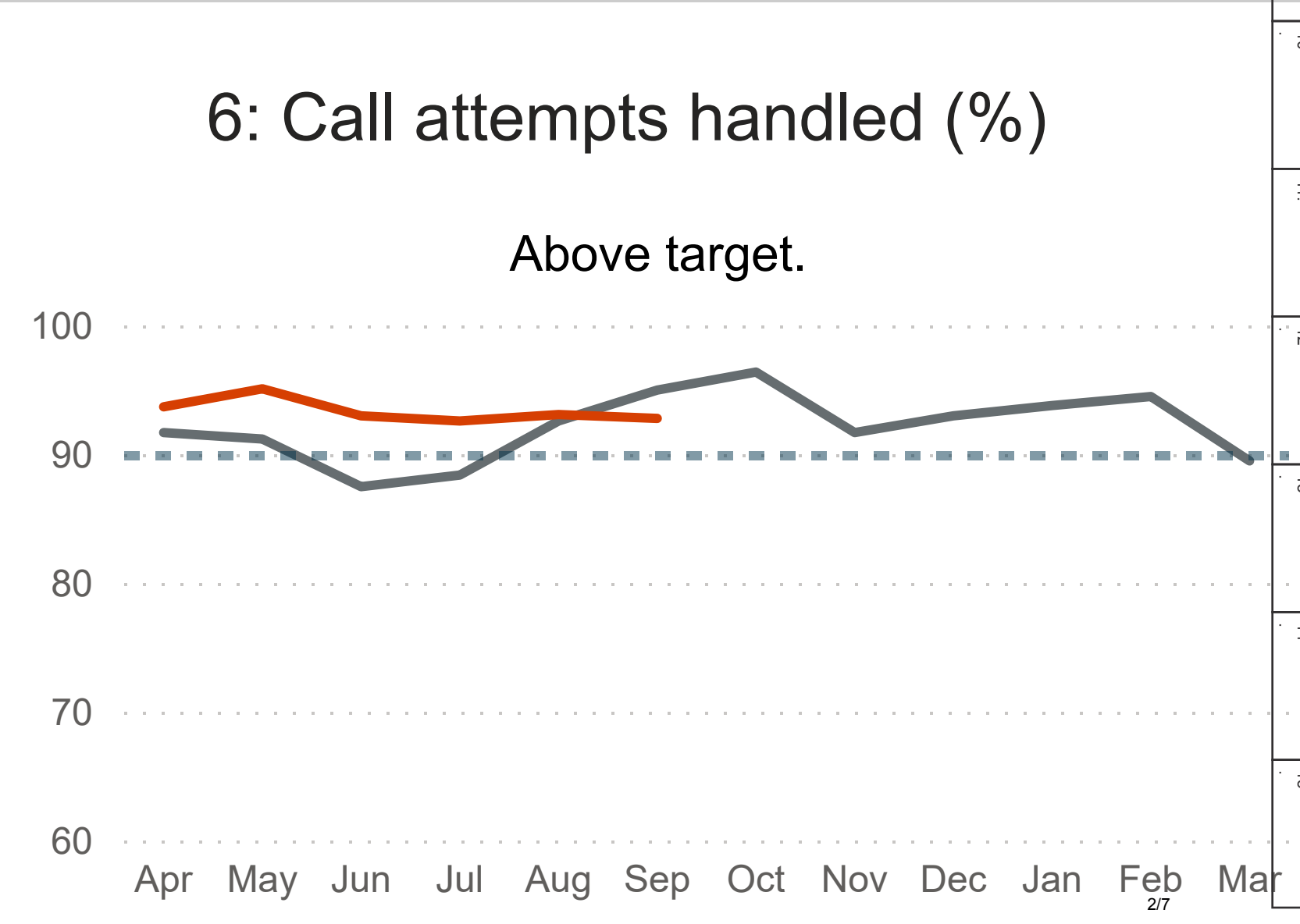
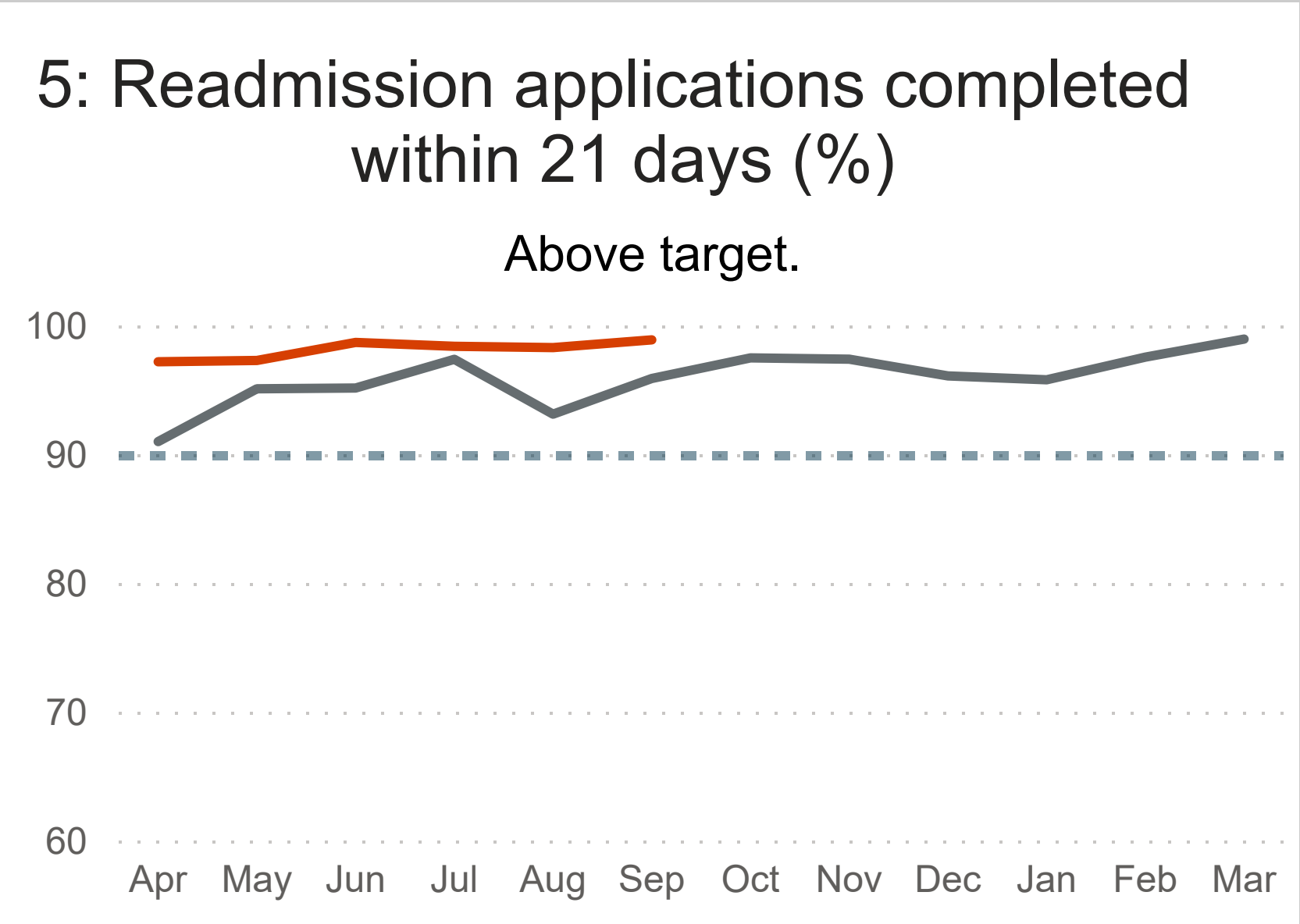
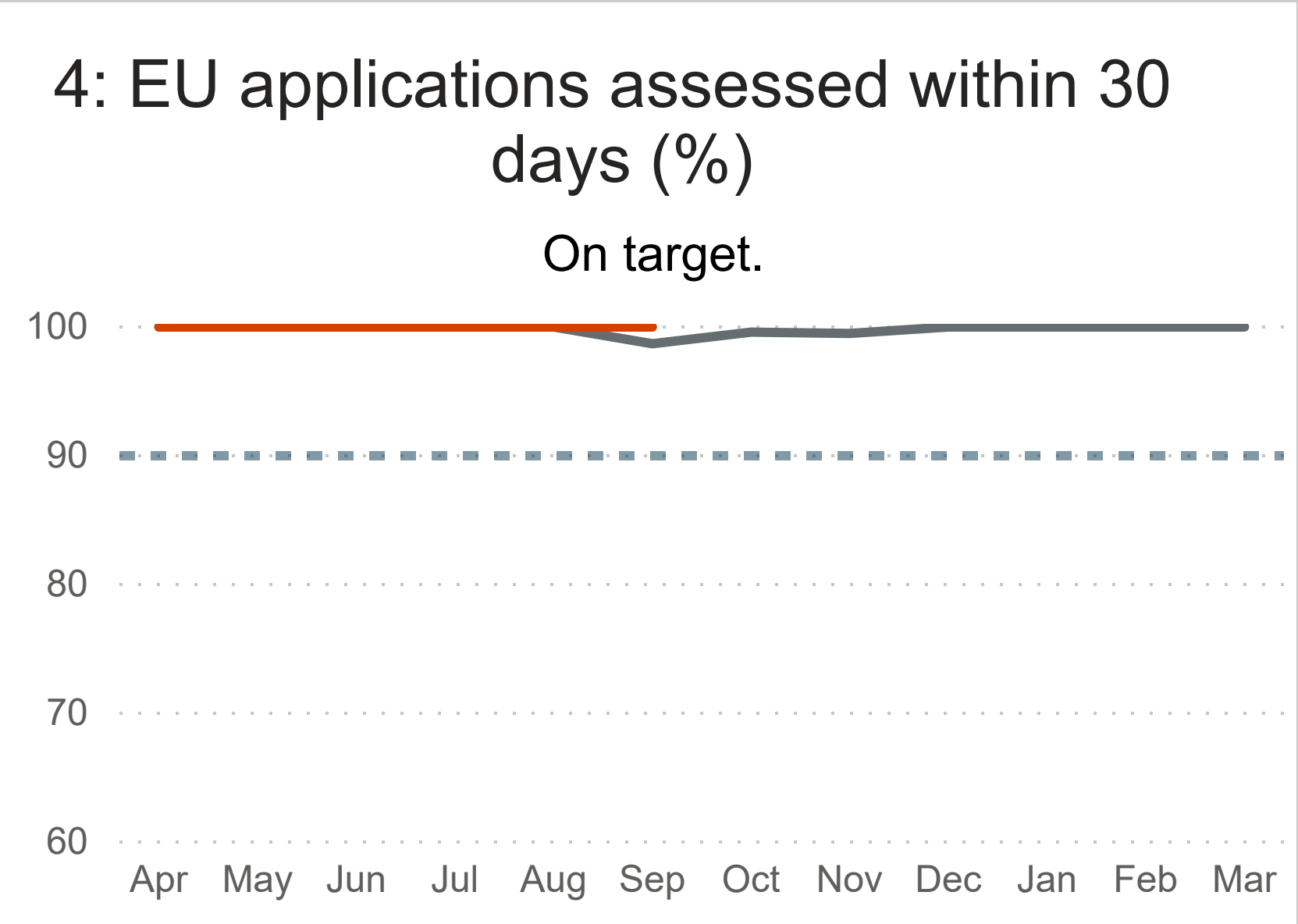
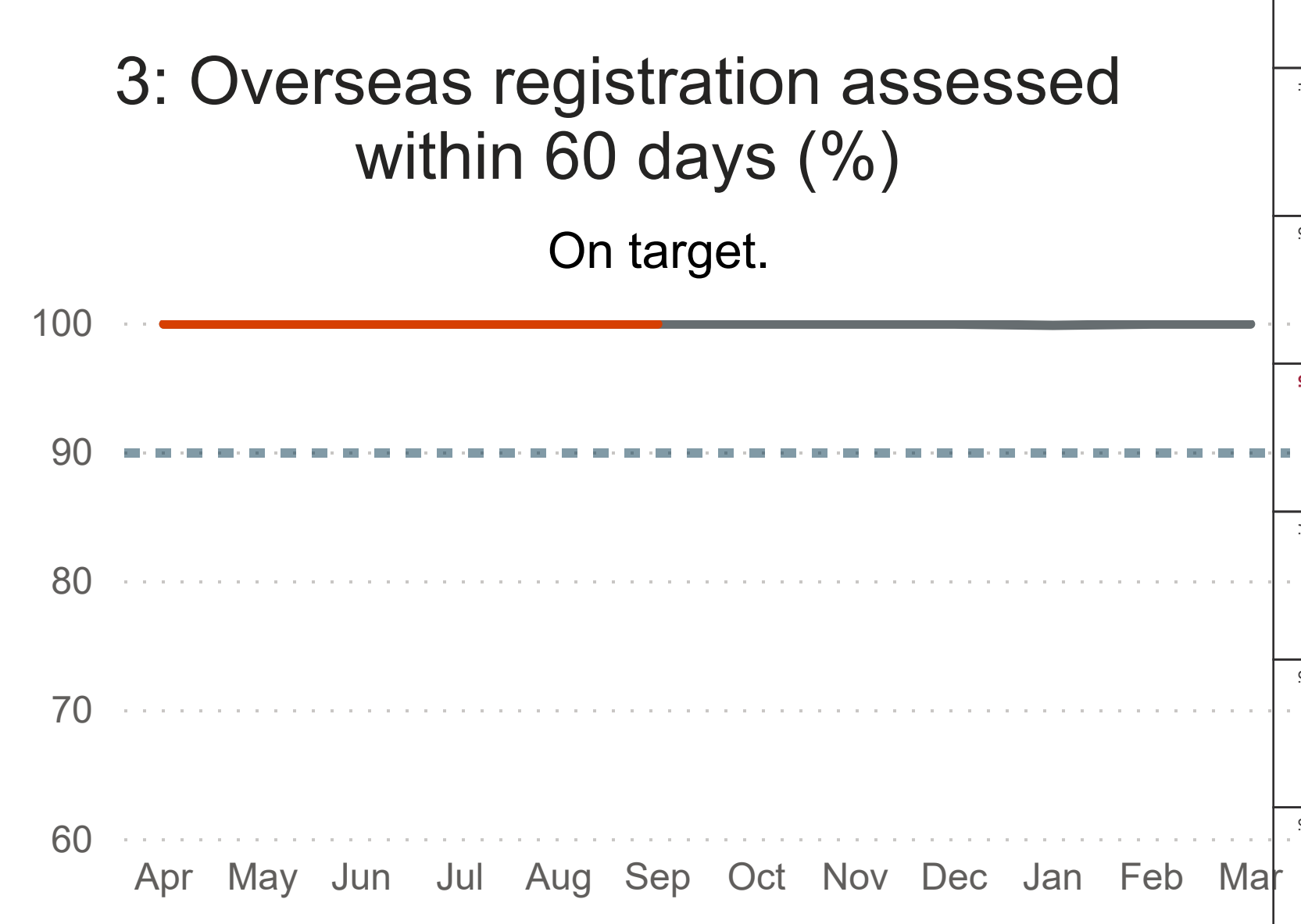
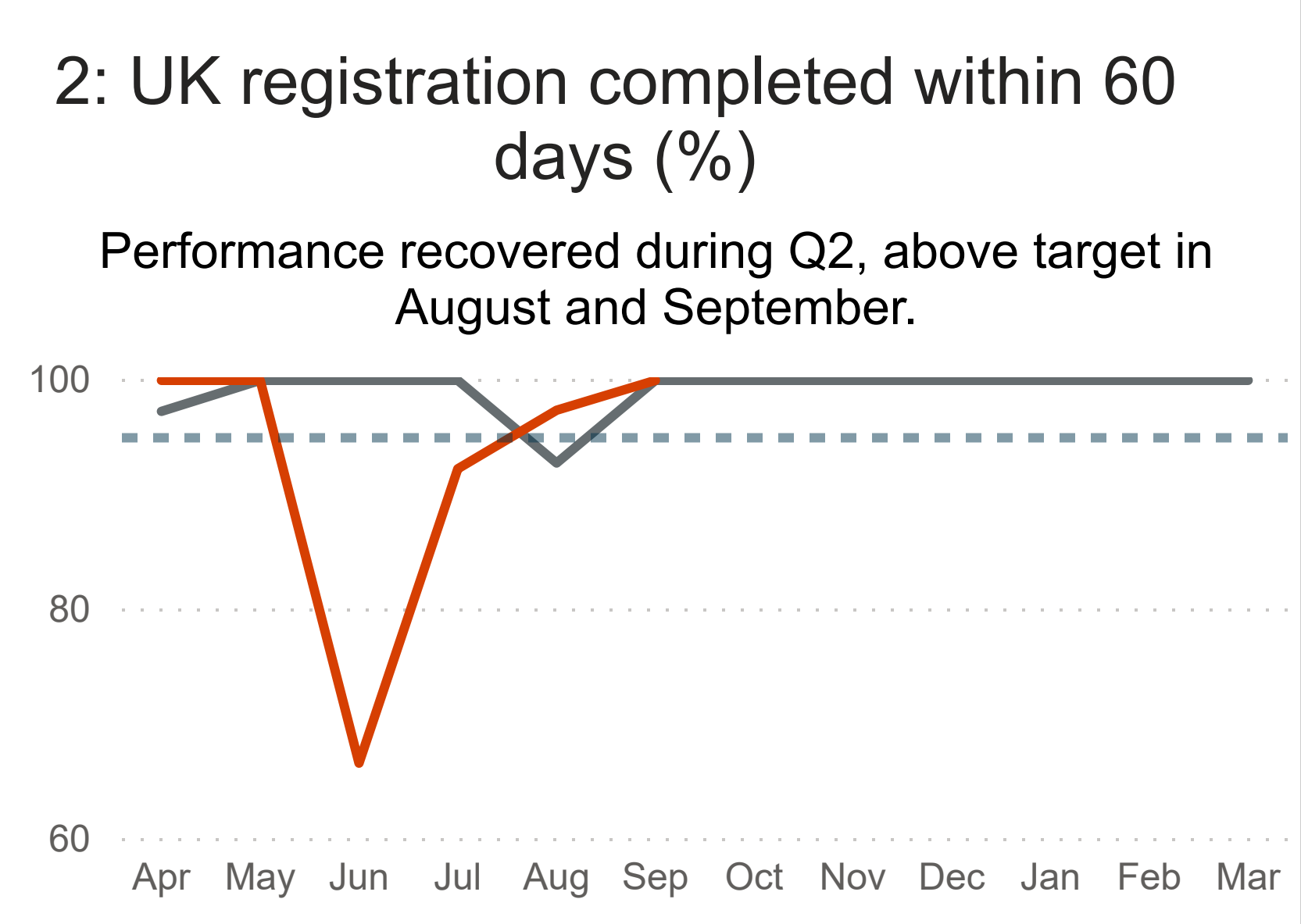
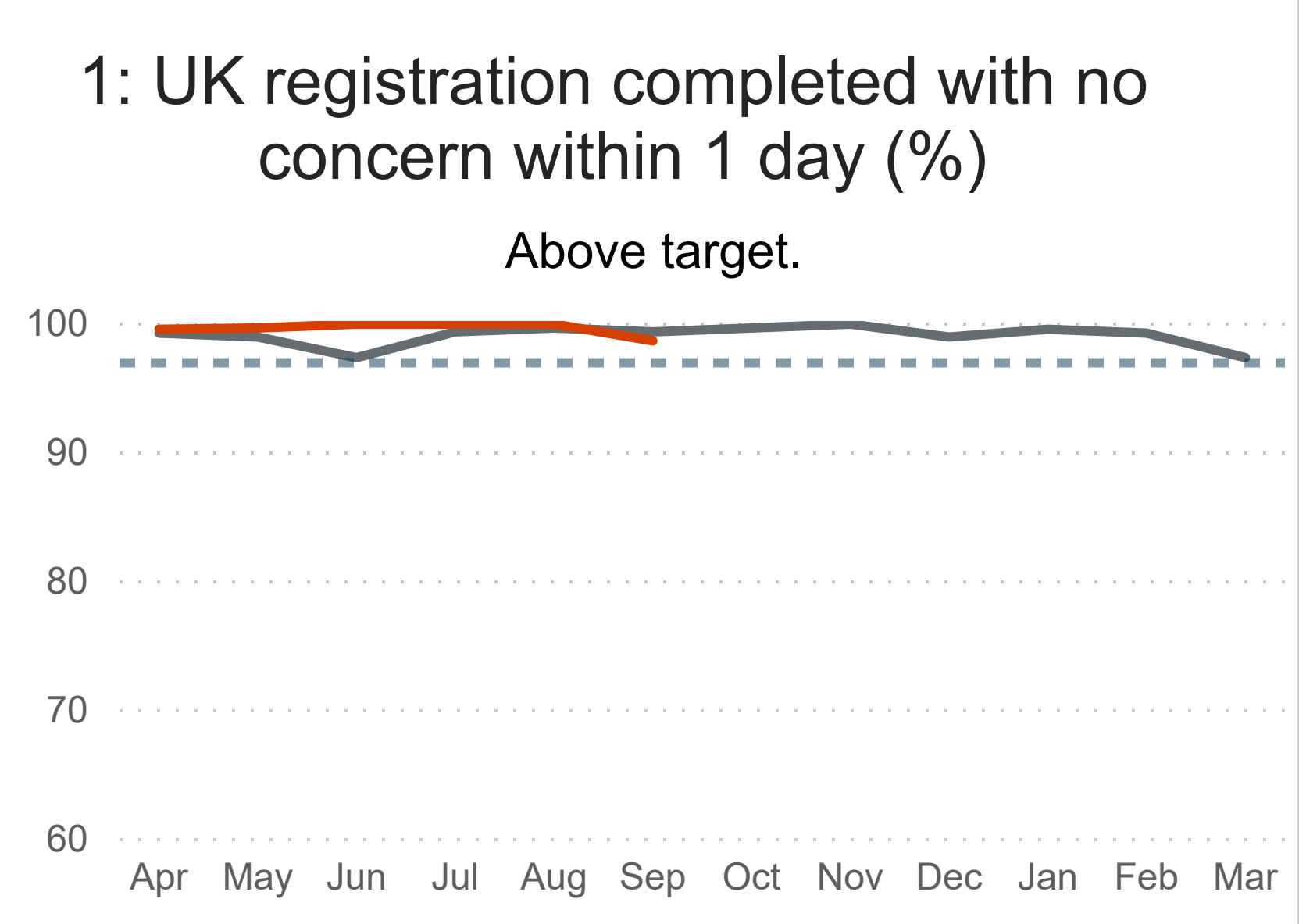
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# Professional Regulation Dashboard (Registrations)

Financial year: ● Current Year (2020-21) ● Previous Year (2019-20) Target: - - - 2020-21



### Professional Regulation – Fitness to Practise

- Part b – Professional Regulation (Fitness to Practise) KPIs – KPIs 7 (Interim Orders imposed) and 8 (FtP cases closed within 15 months) are presented at annexe 3
- Part c – Professional Regulation (FtP dashboard) – presented at annexe 3

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Part d

Summary of customer dashboard results for Q1 and Q2 (2020-2021)

Measure	Q1	Q2
<b>Corporate complaints</b>		
% Complaints responded to in 20 days	93%	↓ 90%
Learning points identified	186	↓ 106
Total corporate complaints	283	↑ 291
<b>Enquiries</b>		
% Enquiries responded to in 20 days	98%	↓ 73%
Enquiries responded to in 20 days (absolute)	20/21	↓ 11/15
% MP enquiries responded to in 20 days	50%	↑ 76%
MP enquiries responded to in 20 days (absolute)	16/32	↑ 29/38
<b>Customer Feedback Surveys</b>		
% rated service as good/ very good	89%	↓ 83%
Unhappy customers/ issues resolved	5	↓ 3
Total feedback surveys	677	↑ 1330
<b>Information requests</b>		
% Responded to on time	95%	↓ 94%
Total information requests	303	↑ 333

### Corporate Complaints

90%

Complaints responded to in 20 days

We have identified 106 learning points which have been shared with teams across the organisation.

**Fair** – We will be updating Dynamics so that applicants from overseas can add a subsequent qualification to their registration in the early part of 2021.

**Kind** – We contacted 136 applicants who experienced a delay in joining the register. We will pro-actively contact any students when we become aware of any issues with uploading their applications.

**Ambitious** – We are working with colleagues from the Learning and Organisational Development Team to create E-learning on enquiries and complaints to increase awareness of our person centred approach.

**Collaborative** – Our Contact Centre Team has created guidance for colleagues in Professional Regulation for processing financial refunds. This will ensure we are providing a consistent service to

73%

(11/15)

MP enquiries responded to in 20 days

76%

(29/38)

Enquiries responded to in 20 days

### Customer Feedback Dashboard at Q2 2020-21

1 July 2020 to 30 September 2020

291 Corporate Complaints

1330 feedback surveys

333 Information requests



### Customer feedback surveys

83%

rated our service as good or very good.

Three customers shared dissatisfaction and we immediately contacted them to resolve their concerns.

I could sense they had smile when talking to me. They were patient and a good listener. They showed interest I felt very valued and proud to belong to NMC.

### Information requests

94%

responded to on time

#### Information requests themes

We have continued to see an increase in GDPR right to erasure requests where nurses, midwives and nursing associates are asking us to delete Fitness to Practise hearing outcome information from our website.

We received requests for information on safeguarding training for staff as well as a higher than usual number of requests for registrations data and Fitness to Practise status information.

We identified that our ability to report on equality, diversity and inclusion data of registrants is very limited. Although we ask for registrants for equality, diversity and inclusion data, it is very difficult to report on the data. This has been highlighted with the team to address.



Extremely kind and helpful. Very knowledgeable and was able to answer my query straight away. Exceptional actually.



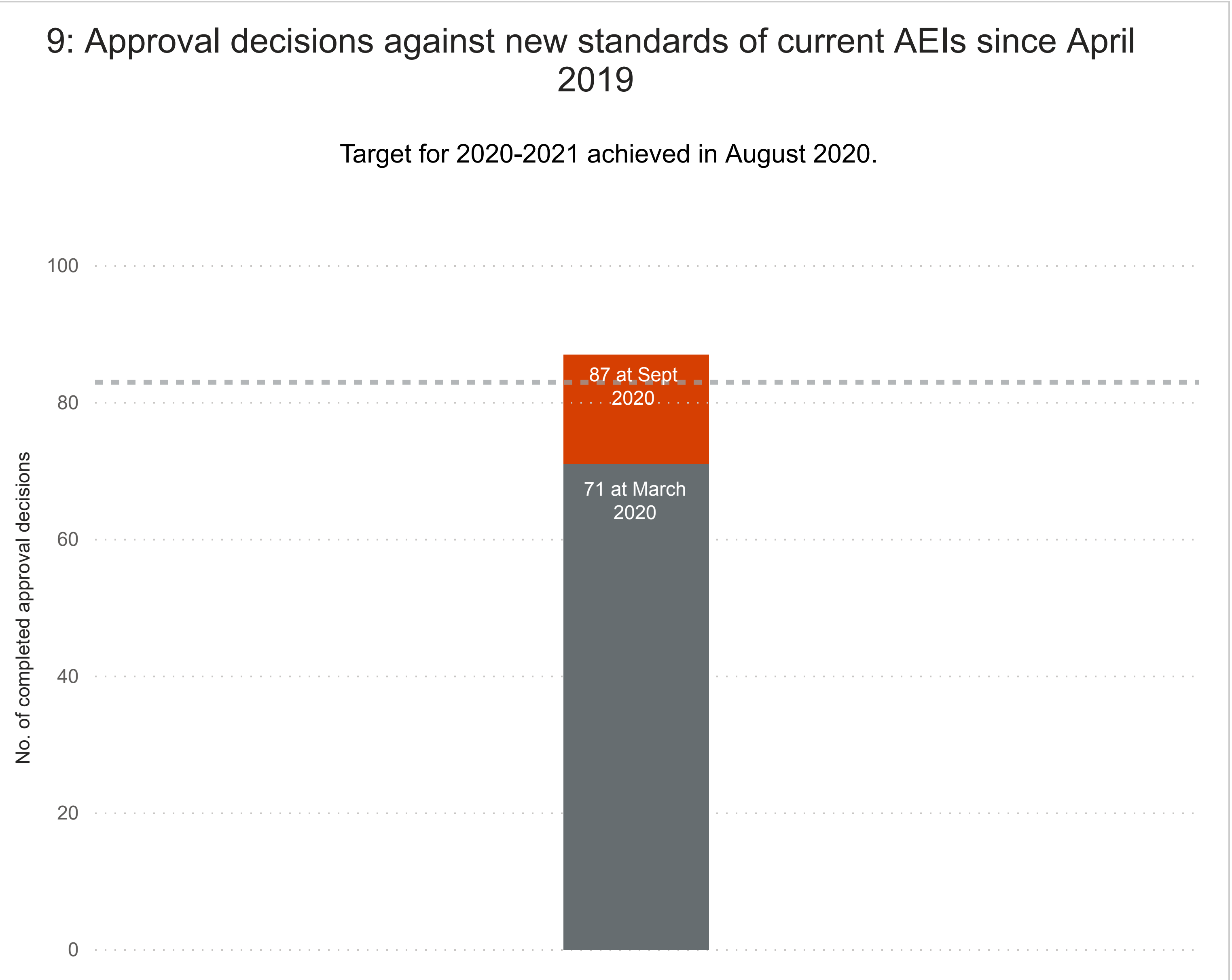
A credit to the team. The person I spoke to, I felt went above and beyond to help me. They were extremely patient and understanding.

# Professional Practice Dashboard

Financial year: ● Current Year (2020-21) ● Previous Year (2019-20) Target: - - - 2020-21

## 9: Approval decisions against new standards of current AElS since April 2019

Target for 2020-2021 achieved in August 2020.



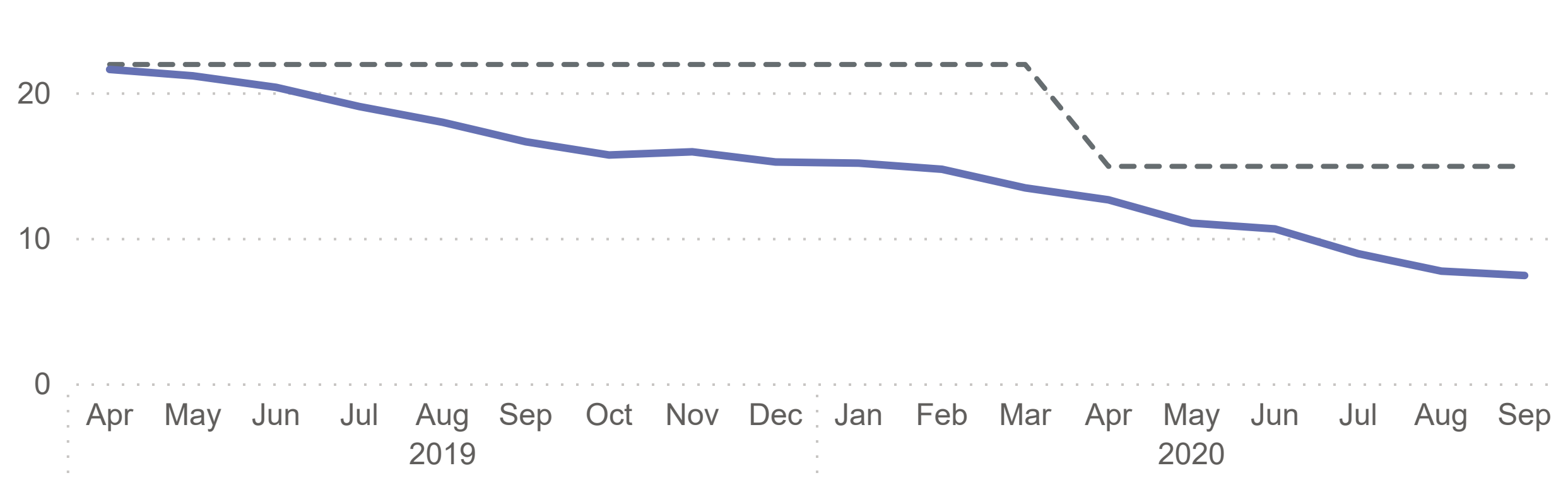


# Our People Dashboard

Financial year: ● Current Year (2020-21) ● Previous Year (2019-20) ● Long term trend Target: - - - 2019-20 - - - 2020-21

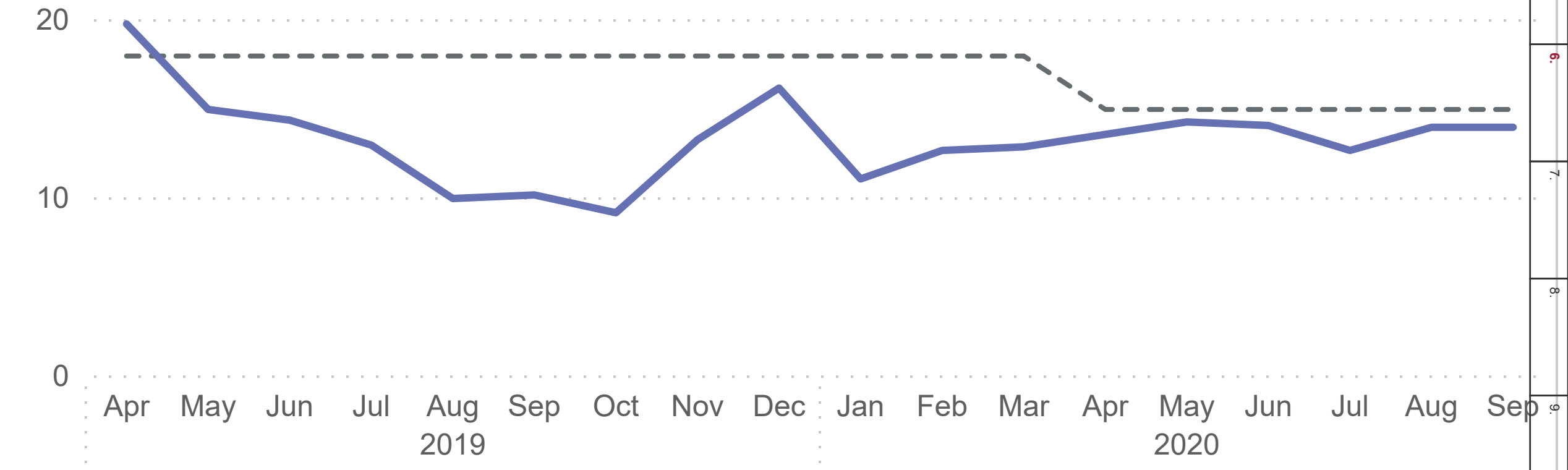
### 10: Total turnover %

Continues to trend downwards.



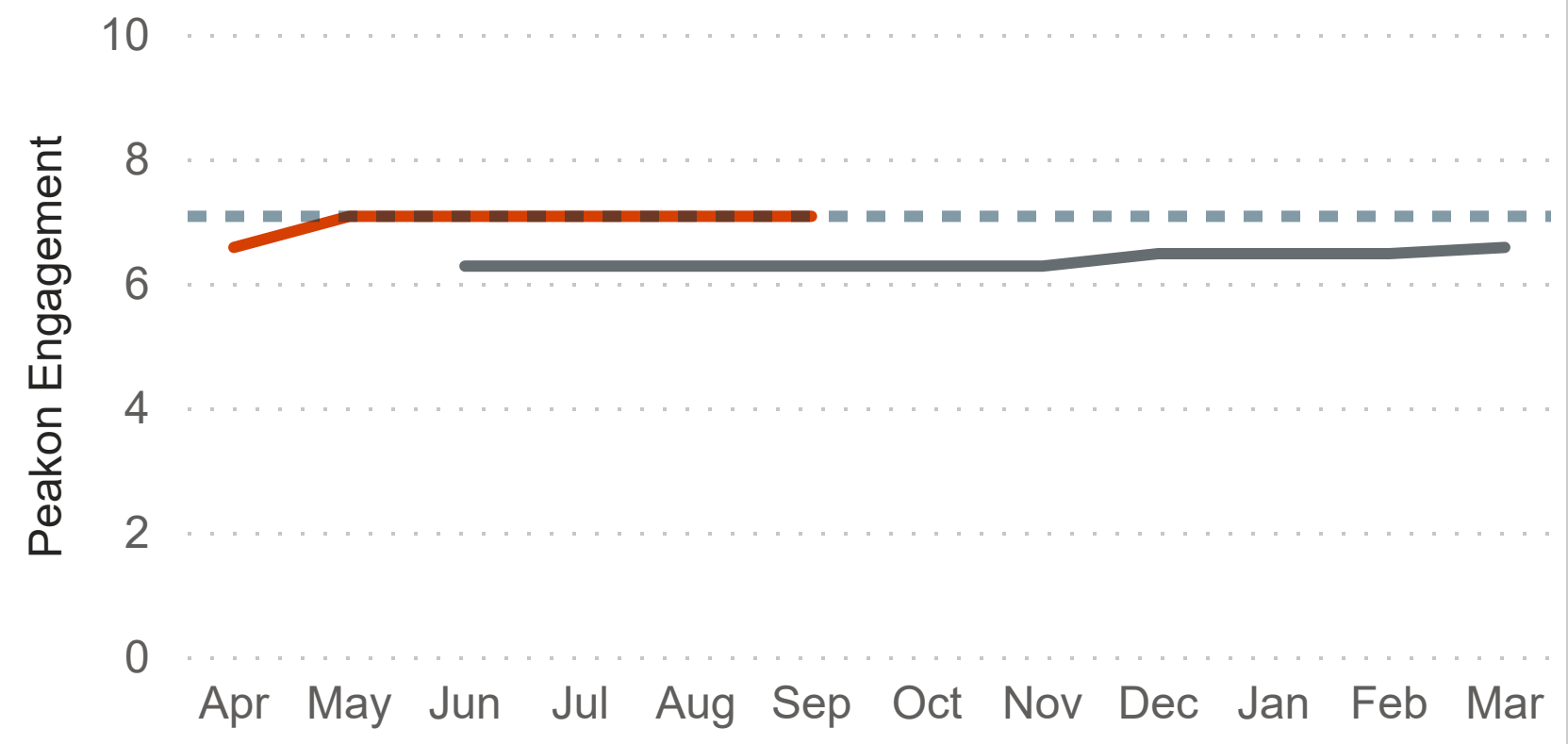
### 11: Turnover of new starters within 6 months of joining %

Remains below target.



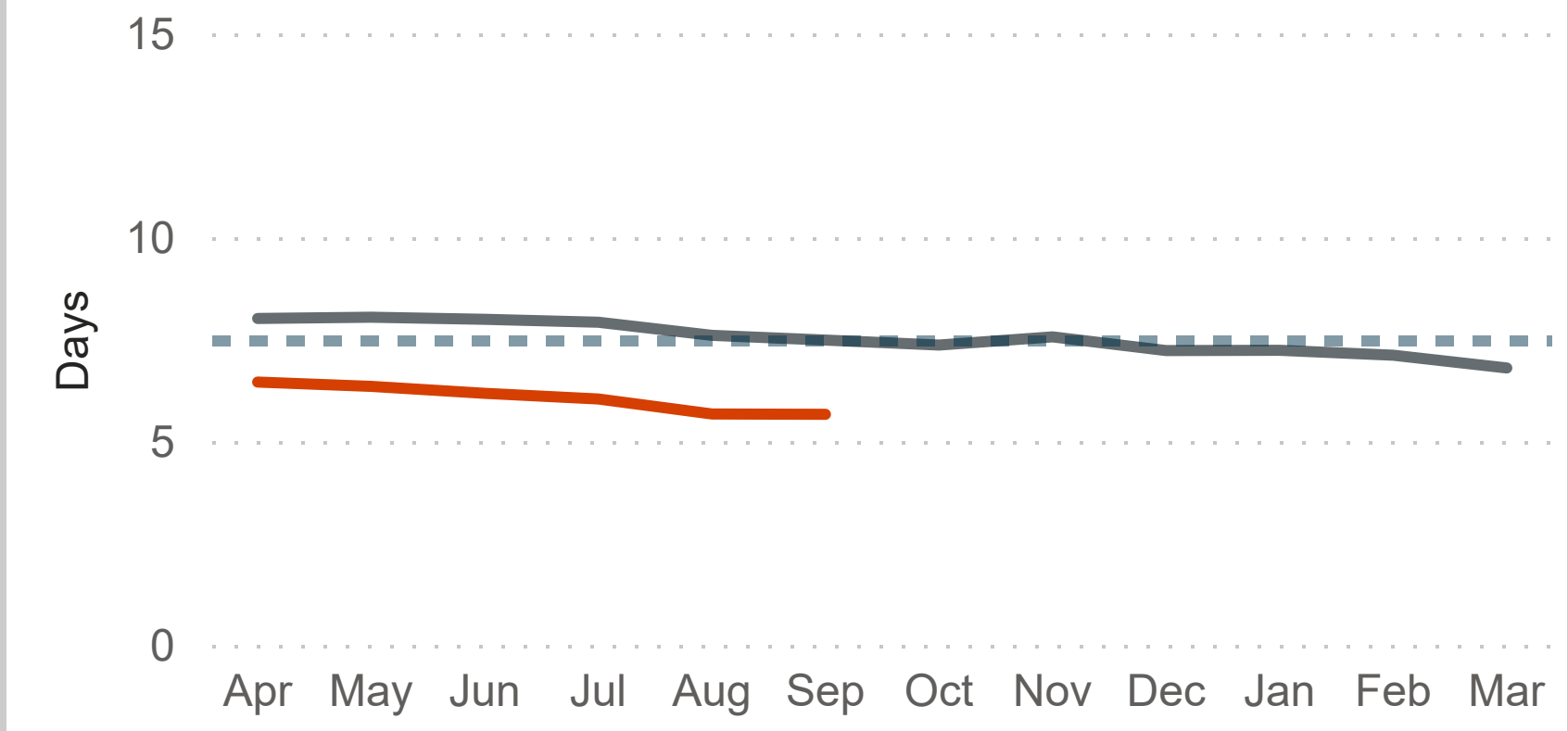
### 12: Employee engagement score

On target.



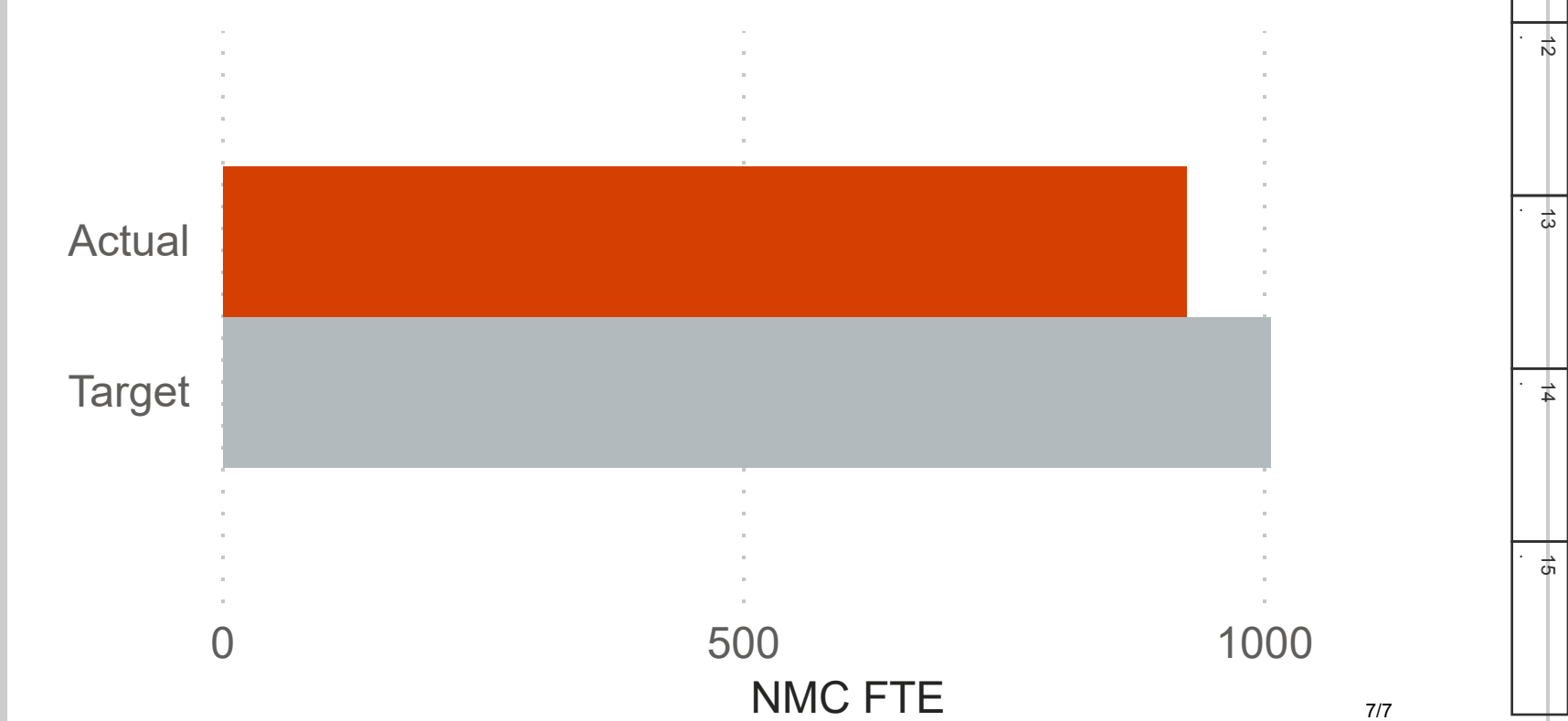
### 13: Sickness absence average days

Continues to trend downwards.



### 14: Total FTE

Actual FTE is below our planned FTE.



## Corporate Risk Exposure for 2020–2021

### Part A: Risk Exposure Report

- Context:**
- 1 The Executive Board is responsible for ensuring that corporate risks are identified and evaluated, that appropriate measures are put in place to mitigate risks, and that progress is monitored and reported. The Executive Board review, monitor and maintain our corporate risk register as per our risk management framework.
  - 2 This report provides an update on corporate risk exposure for the Council at 31 October 2020.
  - 3 At **part B** we have provided a short risk exposure report. This is a new report we have used successfully with the Executive Board for two discussions. It provides a summary of our corporate (strategic) risks which is linked to key considerations within the external and internal environment (including corporate performance).
  - 4 We have included the risk exposure report in response to the Council's request to provide a more strategic view of corporate risk. The Council is asked to consider whether this report meets its needs, and if so, we propose that we provide this every quarter alongside the following risk paper which focuses on red risks.
  - 5 We have not provided the full corporate risk register for this report pending the Council's comments on the risk exposure report.
  - 6 The Executive continue to review and maintain the full corporate risk register, reviewing the register every other month. The detailed register continues to be our main assurance document which captures in one place our total corporate risk exposure.

**Discussion: Corporate risk exposure**

- 7 Our greatest areas of risk continue to be: exit and recovery from Covid-19 (EXT20/02), replacing legacy ICT (INF18/02), and people (PEO18/01).
- 8 In addition, we have raised the risk assessments of two corporate risks to reflect potential risk exposure whilst we reduce the FTP caseload. These are:
  - We fail to take appropriate action to address a regulatory concern (REG18/02).
  - We fail to meet external expectations affecting stakeholders' trust in our ability to regulate (EXP18/01).

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- 9 Areas the Executive would like to draw the Council's attention to are:
- 10 **Coronavirus (EXT20/02):** With Covid-19 infections rising across the UK and Europe, further restrictions and lockdowns are in place across the 4 countries.
- 11 Key areas of focus for NMC are: our colleagues and maintaining core business, clarity regarding students, the temporary register (expansion and deployment), and clarity regarding revalidation extensions.
- 12 Our offices are Covid-19 safe which means that we can continue to operate our OCSE test centers and physical hearings. We are, however, undertaking extra checks to make sure that people over 60 and the clinically vulnerable are protected, and we continue to speak with colleagues to understand whether they are comfortable working on site and if there are extra measures we can take. We are limiting in person attendance at hearings for observers who will be asked to join virtually instead.
- 13 Silver and Gold command continue to consider these issues and will be implementing next steps over the coming weeks. At this point we do not believe our risk exposure is any greater than the current assessment of Red (likelihood 4, impact 4).
- 14 **ICT (INF18/02):** This risk remains red with no proposed changes in the short to medium term. A business case is expected in January 2021 for our Modernising our Technology Services programme. We will review the risk exposure thereafter.
- 15 **People (PEO18/01):** This risk remains red with no proposed changes until we undertake our annual review of the capacity and capability as part of business planning. Reducing the FTP caseload remains an organisational priority for resources both this year and next.
- 16 **Addressing regulatory concerns (REG18/02):** The key area of exposure is whether we are taking regularity action quickly enough and managing the day to day capacity of our FTP workflow whilst we reduce our FTP caseload. We do not believe there is increased risk of us not taking action appropriately, but we recognise that our timeliness may be affected whilst we recover.
- 17 The Executive have increased our likelihood assessment to 4 (which is a 51-80 per cent chance of occurrence) in the short term whilst we develop and implement our plans for restoration. This increases this risk from Amber to Red. We expect this to reduce back to Amber once plans are implemented over the next six months.

- 18 **Stakeholders trust in our ability to regulate (EXP18/01):** To reflect the potential for dissatisfaction and possible negative impact on stakeholders if concerns take longer to address, we have increased the likelihood to 4 (which is a 51-80 per cent chance of occurrence) in the medium term until we can evidence that the caseload is reducing. This increases this risk from Amber to Red.
- 19 See **annexe 3** where the FTP casework is discussed in more detail.
- 20 The risk exposure report at part B discusses areas of exposure for each corporate risk.

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Annexe 2 part B: Corporate risk exposure report up to 17 November 2020

Increasing ↑ Reducing ↓  
No change ↔

Reference	Corporate Risks for 2020-21	Current rating			Risk exposure considerations at November 2020	Action taken
		L	I	L X I		
REG18/01	Risk that we fail to maintain an accurate register of people who meet our standards	3	5	15 ↔	<ul style="list-style-type: none"> <li>- No plans to close OCSE testing for the second wave</li> <li>- Issues of deployment from the temporary register and limited options for safe expansion of the temporary register for the second wave (<i>mitigate through close working with CNOs and other sector stakeholders about deployment, and Gold command review of options for expansion paper w/c 2 November 20</i>)</li> </ul>	No additional actions required
REG18/02	Risk that we fail to take appropriate action to address a regulatory concern	4 ↑	5	20 ↑	<ul style="list-style-type: none"> <li>- No plans to pause FTP casework for the second wave;</li> <li>- High FTP caseload could result in delays to FTP outcomes which could have a negative impact on those affected by FTP cases. There is also the potential for operational capacity pressures whilst we implement plans to clear the backlog;</li> <li>- Social distancing means a reduced number of physical hearings for 2020-2021 (<i>mitigate via FTP restoration programme</i>);</li> </ul>	<b>Action:</b> Likelihood increased from 2 to 4 in the short term to reflect the pressures regarding the FTP caseload.
REG19/03	Failure to ensure that educational standards are fit for purpose (including processes to ensure compliance with standards are being met)	2	4	8 ↔	<ul style="list-style-type: none"> <li>- Implications of the removal of the EU directive as a result of Brexit impacts education and AEIs ability to implement changes for the 2021 intake (<i>mitigate via Brexit education work</i>);</li> <li>- Deferrals by AEIs in implementing new nursing and midwifery standards (<i>mitigated by extensions to deadlines</i>);</li> </ul>	No additional actions required
PEO18/01	Risk that we fail to recruit and retain an adequately skilled and engaged workforce	4	4	16 ↔	<ul style="list-style-type: none"> <li>- Large demand to recruit more people for FTP casework;</li> <li>- HR resources diverted onto Covid-19 risk assessing, and first returners to the office (<i>mitigated by rescheduling other work</i>);</li> <li>- Increased focus on employee wellbeing as work from home continues in the longer term (<i>mitigate through communications and Covid planning</i>);</li> <li>- Annual business planning will review workforce needs. Outcomes from planning will be presented to Council in January 2021.</li> </ul>	<b>Action:</b> Risk ownership moves to FO from SD.

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Reference	Corporate Risks for 2020-21	Current rating			Risk exposure considerations at November 2020	Action taken
		L	I	L X I		
INF18/02	Risk that ICT failure impedes our ability to deliver effective and robust services for stakeholders or value for money	4	5	20 ↔	<ul style="list-style-type: none"> <li>- Plan and analyse phase underway for MOTS with business case due in January 2021 - we will review the risk following this;</li> <li>- Recruitment campaign for a senior product owner for MOTS has begun;</li> <li>- Work to procure a replacement for CamCom is forecast as on track for April 2021.</li> </ul>	<i>No additional actions required</i>
COM18/02	Risk that we fail to comply with legal or compliance requirements	3	3	9 ↔	No new issues to report to EB	<i>No additional actions required</i>
EXT18/01	Risk that we may lack the right capacity and capability to influence and respond to changes in the external environment	3	3	9 ↔	<ul style="list-style-type: none"> <li>- Planning for operational implications of Brexit (<i>mitigate via Brexit planning group and engagement with parliamentary stakeholders and sector leaders</i>);</li> <li>- Some continuing uncertainty regarding the timing for regulatory reform (<i>mitigated by Reg Reform programme</i>);</li> <li>- Responding to investigations into the safety of a number of maternity units</li> </ul>	<i>No additional actions required</i>
EXP18/01	Risk that we fail to meet external expectations affecting stakeholders' trust in our ability to regulate	4 ↑	4	16 ↑	<ul style="list-style-type: none"> <li>- Some additional engagement and communications work due to increasing restrictions for the second wave (<i>mitigated through Silver and Gold command planning</i>);</li> <li>- Potential for increased dissatisfaction and complaints due to delays in FTP casework (<i>mitigate via FTP restoration programme and external communications</i>);</li> <li>- Managing a divergence of stakeholder views during co-production of standards (e.g. post registration development)</li> <li>- Work continues to identify, monitor and take action on high risk regulatory concerns (ICG);</li> </ul>	<b>Action:</b> Likelihood increased from 3 to 4 in the short term to reflect the pressures regarding the FTP caseload.
STR20/02	Risk that we fail to develop a strategy for 2020-25 which is achievable and underpinned by appropriate implementation plans	3	4	12 ↔	<ul style="list-style-type: none"> <li>- Analysis of the impact of Covid 19 on our 2020-2021 considered by EB and submitted to the Council;</li> <li>- Horizon scanning seminar with Council on 15 October 2020 to discuss sector issues;</li> <li>- Business planning for 2021-2022 launched with outcomes expected in December 2020.</li> </ul>	<i>No additional actions required</i>

Reference	Corporate Risks for 2020-21	Current rating			Risk exposure considerations at November 2020	Action taken
		L	I	L X I		
FIN20/01	Risk of short term capital loss in stock market investments due to volatility within the market or that we invest in companies that don't align with our values	3	3	9 ↔	No new issues to report	<i>No additional actions required</i>
EXT20/02	Risk that novel coronavirus (Covid-19) means that we are unable to effectively regulate our professions or protect the public or protect NMC colleagues	4	4	16 ↔	<ul style="list-style-type: none"> <li>- Implications of second wave for workforce capacity (deployment from the temporary register / expansion);</li> <li>- Maintaining our regulatory duties (no plans to close OSCE test centres or stop FTP casework) (<i>mitigate and monitor via Gold and Silver Command</i>);</li> <li>- Implications of second wave on NMC colleague capacity and recruitment (<i>mitigate and monitor via Gold and Silver Command</i>);</li> <li>- Uncertainty about how long colleagues need to work at home;</li> <li>- Uncertainty regarding how long social distancing will continue.</li> </ul>	<i>No additional actions required</i>

<b>Risk Escalations from directorates, Corporate Change and PMO, Corporate risk team</b>	None at November 2020
<b>Proposed new corporate risks</b>	None

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## **Part A: Professional Regulation – Fitness to Practise caseload**

### **Background to an increasing caseload**

1. Prior to March 2020 we had seen case numbers build up in our Fitness to Practise (FtP) teams, particularly at the Screening and Case Examiner stages. We had recruitment plans in place to support the teams and to address the building case volumes.
2. When we moved into lockdown there was a great deal of uncertainty as to our ability to regulate effectively with all NMC colleagues working from home and there was also a need to ensure we did not have a negative impact on frontline healthcare provision at a time when the impacts of Covid-19 were still developing.
3. We made the decision to prioritise activity that was required for the immediate management of risk. In simple terms we concentrated on the imposition of interim orders, the review of interim and substantive orders when they were approaching expiry, and the extension of interim orders through the courts where necessary.
4. Where we thought a case was likely to close at the Case Examiner stage, having been investigated already, we decided we would continue to progress those cases. This enabled nurses and midwives to return to the frontline to help with the pandemic response without the concern of an open fitness to practise referral.
5. As a result of our prioritisation decisions case numbers continued to build at Screening and started to increase in our Investigations teams. However, total numbers waiting for a decision by the Case Examiners have decreased with the focus on cases that were likely to close.
6. The focus on closure decisions by our Case Examiners meant that low numbers of cases flowed through to the final stage of our process requiring a decision by a panel, so there was no immediate rapid increase in case numbers at Adjudication. However, there was no decrease in case numbers either as the national lockdown meant we were unable to run physical hearings and our ability to run full hearings virtually was not well developed.
7. Casework resumed on 20 July 2020 and while we were able to run virtual hearings during lockdown we were only able to restart physical hearings on 14 September 2020. Our capacity to run physical hearings has been impacted by the need to ensure our premises are Covid-secure and to enable social distancing.

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8. As at the end of October 2020 our caseload was 5,724 with 2,713 at Screening, 2,158 at Investigations, 365 at Case Examiners and 488 at the Adjudication stage. This compares to a total caseload of 3,061 at 31 March 2018, 3,133 at 31 March 2019, and 4,506 at 31 March 2020 (see Annexe 1, Section 4, FTP dashboard).
  9. We recognise the significant impact delays in FtP casework have on all of those involved in our processes and there are many people involved who are waiting for cases to move forward. We also recognise the significant impacts on colleagues within the organisation who feel the pressure of holding larger case numbers and being responsible for the progress of cases which are already subject to delay.

### **Our future plans**

10. As we plan for our recovery and begin to bring the caseload down we do so having developed our ability to operate virtually during the first lockdown. We know we are able to operate casework and hearings virtually. This means that we do not intend to pause casework or hearings activity again, as we can continue to operate safely during times of lockdown. However, we do need to further explore the impact that moving to virtual operations has had on our productivity and colleagues' wellbeing, and take steps to improve it.
11. We have reviewed and improved our modelling of the caseload, so that we are better able to assess the resources we need for recovery and understand the costs.
12. Testing of the latest model, which has included scenario testing at a high level, is near completion. It's envisaged that this work will be completed by Christmas.
13. We are also looking at how we can improve our processes and systems. We are developing a significant programme of cross-organisational change activity which will support our recovery efforts and ensure we are able to support the people in our process. This so far includes:
  - Better signposting and support for people considering making referrals to us
  - Ensuring that new information coming into the organisation is assessed and where necessary, signposted to the relevant internal business area or external organisation to address
  - Ensuring our screening process and guidance are as efficient as possible
  - Ensuring that proportionate investigations start as early as possible and decisions are made at the right level as soon as there is enough information
  - Strengthening multi-disciplinary working on major investigations

- Strengthening management support for our Case Examiners and reviewing how they operate
  - Maximising the appropriate use of meetings to make final Adjudication decisions
  - Delivering improvements to the technology which supports our Adjudication activity
  - Reviewing changes to our case management IT systems.
14. We are also clear that there will need to be significant investment in people and a headcount increase will be required. The Executive has so far agreed 59 new posts at a cost of £1.1million in the current financial year. Many of these posts are temporary as they will not be required long term.
  15. We will also increase the number of investigations that we send to our external investigators. Subject to their capacity, we intend to outsource up to 50 additional investigations in the current financial year at a cost of £366,000.
  16. We intend to continue to roll out our plans for improving our person centred approach as we know how important this is to everyone involved in our processes. This will include continuing to develop our approach to providing support to people who need it across our processes.
  17. Whilst we are recruiting new resources and reviewing our processes the benefits of that activity will take some time to be realised and Covid19 is still affecting our productivity and ability to operate normally. It is therefore likely that the caseload will continue to increase in the short term and will remain high until 2022.
  18. To date, additional investment required in the current financial year is £1.5million. In our current forecast, this cost can be absorbed by the directorate's year to date underspend. But more costs will be quantified upon completion of our modelling work.
  19. We will bring details of our additional investment this year and the budget implications for 2021-2022 to the Council in March 2021 as part of our corporate budget and planning process.
  20. We recognise the increased risk exposure from our current caseload and restoration plans. We have proposed increases to two corporate risks. Please see the discussion at annexe 2 of the Executive Report.

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**Initial proposed change activities at key stages of the process**

Screening	Investigation	Case Examiners	Adjudication
<ul style="list-style-type: none"> <li>Better signposting and support for people considering making referrals to us</li> <li>Ensuring that new information coming into the organisation is assessed and where necessary, signposted to the relevant internal business area or external organisation to address</li> <li>Ensuring our screening process and guidance are as efficient as possible</li> </ul>	<ul style="list-style-type: none"> <li>Strengthening our approach and processes for major investigations</li> <li>Increasing the number of investigations conducted by external law firms</li> </ul>	<ul style="list-style-type: none"> <li>Strengthening management support for our Case Examiners</li> <li>Reviewing how we support case management decision making</li> </ul>	<ul style="list-style-type: none"> <li>Maximising the appropriate use of meetings to make final Adjudication decisions</li> <li>Delivering improvements to the technology which supports our Adjudication activity</li> </ul>
<ul style="list-style-type: none"> <li>Ensuring that proportionate investigations start as early as possible and decisions are made at the right level as soon as there is enough information</li> </ul>			
<ul style="list-style-type: none"> <li>Reviewing changes to our case management systems</li> </ul>			
<ul style="list-style-type: none"> <li>Recruitment to key roles</li> </ul>			

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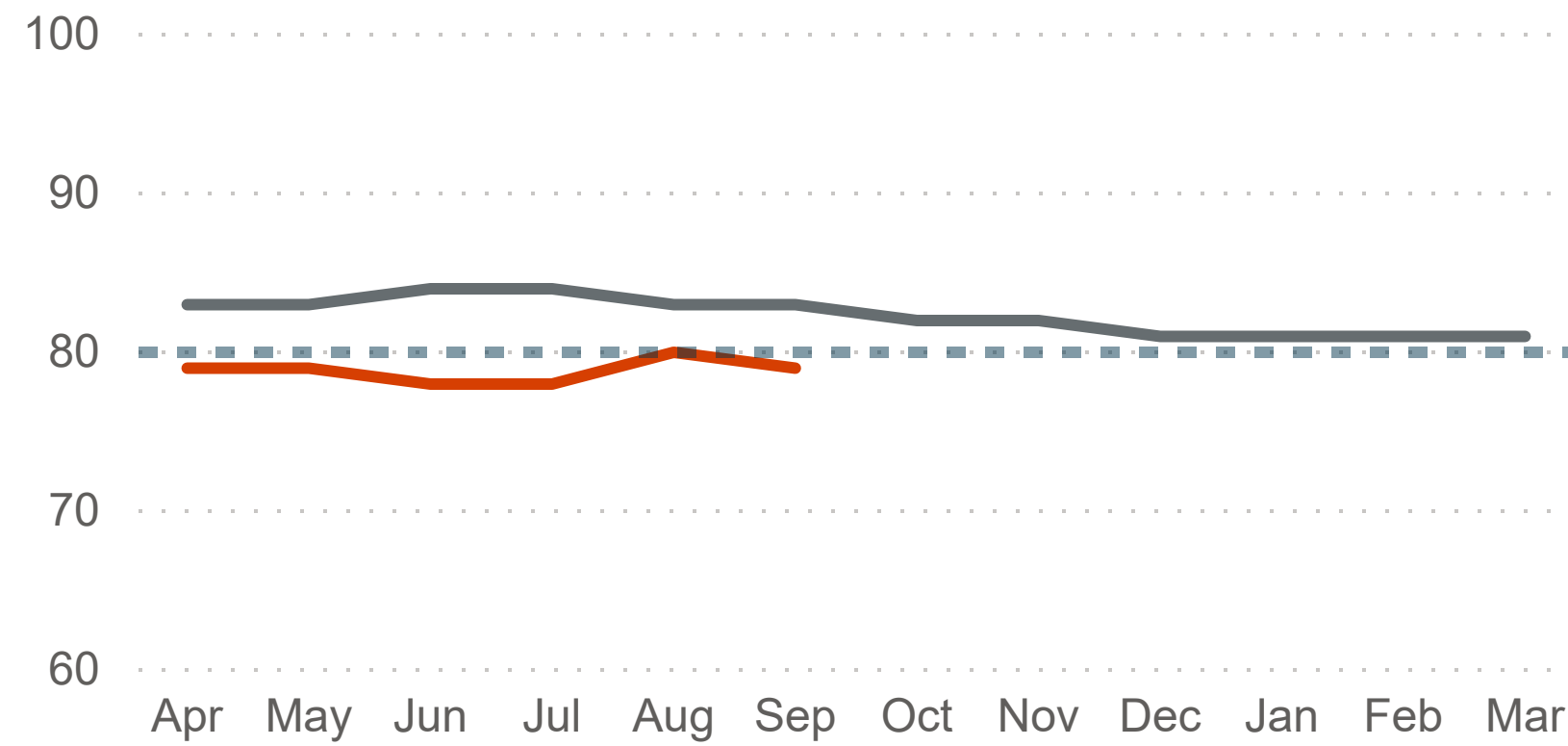
# Part B: Professional Regulation Dashboard (Fitness to Practise)

Financial year: ● Current Year (2020-21) ● Previous Year (2019-20) ● Long-term trend Target: - - - 2020-21

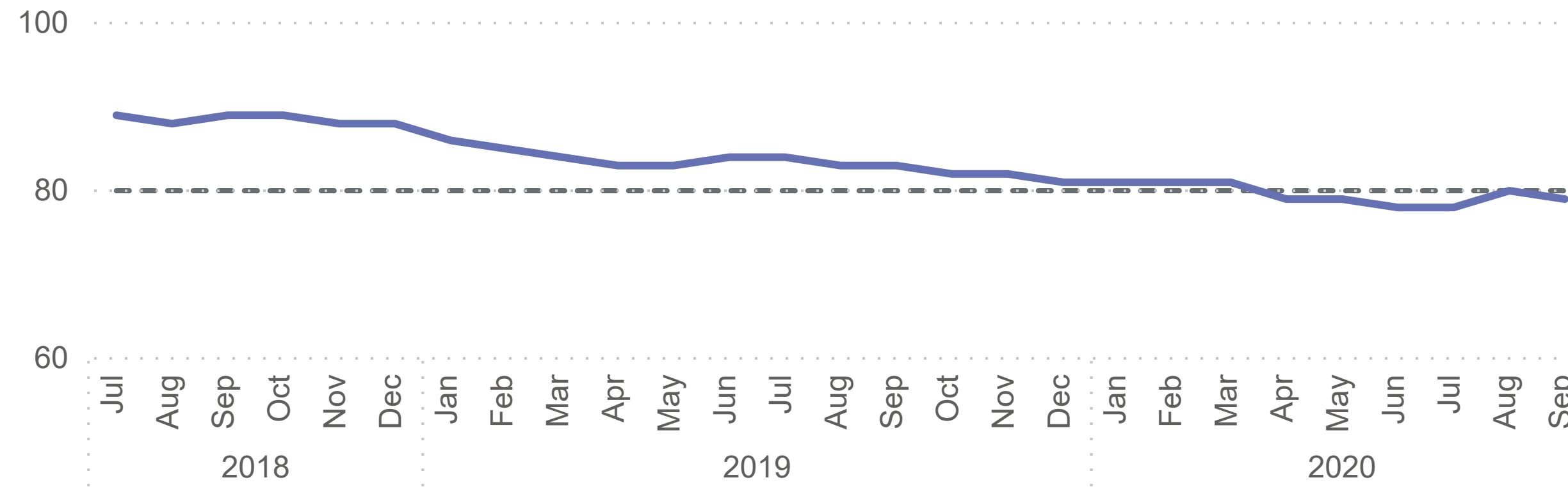
## 7: 12 month rolling average of interim orders within 28 days of opening case (%)

Average trend is below target since April 2020.

### By financial year



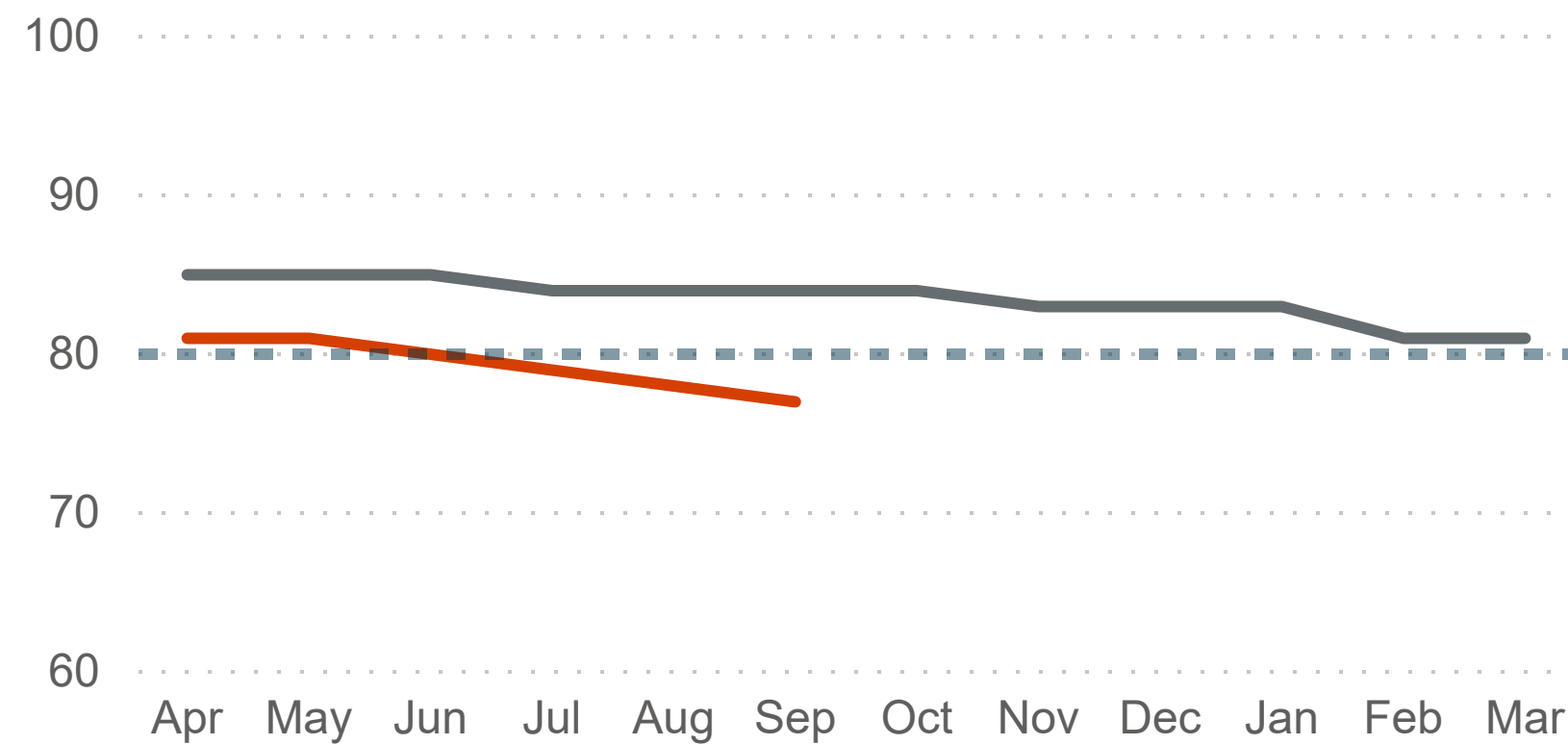
### Long-term trend



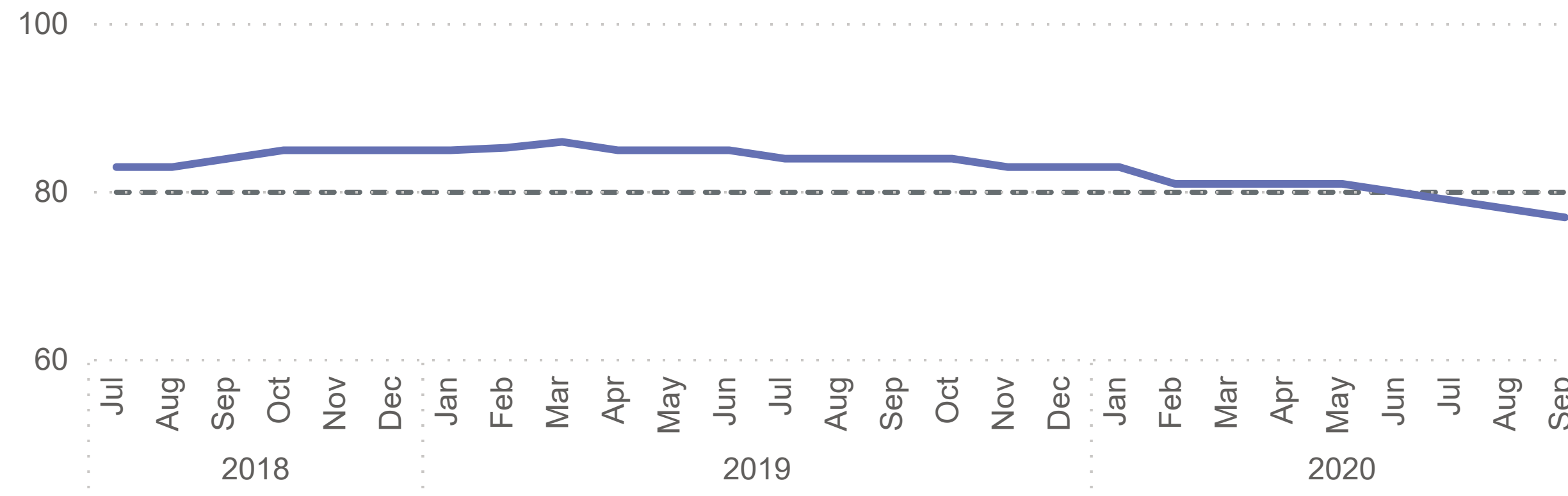
## 8: 12 month rolling average of cases concluded within 15 months of opening (%)

Trending downwards, below target for Q2.

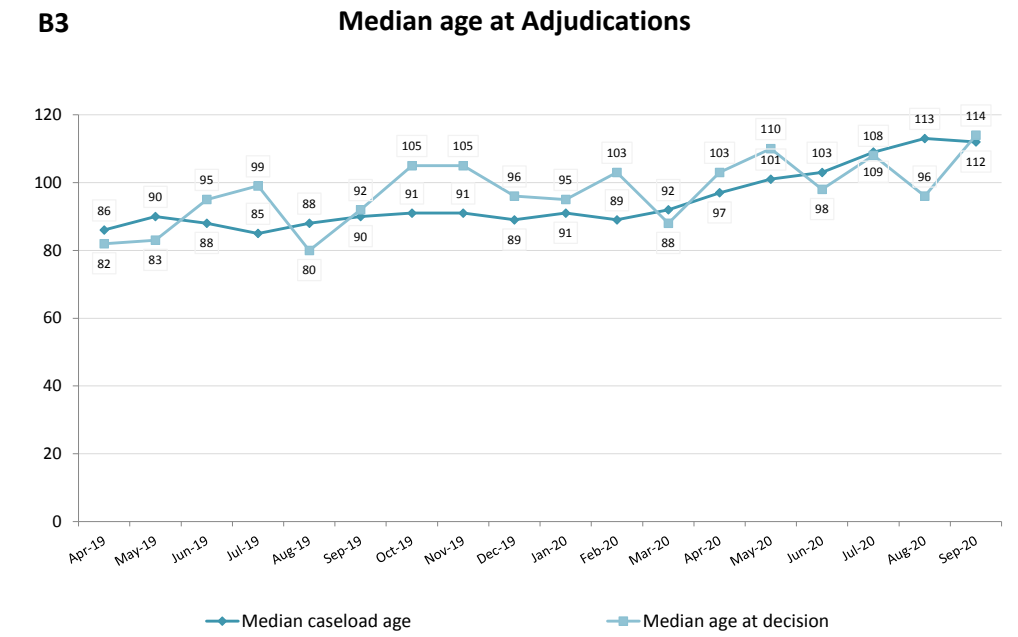
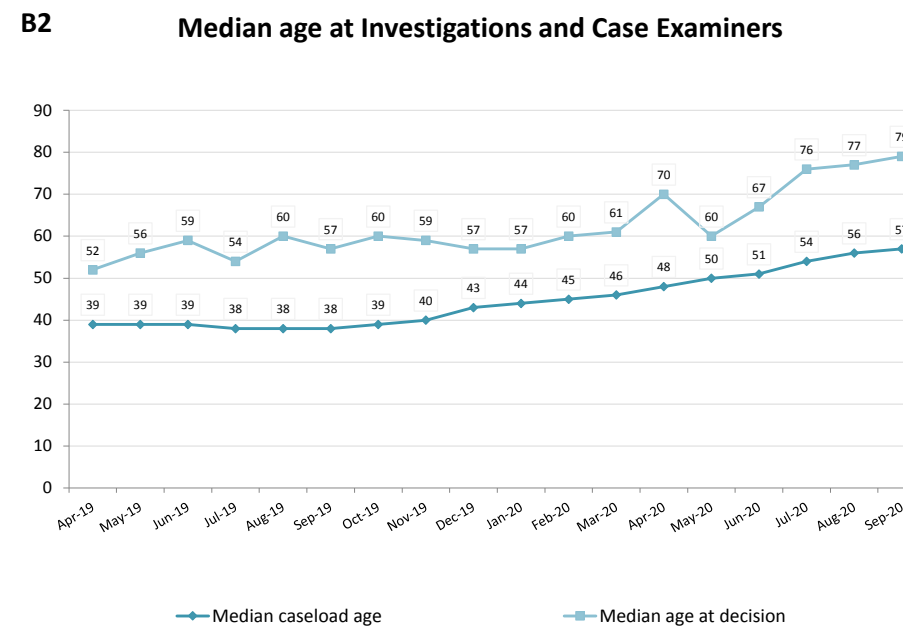
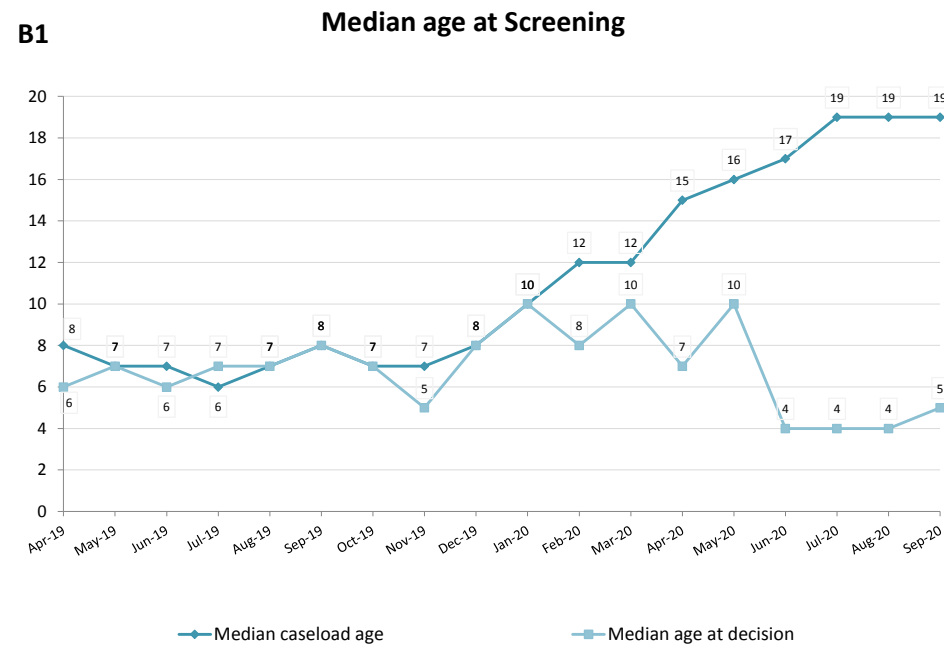
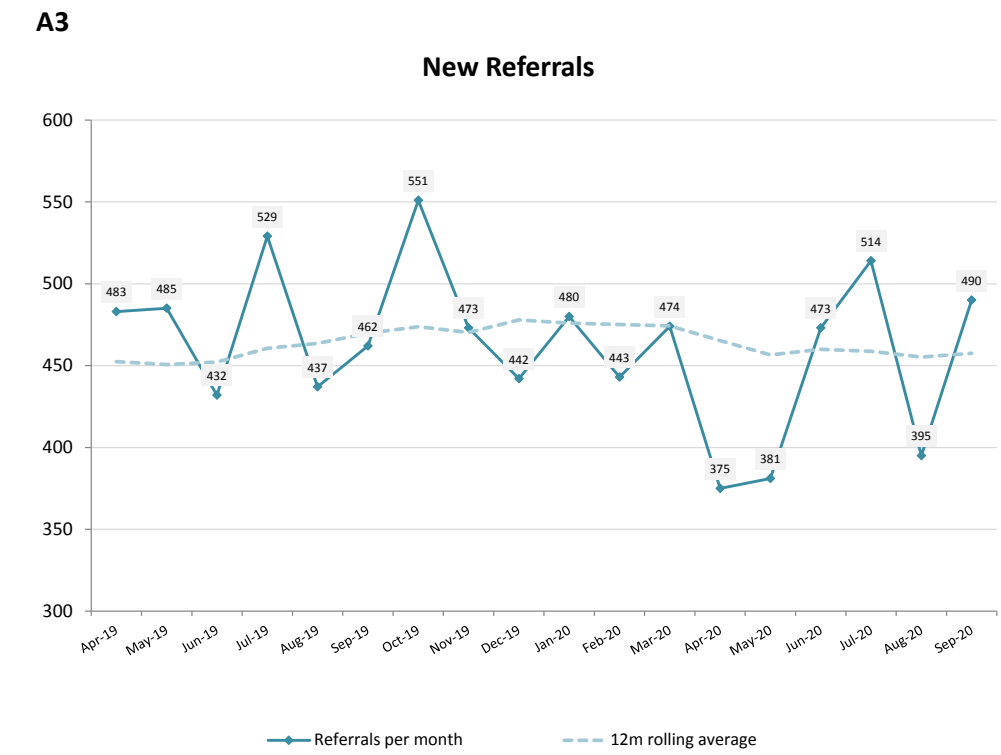
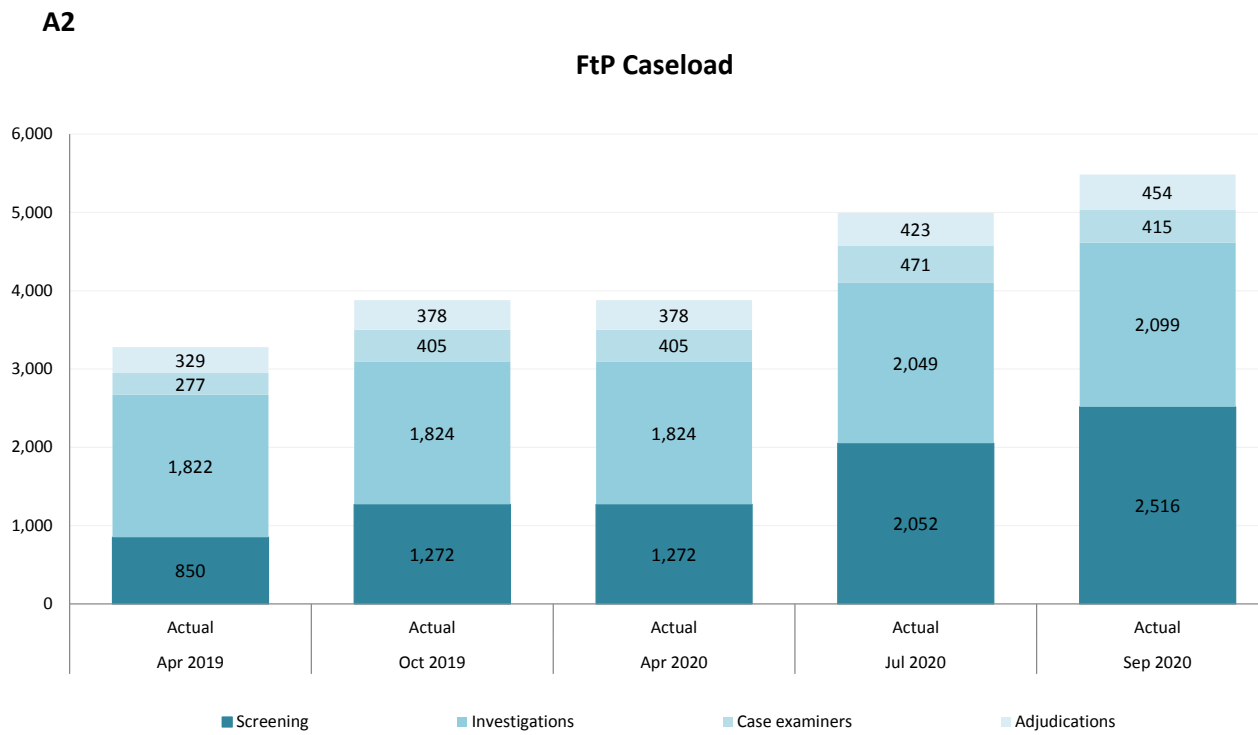
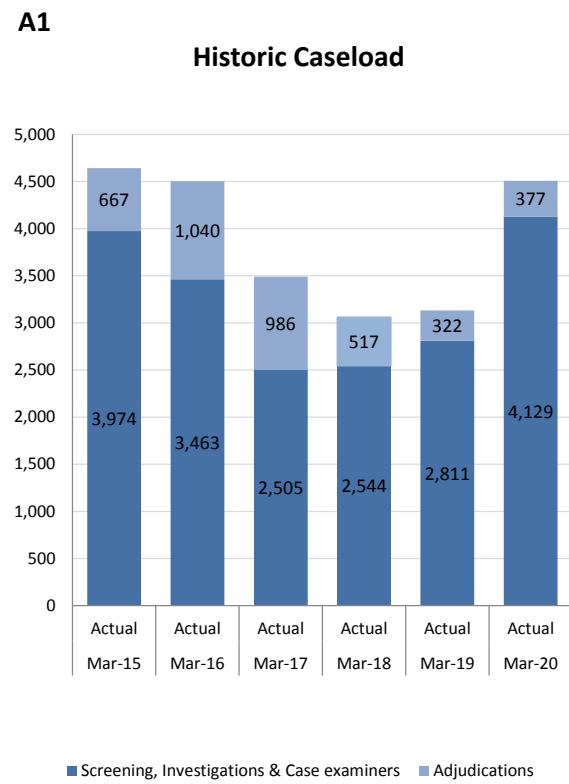
### By financial year



### Long-term trend



# FtP Performance Dashboard September 2020 - Final



Caseload Movement Summary

Opening caseload 5,227

493 cases received

236 cases closed

5,484 Closing caseload

## Council

### Equality, Diversity and Inclusion update

**Action:** For discussion.

**Issue:** To update the Council of the progress on equality, diversity and inclusion matters.

**Core regulatory function:** All regulatory functions.

**Strategic priority:** Strategic aim 3: More visible and informed  
Strategic aim 5: Insight and influence  
Strategic aim 6: Fit for the future organisation

**Decision required:** None.

**Annexes:** The following annexes are attached to this paper:

- Annexe 1: Update on Black lives matter commitments
- Annexe 2: NMC WRES data comparison with other ALB's
- Annexe 3: Draft Ethnicity pay gap report
- Annexe 4: Draft Disability pay gap report
- Annexe 5: Draft Gender pay gap report

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

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**Context:**

- 1 The NMC consulted widely to develop the new Strategy 2020-2025. The Values and Behaviours includes commitments and expectations around equality, diversity and inclusion that will produce sustainable outcomes for the professionals we regulate and for our internal workforce. This report addresses our EDI agenda, for both NMC colleagues and the people on our register.
- 2 In 2019, we made a commitment to sign up to the NHS Workforce Race Equality Standard (WRES) and this year, we have submitted NMC data in line with our pledge. Following our report to the Council in July 2020, we have made progress on the actions we committed to in light of Black Lives Matter. We will voluntarily publish, for the first time, ethnicity and disability pay gap reports to complement the gender pay gap report, which we are required to publish by law. Our analysis of the WRES data and the pay gap reports demonstrates that there is more action we need to take.
- 3 In October 2020, we published [Ambitious for change: research into NMC processes and people’s protected characteristics](#). This represents a major step in deepening our understanding of the impact of our regulatory processes on the people on our register with protected characteristics. On the basis of the literature review and major data analysis we have done to date, and following discussions with our expert advisory group, we have identified a number of priorities for further work.

**Four country factors:**

- 4 Not applicable for this paper.

**Discussion: NMC Colleagues**

*Our assessment of the current position*

- 5 In July 2020, we reported to the Council on the issues for the NMC arising from Black Lives Matter. An update on the actions we committed to then is attached (Annexe 1). We have made reasonable progress, except in one area: we did not secure an external expert on the anticipated timeline and continue to progress this.
- 6 At the end of October 2020, we submitted data to the WRES for the first time. We committed to doing so to enable us to benchmark our performance more effectively and to target areas for improvement. Annexe 2 shows how our WRES data compares to arm’s length bodies.

- 7 The WRES data shows there is poor representation of Black and minority ethnic staff (BME) in senior roles in the organisation. The starkest finding is that only 5.2 percent of colleagues from BME backgrounds believe the organisation provides equal opportunities for career progression or promotion compared to 42.6 percent of white colleagues.
- 8 These findings are reflected in the data we are reporting in our first ethnicity pay gap report (Annexe 3). Our mean ethnicity pay gap in 2020 was 28.7 percent compared with a UK benchmark of 3.8 percent in 2018. Our analysis is that this significant pay gap is not due to unequal pay for similar roles; rather, it reflects the fact that many BME colleagues are in junior grades in the organisation and are significantly under-represented in senior roles.
- 9 BME, our employee network for black and minority ethnic colleagues, has continued to hold 'safe space' conversations. The feedback colleagues have shared as part of those discussions indicates a qualitative experience gap in their sense of belonging, inclusion, and perceptions of fairness, which is borne out in the WRES and the ethnicity pay gap data. BME colleagues have told us that recruitment practices are inconsistent across the organisation and temporary contracts and secondments disproportionately affect BME staff. BME colleagues report having to apply for the same role several times - temporary, fixed term and then permanent contracts - and this is not fair. Colleagues feel unsupported in recruitment processes and there is a perception that positions are often earmarked for favoured colleagues before they have been advertised.
- 10 We urgently need to address career progression and representation of BME staff in senior roles in the organisation.
- 11 The issues for disabled colleagues are slightly different. Our first disability pay gap report (Annexe 4) suggests that we have a positive pay gap: people who have declared disabilities are paid more than people who have not declared disabilities. There is representation of disabled colleagues throughout most of our pay levels. However, only 4 percent of NMC colleagues have declared a disability. The Office of National Statistics states that in 2018, 18.9 percent of the UK working population is disabled.

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- 12 Under-reporting could be an issue. We need to work with Workaround, our employee network for colleagues with disabilities, to ensure people are confident to disclose their disabilities so that we can provide reasonable adjustments to help them thrive at work. Feedback from Workaround also suggests that we need to do more to improve our processes and capabilities to support disabled people better. We must also ensure that our recruitment and selection processes do not deter disabled people from applying for or being appointed to roles.
- 13 Our gender pay gap report (Annexe 5) shows that there has been a slight decrease in the mean gender pay gap from 3.9 percent in 2019 to 3.4 percent in 2020. The NMC gender pay gap consistently remains below the UK benchmark of 14.1 percent.

*Next Steps: The NMC People Plan*

- 14 EDI is embedded in our Strategy, our Values and Behaviours and must be integral to everything we do. We understand the issues and they are deeply concerning. We recognise the need for pace around critical findings with regard to race equality, and we understand there is pressing work to do around disability. We will now take stock of the evidence in a holistic way and develop actions that are meaningful and sustainable.
- 15 The work on the NMC People Plan starts in the New Year and provides the opportunity to embed these EDI priorities. Career progression is an issue for all staff, but career progression for BME staff will be prioritised in our year one programme. Years two and three will address career progression for all staff and build on an approach that will bring about the culture change we are driving to achieve. The EDI team, with the full remit of their work, will be embedded within the People and Organisational Effectiveness directorate as a priority.

*Our next step*

- 16 We will expand our Equality, Diversity and Inclusion team and embed in the People and Organisational Effectiveness directorate to develop evidenced based actions, which will include the development of diversity targets for introduction during 2021-2022.

## People on our register

### *Ambitious for change: our EDI research*

- 17 We published our report *Ambitious for Change: research into NMC processes and people's protected characteristics* in October 2020. This research shows that some groups of nurses, midwives and nursing associates can receive different outcomes from our education, overseas registration, revalidation and fitness to practise processes based on who they are.
- 18 Many of the inequalities experienced by these groups start from a young age and affect several areas of their lives. Health and social care workers in different professions are impacted with disparities identified for doctors, dentists and social workers.
- 19 While the research indicates where differences are occurring, it does not tell us why these are happening. In particular, we do not yet know how much of these differences are due to our own processes or how much it is because of factors outside our control. We know that we cannot successfully tackle these differences without fully understanding the causes.
- 20 We presented our findings to our external advisory group on 21 October 2020. The group welcomed the findings and agreed that our next steps should focus on understanding why these differences are happening and the impacts on the professionals involved.
- 21 We also shared with the advisory group, analysis we had carried out on employer referrals in fitness to practise. One of our research findings was that employers still refer disproportionate numbers of Black, Mixed and Other ethnicity professionals compared to the proportions on our register. Our advisory group asked us to look into these referrals to identify the specific employers making them. We shared information about the types of employers that make the most number of referrals of Black and/or male professionals and compared with this with the total number of referrals made and, where possible, to available WRES data. This analysis shows some overlap between employers referring high numbers of Black and/or male professionals and Black and Minority Ethnic employees reporting higher levels of discrimination and lack of opportunity and in some cases, bullying.

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22 The group welcomed the findings and felt that this was a valuable piece of work. Overall there was a great deal of support for triangulating our findings with data that other organisations hold on the composition of employers' workforce and support for joint working with other regulators and employers, as well as educators. The group felt that in particular it was important to understand the particular settings where large numbers of referrals were taking place and that we should look carefully at how temporary and agency staff were treated, as people who work through agencies, report consistently worse experiences than permanent staff. The group was also keen that we share findings with employers and other relevant stakeholders.

*EDI next steps*

23 In November 2020, we will launch tenders to commission two pieces of further work: an independent audit of our registration review and appeal and fitness to practise cases and qualitative research to look at the reasons behind the disproportionate outcomes we have found in respect of revalidation, and disproportionate referrals to fitness to practise by employers, members of the public and people who use services. This will include exploring the impacts on professionals also. This work will be completed by summer 2021, to allow time to feed into business planning for 2022-2023.

24 While we will continue to monitor the effects of improvements we have made in our overseas processes and our fitness to practise processes, we think there is more that individual teams can do. We have set up an internal working group comprising representatives from across the organisation to use the findings to develop their EDI action plans as part of the business planning process.

25 We are working with colleagues in NHS England/NHS Improvement to triangulate our findings about employer referrals in fitness to practise with Workplace Race Equality Standard information about the workforce in England. We will also contact the devolved administrations in Scotland, Wales, and Northern Ireland to explore the data further. We are aiming to convene a roundtable with employers and other key stakeholders on disproportionate referrals to fitness to practise early in the coming financial year.

**Midwifery implications:**

26 None.

**Public protection implications:**

27 None.

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**Resource implications:** 28 We are not requesting any additional resources at this point. EDI need to be embedded in the work programmes and budgets of all directorates.

**Equality diversity and inclusion implications:** 29 This paper focuses on legal compliance with the Equality Act 2010 and improving inclusion in the workplace and for the professions we regulate.

**Stakeholder engagement:** 30 There is a webinar scheduled for 30 November 2020 to discuss the Ambition for Change research and we will share the report and our initial analysis with employers via our employer link service.

**Risk implications:** 31 Embedding EDI in our ways of working ensures we are seen as an inclusive employer of choice and as fair and ambitious regulator. Non-compliance and discrimination could lead to organisational and financial risk and lower employee engagement.

**Legal implications:** 32 This work ensures that we are compliant with our legal obligations under the Equality Act 2010.

## Update on Black Lives Matter commitments

	<b>Commitment made in July 2020</b>	<b>Update as at November 2020</b>
1.	Commissioning an external expert to work with us to facilitate further conversations with colleagues and to plan additional interventions.	We recognise that the role of the Council and the executive is crucial in leading the rest of the organisation on matters of race equality. It is important for our senior leaders to increase their cultural intelligence so they can lead from the top, role model and champion race equality. Our initial efforts to commission an external race consultant to support the executive and Council on matters of race equality were unsuccessful. After advice from our procurement experts, we have directly invited several race consultants to bid with a view to securing services and commencing work with the executive and Council early 2021.
2.	Addressing issues of race and equality, including micro-aggression training, through the implementation of our new values and behaviours and our leadership development programme from July 2020.	<ul style="list-style-type: none"> <li>• Values and behaviours café events started successfully in July 2020, setting the tone of inclusion and equality as a core required component of our leadership and management approach.</li> <li>• The Leadership Development Programme will be launched in November 2020 and run through to June 2021. The programme will embed EDI principles in management practice. It includes a module on Values-based recruitment, which expressly addresses inclusion and avoiding bias in recruitment.</li> </ul>

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		<ul style="list-style-type: none"> <li>• Training on inclusive teams and micro-aggressions has been delivered as part of the inclusive mentoring programme. Sessions have been recorded and will be available for all staff to access from November 2020. All training content developed for the programme will be available via our e-learning platform from December 2020.</li> </ul>
3.	Reviewing our internal leadership and resourcing for equality, diversity, and inclusion (EDI) by August 2020.	The review of internal leadership and resourcing for EDI is now complete. We have decided to collocate expert EDI posts, which are currently located in different teams, in People and Organisational Effectiveness and to appoint a new Head of EDI. Recruitment to the new posts and two existing vacant posts will start going out to advert by the 30 November 2020 with a view to all vacancies being filled by the end of April 2021. In the meantime, we are strictly prioritising EDI work to reflect the resource available.
4.	Introducing the inclusive mentoring scheme aimed at BAME colleagues currently in development by September 2020.	The mentoring programme ‘Rising Together’ was launched September 2020 with 20 mentees and 20 mentors matched and on the pilot. Early analysis indicates a positive experience for those who are taking part. A mid-year review will take place in December in addition to planning for a new cohort for 2021. A full analysis of impact will be carried out at the end of the current pilot March 2021.
5.	In line with commitments made in our 2020–2025 Strategy, submitting data to the NHS Workplace Race Equality Standard for the first time by the end of August 2020 to enable us to benchmark our performance.	We have submitted our data to the Workplace Race Equality Standard for the first time. The benchmark data is attached (Annexe 2) and our analysis is reflected at paragraphs 6 to 7 of the cover paper.

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6.	Publishing an ethnicity pay gap report at the same time as our gender pay gap report in December 2020.	We have drafted an ethnicity pay gap report for the first time (Annexe 3) and our analysis is reflected at paragraph 8 of the cover paper.
7.	As part of planning for a return to the workplace, undertaking specific risk assessment for BAME colleagues.	Individual risk assessments have been carried out for all employees that returned to the office to support our hearings from September 2020. Early returners work is well underway, but of course this is a watching brief that is subject to change.

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# NMC WRES data comparison to other Arms' Length Bodies

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## NMC WRES data comparison to other Arms' Length Bodies

**WRES indicator 1- Staff in each of the Agenda for Change (AfC) Bands 1-9 or Medical and Dental subgroups and Very Senior Managers (VSM), including Executive Board members, compared with the percentage of staff in the overall workforce**

Table 1: Below is a table showing the WRES survey results for the distribution of employees by ethnicity compared to the other ALB's.

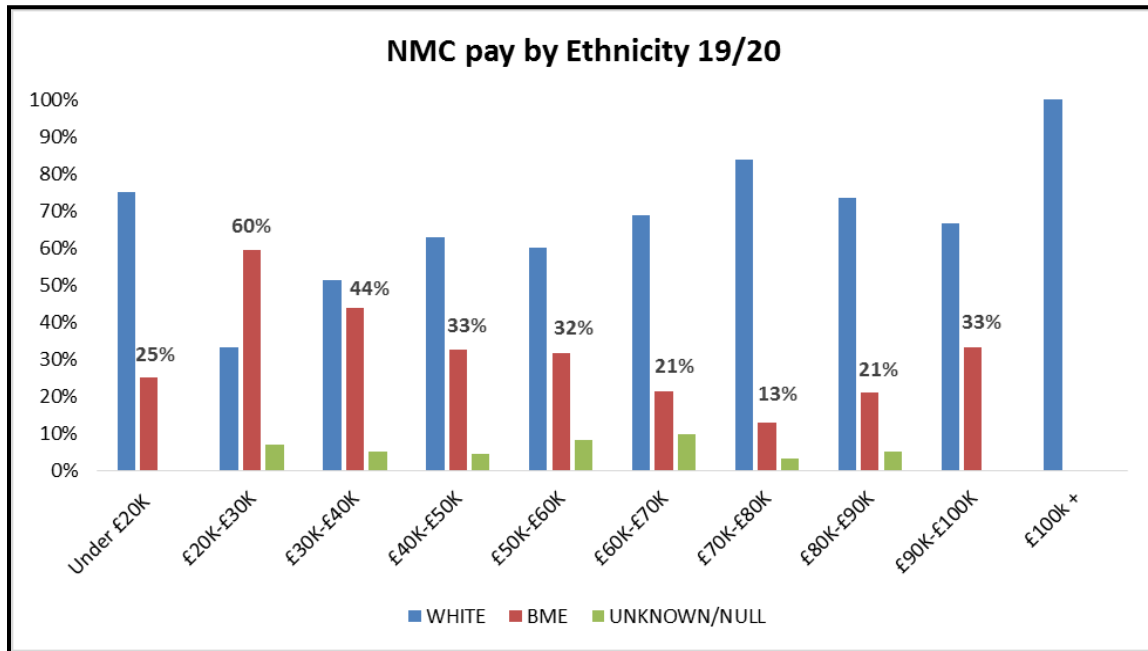
WRES 2019			
Organisation	% White	% BME	% Unknown
Care Quality Commission	78.5%	12.5%	9.0%
Health Education England	71.5%	15.7%	12.8%
Health Research Authority	76.5%	17.9%	5.6%
NHS Blood and Transplant	81.2%	14.3%	4.5%
NHS Business Services Authority	84.4%	6.4%	9.2%
NHS Digital	76.2%	12.8%	11.0%
NHS England and NHS Improvement	73.3%	17.4%	9.4%
National Institute for Health and Care Excellence	79.5%	12.6%	7.9%
Public Health England	66.5%	19.9%	13.5%
NHS trusts average	75.6%	19.7%	4.7%
<b>WRES Survey average</b>	<b>76.3%</b>	<b>14.9%</b>	<b>8.8%</b>
<b>NMC 2019</b>	<b>54.3%</b>	<b>39.2%</b>	<b>6.5%</b>
<b>NMC 2020</b>	<b>53.0%</b>	<b>40.8%</b>	<b>6.2%</b>

Notes:

- Our data only includes direct employees and does not include agency staff and contractors.
- In 19/20 the NMC had 40.8% BME representation. This is **21.1** percentage points higher than the NHS trust average and higher than all nine Arms' Length Bodies (ALB's) in 18/19.
- The NMC's BME representation increased by **1.6** percentage points between 2019 and 2020.

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Table 2: Below is a table showing the current distribution of employees by ethnicity and grade:



Notes:

- Data only includes direct employees.
- Our grades do not align with the AfC grades therefore and, in line with other ALB's, the breakdown is shown by 10K salary bands. For WRES purposes, we classify employees paid over £100K as Very Senior Managers (VSM).
- The NMC had no BME employees at VSM level in 2019/20.
- In 2018/19, six of the nine ALB's had no BME staff at VSM level.
- The only organisations with BME VSMs are NHS England and NHS Improvement, NHS Blood and Transplant and Care Quality Commission.

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## WRES indicator 2 – Relative likelihood of white applicants being appointed from shortlisting compared to BME applicants

Table 3: Below is a table showing the likelihood of an applicant being appointed by ethnicity and how we compare to the 2018/19 WRES submission:

Organisation	Likelihood
Care Quality Commission	1.18
Health Education England	1.48
Health Research Authority	2.89
NHS Blood and Transplant	1.19
NHS Business Services Authority	0.97
NHS Digital	2.19
NHS England and NHS Improvement	1.97
National Institute for Health and Care Excellence	3.19
Public Health England	1.55
NHS trusts average	1.46
<b>WRES Survey average</b>	<b>1.81</b>
<b>NMC 2019</b>	<b>1.06</b>
<b>NMC 2020</b>	<b>1.04</b>

Note:

- We are not currently able to analyse ethnicity data at the application stage. We have introduced an application tracking system and are now working to ensure that we are able to fully analyse protected characteristics at all stages of the process as soon as possible. In the interim, we have agreed with WRES that we will report data using the total number of appointments broken down by ethnicity. 44% of appointments in 2019/20 were candidates from BME backgrounds.

### WRES indicator 3 – Relative likelihood of BME staff entering the formal disciplinary process compared to white staff

Table 4: Below is a table showing the likelihood of an employee entering a formally disciplinary process by ethnicity compared to the 2018/19 WRES submission:

Organisation	Likelihood
Care Quality Commission	0.78
Health Education England	2.28
Health Research Authority	0.00
NHS Blood and Transplant	1.04
NHS Business Services Authority	1.23
NHS Digital	2.56
NHS England and NHS Improvement	0.86
National Institute for Health and Care Excellence	6.28
Public Health England	-
NHS trusts average	1.22
<b>WRES Survey average</b>	<b>1.81</b>
<b>NMC 2019</b>	<b>0.83</b>
<b>NMC 2020</b>	<b>3.25</b>

Notes:

- The NMC collects data on all formal disciplinary processes.
- In 18/19 BME employees **were less** likely to go through a formal disciplinary process. There were eight cases in total.
- In 19/20 BME employees **were more** likely to go through a formal disciplinary process. There were seven cases in total.
- For five of the eight organisations, BME staff were relatively more likely to enter the formal disciplinary process compared to white staff.

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## WRES indicator 4 – Relative likelihood of staff accessing non-mandatory training and continuing professional development (CPD)

Table 5: Below is a table showing the likelihood of an employee receiving non-mandatory training by ethnicity compared to WRES 2018/19:

Organisation	Likelihood
Care Quality Commission	1.09
Health Education England	1.55
Health Research Authority	0.95
NHS Blood and Transplant	1.09
NHS Business Services Authority	-
NHS Digital	0.88
NHS England and NHS Improvement	0.99
National Institute for Health and Care Excellence	-
Public Health England	-
NHS trusts average	1.15
<b>WRES Survey average</b>	<b>1.10</b>
<b>NMC 2019</b>	<b>1.06</b>
<b>NMC 2020</b>	<b>1.04</b>

Notes:

- The NMC collects data for all employees who access training, however there is a dependency on managers logging CPD with the learning and development team.
- White employees are slightly more likely to receive non-mandatory training at the NMC. This finding was similar to three of the other ALB's.
- WRES defines an acceptable score as the non-adverse range of 0.8 to 1.25 based on the four fifths rule which the NMC falls into.

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The data for WRES indicators 5-8 are derived from an internal survey of NMC colleagues. We conducted the survey for the first time in 2020. 313 people (37.49% of the workforce) responded. A priority for next year is to increase participation rates.

**WRES indicator 5 – Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months**

- All ALB’s report this a 0% including the NMC.

**WRES indicator 6 – Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months**

Table 6: Below is a table showing how employees in each organisation answered the question above broken down by ethnicity:

Organisation	% White	% BME
Care Quality Commission	10.0%	14.0%
Health Education England	14.0%	15.0%
NHS Blood and Transplant	13.9%	13.9%
National Institute for Health and Care Excellence	5.8%	10.0%
NHS trusts average	24.2%	29.0%
<b>WRES Survey average</b>	<b>13.6%</b>	<b>16.4%</b>
<b>NMC 2020</b>	<b>6.4%</b>	<b>6.9%</b>

Note:

- A higher percentage of BME NMC employees than white NMC employees reported experiencing harassment, bullying or abuse from staff in the last 12 months compared to white staff.

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## WRES indicator 7 – Percentage of staff believing that their organisation provides equal opportunities for career progression or promotion

Table 7: Below is a table showing how employees in each organisation answered the question above:

Organisation	% White	% BME
Care Quality Commission	55.0%	44.0%
Health Education England	83.0%	57.3%
NHS Blood and Transplant	51.0%	36.0%
NHS trusts average	86.3%	69.9%
<b>WRES Survey average</b>	<b>68.8%</b>	<b>51.8%</b>
<b>NMC 2020</b>	<b>42.6%</b>	<b>5.2%</b>

Notes:

- The NMC has a significantly lower percentage of BME staff who believe their organisation provides equal opportunities for career progression or promotion compared to white staff. Overall confidence in career progression is also
- 18 of the 183 BME respondents feel the NMC provides equal opportunities for career progression or promotion.

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**WRES indicator 8 – In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleague?**

Table 8: Below is a table showing how employees in each organisation answered the question above:

Organisation	% White	% BME
Care Quality Commission	4.0%	44.0%
Health Education England	4.8%	57.3%
NHS Blood and Transplant	7.3%	36.0%
National Institute for Health and Care Excellence	2.0%	2.0%
NHS trusts average	6.4%	15.3%
<b>WRES Survey average</b>	<b>4.9%</b>	<b>30.9%</b>
<b>NMC 2020</b>	<b>5.3%</b>	<b>9.2%</b>

Note:

- Similar to the NMC, in three of the four organisations, BME staff were more likely to report having personally experienced discrimination at work in the last 12 months compared to white staff.

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## WRES indicator 9 – Percentage difference between the organisations’ Board membership and its overall workforce

Table 9: Below is a table showing organisations’ Board membership by ethnicity and how it compares to WRES 18/19.

Organisation	White	BME	Unknown
Care Quality Commission	81.3%	6.3%	12.5%
Health Education England	94.1%	5.9%	0%
Health Research Authority	40.0%	0%	60.0%
NHS Blood and Transplant	80.0%	5.0%	15.0%
NHS Business Services Authority	80.0%	0%	20.0%
NHS Digital	40.0%	13.3%	46.7%
NHS England and NHS Improvement	86.4%	13.6%	0%
National Institute for Health and Care Excellence	33.3%	0%	66.7%
Public Health England	78.6%	21.4%	0%
NHS trusts average	86.6%	8.4%	5.0%
<b>WRES Survey average</b>	<b>70.0%</b>	<b>7.4%</b>	<b>22.6%</b>
<b>NMC 2019</b>	<b>95.0%</b>	<b>5.0%</b>	<b>0%</b>
<b>NMC 2020</b>	<b>95.0%</b>	<b>5.0%</b>	<b>0%</b>

### Notes:

- Many Trusts and ALBs are governed by unitary boards. WRES requests data on ‘voting board members’ and ‘non-voting board members’. We have classified Council members as ‘voting board members’ and the Chief Executive and Executive Directors as ‘non-voting board members’.
- Three organisations had no BME board representation. The NMC had no BME ‘non voting members’ and one BMC ‘voting Board member’
- The NMC has complete ethnicity data for all voting and non-voting Board members as did Health Education England, Public Health England and NHS England and NHS Improvement.

# Pay gap report 2020: ethnicity



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# Foreword

This is one of a suite of three pay gap reports the NMC is publishing simultaneously. The three reports cover the pay gap analysis for gender, ethnicity and disability. We are publishing all three at the same time to identify the challenges holistically and set out what we are going to do about them. We hope that reviewing them together will support the conversation about the type of employer we want to be as set out in our corporate strategy 2020-2025 to develop a fit for purpose organisation that enables us to be a leading healthcare regulator and employer of choice. This report focuses on ethnicity. We are not legally bound, in the same way as gender, to publish our ethnicity and disability pay gaps but we are committing to publishing all three on our website in order to bring about meaningful conversation and change within our organisation.

The impact of global issues such as Covid-19 has affected everyone, but we know it has disproportionately affected people from Black and minority ethnic (BME) backgrounds and exacerbated inequalities we know already exist. The Black Lives Matter further reminds us that black people have been experiencing and continue to experience disproportionately negative outcomes in every aspect of society and this includes the workplace. These inequalities have been further highlighted by the tragic death of George Floyd which has had a global impact that has moved society in a way that I don't believe has ever been seen before. In this context, we believe it is even more important than ever before that we are open and transparent about the challenges within our own organisations so that we can tackle the inequalities that exist and make a difference.

Of the 89 percent of colleagues that have disclosed their ethnicity to us, 41 percent have told us they are from a BME background. The Office of National Statistics (ONS) shows 20.5 percent of the UK working age are from ethnically diverse backgrounds which means we are employing an above average amount of employees from diverse communities. It is because of this we recognise we have even more of a responsibility to improve our colleagues' experiences in the workplace.

The ethnicity pay gap is defined as the difference between the average hourly pay of Black and minority ethnic colleagues and white colleagues. Our median score shows there is 27.1 percent difference between the midpoints in ranges of hourly earnings. Our mean score shows a 28.7 percent difference between the average hourly earnings.

The gap is caused by where our colleagues from BME backgrounds can be found in our grading structures. We are committed to improving our ethnicity pay gap by continuing to look at how we increase recruitment or progression into our higher salary roles. We want our people to thrive and have the best experience working with us. We are committed to being an inclusive employer and we encourage training and development that supports everyone to build a career.

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# Foreword

We understand how important it is for the NMC to address core concerns about career opportunities and progression in order for our organisation to be a place where colleagues feel a true sense of belonging and satisfied that they can reach their full potential at work. We are reviewing recruitment and career progression processes, to ensure the equality of opportunity and continue our work on removing unconscious bias from the recruitment process. We will train our managers to understand and address implicit bias, to recognise and challenge micro-aggressions in the workplace and as part of our leadership programme, we will reflect the importance of being an ally and actively listen to people's concerns and lived experiences.

Our aim in publishing all of our pay gaps is to set an example as an open and transparent professional regulator and employer and I hope this will encourage others to share their information too. I hope that we can tackle these issues together, openly and collaboratively. I confirm that the figures contained in this report have been verified and checked thoroughly to ensure complete accuracy.



**Sarah Daniels**  
**Director of People**

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# Why have we published our results?

All employers with 250 or more employees are required to publish their gender pay gap data every year under new legislation that came into force in April 2017. The data must be provided for the snapshot date of 5 April 2020.

Although not legally required to publish, the NMC is committed to being an inclusive employer and so we have decided to publish our ethnicity gap and the initiatives in place to achieve positive results and improve our processes in the future.

This is the first year the NMC has published our ethnicity pay gap results.

The data is as of 5 April 2020 matching the methodology we use to report our gender pay gap.



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# Our results

The data is as of 5 April 2020 matching the methodology we use to report our gender pay gap.

To match the regulation of gender pay gap we will report on the following:

1. the proportion of BME and White colleagues in quartile paybands
2. the mean ethnicity pay gap
3. the median ethnicity pay gap

NMC	NMC 2020	ONS 2018	NMC vs ONS
Mean ethnicity pay gap	28.7%	3.8%	+24.9%
Median ethnicity pay gap	27.1%	8.7%	+18.4%

## According to The Office of National Statistics (ONS):

The mean ethnicity pay gap was 3.8% for UK employers in 2018

The median ethnicity pay gap was 8.7% for UK employers in 2018, 26.6% in London

As shown above compared to ONS data the NMC pay gaps are high. Gaps in both the mean and median hourly pay are caused by the distribution of BME employees across the organisation. As the following page shows, the proportion of BME employees reduces in the upper 2 pay quartiles.

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# 2020 results – pay quartiles

Overall proportion of employees by their ethnicity:

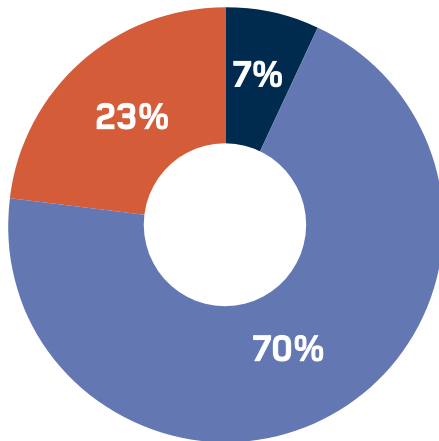
**53% White**

**41% BME**

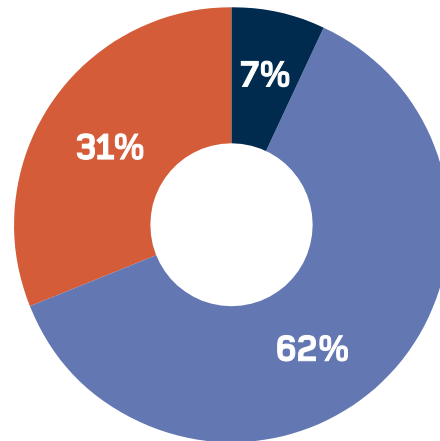
**6% Unknown**

According to The Office of National Statistics (ONS) 20.5% of the UK working age population is from a Black and minority ethnic background which means that the NMC employs proportionately more BME employees than the national average.

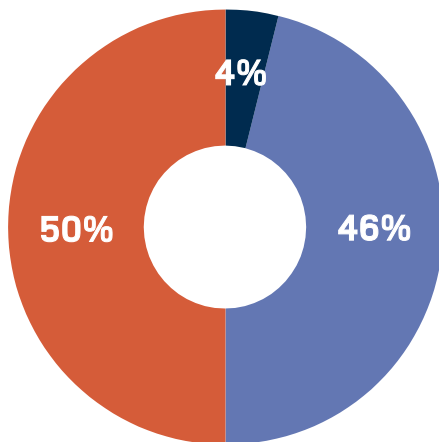
**Upper quartile**



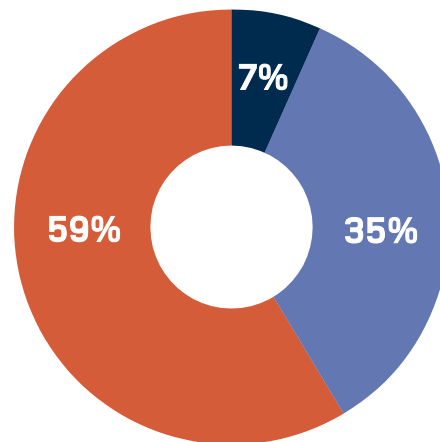
**Upper middle quartile**



**Lower middle quartile**



**Lower quartile**



 White  BME  Unknown

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# 2020 results

## Mean pay gap

### 28.7% +24.9% vs ONS

The mean ethnicity pay gap in the NMC is caused by smaller numbers of BME employees in the upper quartile and upper middle quartile.

There are three times as many white employees in the upper quartile and twice as many white employees in the upper middle quartile.

Pay level	White	BME
1	16	21
2	28	56
3	27	47
4	101	108
5	81	41
6	85	45
7	27	11
8 & 9	64	13
10 & 11	17	5
Director & CEO	8	0

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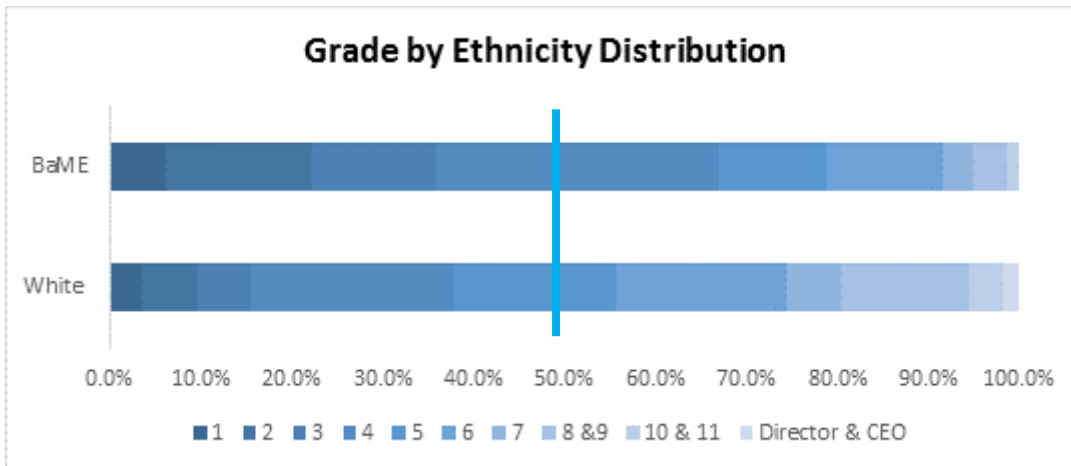


## Median pay gap

**27.1% ∞ Up 18.4% vs ONS**

The main cause of the median pay gap is only 8.4% of BME employees are in grade 6 and above compared to 25.4% of White employees.

Also as shown below the median BME employee is in grade 4 whereas the median white employee is in grade 5.



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# Next Steps

We value our BME colleagues. We are listening to their experiences and we are committed to learning and improving our processes and how people feel about working at the NMC.

Our new corporate strategy sets out our commitment to equality, diversity and inclusion and this is underpinned by our values which states “we celebrate diversity by supporting equality and inclusivity in all areas of our work”.

We acknowledge there is much more we need to do and we have committed to the following actions:

## **Career Progression**

Career progression is an issue for all colleagues, but there is particular concern around progression for BME staff at senior levels in the organisation. We have begun work to improve our approach to career progression and support more generally and we will prioritise BME colleagues in the NMC.

## **Building an EDI team**

Commissioning an external expert to work with us to facilitate further conversations with our Council and executive colleagues and plan additional interventions.

We have completed a review of our internal leadership and resourcing for equality, diversity and inclusion. We have invested additional resources in the EDI team and they will be embedded within the People and Organisational Effectiveness directorate. We are committed to continuing our work to develop key evidence-based actions, which will include the development of diversity targets.

## **Improving our training**

Reviewing our EDI training to include ‘lived experiences’ and we are committed to introducing micro-aggression training.

Addressing issues of race and equality through the implementation of our new values and behaviours and our leadership development programme to develop allies.

We have introduced the inclusive mentoring scheme aimed at BME colleagues in September 2020 which will run until February 2021. The learning from this programme will be incorporated into our career progression scheme.

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# Next Steps

## Working with our BMe network

We have signed up to the Workplace Race Equality Standard (WRES) and have submitted our data for the first time in 2020. The outcome of the survey will be shared with colleagues along with our action plan to improve.

Supporting our BMe forum, which is our employee network for people from Black and minority ethnic communities and friends. We have heard their strong desire for rapid action to tackle racial inequality and discrimination and in particular the under-representation of BME people on the Council and in leadership positions. We have made a commitment to address these concerns with clear, measurable actions.

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# Pay gap report 2020: disability



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# Foreword

This is one of a suite of three pay gap reports the NMC is publishing simultaneously. The three reports cover the pay gap analysis for gender, ethnicity and disability. We are publishing all three at the same time to identify the challenges holistically and set out what we are going to do about them. We hope that reviewing them together will support the conversation about the type of employer we want to be as set out in our corporate strategy 2020-2025, to develop a fit for purpose organisation that enables us to be a leading healthcare regulator and employer of choice. This report focuses on disability. We are not legally bound, in the same way as gender, to publish our ethnicity and disability pay gaps but we are committing to publishing all three on our website in order to bring about meaningful conversation and change within our organisation.

The disability pay gap is defined as the difference between the average hourly pay of disabled and non-disabled colleagues. We have a positive disability pay gap. That means our data shows that disabled colleagues on average are paid 2.6% more than non-disabled colleagues. Our median gap is also positive and is at 10.5%. I am satisfied this does not create an equal pay challenge. Whilst there is representation of disabled colleagues throughout most of our pay levels, the overall proportion of employees living with a disability or long term health condition in the NMC is lower in comparison to official figures for the UK workforce. Causes for this are complex, our result could suggest under-reporting. We therefore need to examine our recruitment and selection processes to understand any barriers that exist for such colleagues and we also work to ensure that colleagues are confident in declaring their disability.

The NMC is publishing its disability pay gap review results as part of our commitment to ensure that we provide fair and equal access to career opportunities and progression for our disabled colleagues or those with long term health conditions. The impact of global issues such as Covid-19 has affected everyone, but we know it has disproportionately affected disabled people.

Whilst our pay gap results are positive the level of declared disability means that we are not complacent about this outcome. We will continue to listen and address core concerns in order for our organisation to be a place where colleagues feel a true sense of belonging and satisfied that they can reach their full potential at work. We will review our processes to ensure that barriers are being removed and that we are providing colleagues with the right support to help them in their roles. We are working to improve how we collect and seek information on health conditions and our work during the pandemic has led to an increase in levels of declaration of disabilities as we support colleagues to work from their homes. We will build on this to improve the support our disabled colleagues receive from their managers and corporately to ensure adjustments are made to working practices and environments.

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# Foreword

Our aim in publishing all of our pay gaps is to set an example as an open and transparent professional regulator and employer and I hope this will encourage others to share their information too. I hope that we can tackle these issues together, openly and collaboratively. I confirm that the figures contained in this report have been verified and checked thoroughly to ensure complete accuracy.



**Sarah Daniels**  
**Director of People**

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# Why have we published our results?

All employers with 250 or more employees are required to publish their gender pay gap data every year under new legislation that came into force in April 2017. The data must be provided for the snapshot date of 5 April 2020.

Although not legally required to publish, the NMC is committed to being an inclusive employer and so we have decided to publish our disability gap and the initiatives in place to achieve positive results and improve our processes in the future.

This is the first year the NMC has published our disability pay gap results.

The data is as of 5 April 2020 matching the methodology we use to report our gender pay gap.

## What the NMC has done?

To match the regulation of our gender pay gap we will be reporting on the following:

- 1) the proportion of disabled and non-disabled colleagues in quartile paybands
- 2) the mean disability pay gap
- 3) the median disability pay gap



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# Our Results

The data is as of 5 April 2020 matching the methodology we use to report our gender pay gap.

To match the regulation of our gender pay gap we will report on the following:

- 1 the proportion of disabled and non-disabled colleagues in quartile paybands
- 2 the mean disability paygap
- 3 the median disability paygap

NMC	NMC 2020	ONS 2018	NMC vs ONS
Mean disability paygap	-2.6%	12.2%	-14.8%
Median disability pay gap	-10.5%	14.6%	-25.1%

## According to The Office of National Statistics (ONS):

The mean disability pay gap was 12.2% for UK employers in 2018

The median disability pay gap was 14.6% for UK employers in 2018

The NMC disability pay gap differs from the national average, in that disabled colleagues earn more than non-disabled colleagues. This is based on the very small number of colleagues we record as being disabled.

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# 2020 results— pay quartiles

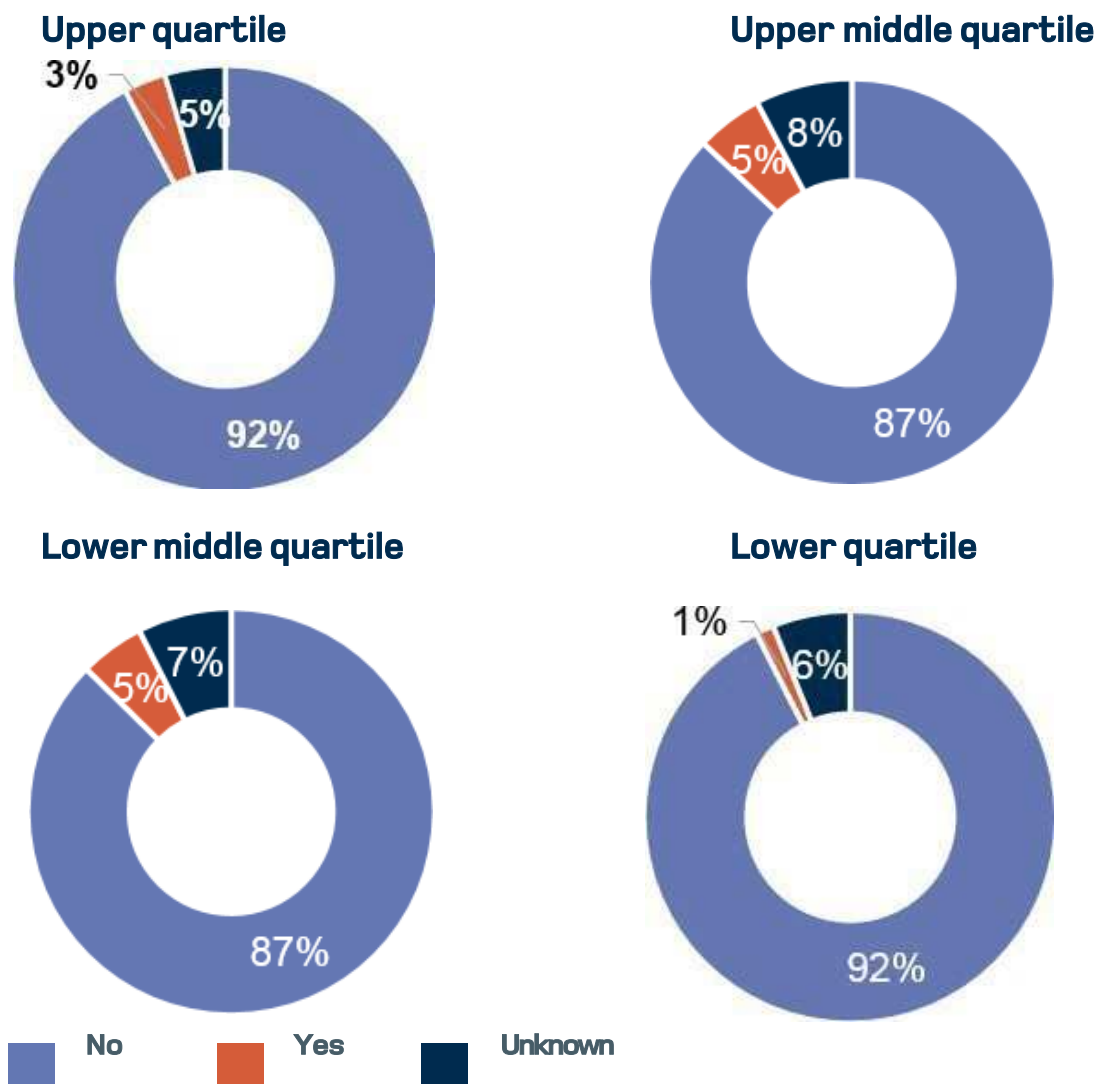
Overall the proportion of employees by disability:

**90% Non-Disabled**

**4% Disabled**

**6% Unknown**

According to The Office of National Statistics (ONS) 18.9% of the UK working age population are disabled, which would suggest that the NMC employs proportionately less disabled employees than the national average or that employees have not declared a disability.



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# 2020 results

## Mean pay gap

**-2.6% -14.8% vs ONS**

The mean disability pay gap at the NMC is caused by the distribution of disabled colleagues across the pay quartiles, based on the small numbers recorded.

There are 3% less disabled employees in our lowest graded roles compared to our overall distribution of disabled colleagues.

Pay level	Non-Disabled	Disabled
1	35	2
2	83	1
3	75	0
4	193	10
5	115	6
6	123	6
7	38	3
8 & 9	77	2
10 & 11	21	2
Director & CEO	7	0

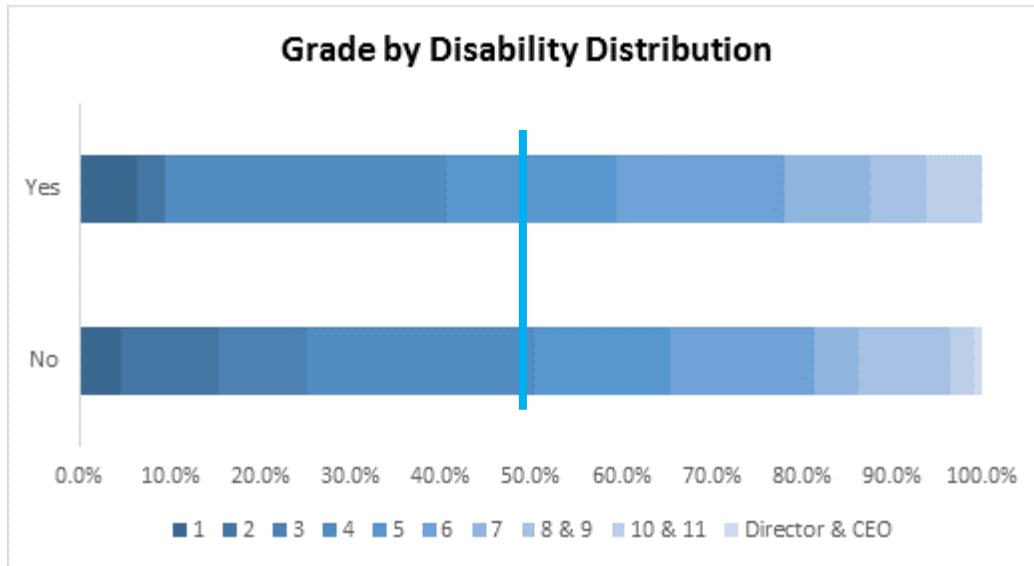
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## Median pay gap

**-25.1% ∞ Up 10.5% vs ONS**

The main cause of the median pay gap is only 34.7% of non-disabled colleagues are in grade 6 and above compared to 40.6% of disabled colleagues.

Also as shown below the median disabled colleague is in grade 5, whereas the median non-disabled colleague is in grade 4.



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# Next Steps

During the next year we are committing to deliver these actions:

## **Improve our recruitment processes to ensure we are attracting more disabled candidates**

To ensure more disabled candidates are applying for roles in the NMC we are currently improving our recruitment methods and monitoring to ensure we are attracting the best candidates from all protected characteristics.

## **Work with our Workaround Network Group**

We continue to work with our internal disability network to ensure the NMC as an organisation is doing everything we can to ensure any employee with a disability has the tools, resources and support they need to do their job to the best of their ability. We are working with the network to look at ways of encouraging declaration of disability so that we have more information available. As we have such a small percentage of employees in comparison to the national average, we want to encourage declaration, ensure line managers are equipped and aware of their responsibilities to support. We are reviewing our process around recruitment and career progression to ensure equality of opportunity, we continue to work on removing unconscious bias from the recruitment process and supporting and championing colleagues through our Network Group.

## **Reasonable adjustments**

We will continue to work with employees and our Occupational Health provider to ensure reasonable adjustments are made allowing them to have the necessary tools and equipment to carry out their roles.

## **Policy change**

We have updated our flexible working policies and are updating our policies to include disability special leave and long term condition leave, this will give managers a framework to support colleagues more proactively.

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# Pay gap report 2020: gender



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# Foreword

This is one of a suite of three pay gap reports the NMC is publishing simultaneously. The three reports cover the pay gap analysis for gender, ethnicity and disability. We are publishing all three at the same time to identify the challenges holistically and set out what we are going to do about them. We hope that reviewing them together will support the conversation about the type of employer we want to be as set out in our corporate strategy 2020-2025, to develop a fit for purpose organisation that enables us to be a leading healthcare regulator and employer of choice. This report focuses on gender and is the publication which we must publish legally. We are not legally bound in the same way to publish our ethnicity and disability pay gaps but we are committing to publishing all three on our website in order to bring about meaningful conversation and change within our organisation.

The gender pay gap is defined as the difference between the average hourly pay of female and male colleagues. In 2020 we continued work on reviewing the way we pay our people. Through this work we have reduced both our median and mean pay gaps. Our median pay gap is now 9.0 percent (12.6 in 2019) and our mean pay gap is 3.4 percent (3.9 in 2019). Although this is positive news we are still ambitious and committed to reducing both our median and mean pay gaps even further in 2021.

The gap is caused by where female and male colleagues can be found in our grading structures. We are committed to improving our gender pay gap by continuing to look at how we increase the amount of females in our higher salary roles. We want our people to thrive and have the best experience working with us. We are committed to being an inclusive employer and we encourage flexible and agile working arrangements that support everyone to build a career and achieve balance with what is important in their personal life.

When we compare ourselves to other employers, NMC is statistically one of the best in the country. There is some reassurance in the comparison to others but we are not complacent. It is also worth noting that due to Covid-19 a number of employers chose not to submit their results for 2020.

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# Foreword

We believe that a healthy work-life balance is important for all our colleagues and in 2020/2021 we will continue to invest in practices and technology that increases the opportunity for agile working and increase opportunity for flexible working hours. We are reviewing recruitment and career progression processes, to ensure the equality of opportunity and continue our work on removing unconscious bias from the recruitment process.

Our aim in publishing all of our pay gaps is to set an example as an open and transparent professional regulator and employer and I hope this will encourage others to share their information too. I hope that we can tackle these issues together, openly and collaboratively. I confirm that the figures contained in this report have been verified and checked thoroughly to ensure complete accuracy.



**Sarah Daniels**  
**Director of People**

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# Why have we published our results?

All employers with 250 or more employees are required to publish their gender pay gap data every year under new legislation that came into force in April 2017. The data must be provided for the snapshot date of 5 April 2020.

This is the fourth year the NMC has been required to publish our gender pay results.

## What does the NMC have to do?

To comply with regulation we have to provide:

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





# Our results

Our median pay gap is now 9.0 percent (12.6 in 2019) and our mean pay gap is 3.4 percent (3.9 in 2019). Although this is positive news we are still ambitious and committed to reducing both our median and mean pay gaps even further in 2020.

Our gaps are caused by where our males and females can be found in our grading structures. We are committed to improving our gender pay gap by continuing to look at how we increase females in our higher salary roles.

We want our people to thrive and have the best experience working with us. We are committed to being an inclusive employer and we encourage flexible and agile working arrangements that support everyone to build a career and achieve balance with what is important in their personal life.

When we compare ourselves to other employers, NMC is statistically one of the best in the country. There is some reassurance in the comparison to others but we are not complacent. It is also worth noting that due to Covid-19 a number of employers chose not to submit their results for 2020.

Below is a comparison of our 2020 results to the average gap for all employers in the 2019 gender pay gap submission (5,649 employers):

Mean Gender Pay Gap (2019 average)	14.1%	NMC -10.7%
Median Gender Pay Gap (2019 average)	12.9%	NMC -3.9%

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# How does 2020 compare to 2019?

NMC	2019	2020	Difference
Mean gender pay gap	3.9%	3.4%	-0.5%
Median gender pay gap	12.6%	9.0%	-3.6%
*Mean gender bonus gap	0%	0%	0%
*Median gender bonus gap	0%	0%	0%
*Males receiving bonus	0%	0%	0%
*Females receiving bonus	0%	0%	0%

\*The NMC doesn't pay bonuses to any employees

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# 2020 results— pay quartiles

Overall the proportion of female employees working at the NMC has slightly increased since 2019:

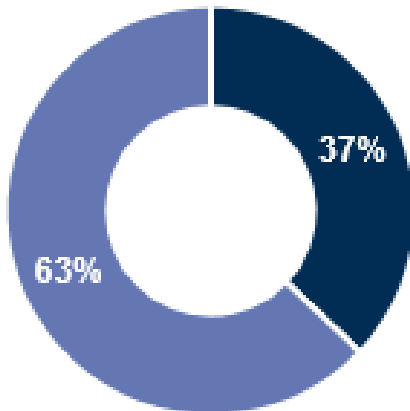
**65% Female** +1% vs 2019

**35% Male** -1% vs 2019

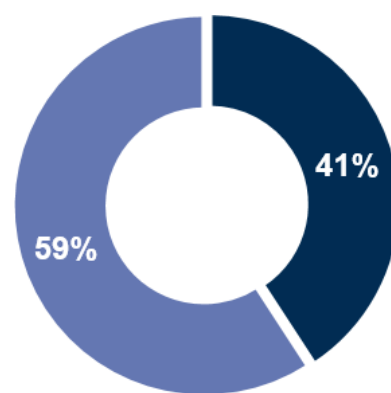
Compared to 2019 there were small changes within our quartiles:

UQ	0% No change
UMQ	6% Increase in <b>Males</b>
LMQ	2% Increase in <b>Females</b>
LQ	1% Increase in <b>Males</b>

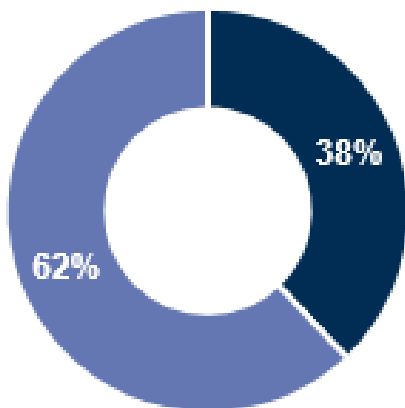
**Upper quartile**



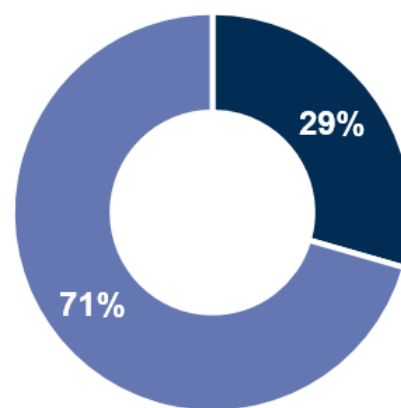
**Upper middle quartile**



**Lower middle quartile**



**Lower quartile**



Female Male

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# 2020 results

## Mean pay gap

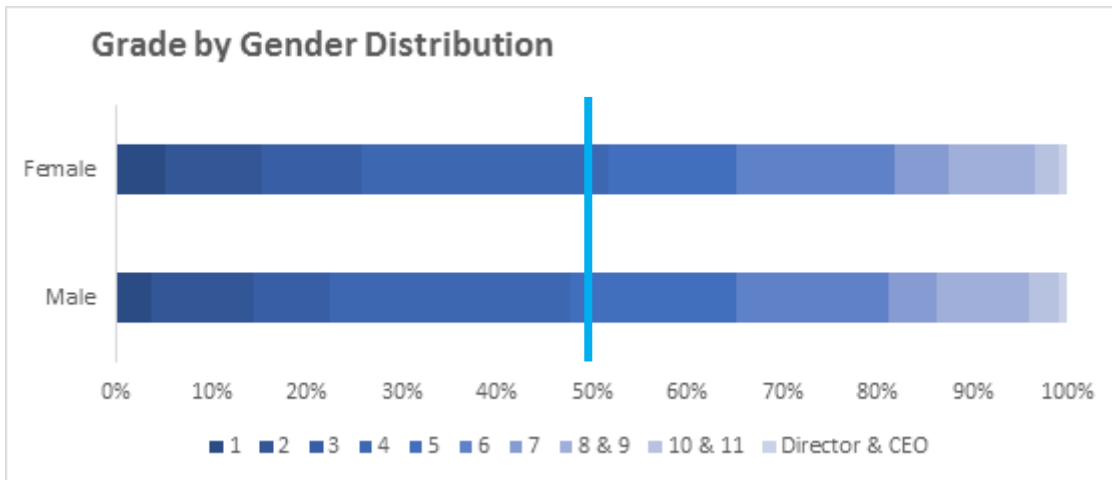
### 3.4% down 0.5% vs 2019

This decrease has been driven by the NMC and the continued progress made by our reward review. This has enabled female employees in lower pay quartile to reduce the mean gender pay gap from 1.3% to 0.2% in 2020.

Pay level	Male	Female
1	11	29
2	32	56
3	24	58
4	75	144
5	52	76
6	48	92
7	15	31
8 & 9	29	51
10 & 11	9	14
Director & CEO	3	5

**9.0% down 3.6% vs 2019**

This decrease has been driven by the NMC and the continued progress made by our reward review. It has also been assisted by the increased distribution of male employees in our lower pay quartile.



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# Next Steps

The NMC has reduced its gender pay gap over the past year, but we believe there is more we can do to reduce it further and improve gender equality in the organisation.

During the next year we are committing to deliver these actions:

## **Improving our recruitment processes**

Review recruitment and promotion process to ensure that roles are advertised in a gender neutral way. We already conduct structured interviews where all candidates are asked exactly the same questions in a predetermined order and format. As we continue to embed our values we will be introducing more values based questions and skill-based assessments to assess suitability for the role and to reduce unconscious bias.

We will review our Time Off to Raise a Child policy to ensure provisions relating to shared parental leave promote equal sharing of caring responsibilities, thereby encouraging a more balanced workforce at all levels within the NMC.

## **Reducing the width of our salary bands**

Over the next three years we will update our salary bands so that there is more transparency and employees are able to progress through the band in a more straightforward way. We believe this will help applicants know what they can reasonably expect and reduce salary negotiation, where we know women are less likely to negotiate.

We have started to inform colleagues on reward processes and will continue to introduce transparency to promotion, pay and reward processes.

## **Building an EDI team**

We will expand our Equality, Diversity and Inclusion team and embed in the People and Organisational Effectiveness directorate to develop evidence based actions, which will include the development of diversity targets for introduction during 2021/22.

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## Council

### Update on the review of Post Registration Standards project

**Action:** For discussion.

**Issue:** To update the Council on the progress of the post registration standards project and outline a new revised proposal for Specialist Practice Qualifications.

**Core regulatory function:** Professional Practice.

**Strategic priority:** Strategic aim 1: Improvement and innovation  
Strategic aim 2: Proactive support for our professions  
Strategic aim 4: Engaging and empowering the public, professionals and partners

**Decision required:** None.

**Annexes:** The following annexes are attached to this paper:

- Annexe 1: Post registration standards steering group membership
- Annexe 2: Pre consultation communication and engagement report

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

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**Context:**

- 1 Our previous 2015-2020 Strategy committed us to undertaking a full strategic programme of change for education. We have successfully published our new standards of proficiency at pre-registration levels for all of our professions, new education and training standards and post-registration prescribing standards.
- 2 In this first year of the 2020-2025 strategy, the Council is being asked to discuss and make decisions that enables us to progress the final phase of this earlier commitment. This includes consideration of Specialist Community Public Health Nursing (SCPHN) registration and Specialist Practice Qualification (SPQ) annotation qualifications, and the development of ambitious new outcome focused post registration standards. This work intends to form a bridge into this strategy's commitment to exploring whether regulation of advanced practice is needed.
- 3 By way of recap:
  - 3.1 In May 2019, the Council discussed the findings of the post registration standards [independent evaluation](#) and how these findings will help inform the future direction of our role in regulation beyond initial registration.
  - 3.2 In November 2019, we convened the UK wide post registration standards steering group (PRSSG), independently chaired by Dr David Foster OBE, to reach consensus on the way forward and support the co-production of future draft standards. There was consensus on the way forward in terms of SCPHN, but different views were expressed about whether Specialist Practice Qualifications should continue to be regulated by us.
  - 3.3 In January 2020, the Council discussed and agreed the recommendations of the steering group, which were:
    - 3.3.1 to develop new core SCPHN standards, and bespoke standards of proficiency for health visiting, school nursing and occupational health nursing fields of SCPHN practice and associated programme standards;
    - 3.3.2 to undertake an initial phase of work to scope the standards of proficiency of a proposed new SPQ for community nursing practice, and associated programme standards; and



3.3.3 at the same time the Council agreed to approve the decision to formally give notice that signals our intention to withdraw the current SCPHN qualification standards no later than 2023 and nine SPQ qualification standards no later than 2023.

### **Developing new standards during the Covid-19 pandemic**

- 4 In May 2020, the Council were updated on the plans that were put in place to ensure the continuity of the project and milestones while recognising restrictions to our previously established approach to engagement due to the Covid-19 pandemic.
- 5 During the pre-consultation period we wanted to provide virtual opportunities for our key audiences to hear about the two reviews that would shape the development of new SCPHN standards and to scope out the content for the new SPQ standards.
- 6 More recently some stakeholders have questioned our continuation of the project during this continuing pandemic. We are sensitive to the need for our stakeholders to prioritise, plan and manage the impact of further Covid-19 surges on people and services, however others have told us that we should not delay this standards review.
- 7 This paper sets out the progress on the project to date and provides the Council with an overview of the specific engagement, opportunities, challenges and progress for both SCPHN and SPQ standards development at this time.
- 8 In addition this paper will provide an update on:
  - 8.1 concerns received by some stakeholder organisations re SPQ developments and our response to these concerns
  - 8.2 discussions with the four chief nursing officers about the SPQs; and
  - 8.3 a revised proposal that was put to PRSSG on 11 and 12 November 2020.
- Four country factors:** 9 Our current SCPHN and SPQ standards apply UK wide. Four nation representation at all levels of the project has been sought and secured to support the co-production of new standards. All four nations are represented on PRSSG (see annexe 1) and across all other engagement activity and standards discussion groups.

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- 10 Commissioning and/or uptake of SCPHN and SPQ programmes has changed over the years and there are four country differences in the way in which standards are being used. Alternative approaches to education and training have been implemented too, for example non NMC approved post registration masters' level or advanced practice masters programmes. These differences reflect the contrasting views and lack of consensus seen at the steering group.
- 11 All four UK countries are prioritising and have published their public health, and primary care and community nursing strategy and policy contexts, which have informed our new draft standards.

**Discussion and options appraisal:**

**Update on SCPHN core standards of proficiency**

- 12 A core SCPHN group had been established before the emergency and includes the three independent chairs for health visiting (HV), occupational health nursing (OHN) and school nursing (SN). They have worked with us to co-produce new core SCPHN standards that apply to all fields of SCPHN practice.
- 13 The chairs and wider standards discussion group members have gone onto develop distinct draft standards for each of the three fields of SCPHN in these areas. These co-production principles ensured continuity and alignment of the vision for SCPHN and how this progresses through into each of the three distinct fields of health visitor, occupational health nurse and school nurse.
- 14 To date there has been support for the format and the development of the overall SCPHN core and field specific standards.

**Update on SPQ core standards of proficiency**

- 15 As the PRSSG did not reach consensus on whether the regulation of any new SPQ standards was necessary this led to the Council agreeing to their recommendation that we should scope out the content for a 'single' new community SPQ, to determine whether regulation is justified.
- 16 We appointed an independent chair for SPQ standards development. A number of groups of subject matter experts were then convened to consider the content of a new SPQ in community and primary care nursing. These groups have identified themes for the new standards and have reviewed draft proficiency statements.

- 17 Although there is a high degree of alignment between professionals on the required content of the draft standards of proficiency and the vision for community and primary care nursing, the move from five defined specialist practice qualifications to one community nursing qualification has been contentious.
- 18 Some stakeholders are positive about the potential that one SPQ qualification brings, in being attractive to professionals and employers across diverse community nursing services, in enhancing flexibility and viability of the education and training provision and importantly being sufficiently ambitious to meet the needs of all people across the life course and communities.
- 19 Others have voiced concerns in relation to the perceived loss of specifically named SPQs, for example SPQ (district nursing (DN)), and the unintended consequences of this. We have clarified our legislative framework, however these concerns have persisted.
- 20 These concerns bring us back to the original differences of opinion about whether professional regulation of any community SPQ is necessary, (since we do not regulate specialist practice that takes place in other settings) and whether regulation of specific groups of community nurses warrants recording of those qualifications on the register.
- 21 The four Chief Nursing Officers (CNOs) recently met with the NMC's Chief Executive and Registrar, Andrea Sutcliffe, CBE and Dr David Foster, OBE, the independent chair of the PRSSG. Importantly the CNOs acknowledged the challenges the NMC faced in navigating the different country perspectives and preferences when setting out to review the post registration standards.
- 22 Following this meeting, we requested a copy of their consensus position in writing that indicated that they are in favour of a SPQ in community nursing, and would also like to retain the SPQ in district nursing.
- 23 The CNOs recognised that the work being done now should continue, but were mindful that this was a stepping stone on the way to a more substantial piece of work on advanced practice, which is scheduled to begin in 2021-2022.
- 24 Subsequent internal discussions concluded that identification of just one of the existing SPQs would compromise our regulatory integrity. This dilemma does not exist if the register only identifies one community qualification, because this does not identify one qualification in preference to any of the others that have existed previously.

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- 25 We have therefore developed a new proposal to retain all of the existing annotations, with the addition of one more annotation of community specialist practitioner with no field of practice specified, to accommodate the range of new roles in health and social care in the community which exist now, and others which may be developed in future.
- 26 This proposal was shared with the Post registration standards steering group meetings on 11 and 12 November 2020. The new proposal is:
- 26.1 to continue to develop new standards of proficiency for one SPQ that can be applied to all fields of specialist community nursing practice, with bespoke elements articulated within the associated programme standards;
- 26.2 to retain the existing five community focused SPQ field of practice annotations; and
- 26.3 add one new annotation: Specialist community nurse (field of practice not specified).

**Associated programme standards**

- 27 A group led by an independent chair was convened to consider post registration programme standards for SCPHN and SPQ that will support the student journey. The development of these programme standards will follow the same layout and format to other programme standards we have published since 2018.
- 28 This will be presented in one post registration programme standards document that will have common draft standards that apply to both SCPHN and SPQ programmes, bespoke draft standards that only apply to SCPHN programmes and bespoke draft standards that only apply to SPQ programmes.

**Next Steps**

- 29 Further PRSSG meetings have been arranged in December 2020 to seek PRSSG's decision and recommendation to the Council on this new proposal. We will update the Council on PRSSG's decision at its meeting in January 2021.
- 30 In the meantime, we will continue to engage with the standards discussion groups to further shape and refine the new draft standards.

**Midwifery implications:**

- 31 Midwives are eligible to undertake programmes that lead to proficiency and registration on the SCPHN part of the register.

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- 32 Several members of the PRSSG are midwives, including the independent Chair and the CEO of the Royal College of Midwives and have contributed to the recommendations to Council.
- Public protection implications:**
- 33 It is important that our role in regulation beyond initial registration takes account of the future public health requirements of individuals and populations and the increasingly complex needs of people across the changing landscape of health and care delivery.
- 34 To justify regulation of post registration SPQ standards we must identify standards that clearly articulate higher knowledge and skill that surpasses pre registration and what is gained by experience and career development, and where consistency of educational preparation and standards offers quality and safety benefits for people who use services.
- Resource implications:**
- 35 The cost of reviewing our existing post registration standards are covered by the education programme budget that was agreed as part of the overall education programme budget and this final phase.
- Equality diversity and inclusion implications:**
- 36 Understanding the wider determinants of health and tackling health inequalities wherever they may occur within communities and populations are integral to both SCPHN and SPQ practice and we have taken every opportunity to directly express the knowledge, skills and attributes that these professionals will need to achieve.
- 37 In keeping with previously published education and training standards the draft post registration programme standards emphasise the need for inclusive approaches for those nurses and midwives seeking to undertake SCPHN and SPQ programmes.
- 38 Earlier this year the Council discussed Black Lives Matter and the issues of racial inequality and injustice experienced by black and minority ethnic people globally, including people in the UK who work for us, who use our services, and who are on our register. We have taken the opportunity to engage with representative groups in order to be explicit within these draft standards that seek to address health inequalities and ensure access to health and care that is both inclusive and tailored for Black, Asian and Minority Ethnic (BAME) communities.
- 39 Our equality impact assessment document is a live document and is reviewed and updated regularly to guide the project deliverables in ensuring that our commitment to equality, diversity and inclusion is embedded into all aspects of this project.

**Stakeholder engagement:**

- 40 The extensive pre consultation campaign of virtual external engagement for both has been successful in terms of reach, as many more have attended virtual events than would have been able to attend face to face events. In total we have engaged with over 3,300 people during this period.
- 41 We have taken a tiered approach to virtual engagement. This has included webinars aimed at informing larger numbers of people about the project, direction of travel and emerging themes. These provided opportunities for people to hear from our independent chairs and the NMC team about the progress of the project. We have also held smaller listening events that supported more in-depth discussions with different groups of stakeholders, in addition to the standards development groups involving subject matter experts, described in paragraph 16 for both SCPHN and SPQ.
- 42 To ensure we were hearing from a broad range of voices through our pre-consultation engagement, we approached organisations who represent those we were not hearing from through other routes. We also continued to engage with the virtual community of interest and received many emails indicating support and ideas.
- 43 As a result of this virtual approach being different, we intend to publish a report on our pre-consultation activity (see Annexe 2). We have also appointed an independent research organisation to undertake thematic analysis of chatbox messages at meetings and webinars, and the verbal discussions that took place at the smaller meetings involving stakeholders, advocacy groups, and subject matter experts.

**Risk implications:**

- 44 There is a risk that our decisions on the future of our existing standards do not meet the needs of all four nations and this will lead to an increase in divergence in how our standards are utilised. This continues to be mitigated by ensuring ongoing dialogue engagement and participation with the four country Chief Nursing Officers and regional leads together with the dynamic co-production ways of working within the PRSSG and specialist practice groups.
- 45 There a risk that the second surge of the Covid-19 pandemic may impact on the milestones and timeline for the project. This risk and the mitigation has been in place throughout the pandemic and is being closely monitored. We will work with our partners on any changes to the project's delivery and will be guided by expert public health advice, while having regard to the health and wellbeing of our professions involved in this project and those of our staff.
- 46 In recognition of the completing priorities that many face, we intend to seek Council's permission in January 2021 to extend the consultation period of 12 weeks to 16 weeks.

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**Legal implications:**

- 47 SPQs are recordable qualifications that meet our standards but do not lead to admission to a part of the register. They indicate a qualification or competence in a particular field or level of practice. We may establish standards of education and training for recordable qualifications and may approve a programme of education or qualification, but are not required to set standards or approve programmes or qualifications.
- 48 The SCPHN part of the register is for registered nurses or midwives with an additional qualification as a health visitor (RHV), school nurse (RSN), occupational health nurse (ROHN), family health nurse (RFHN) or public health nurse (RPHN). Legislative change would be required to amend the parts of the NMC's register or the protected titles, if this was deemed necessary.
- 49 In all circumstances, the NMC has a duty to act fairly and reasonably and includes, but is not limited to, an obligation to give those affected by any proposed change an opportunity to consider, and make submissions on the change.

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Name	Job Title	Organisation
Alison Leary	Chair of Healthcare & Workforce Modelling	London South Bank University
Angela McLernon	CEO	Northern Ireland Practice and Education Council for Nurses and Midwives (NIPEC)
Angela Parry	Interim Director of Nursing	Health Education and Improvement Wales (HEIW)
Barbara Morgan	*Independent Chair SN	Service Delivery Manager / Senior Nurse School Nursing and Childhood Immunisations (Wales)
Carmel Lloyd	Head of Education and Learning	Royal College of Midwives (RCM)
Carolyn Middleton	Associate Director of Nursing	Aneurin Bevan University Health Board, Wales
Charlotte McArdle	Chief Nursing Officer	Northern Ireland Chief Nursing Officer Office
Cheryll Adams	Executive Director, Institute of Health Visiting	Institute of Health Visiting
Clare Cable	CEO	Queen's Nursing Institute Scotland
Crystal Oldman	CEO	Queen's Nursing Institute
David Foster	Independent Chair, PRSSG	PRSSG, NMC
Deborah Edmonds	*Independent Chair OHN	VP – Global Health, Barclays Bank
Donna O'Boyle	Professional Regulatory Adviser	Nursing Officer for Regulation, Chief Nursing Officer's Directorate Scottish Government
Elisabeth Eades	Independent OH Practitioner	Faculty of Occupational Health Nursing

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Fiona King	Independent OH Practitioner	Faculty of Occupational Health Nursing
Gill Walton	CEO	Royal College of Midwives
Gill Knight	Nursing Officer	Chief Nursing Officer Office, Welsh Government
Gwendolen Bradshaw	*Independent Chair programme standards	Emeritus Professor, University of Bradford
Iyabode Lola Oni (OBE)	Professional Services Director	Brent Sickle Cell & Thalassaemia Centre, London
Jacqui Reilly	Executive Nurse Director for NHS National Services Scotland	Public Health Scotland
Jane Harris	*Independent Chair HV	Head of Programme, NMAHP - NHS Education NES for Scotland
Jane Beach	Professional Officer - Regulation	Unite/CPHVA
Jean White	Chief Nursing Officer	Chief Nursing Officer Office, Welsh Government
John Lee	Professional Advisor for Nursing and Midwifery Education and NMAHP Research	Chief Nursing Officer's Directorate Scottish Government
Julie Bolus	Non-Executive Director	National Association of Primary Care
Karen Jewell	Nursing officer for Maternity and Early years	Chief Nursing Officer Office, Welsh Government
Kerri Eilertsen Fenny	Head of Nursing/Midwifery Transformation	Health Education and Improvement Wales (HEIW)
Liz Fenton	Deputy Chief Nurse	Health Education England

Maggie Clarke	Executive Lead Officer	School and Public Health Nursing Association
Mandy Murphy	Deputy Head National School of Occupational Health	School of Occupational Health, Health Education England
Margaret Willcox	ADASS	NHS lead
Maria McIlgorm	Professional Advisor	Chief Nursing Officer's Directorate Scottish Government
Mark Radford	Director of Nursing and Deputy Director of Education and Quality	Health Education England
Obi Amadi	Lead Professional Officer	Unite/CPHVA
Owen Barr	Independent Chair, SPQ	Professor of Nursing and Intellectual Disabilities, Ulster University
Paula Holt	CoDH regulatory lead	Pro Vice- Chancellor and Dean, University of Derby
Penny Greenwood	Associate Lead Nurse for CYP and Families	Public Health England
Rhiannon Beaumont-Wood	Executive Director of Quality, Nursing and Allied Health Professionals.	Public Health Wales
Rodney Morton	Director of Nursing and Allied Health Professionals	Public Health Northern Ireland
Scott Binyon	Head of Policy	NHS England/Improvement (NHSE/I)
Sue Chantry	SKC Occupational Health Ltd, Clinical Director	(Formally of the Faculty of Occupational Health Nursing)

Susan Carty	Occupational Health Specialist	Faculty of Occupational Health Nursing
Susan Aitkenhead	Deputy Chief Nursing Officer	Chief Nursing Officer's Office England
Wendy Leighton	Project Manager-Regulated Professional Workforce Team at Skills for Care	Skills for Care
Wendy Nicholson	Deputy Chief Nurse, Maternity and Early Years Directorate	Public Health England
Yinglen Butt	Associate Director of Nursing	Royal College of Nursing (RCN)

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# Review of post-registration standards

## Report of pre-consultation communications and engagement activities

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## Background

Once a nurse or midwife is registered with the NMC, they can do a NMC-approved programme to become a specialist community public health nurse (SCPHN) for a public health role, including working as a school nurse, health visitor or occupational health nurse.

Nurses can also gain NMC approved specialist practice qualifications (SPQs) on completion of an NMC approved SPQ programme in community nursing, including district nursing, general practice nursing, community children’s nursing, community learning disabilities nursing and community mental health nursing.

We’re reviewing the standards of proficiency and the associated programme standards we set for these roles. This is to ensure practitioners are equipped with the knowledge, skills and attributes they need to deliver high quality care now and in the future.

We have formed a [post-registration standards steering group](#) to advise on the direction of the work. This is made up of representatives from the four countries of the UK, the Chief Nursing Officers, lead education bodies, professional organisations, unions, and subject matter experts.

We have also set up a number of standards delivery groups to help us define the content and draft the standards. These are each focusing on: all specialties of community nursing; school nursing; occupational health nursing; and health visiting. Each is led by [an independent chair](#).

We want our new standards to be ambitious and transformative, and we know we’ll only achieve that if we work collaboratively with our stakeholders. We need to draw on their experience and hear a diverse range of voices from all backgrounds, including practitioners, patients, people who use services, employers, educators, students and other partners to co-create the new standards.

To ensure that our draft standards are shaped by all these voices, we have undertaken a range of activities through the summer and autumn of 2020. Due to the coronavirus pandemic and restrictions on travel and meeting in person, these have all been online digital opportunities.

## Purpose of this report

This report covers the engagement activities held between June and October 2020, ahead of our formal consultation in 2021.

The report outlines the numbers of people who attended our events, details about these individuals where we have them, their feedback, and learning for how we can improve our engagement activity in the future.

A separate report will be published setting out what people told us during this engagement.

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## Objectives for communication and engagement activity

During the pre-consultation period we wanted to give people the opportunity to get involved in the development of new post-registration standards from an early stage.

For this phase of activity, our key audiences were nurses and midwives with a SCPHN qualification, those holding a SPQ, professionals seeking to undertake these qualifications and those involved in the education, training or employment of these specialist nursing roles.

In addition we wanted to reach out to other professions who work closely with these roles, those working in policy, research, and advocacy and third sector organisations dealing with these specialist community roles.

## Virtual postcard

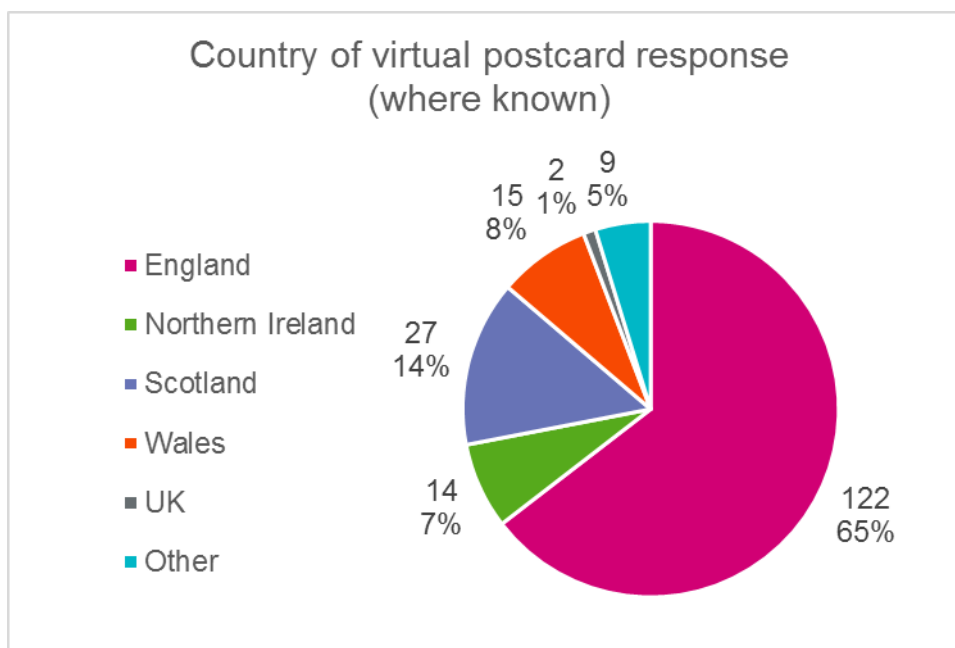
We published a form on our website for people to send in responses to.

We received more than 250 submissions via our virtual postcard on the website over the six weeks. The postcard asked two key questions:

- What important factors for community and public health nursing practice do you think we should account for in developing our new post-registration standards?
- What themes do you think our new standards for specialist community and public health nursing should cover?

For about 75% of these submissions, we know which country / location the individual is based in. These responses represent a spread across the four nations of the UK and beyond.

## Country of individuals submitting virtual postcards (where known)



Data from 189 virtual postcard submissions.

## Our engagement activities

We engaged with people in three main ways: webinars, virtual roundtable discussions and 1-1 meetings. By necessity, all these were held virtually using the GoToWebinar and GoToMeeting platforms.

### 1. Webinars

Webinars enabled a wide audience to hear from the NMC team and [our independent chairs](#) about the development of our standards.

The use of webinar polls increased audience engagement and enabled us to gain valuable feedback throughout the sessions.

Webinar attendees could submit comments and questions throughout the webinars. Although these comments were visible to organisers only, we shared some of the points raised with the presenting panel live in the sessions and posed some of the questions for immediate response. Comments submitted during the webinars are included in our separate report setting out what people told us during this engagement.

**Table 1: Number of attendees at each webinar**

Date	Topic	Number attended*
29 June	<b>SCPHN core</b> Introduction to the review for all audiences interested in SCPHN	646
30 June	<b>SPQ</b> Introduction to the review for all audiences interested in SPQs	558
10 July	<b>School nursing</b> Introduction specifically for school nursing audiences	324
15 July	<b>Occupational health nursing</b> Introduction specifically for occupational health nursing audiences	275
21 July	<b>Health visiting</b> Introduction specifically for health visiting audiences	460
1 September	<b>SPQ general practice nursing</b> Update and detail for those interested in the general practice nursing SPQ	63
9 September	<b>SPQ community mental health nursing</b> Update and detail for those interested in the community mental health nursing SPQ	53
9 September	<b>SPQ community learning disabilities nursing</b> Update and detail for those interested in the community learning disabilities nursing SPQ	95
10 September	<b>SPQ community children's nursing</b> Update and detail for those interested in the community children's nursing SPQ	49



Date	Topic	Number attended*
10 September	<b>SPQ district nursing</b> Update and detail for those interested in the community district nursing SPQ	117
20 October	<b>SCPHN update</b> Progress update for those interested in the SCPHN standards	131
22 October	<b>SPQ update</b> Progress update for those interested in SPQs	136

\*Some people attended more than one webinar, so the numbers do not necessarily refer to unique people.

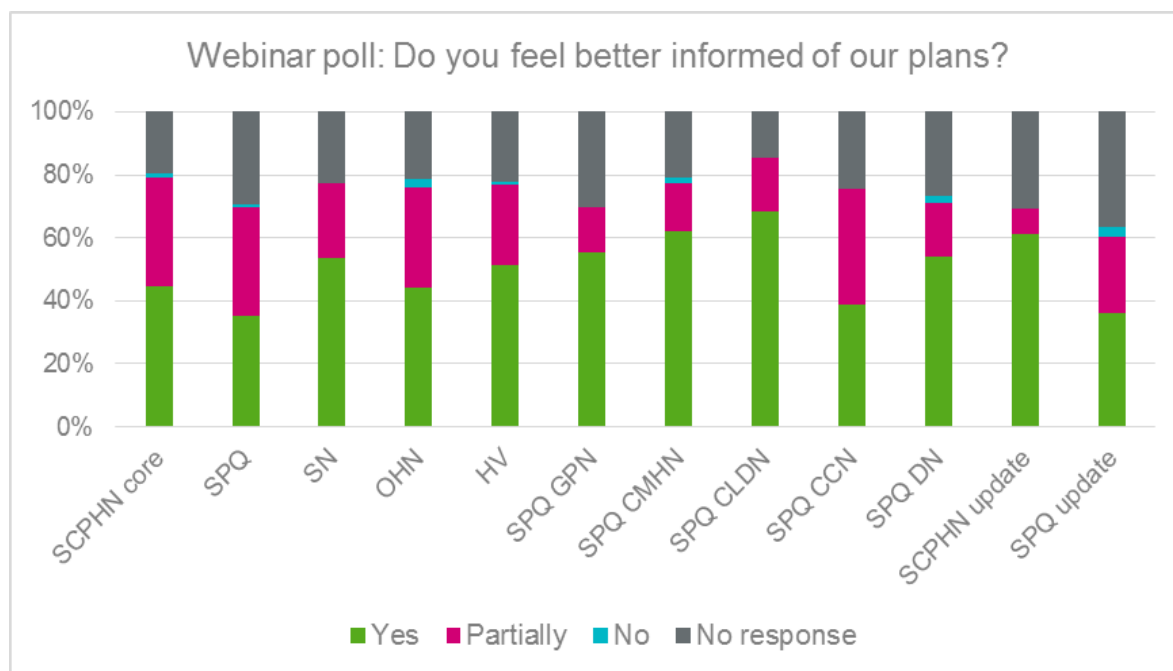
2,907 attendees at 12 webinars. 513 attended more than one webinar.

## Webinar polls

We asked participants a series of questions during the webinars. Not all questions were asked every time as the webinars built iteratively on previous feedback, and were specific to the content and audience. We increased our use of polling questions through the webinar series. The software limits potential responses to our poll questions to five possible option responses.

### All webinars

Towards the end of each webinar we asked the same question to gauge whether people felt better informed of our plans for reviewing the post-registration standards.



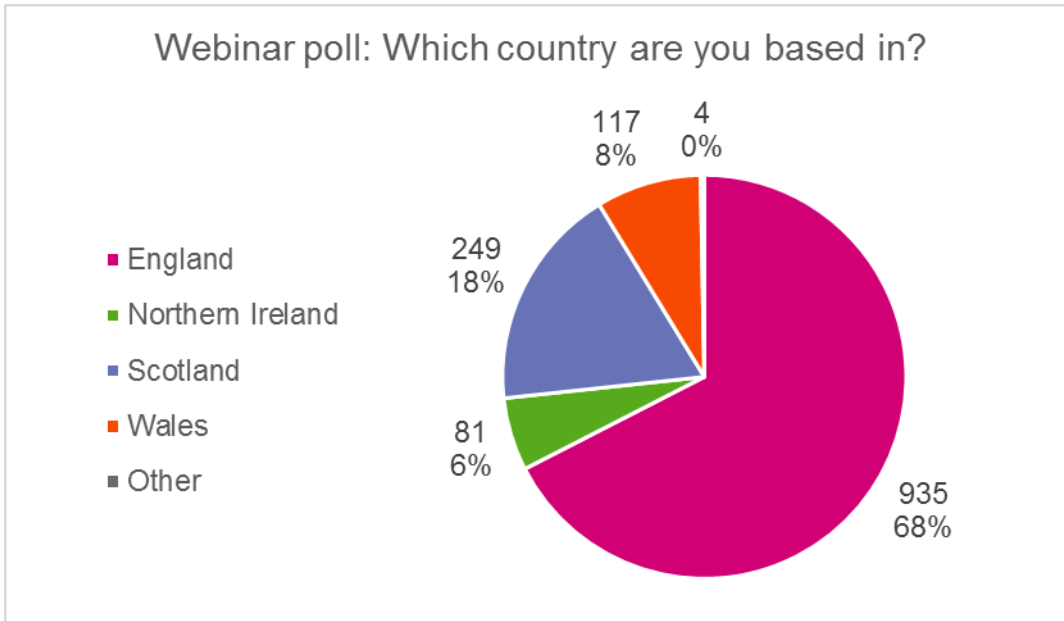
Data from 12 webinars, total number of attendees 2,907. Number attending each webinar as in table 1.

At each webinar, we encouraged those people who responded 'partially' or 'no' to let us know through the comments why they felt that and what else they needed to know in order to feel more informed.

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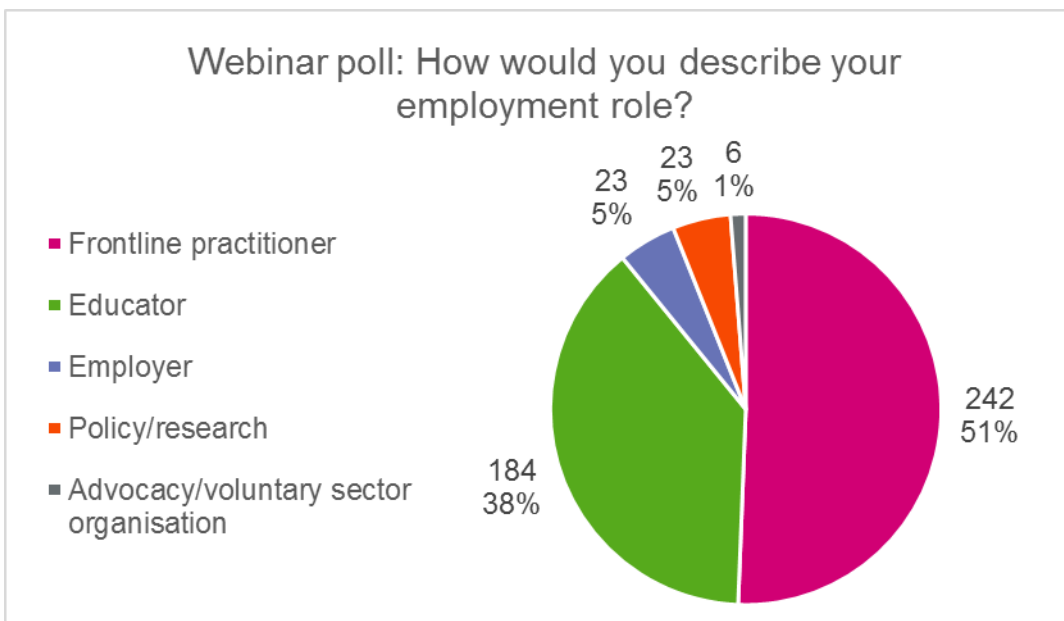
In all but the first two webinars, we asked participants to let us know which country they are based in.



Data from 10 webinars, total number of attendees 1,703, responses 1,386. The data exclude those who did not answer (317).

## Employment role

For seven webinars, we asked attendees to tell us about their role.

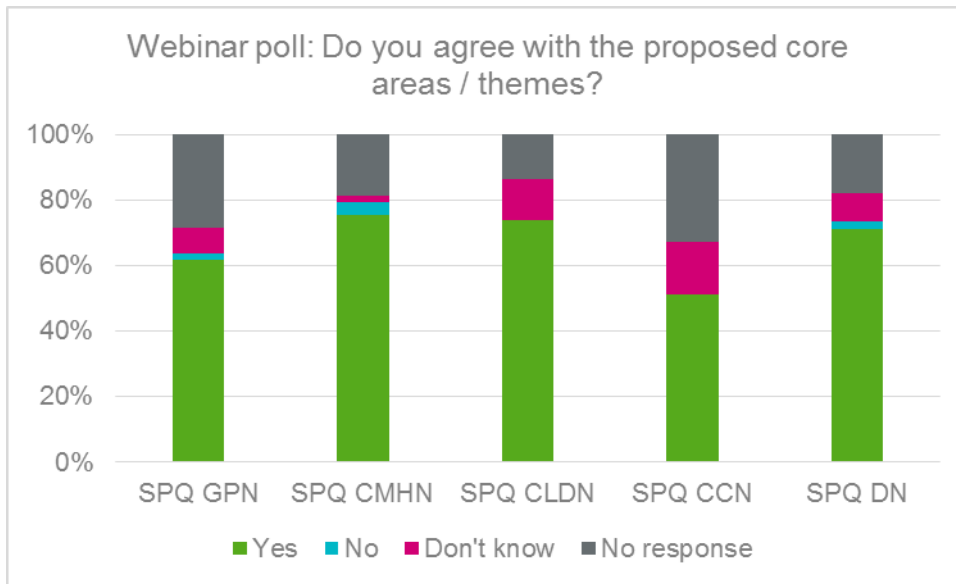


Data from 7 webinars, total number of attendees 644, responses 478. The data exclude those who did not answer (166).

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## SPQ webinars

For SPQ specific webinars, we asked people whether they agreed with the proposed core areas / themes of the content of the standards.

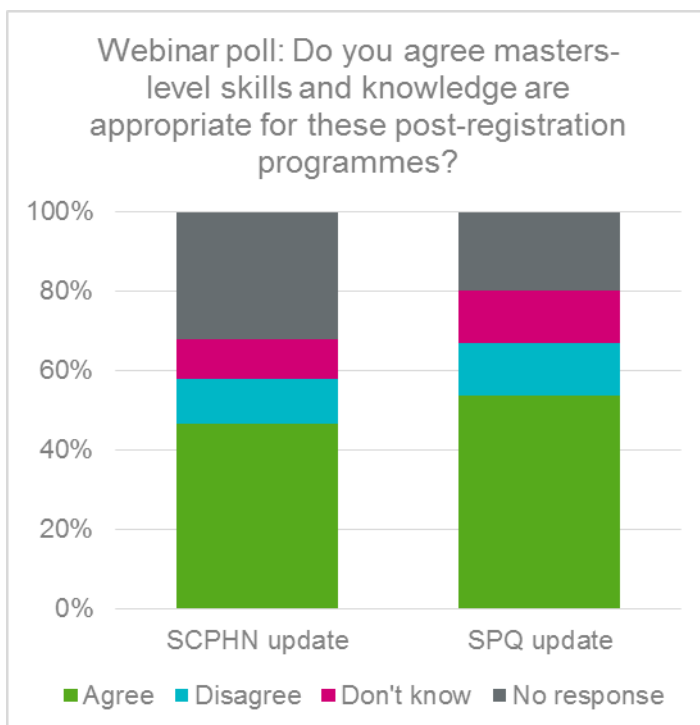


Data from 5 SPQ webinars, number of attendees at each webinar as in table 1.

Overall 68% of participants responded yes, only 2% responded no, with 9% answering don't know and 21% not answering.

## Update webinars

We asked both the SCPHN and SPQ update webinars about the skill level required for these post-registration programmes.



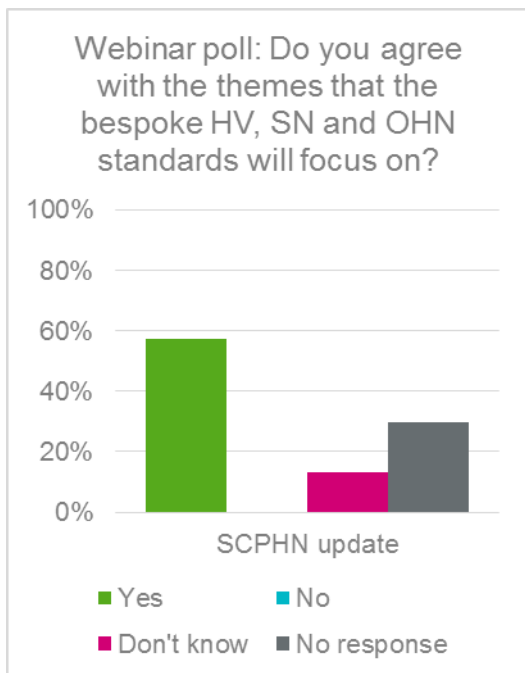
Data from 2 webinars. Number of attendees at each webinar as in table 1.

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Overall 50% of participants responded agree, 12% responded disagree, with 12% answering don't know and 26% not answering.

### SCPHN update webinar

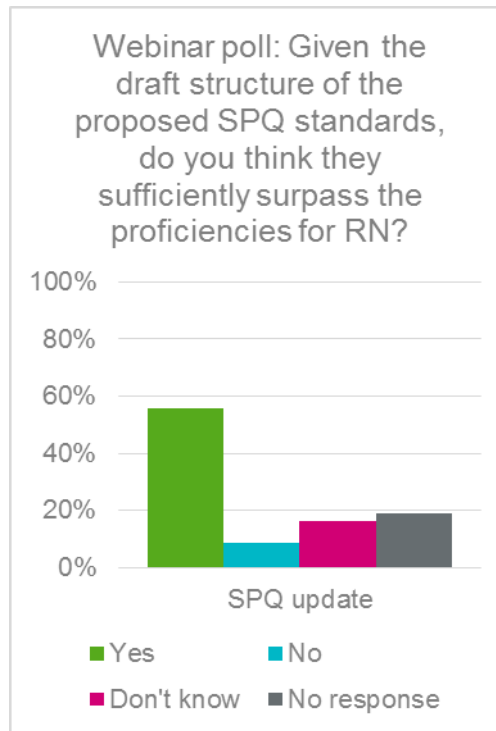
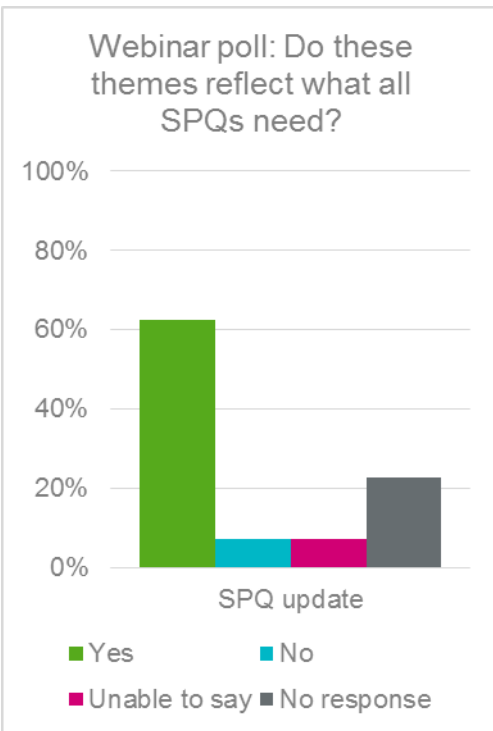
During the SCPHN update webinar, we asked attendees whether they agreed with the outline areas that the standards for each of the bespoke SCPHN areas.



Data from 20 October SCPHN update webinar, 131 participants.

### SPQ update webinar

During the SPQ update webinar, we asked attendees about the emerging themes and standards.



Data from 22 October SPQ update webinar, 136 participants.

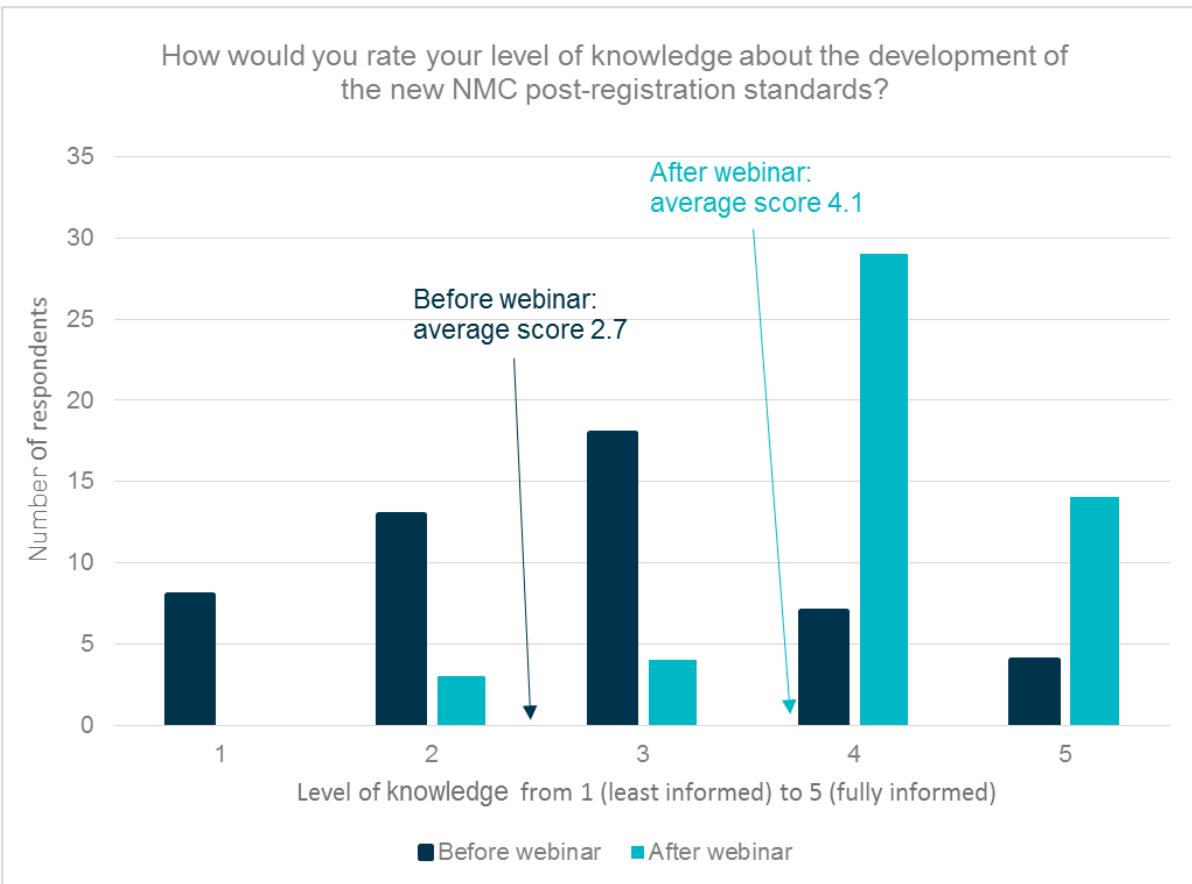
## Webinar feedback

We sent a follow up feedback survey to all attendees asking for their views on the webinars. We received only a small number of responses – 50 responses from attendees at seven webinars, total of 644 attendees, so an 8 percent response rate. Although the feedback was positive overall, the findings are not a comprehensive representation of attendees’ views. All responses were anonymous.

## Knowledge about the review

We asked respondents to rate their level of knowledge about the development of the new NMC post-registration standards both before and after the webinar.

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Data from feedback survey after 7 webinars, 50 responses.

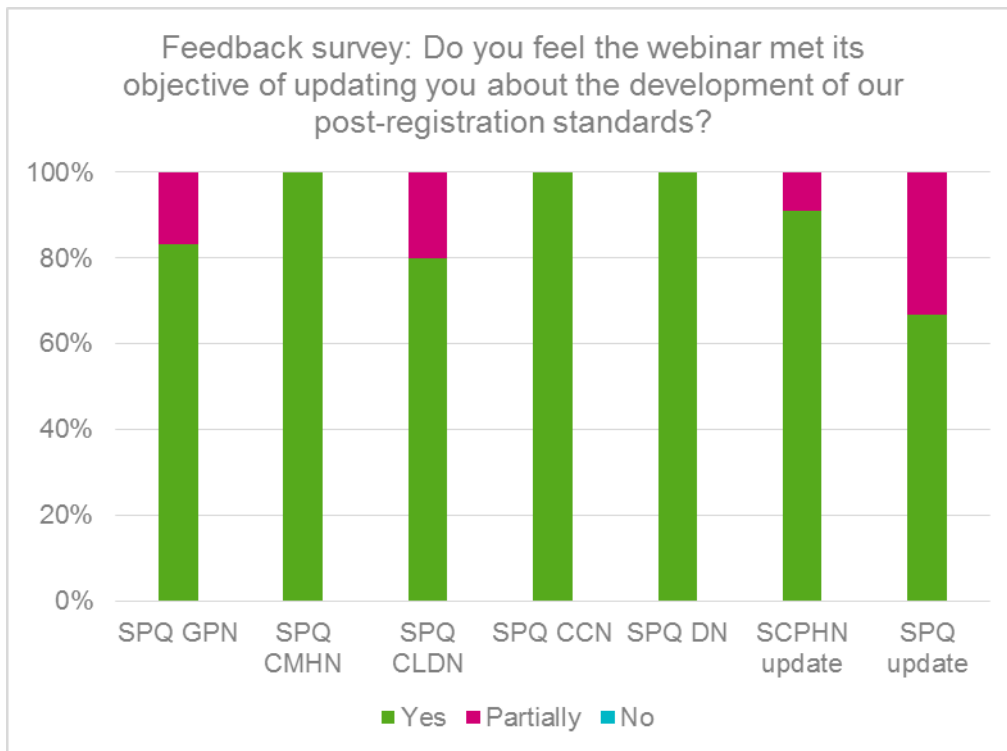
Knowledge about the development of the new post-registration standards improved – with people scoring their ‘before webinar’ knowledge as an average of 2.7 (on a 1 to 5 scale, with 1 being least informed and 5 being fully informed), increasing to an ‘after webinar’ average score of 4.1.

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## Meeting objectives

We asked whether respondents felt the webinar met its objectives.

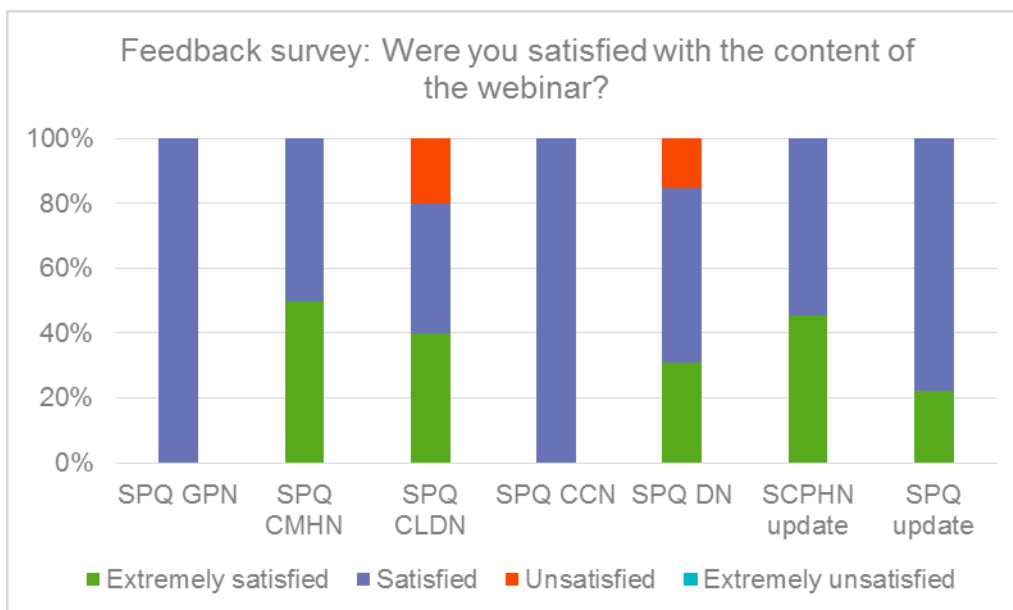


Data from feedback survey after 7 webinars, 50 responses.

Most respondents felt the webinar met its objectives (89%) with 11% stating it only partially met the objectives.

## Webinar content

We also asked respondents about the content of the webinar.



Data from feedback survey after 7 webinars, 50 responses.

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The overwhelming majority of respondents were extremely satisfied (27%) or satisfied (68%) with the content of the webinar, compared with only 5% reporting they were unsatisfied.

### Diversity of respondents

On the anonymous feedback survey, we asked various questions to understand the diversity of respondents. With such a small sample we cannot draw any definitive conclusions, but we do know that the majority of respondents are aged 41-60, work in England, identify as female, white British and heterosexual. Five respondents identified as another ethnic group (not white British). There are some respondents who have disabilities including deaf/hearing loss and mobility.

We will continue to monitor the diversity of respondents and attendees at our events to ensure we are hearing from a range of diverse voices and that we are ensuring all groups can engage with us meaningfully.

## 2. Virtual roundtables

Virtual roundtables provided an opportunity for more in-depth discussion among a smaller sample group of individuals. We organised a series of virtual roundtables for between 3 and 20 participants, facilitated by members of the NMC team.

Roundtables were small events, so we could hear from all participants and listen to their views. Invitations were sent to individuals who'd been nominated by rep bodies and those who'd contacted us directly and asked to join roundtable discussions. The sessions reflected a broad range of voices with an interest in our post-registration standards development.

The roundtables provided a rich source of feedback helping us to shape the draft standards.

There was a lot of interest from webinar attendees in being involved in the roundtable discussions. The number of roundtables and their small size meant we couldn't involve everyone who expressed interest, but we aimed to achieve a mix of participants from the four countries of the UK and scope of practice. We also heard from a number of advocacy groups, employers and educators.

Topic	Date	Number attended*
Frontline practitioners		
• SCPHN	20 July	22
• SPQ (x2)	22 July & 13 August	38
• School nursing	24 July	21
• Health visiting	29 July	16
• Occupational health nursing	4 August	22
Educators		
• SCPHN	23 July	23
• SPQ	27 July	22

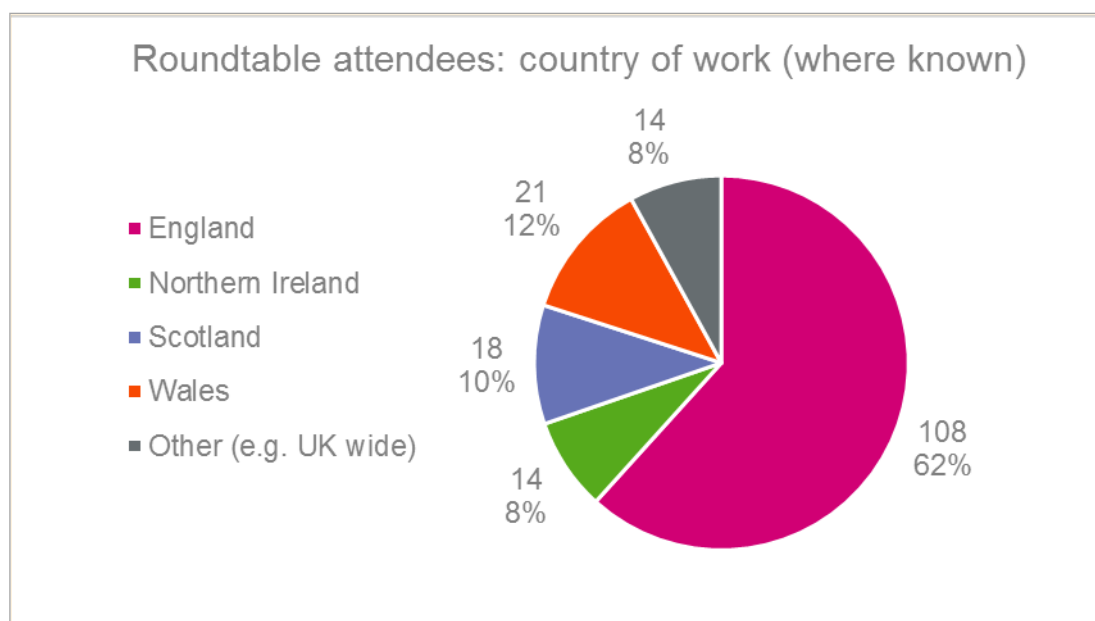


Topic	Date	Number attended*
Employers <ul style="list-style-type: none"> <li>• Direct employers</li> <li>• Commissioners</li> </ul>	12 August 25 August	19 5
Social care	20 August	16
Other professions	3 August	3
Advocacy groups <ul style="list-style-type: none"> <li>• Disability and long term conditions</li> <li>• Older people</li> <li>• Children and young people</li> <li>• Mental health and learning disabilities</li> </ul>	30 July 31 July 6 August 14 August	3 4 6 8

\*A few people attended more than one roundtable due to their roles being relevant to more than one area, so the numbers do not refer to unique people.

There were 228 attendees across 16 roundtables. 11 individuals attended 2 roundtables, the remainder attended 1.

## Country



Data from 11 roundtables where country location of roles was recorded – frontline practitioner, educator and employer sessions. Total number of attendees 203, data for 178. The data exclude those for whom we who did not have a specific location recorded (28).

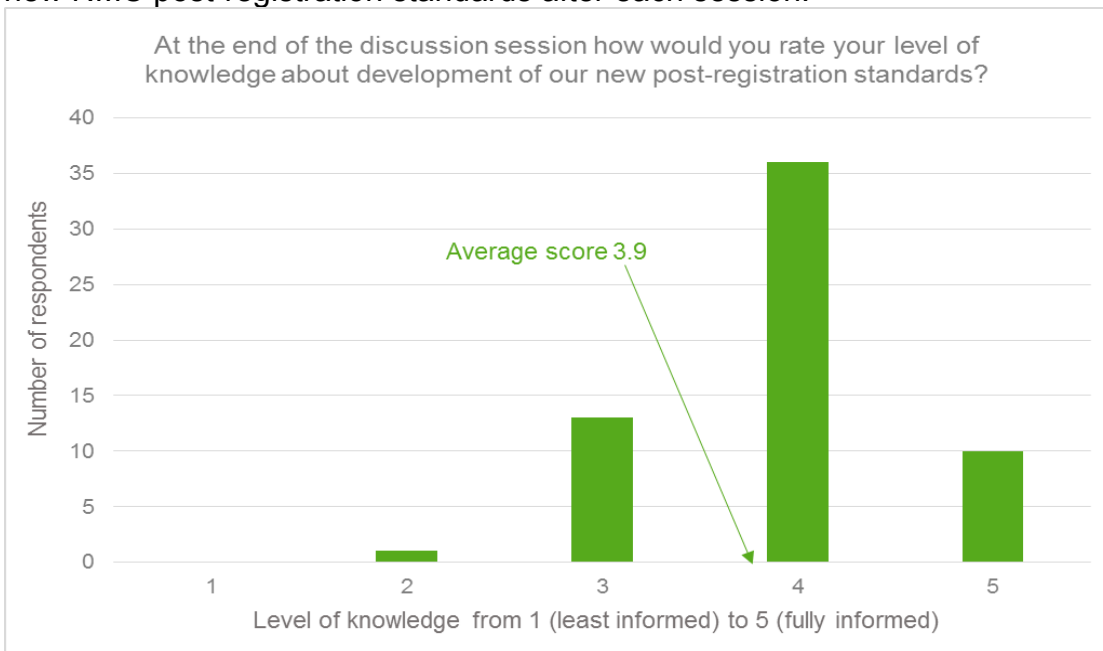
## Roundtable feedback

We sent a follow up feedback survey to all roundtable attendees asking for their views on their session. We received only a small number of responses – 60 responses from 228 attendees, 26 percent response rate. Overall the feedback was positive. All responses were anonymous.

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## Knowledge about our review of post-registration standards

We asked respondents to rate their level of knowledge about the development of our new NMC post-registration standards after each session.

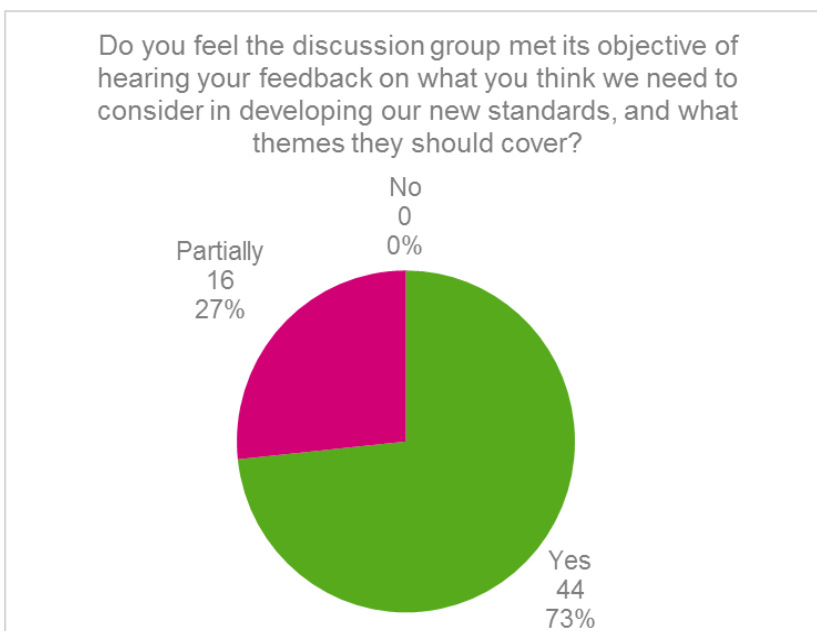


Data from feedback survey after 16 roundtables, 60 responses.

Across all the roundtables, respondents scored an average of 3.9 (on a 1 to 5 scale, with 1 being least informed and 5 being fully informed).

## Meeting objectives

We asked respondents if they felt the discussion group met its objective of hearing feedback on what we need to consider in developing our new standards.



Data from feedback survey after 16 roundtables, 60 responses.

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73% of people said the session met its objectives, while 27% said it partially met its objectives.

### Diversity of respondents

The majority of respondents were female, aged between 41 and 60, identified as white British, heterosexual, Christian, with no disabilities and no caring responsibilities.

We had some responses from men (10%), those with disabilities (10%) and those identifying as LGBT+ (8%).

## 3. Additional meetings

To ensure we heard from a broad range of voices, we approached organisations who represent those we were not hearing from through other routes.

We met with:

- Professional groups – Royal College of Psychiatrists, Royal College of Paediatrics and Child Health, Royal College of General Practitioners, National Association of Primary Care
- Diversity in nursing – British Sikh Nurses, Mary Seacole Trust, Nigerian Nurses Charitable Association UK
- LGBT+ issues – Stonewall
- Children – children’s commissioner for Wales (we contacted children’s commissioner for all nations to request input, but to date only the Wales office have responded)

These meetings helped ensure we’re hearing from some diverse voices in the shaping of the draft standards.

We know that our standards must reflect the diversity of the people who receive support and care in their homes and communities. So it’s important that professionals are able to tailor their communication approaches and use of language to take account of the needs of different population groups.

### Other communications activity

In addition to holding webinars and virtual roundtables, we also created a web hub for the post-registration standards review. This hosts all information about the review, enabling people to find out how the work is progressing and to get involved in shaping our work.

We promoted the review and the opportunities to get involved in our existing newsletters to specific audiences such as nurses and midwives and educators.

In August we initiated a regular email update for those who signed up or are part of our post-registration standards community of interest (PRSCOI). This is currently sent to over 500 individuals, and updates have been sent out monthly during the pre-consultation engagement with details of how to sign up to forthcoming events.

We utilised all our NMC social media platforms to promote our virtual engagement opportunities. The main channel used was twitter, with posts also being made on Facebook and LinkedIn. The posts were mainly to promote the webinars, but also to increase awareness of the review to interested audiences.

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## Learning for the future

### Webinars

There was confusion expressed by a few attendees over the purpose of a webinar versus other engagement opportunities. Webinars by their nature are a broadcast communication channel, although we sought to encourage engagement through the use of snap polls.

We know that some attendees would have liked to see the chatbox comments from others and have opportunities for networking. The platform that the NMC uses, GoToWebinar, does not have this functionality – comments and questions submitted during a webinar are visible to webinar organisers only. However, we did build in opportunities for some comments to be raised with the independent chairs and questions asked so everyone could hear the responses.

We need to ensure we set expectations appropriately so attendees are aware what to expect when they join a webinar, and that we signpost other opportunities to get involved such as smaller group discussions.

### Virtual roundtable sessions

Early feedback told us that a pre-discussion briefing or copy of the slides to be presented would be helpful. We responded positively to this feedback and as a result, we started sending out slides and briefing in advance after the first few roundtables. We will take this learning into future similar sessions.

To ensure that everyone has an opportunity to contribute at virtual roundtable sessions, we should involve no more than 20 attendees, or make use of breakout rooms.

Feedback was received on the limitations of the GoToMeeting platform, for instance there is no hand raising function or breakout room facility.

Participants also reported that they struggled to focus on both the chat box, the presentation and the verbal conversation at the same time. We need to be mindful of what we are asking of participants and how we want them to contribute at future sessions in order to ensure the events are as inclusive as possible.

### Advocacy organisations / groups

Engaging advocacy groups was a challenge at times, with many providing feedback that the Covid-19 pandemic had badly affected their resources, with many of their staff made redundant or on furlough and a need to focus on their core purpose

This meant that inevitably numbers for the roundtables for advocacy groups were much smaller than those for frontline practitioners and educators despite our efforts to send bespoke invitations to over 100 organisations. Despite being smaller groups, these sessions were high-quality conversations providing rich feedback.

Organisations who were unable to attend the roundtable session were invited to provide offline responses to questions. A couple of organisations responded in this way ensuring we heard their views to help shape the content of the new standards.

We are now drawing up plans regarding the input we want and can achieve from advocacy organisations to promote the consultation and how we can manage this to be the least time-consuming possible for them.

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## Appendix

### Overall numbers at engagement activities

Date	Type of activity	Topic	Number attended on the scheduled date	Number registered / invited that were unable to attend on the scheduled date but received the relevant presentation*
29-Jun	Webinar	SCPHN core	646	274
30-Jun	Webinar	SPQ	558	359
10-Jul	Webinar	School nursing	324	198
15-Jul	Webinar	Occupational health nursing	275	228
21-Jul	Webinar	Health visiting	460	365
20-Jul	Roundtable	SCPHN core	23	17
22-Jul & 13 Aug	Roundtable	SPQ (x2)	40	32
23-Jul	Roundtable	SCPHN educators	23	23
24-Jul	Roundtable	School nursing	22	18
27-Jul	Roundtable	SPQ educators	22	19
29-Jul	Roundtable	Health visiting	15	22
30-Jul	Roundtable	Advocacy groups: disability	3	42
31-Jul	Roundtable	Advocacy groups: older people	4	25
03-Aug	Roundtable	Other professions	3	18
04-Aug	Roundtable	Occupational health nursing	22	23
06-Aug	Roundtable	Advocacy groups: children and young people	6	20
12-Aug	Roundtable	Employers	19	64
14-Aug	Roundtable	Advocacy groups: mental health / learning disabilities	8	27
20-Aug	Roundtable	Social care	16	47
25-Aug	Roundtable	Commissioners	5	23
01-Sep	Webinar	SPQ general practice nursing	63	43
09-Sep	Webinar	SPQ community mental health nursing	53	27
09-Sep	Webinar	SPQ community learning disabilities nursing	95	46

10-Sep	Webinar	SPQ community children's nursing	49	34
10-Sep	Webinar	SPQ district nursing	117	80
20-Oct	Webinar	SCPHN update	131	85
22-Oct	Webinar	SPQ update	136	92

\*For webinars this is the number of individuals who registered but did not attend the session. For roundtables this is the number of individuals who were invited but were unable to attend on the scheduled date of the event. Those individuals who were unable to attend on the scheduled date received the relevant presentation and were given the opportunity to send in further feedback.

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## Council

### Preparation for the end of the EU-UK transition period

**Action:** For discussion.

**Issue:** To update the Council on the latest policy, operational and stakeholder preparations for the end of the transition period following the UK's departure from the European Union (EU).

**Core regulatory function:** All regulatory functions.

**Strategic priority:** Strategic aim 1: Improvement and innovation  
Strategic aim 2: Proactive support for our professions  
Strategic aim 3: More visible and informed  
Strategic aim 5: Insight and influence

**Decision required:** None.

**Annexes:** None.

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

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**Context:**

- 1 The UK officially left the EU on 31 January 2020 and entered a transition period during which time all its existing legal obligations and arrangements remain in place. The transition period runs until 31 December 2020 and until then the NMC is subject to EU legislation relating to registration, recognition of qualifications, and minimum training requirements for nurses and midwives. This means that during this period there has been no change to the way that EU, European Economic Area (EEA) / European Free Trade Area (EFTA) or Swiss applicants apply for registration with the NMC.
- 2 As the UK Government has not, at the time of writing, agreed a trade deal with the EU it has passed legislation that removes the need for the NMC to comply with EU requirements from 1 January 2021 whilst putting in place a new time limited arrangement relating to the recognition of certain incoming EU qualifications. It has agreed trade deals with EFTA countries<sup>1</sup> and with Switzerland, and legislation is currently laid in Parliament to introduce these arrangements.
- 3 Internal preparation for the end of the transition period is being overseen by a steering group managed from within the Strategy and Insight Directorate. This group draws its membership from across the organisation.

**Four country factors:**

- 4 Recognition of professional qualifications at an EU level and the management of related EU legislation is a matter reserved to the UK Parliament. However the four governments of the UK all have an active policy interest in a future recognition regime for qualifications. We have engaged with officials from the four governments to discuss our preparations for the end of the transition period and to align approaches, and this will continue after January 2021.

**Discussion:**

- 5 This section provides the latest updates on how our processes will change and what we have been doing to prepare for the end of the transition period.

**Registration process**

- 6 When the transition period ends there will be no change to the status of EEA-trained nurses, midwives and nursing associates already on our register. Once on our register, everyone is considered as a UK registrant with no material differences or classifications. EEA trained registrants are a valued part of our health workforce and we hope they will continue to wish to be so in the future.

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<sup>1</sup> The EFTA countries are Lichtenstein, Iceland and Norway

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- 7 Applicants who applied for registration before 31 December 2020 will be able to continue to progress and complete their applications as normal using the previous EU requirements. We are putting together information for these applicants to help them complete their applications.
- 8 For new applicants from 1 January 2021, the Government has passed legislation to manage the end of the transition period which will require changes to be made to our registration process. Accordingly from 1 January 2021, holders of EU qualifications and nationals of EFTA countries will apply via the overseas registration route, with the following distinctions:
- 8.1 Applicants holding qualifications gained in the EU as general (adult) nurses and midwives who meet the requirements for automatic recognition in accordance with Directive 2005/36/EC<sup>2</sup> can have their qualifications recognised and will not need to undertake our test of competence (TOC). This process will be in place for a period of two years but may be shortened if Ministers decide to do so.
- 8.2 Applicants holding other nursing or midwifery qualifications gained in the EU, which do not benefit from automatic recognition, will be required to follow the same overseas process as non-EU applicants, including the TOC. This would include children's, mental health and learning disabilities nurses, and nursing associates.
- 8.3 Applicants from EFTA countries will follow the overseas registration process including the TOC.
- 9 Applicants from Switzerland will continue to be processed in line with the current EU-based process for a defined period of up to five years. This includes automatic recognition of certain qualifications.
- 10 NMC registrants wishing to register in other EU Member States after 1 January 2021 will be required to do so via the international registration routes of those countries, and will not hold automatic recognition rights.

<sup>2</sup> Directive 2005/36/EC of the Parliament and the Council 'on the recognition of professional qualifications'

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- 11 We have been undertaking system development and change to ensure that new processes for applications for registration are in place from the end of the transition period. The primary change required will be to allow the applicants described in paragraph 8 to be processed within the overseas registration route, which has a different set of documentary requirements to the current EU route. The development work includes changes to our online platforms, as well as amendments to applicant facing information and guidance.

### **Education standards**

- 12 The NMC is currently required to comply with EU legal provisions mandating minimum training standards for the education of nurses responsible for general care (adult nurses in the UK) and midwives. The standards are set down in legislation and form the basis for mutual recognition of qualifications across the EU. The legal requirement to comply with these requirements will end on 31 December 2020. However as these requirements are incorporated within the NMC's own standards they will, for the time being, remain in place with approved education institutions being required to comply with them.
- 13 We have commenced work to consider the evidence to support any future proposals to change, remove or retain the EU requirements within our education standards, including where there are opportunities to innovate that were not previously available to us. We recently launched a tender exercise to seek an external partner or partners to work with us to build an evidence base. We are clear that any changes that we make will not compromise quality or safety. Any changes to our standards will require a public consultation and stakeholder engagement exercise.

### **Our people**

- 14 We have a small number of EU nationals as staff members who are greatly valued members of the NMC team. We communicated with these staff in the period before the UK left the EU, and throughout the transition period and will continue to do so.
- 15 We are also putting in place additional pre-employment checks for new staff that will join us post 31 December 2020 as additional visa requirements will come into force for those joining us from EU countries.

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<b>Midwifery implications:</b>	16	There are no significant differences in approach between midwifery and nursing within this paper. The registration requirements for nurses and midwives mirror each other. Within the work to build an evidence base to potentially change the midwifery education standards following the removal of the EU requirements there is the potential for increased innovation in how midwifery programmes are delivered.	3.
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<b>Public protection implications:</b>	17	No risks to public protection have been highlighted by the policy and engagement work being undertaken to support these changes. The removal of certain EU legal requirements will give us more control over how people enter our register and how we set out our education standards. We are clear that any changes that we make to our processes and standards will uphold quality and safety.	5.
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<b>Resource implications:</b>	18	We will have a new system in place to process applicants from the end of the transition period. The first release of the system changes which is due at the end of November 2020 is estimated to cost £80,000 for 74 days' development across our two suppliers. In addition our internal teams' resource includes four weeks' testing and significant business input. We are currently finalising the requirements for the second release that's required to implement the changes resulting from the standstill position.	7.
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<b>Equality diversity and inclusion implications:</b>	19	An equality impact assessment has been carried out on the policy approach set out in the Government's legislation and the subsequent changes that we are making to our processes. We believe that all future non-UK trained applicants to the register should be processed through a single international registration process and be required to demonstrate that they can meet our standards by undertaking our test of competence. We believe that this is the fairest and most egalitarian route to enter the register. We have been considering EDI impacts of our overseas processes as part of our EDI research, and we will continue to work with our data team to monitor the impact of these new arrangements and to take remedial action where required.	9.
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<b>Stakeholder engagement:</b>	20	We are committed to communicating clearly with those on our register, future registrants, our partners and our people about the implications of the end of the transition period and engaging with them on any proposed future changes. This includes all EU and EEA professionals on our register.	13
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- 21 As part of the work to support these changes we have set out a communications and engagement plan. We will be communicating directly with key partners on the changes arising from the new routes to registration, including employers and those organisations that support professionals to join the UK workforce. We have been engaged in ongoing dialogue with officials in the four UK health departments, as well as with key professional body and trade union stakeholders.
- 22 We are aiming to align our communication with the Government’s publication of guidance setting out the ‘standstill’ approach for future holders of EU qualifications. However, if the Government position remains uncertain we will need to schedule communications in advance of a clear Government position being available.
- 23 We continue to work closely with the UK Government on the immediate impacts that arise from the end of the transition period. In addition, we are developing plans to ensure that we can help to shape and influence any future requirements that may be introduced. This includes responding to a recent call for evidence on a future UK-wide system for the recognition of qualifications by the Department of Business, Energy and Industrial Strategy.

**Risk implications:**

- 24 The key current risk associated with the changes set out in this paper is around lack of clarity around a future trade deal with the EU, and the very short time period until the end of the transition period. We have development work underway to put in place the new requirements as we currently know them to be, however should these significantly change in the next month there is a potentially significant risk that we would not be able to amend our systems in time. This risk is subject to continual monitoring.

**Legal implications:**

- 25 The changes set out in this paper are being made as a result of legislation passed by the Government. *The European Qualifications (Health and Social Care Professions)(Amendment etc.)(EU Exit) Regulations 2019*<sup>3</sup> make changes to *The Nursing and Midwifery Order 2001*<sup>4</sup> (“the Order”), *The Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004*<sup>5</sup> (“the Registration Rules”), and *The Nursing and Midwifery Council (Fees) Rules 2004*.<sup>6</sup>

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<sup>3</sup> SI 2019/593  
<sup>4</sup> SI 2002/253 (as amended)  
<sup>5</sup> SI 2004/1767 (as amended)  
<sup>6</sup> SI 2004/1654 (as amended)

The effect of these changes is to remove the existing provisions which derive from EU legislation and insert new provisions into the NMC Order and the Registration Rules to establish the new process set out in paragraph 8 from 1 January 2021. The Regulations also repeal the *European Nursing and Midwifery Qualifications Designation Order of Council 2004*.<sup>7</sup>

- 26 The legislation to bring the Swiss and EFTA trade deals is set out in a Statutory Instrument which is currently laid before Parliament.
- 27 We have developed a number of internal registration process and policy documents which align with the changes to our legislation.

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<sup>7</sup> SI 2004/1766 (as amended)

## Council

### Appointment of Assistant Registrars

**Action:** For decision.

**Issue:** Appointment of additional Assistant Registrars to act on the Registrar's behalf.

**Core regulatory function:** Professional Regulation.

**Strategic priority:** Strategic aim 4: Engaging and empowering the public, professionals and partners  
Strategic aim 6: Fit for the future organisation

**Decision required:** The Council is recommended to appoint as Assistant Registrars, the members of staff named in paragraph 10 of this paper to act on behalf of the Registrar in relation to the matters set out in paragraph 3, in accordance with Article 4 of the Nursing and Midwifery Order 2001 and the Standing Orders (paragraph 12).

**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 executive director named below.

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**Context:**

1 The appointment of Deputy and Assistant Registrars is governed by Article 4(5) of the Nursing and Midwifery Order 2001 ('the Order'), which states:

*If the Council appoints a deputy or assistant Registrar and that Deputy or Assistant Registrar is authorised by the Registrar to act for him in any matter, any reference in this Order to "the Registrar" shall include a reference to that Deputy or Assistant Registrar.*

2 Standing Order 6.6 describes the process for the appointment of Deputy and Assistant Registrars by the Council:

***"6.6 Deputy and Assistant Registrars***

*6.6.1 The Council may, upon the nomination of the Registrar, appoint a member of staff as a Deputy or Assistant Registrar.*

*6.6.2 The Registrar may authorise in writing any person appointed by the Council under Standing Order 6.6.1 to act on her / his behalf in any matter.*

*6.6.3 In determining whether to authorise a person under Standing Order 6.6.2, the Registrar shall ensure that (a) appropriate training, guidance, and procedures are available to enable the proper discharge of the delegated functions; (b) due consideration is given to (i) the segregation of duties, where appropriate; (ii) potential conflicts of interest."*

3 This paper asks the Council to appoint Assistant Registrars in the newly established Quality of Decision Making team to:

3.1 Review or reconsider initial decisions not to investigate cases further, following an "initial consideration of an allegation of impaired fitness to practise" under Rule 2A of the Order.

3.2 Pursuant to Rule 7A of the Order, carry out reviews of decisions in Fitness to Practise cases which:

3.2.1 Find there is no case to answer in a fitness to practise case.

3.2.2 Recommend that undertakings should be agreed with the registrant or that undertakings should no longer apply.

3.2.3 Direct that fitness to practise allegations should not be considered further.

3.3 Make decisions on Voluntary Removal Applications.

**Four country factors:**

4 This applies to our regulatory work in all four countries.

**Discussion:**

5 In December 2019, the Quality of Decision Making (QDM) team was formed. The purpose of the team is to promote and enable high quality, consistent and fair decision making at each point of the fitness to practise process. Recruitment for the decision-making roles within the team was completed in February 2020. Due to the impact of Covid-19 however, the team did not have a full complement of decision-makers until June 2020.

6 The team now includes four experienced decision-makers called Case Assessors, who are senior members of staff. Their responsibilities include carrying out the decision-making functions of the Registrar set out in paragraph 3 above. One of these Case Assessors is already formally appointed as an Assistant Registrar and is currently the only member of staff who carries out the reviews mention at paragraph 3.2 and they are also able to make decisions on Voluntary Removal Applications.

7 We would now like Council to appoint the remaining three decision-makers as Assistant Registrars, to enable them to carry out all of the decision-making functions set out in paragraph 3.

8 There are a currently number of Assistant Registrars across the organisation, performing the regulatory functions on behalf of the Registrar in a number of areas. We plan to review and rationalise the appointment and deployment of Assistant Registrars generally in 2021. In the meantime, we ask Council to appoint the decision-makers named in paragraph 10 below, to enable the Quality of Decision-making Team to carry out its work effectively.

9 The Registrar is satisfied that appropriate training, guidance, and procedures are available to the decision-makers to enable the proper discharge of their functions as Assistant Registrars and that (b) due consideration has been given to (i) the segregation of duties, where appropriate; and (ii) potential conflicts of interest.

10 The Council is accordingly asked to appoint the following three members of the Quality of Decision Making Team as Assistant Registrars:

10.1 Angela Wilding

10.2 Hannah Capgras

10.3 Phil Otton

- |                                        |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                        | 11 | All of the above have undertaken the relevant training to equip them to carry out their decision-making functions as Assistant Registrars. Guidance and procedures are also available to enable them to carry out their functions, and we have appropriate measures in place to guard against possible conflicts of interest.                                                                                                                                                                                                                     |
|                                        | 12 | <b>Recommendation: The Council is recommended to appoint as Assistant Registrars, the members of staff named in paragraph 10 of this paper to act on behalf of the Registrar in relation to the matters set out in paragraph 3, in accordance with Article 4 of the Nursing and Midwifery Order 2001 and the Standing Orders.</b>                                                                                                                                                                                                                 |
| <b>Midwifery implications:</b>         | 13 | These proposals apply equally to decisions relating to midwifery.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Public protection implications:</b> | 14 | Review of screening decisions: Where we have made a screening decision not to investigate one or more Fitness to Practise concerns further, we will review the decision if: someone is unhappy with the decision, there is reason to believe the decision or our decision making process may be flawed or, new information comes to light relevant to our decision that was not available to us at the time the decision was made. If we have missed something in our decision making process, it is important that we act quickly to address it. |
|                                        | 15 | Review of Case Examiner decisions: Assistant Registrars review Case Examiner decisions of Fitness to Practise cases at the request of anyone (including the NMC) who is unhappy with the decision. In order to review the decision, the Assistant Registrar must be satisfied that it is in the public interest or is necessary to prevent unfairness to the nurse, midwife or nursing associate.                                                                                                                                                 |
|                                        | 16 | Making Voluntary Removal decisions: Voluntary removal is a way for nurses, midwives and nursing associates who have been investigated to apply to be removed from the register without the need for a full public hearing. Where voluntary removal is approved, it provides immediate public protection and supports our aim to 'reach the outcome that best protects the public at the earliest opportunity'.                                                                                                                                    |
| <b>Resource implications:</b>          | 17 | None. The training of the new Assistant Registrars has been managed within existing the budget for the Quality of Decision Making team.                                                                                                                                                                                                                                                                                                                                                                                                           |

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**Equality diversity and inclusion implications:**

18 The creation of the Quality of Decision Making Team, and the appointment of Assistant Registrars, will bring improved consistency to our approach to reviewing fitness to practise decisions. This will improve our ability to identify trends in decision-making which have implications for our commitment to equality, diversity and inclusion in our fitness to practise processes.

**Stakeholder engagement:**

19 Council's powers to appoint Assistant Registrars to carry out Registrar functions are well established, and are set out in our Order and the Standing Orders. This paper aims to explain the purposes for which these Assistant Registrars are to be appointed and the functions which they will be expected to perform. These are reflected in our published guidance and on our website.

**Risk implications:**

20 To ensure consistency of decision-making in the expanded pool of Assistant Registrars we will (i) continue to provide them with relevant training; (ii) quality assure their decisions, and (iii) provide them with feedback themes and learning to ensure continuous improvement in the decision-making process.

**Legal implications:**

21 Set out above in this paper.

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## Council

### Audit Committee Report

**Action:** For information.

**Issue:** Reports on the work of the Audit Committee.

**Core regulatory function:** Supporting functions.

**Strategic priority:** Strategic aim 6: Fit for the future 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 named below.

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Chair: Marta Phillips

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- Context:**
- 1 Reports on the last meeting of the Audit Committee held on 4 November 2020. Key Issues considered by the Committee included:
    - 1.1 Progress on the Internal Audit work plan and reviews completed in the last quarter.
    - 1.2 A draft revised Risk Management Framework and a comprehensive assurance review of the work of the General Counsel team.
    - 1.3 An update on the IT infrastructure and Modernising our Technology (MOTS) programme.
    - 1.4 The annual review of accounting policies.
    - 1.5 Standing reports on whistleblowing, serious event reviews and single tender actions.

**Four country factors:** 2 None directly arising from this report.

**Discussion: Internal Audit work plan 2020-2021**

- 1 The Committee held its regular private meeting with the Head of Internal Audit and was pleased to hear of the much more active engagement by the Executive Board and Executive Directors with the work plan and reviews.
- 2 The Committee reviewed progress against the Internal Audit work plan 2020-2021. The Committee considered three internal audit reports:
  - 2.1 **People Learning and Development** (opinion of “partial assurance” the same as the previous year’s audit. The Committee encouraged the Executive to improve this, particularly completion of appraisals, as part of the new People and Organisational Effectiveness Directorate).
  - 2.2 **IT Service Provision:** (opinion of “substantial assurance”, which was an improvement on the previous year). The Executive noted that further efforts were needed to improve provision of services to colleagues, despite the strong report.
  - 2.3 **Budget Planning and Management** (opinion of “substantial assurance”).
- 3 The Committee noted that one review on Professional Regulation had been delayed, partly due to Covid-19 but was assured that this would come to the next meeting.

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- 4 The Committee continues to monitor progress on clearing Internal Audit recommendations. There were no high priority recommendations to be carried forward for follow up at the next review. However, there were six agreed actions that should have been implemented but had passed the due date. These would be included in the next cycle of follow up. The Committee was satisfied with progress against the internal audit plan.

### **Risk Management**

- 5 The Committee considered the regular update on risk management, which included an update on progress against the risk management improvement plan and a draft revised Risk Management Framework.
- 6 The Committee reviewed progress on the risk management improvement plan. Some work had been delayed due to resourcing issues within the team: the Committee was assured this would be addressed through recruitment. Detailed assurance mapping for each of the corporate risks would be considered at the February 2021 Committee meeting as planned.
- 7 Approval of the Risk Management Framework is reserved to the Council. The Committee noted the comprehensive nature of the revised draft framework and the helpful articulation of risk appetite. The Committee was content for this to come to the Council for approval in January 2021. The Committee asked that a more accessible version be included when the framework is brought to Council and welcomed plans for simple 'How to guides' for staff and encouraged the development of flowcharts and similar tools to help ensure colleagues could easily understand the framework.
- 8 The Committee received a presentation on risks, mitigations and sources of assurance in relation to the work of the General Counsel team. The Committee welcomed the progress made in identifying and mitigating legal risks, and the positive shift to a values-based and person centered approach. It noted the team's focus on cascading this approach to operational lawyers, and the steps being taken to increase inter-regulatory learning. The Committee was assured by the approach that had been put in place.

### **Anti-fraud, bribery and corruption 2020-2021**

- 9 The Committee was pleased to note that no instances of fraud, bribery or corruption had been detected so far in 2020-2021 and that there had been no reported incidents of offences under the Modern Slavery Act 2015 in the NMC's supply chain.

## IT infrastructure and MOTS programme assurance report

- 10 The Committee continues to receive regular updates on the IT infrastructure and the Modernisation of Technology (MOTS) programme. The Committee noted that it is now intended that Council receives regular reports on MOTS following the Avanade external review. Therefore, it encouraged the Executive to consider the degree and appropriateness of future reporting to avoid overlap and duplication of effort.
- 11 The Committee recognised the progress that had been made in addressing the recommendations in the Avanade report, and asked that timelines were added to their delivery. This would enable more effective monitoring.

## Annual review of accounting policies

- 12 The Committee considered and approved proposed changes to the accounting policies. The Committee noted the external auditor's advice about the increased emphasis on documenting our 'going concern' evaluation. This information would need to be marshalled and prepared to inform Council's approval of the Annual Report and Accounts. The Committee also noted the National Audit Office's guidance on accounting for Covid-19. The Committee was satisfied that the changes were in line with the Charities statement of recommended practice.

## Whistleblowing

- 13 The Committee reviewed the standing report on the use of the NMC's internal whistleblowing policy and was advised that no whistleblowing concerns had been raised since the last meeting. The Committee also received an update on the five issues raised over the past year; whilst only one of would be deemed a public interest disclosure, all concerns raised through the policy are taken seriously and addressed. All five have now been closed that the Committee was satisfied with how these had been handled. The Committee received assurance from the Executive that there were a wide range of ways for colleagues to raise concerns, other than through the Whistleblowing policy but that where colleagues use the whistleblowing policy, we will still look into the issues.
- 14 The Committee reviewed and approved some revisions to the Whistleblowing policy (last reviewed in 2018) to reflect the organisation's values and behaviours and incorporated feedback from staff training sessions.



## Serious event reviews and data breaches report

- 15 The Committee considered the report on serious event reviews (SERs) and data breaches for the period 1 April to 30 June 2020 and the learning and actions that arose from them. There had been relatively few incidents reported in Q1 which was likely due to the re-prioritisation of work in response to the Covid-19 pandemic.
- 16 The Committee noted the strengthened processes in relation to managerial oversight, and the progress made by the SER working group. The Committee supported the focus on root causes and suggested identifying systemic changes in order to prevent repetition.

## Single tender actions

- 17 The Committee considered a report on single tender actions (STAs) and the STAs actions log for the period June 2020 to September 2020. The Committee noted that there had been nine STAs in the financial year to date, which was two more than at this time in the previous year. However, the Committee was satisfied the procurement policy and controls were being applied effectively.

### Midwifery implications:

- 18 No midwifery implications arising directly from this report.

### Public protection implications:

- 19 No public protection issues arising directly from this report.

### Resource implications:

- 20 No resource implications arising directly from this report.

### Equality and diversity implications:

- 21 No direct equality and diversity implications resulting from this report.

### Stakeholder engagement:

- 22 None.

### Risk implications:

- 23 No risk implications arising directly from this report.

### Legal implications:

- 24 None identified.

## Council

### Investment Committee report

**Action:** For information.

**Issue:** To update the Council on the work of the Investment Committee.

**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 or the director named below.

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Committee Chair: Derek Pretty

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**Context:** 1 The Committee last reported to the Council in September 2020. The focus of the Investment Committee has been on overseeing the funds that have been invested and monitoring the investment risks. The Committee has begun discussions on the next review of the Investment Policy.

2 The Committee met on 23 October 2020.

**Four country factors:** 3 None arising directly from this paper.

**Discussion: Invested funds**

4 As reported to Council in September, the initial £10m tranche of funds was invested in July 2020. An additional tranche of £10m was invested in October 2020. The third tranche will be invested in January 2021.

5 Although there has been a considerable recovery in the markets since the drop that occurred earlier in the year due to the Covid-19 pandemic, the global growth outlook remains under pressure. The Committee noted that, so far, the portfolio in which the NMC is invested has performed better than the benchmark index.

6 The Committee discussed in detail the environmental, social, and corporate governance (ESG) ratings of the companies in which we invest. The investment management firm continues to use its stewardship activities to engage and influence companies to respond to material risks by addressing ESG improvements.

**Investment risk**

7 The Committee considered the corporate risk around investments (risk FIN20/01), which had been updated to reflect the Committee’s discussion at its July 2020 meeting. The Committee asked for some further refinement of the mitigations and controls.

**Review of Investment Policy**

8 The Committee had an initial discussion on the scope to strengthen the ethical dimension of the Investment policy by addressing environmental and equalities issues, taking into account the views of the Executive.

9 The Committee and Executive both support working towards ways in which companies we invest in could be encouraged to improve diversity at all levels of their organisations.

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10 In considering any proposed changes, the Committee recognises the need to take account of the expectations of colleagues and stakeholders whilst also needing to ensure that, as a charity, we do what is legally permissible and practically possible in line with our statutory and charitable objectives.

11 The Committee has asked the Executive to develop proposals for revision of the ethical aspects of the Investment policy to reflect the above and will discuss further at the next meeting in January 2021 with a view to bringing proposals to the full Council in due course.

**Public protection implications:**

12 None arising from this paper.

**Resource implications:**

13 None directly as a result of this paper. Our long term investment policy has a target overall rate of return on invested funds of CPI plus 3 percent per annum, net of investment management fees.

**Equality and diversity implications:**

14 EDI issues were considered as part of the development of the ethical policy and, as with all our procurement processes, EDI issues were tested as part of the selection of fund managers.

**Stakeholder engagement:**

15 Not applicable to this paper.

**Risk implications:**

16 The Committee will continue to discuss and monitor the associated risks.

**Legal implications:**

17 None arising from this paper.

## Council

### Council Committee membership and appointments

**Action:** For information.

**Issue:** Confirms Council Committee membership from 1 October 2020 and other appointments.

**Core regulatory function:** All regulatory functions.

**Strategic priority:** Fit for the future organisation.

**Decision required:** None.

**Annexe:** The following annexe is attached to this paper:

- Annexe 1: Council Committee membership and appointments 2020-2021 effective from 1 October 2020.

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

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## Council Committee membership and appointments 2020-2021 effective from October 2020

<b>Deputy Chair</b>	
Karen Cox (registrant member)	from October 2020
<b>Vice Chairs</b>	
Rob Parry (registrant member)	from October 2020
Derek Pretty (lay member)	From October 2020

<b>Remuneration Committee            (Four Council members)</b>	<b>Term</b>
The remit of the Remuneration Committee is to ensure that there are appropriate systems in place for remuneration and succession planning at the NMC.	
Ruth Walker (Chair) (registrant member)	1 October 2020 to 31 March 2021 <i>Committee member since 1 April 2020</i>
Hugh Bayley (lay member)	1 October 2020 to 31 March 2021 <i>Committee member since April 2018</i>
Lynne Wiggins (registrant member)	1 October 2020 to 31 March 2021 <i>Committee member since 1 October 2020</i>
Anna Walker (lay member)	1 October 2020 to 31 March 2021 <i>Committee member since 1 October 2020</i>

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<b>Audit Committee (Five Council members)</b>	<b>Term</b>
The remit of the Audit Committee is to support the Council and management by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report.	
Marta Phillips (Chair) (lay member)	1 October 2020 to 31 March 2021 <i>Independent Chair 1 June 2016 to 30 April 2017</i> <i>Council member Chair from 1 May 2017</i>
Derek Pretty (lay member)	1 October 2020 to 31 March 2021 <i>Committee member since 1 January 2017</i>
Robert Parry (registrant member)	1 October 2020 to 31 March 2021 <i>Committee member since 1 January 2016</i>
Eileen McEneaney (registrant member)	1 October to 31 March 2021 <i>Committee member since 1 October 2020</i>
Sue Whelan Tracy (lay member)	1 October 2020 to 31 March 2021 <i>Committee member since 1 October 2020</i>

<b>Investment Committee Three Council members Two Independent members</b>	<b>Term</b>
The remit of the Committee is to oversee implementation of the Council's investment strategy; determine the allocation and movement of funds in accordance with the investment strategy; and monitor the Council's investment portfolio. Decision-making and implementation of the investment strategy is delegated to the Investment Committee.	
Derek Pretty (Chair) (lay member)	1 October 2020 to 31 March 2021 <i>Chair since 10 October 2018</i>
Claire Johnston (registrant member)	1 October 2020 to 31 March 2021 <i>Committee member since 10 October 2018</i>
Sue Whelan Tracy (lay member)	1 October 2020 to 31 March 2021 <i>Committee member since 1 October 2020</i>
Nicholas McLeod-Clarke (independent member)	15 April 2019 to 14 April 2021 <i>Two year term</i>
Thomasina Findlay (independent member)	15 April 2019 to 14 April 2021 <i>Two year term</i>

<b>Accommodation Committee (Five Council members)</b>	<b>Term</b>
The remit of the Accommodation Committee is to oversee implementation of the Accommodation Strategy, including any proposed refurbishment of 23 Portland Place, within the financial and other parameters set by the Council.	
Philip Graf (Chair)	1 October 2020 to 31 March 2021 <i>Committee member since 1 May 2020</i>
Derek Pretty (lay member)	1 October 2020 to 31 March 2021 <i>Committee member since 1 May 2020</i>
Robert Parry (registrant member)	1 October 2020 to 31 March 2021 <i>Committee member since 1 May 2020</i>
Anna Walker (lay member)	1 October 2020 to 31 March 2021 <i>Committee member since 1 October 2020</i>
Lynne Wiggins (registrant member)	1 October 2020 to 31 March 2021 <i>Committee member since 1 October 2020</i>

<b>NMC Trustee General Nursing Council for England and Wales Trust</b>	<b>Term</b>
Robert Parry (registrant member)	From 1 May 2018 to November 2020
Lynne Wiggins (registrant member)	From November 2020



Appointments Board (Five non council members - Partner members)	Term
The remit of the Appointments Board is to assist the Council in connection with the exercise of any function or process relating to the appointment of Panel Members and Legal Assessors to the Practice Committees (the Investigating Committee and the Fitness to Practise Committee) and the appointment of Registration Appeal Panel Members to the Registration Appeals Panel.	
Jane Slatter (Chair)	6 August 2018 to 5 August 2021
Frederick Psyk	1 September 2019 to 31 August 2022 <i>(second term)</i> <i>Board member since 1 September 2016</i>
Angie Loveless	1 March 2018 to 28 February 2021
Clare Salters	1 March 2018 to 28 February 2021
Robert Allan	1 October 2018 to 30 September 2021