

# Council Open meeting 2 July 2020

MEETING  
2 July 2020 09:30

PUBLISHED  
24 June 2020

## Meeting of the Council

To be held by teleconference from 09:30 on Thursday 2 July 2020

### Agenda

Philip Graf  
Chair

Fionnuala Gill  
Secretary

- |                             |   |           |  |
|-----------------------------|---|-----------|--|
| <b>1</b>                    | <b>Welcome and Chair's opening remarks</b>        | NMC/20/46 | <b>09:30</b>                           |
| <b>2</b>                    | <b>Apologies for absence</b>                      | NMC/20/47 |  |
| <b>3</b>                    | <b>Declarations of interest</b>                   | NMC/20/48 |  |
| <b>4</b>                    | <b>Minutes of the previous meeting</b>            | NMC/20/49 |  |
|                             | Chair   |           |  |
| <b>5</b>                    | <b>Summary of actions</b>                         | NMC/20/50 |  |
|                             | Secretary   |           |  |
| <b>6</b>                    | <b>Executive Report</b>                           | NMC/20/51 | <b>09:40-10:10</b><br><i>(30 mins)</i> |
|                             | Chief Executive and Registrar/Executive           |           |  |
| <b>7</b>                    | <b>Black Lives Matter</b>                         | NMC/20/52 | <b>10:10-10:40</b><br><i>(30 mins)</i> |
|                             | Executive Director, Strategy and Insight          |           |  |
|                             | <b>Comfort break</b>                              |           | <b>10:40-10:50</b><br><i>(10 mins)</i> |
| <b>8</b>                    | <b>Audit Committee Annual Report 2019–2020</b>    | NMC/20/53 | <b>10:50-11:05</b><br><i>(15 mins)</i> |
|                             | Chair, Audit Committee                            |           |  |
| <b>Matters for decision</b> |   |           |  |
| <b>9</b>                    | <b>Draft Annual Report and Accounts 2019–2020</b> | NMC/20/54 | <b>11:05-11:25</b><br><i>(20 mins)</i> |
|                             | Chief Executive and Registrar                     |           |  |

10 **Draft Annual Fitness to Practise Report 2019–2020** NMC/20/55 **11:25-11:45**  
(20 mins)  
Executive Director, Professional Regulation

**Comfort break**

**11:45-11:55**  
**(10 mins)**

11 **Chair of Council reappointment process 2020-2021** NMC/20/56 **11:55-12:05**  
(10 mins)  
Chair, Remuneration Committee

12 **Council Associate scheme** NMC/20/57 **12:05-12:20**  
(15 mins)  
Chair

13 **Covid-19 – Recovery Standards for nursing and midwifery education** NMC/20/58 **12:20-12:30**  
(10 mins)  
Executive Director, Professional Practice

**Matters for discussion**

14 **Annual Health, Safety and Security Report 2019-2020** NMC/20/59 **12:30-12:45**  
(15 mins)  
Executive Director, Resources and Technology Services

15 **Questions from observers** NMC/20/60 **12:45-13:00**  
(15 mins)  
Chair **(Oral)**

**Matters for information**

16 **Chair's action taken since the last meeting** NMC/20/61  
Chair

**CLOSE**

**13:00**

Meeting of the Council  
Held on 20 May 2020 by teleconference.

## Minutes

### Participating

#### 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

#### Council members designate

Sue Whelan Tracy	Observing
Lynne Wigens	Observing

#### NMC Officers:

Andrea Sutcliffe	Chief Executive and Registrar
Emma Broadbent	Executive Director, Professional Regulation
Sarah Daniels	Director, 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
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/20/31 Welcome and Chair’s opening remarks**

- 1. The Chair welcomed all attendees to the virtual Council meeting. The Council was particularly pleased to welcome two recently appointed designate Council members, Sue Whelan Tracy, and Lynne Wiggins, who were observing the meeting.

**NMC/20/32 Apologies for absence**

- 1. None.

**NMC/20/33 Declarations of interest**

- 1. In relation to **NMC/20/36 Update on response to the Covid-19 pandemic** all registrant members and Geraldine Walters declared an interest in relation to the Covid-19 measures including extension of revalidation.
- 2. In relation to **NMC/20/41 Governance: Proposed amendments to the financial regulations** all staff declared an interest in the proposed amendments to the financial regulations.
- 3. None of the interests declared were considered material such as to require those concerned to withdraw from discussion or decisions.

**NMC/20/34 Minutes of the previous meeting**

- 1. The minutes of the meeting on 25 March 2020 were agreed as an accurate record.
- 2. Responses to the questions submitted by observers at the Council meeting on 25 March 2020 had been included as an annexe to the minutes for information.

**NMC/20/35 Summary of actions**

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

**NMC/20/36 Update on our response to the Covid-19 pandemic**

- 1. The Chief Executive and Registrar, together with the Executive Director, Strategy and Insight introduced the report and accompanying presentation. These provided an update on action taken since the 25 March meeting to address the Covid-19 emergency.

2. The Chief Executive expressed thanks to all external stakeholders and internal colleagues for the hard work and support received over the past few months. The new values and behaviours of being fair, kind, ambitious and collaborative, endorsed by the Council at the March meeting, had been evident in the organisation's response to the Covid-19 emergency.
3. At the March meeting, the Council had made a series of decisions to set up Temporary Registration; amend education standards; extend the deadline for approval of Future Nurse and prescribing education programmes; and to allow flexibility in FTP and Registration appeal processes. Following that meeting, the Secretary of State had declared an emergency and the approved measures had been implemented.
4. More than 13,000 people had joined the temporary register across the UK. Temporary registration removal guidance had been put in place. There were three areas where the NMC had decided not to use the emergency powers available: temporary registration of students; temporary registration of partial lapsers and temporary prescribing powers. These decisions had been taken following consultation with partners and representative bodies, recognising that there was now less demand for rapid expansion of the workforce than initially anticipated and these measures were not needed for the foreseeable future.
5. Significant work had gone into supporting people on the register, in collaboration with including how the different impact on acute settings and social care; the impact on different groups, particularly black, Asian and minority ethnic groups; testing; and Personal Protective Equipment (PPE). In relation to the wider external context, there were significant issues for the sector to consider, for example, future service delivery given the need for prolonged social distancing. Different approaches were also emerging across the four countries and there may be further local and regional variations. These were not for the NMC to solve, but the NMC would play its part and these matters would inform thinking on our work to Regulate, Influence and Support.
6. All NMC colleagues were working from home apart from a few members of the facilities team who attended an NMC office when necessary. Wellbeing was a key focus for the organisation and webinars for all staff in addition to information about health and wellbeing were provided on an ongoing basis. The Executive had begun work looking at the impact on future priorities and work programmes.
7. In discussion, the following points were noted:
  - a) All registrants and temporary registrants were commended for the huge amount of work done at pace in response to the pandemic. This had made a real difference to those in health and social care services.
  - b) NMC staff were also thanked for all the work done in response to the pandemic.

- c) Many registrants were facing enormous pressure and stress, which in some cases may affect their long term mental health. It was mental health awareness week and the NMC was providing advice and support jointly with the four Chief Nursing Officers in this area.
- d) Contingency plans were needed should a second and third wave occur. Sustaining full registration on the Register was a key priority going forward.
- e) It was now clear that there would be an ongoing need to cope with Covid-19. There were active conversations with the government about how to manage exit from the emergency arrangements in a way that best supported services. At the same time, it was important that the emergency arrangements put in place specifically to address the pandemic were not allowed to become business as usual.
- f) The temporary registration of approximately 2200 overseas nurses had been managed very successfully and provided an additional valuable resource. Discussions were ongoing with the OSCE centres about when they would reopen; every effort would be made to ensure applicants were progressed as quickly as possible.
- g) The successful implementation of virtual fitness to practise hearings for interim and substantive review orders was a significant achievement. In considering wider roll out of virtual hearings, both the benefits and the challenges, such as the increased intensity and demands of interacting differently, would be reviewed. The review would also look at whether there were any differences in decision-making and outcomes compared to face to face hearings. The review findings would be brought to a future meeting.
- h) Tribute was paid to students for the excellent contribution they had made. The impact on hospital operating capacity during the ongoing pandemic and the effect on clinical placements for students would be considered as part of the education quality assurance process.
- i) Clarification has been given to approved education institutions (AEIs) that if students have met all their learning outcomes, undertaken their hours' requirements, and completed three academic years of study then they are eligible for registration. Work was ongoing with AEIs to review if this clarification would enable earlier registration of some students, the possible numbers and logistics. So far, only three AEIs had expressed an interest in registering students early. The Executive was confident that early registration could be managed, as the registration process was now automated. Another upcoming significant piece of work related to the EU directive requirements around hours in practice and simulation. There was a need to consider current arrangements and the implications of any changes.
- j) Deployment was low across health and social care services but especially in social care. The low number of temporary registrants deployed to work in social care settings was disappointing. The NMC had no role in deployment but had sought to work with the four countries to emphasise the people on the temporary register were available to work both in health and social care settings.

- k) The research team would be undertaking work to identify learning from the new ways of working and any implications for changes that might be sought as part of regulatory reform.
- l) Additional costs resulting from the establishment of the temporary register would be recovered from DHSC and discussions were ongoing. These costs would not be met from registrants' fees.

8. On behalf of the Council, the Chair thanked the Executive and all NMC staff for the way in which the organisation was responding to the pandemic and paid tribute to all registrants, temporary registrants and students for the outstanding contribution made.

<b>Action:</b>	<b>Share the outcome of the work on virtual hearings with Council</b>
<b>For:</b>	<b>Executive Director, Professional Regulation</b>
<b>By:</b>	<b>29 July 2020</b>
<b>Action:</b>	<b>Share learning from utilising new ways of working and how things could change for the future as a result.</b>
<b>For:</b>	<b>Executive Director, Strategy and Insight / Executive Director</b>
<b>By:</b>	<b>Resources and Technology Services</b>
	<b>23 September 2020</b>

**NMC/20/37 Executive Report**

1. The Chief Executive and Registrar introduced the Executive report. The 2020-2025 strategy, which was the product of a tremendous amount of work with colleagues, stakeholders, and members of the public, had been given a 'soft launch' on the website and via communications to everyone involved.
2. There would be a need to review the corporate plans and priorities in the light of the impact of Covid-19 and this would be brought to the Council later in the year.
3. The Equality, Diversion and Inclusion (EDI) research was focused on evaluating the impact of our regulatory activities on people with protected characteristics under the Equality Act 2010. The NMC was contributing to work that others were doing on the disproportionate impact that Covid-19 had on BAME registrants and those who had sadly lost their lives. This included providing data to Public Health England (PHE). The EDI team was also linking up with other groups in relation to this issue.

***Corporate performance report at 31 March 2020***

4. The Executive Director, Resources and Technology Services introduced the corporate performance report for 2019-2020. Altogether 25 out of 35 commitments in the 2019-2020 corporate plan had been met: eight had not been fully met and two had been rated not met:

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- a) The new test of competence for overseas applicants due to be delivered in March 2020 had been deferred due to Covid-19.
- b) The FTP case management system within the MOTS programme had originally been due to be delivered by March 2020, but this phase of the work had yet to start.

5. All regulatory Key Performance Indicators (KPIs) had been met, including both Fitness to Practise (FTP) KPIs. However, the Executive advised that it was not confident of meeting these KPIs in 2020-2021, given the impact of Covid-19.

6. There was a financial surplus of £7m against the original planned budget deficit of £3m. There were three main factors for this: income higher than budget by £3.2m, due to more overseas applicants; core business expenditure was under budget by £2.6m, including less spending on FTP hearings; and a slippage on programmes and projects.

7. The Council welcomed the significant improvement in employee turnover: this was a great achievement by the People and Organisational Development team and managers across the organisation. It was too early to say why colleagues were staying at the NMC, but staff engagement trends were improving and staff surveys suggested that factors included efforts to make the NMC a better place to work; colleagues staying longer and becoming more experienced and capable in their jobs, and improved pay and reward.

8. In discussion, the following points were noted:

- a) It was good to see that contact was being made with those who had said their complaints had not been resolved, as this should help improve learning within the organisation.
- b) It would be important to consider the longer-term consequences of not being able to conclude FTP cases within 15 months: a backlog was building, and work was underway with external support to look at reforecasting and replanning the workload.
- c) Regular updates on nursing associates would continue to be provided through the Executive report. The DHSC had reimbursed all agreed costs for the nursing associate programme: the variance in income was due to expenditure having been less than originally forecast.
- d) Launch of the payment system had been delayed but was now due to go live on 30 May 2020.
- e) The Audit Committee Chair and Executive Director, Resources and Technology Services would discuss the impact of bond yields on the pension deficit outside the meeting.

9. The Council commended the progress made on the Lessons Learned review recommendations: this was a major achievement and represented a sound basis on which to begin the 2020-2025 Strategy.

### **Corporate Risk Register at 31 March 2020**

10. In discussion of the Corporate Risk Register, the following points were noted:
- a) There was a real and current risk of external factors or interference impeding ability to work remotely: it would be helpful for the risk register to identify specific mitigations to address and recover from this.
  - b) The changing nature of the Covid-19 risk and the mitigations suggested that this needed to be kept under constant review.
  - c) There may be a need to guard against any deterioration in relationships due to lack of face to face meetings.
  - d) The reduction in confidential waste was welcome: this should continue to improve as remote working encouraged paperless working.
  - e) As staff were required to adhere to IT and Security policies, there was a limited risk of confidential material being downloaded to personal systems.
11. The Council welcomed plans to recognise and mark appreciation of all professionals who had contributed to the efforts to stem the Covid-19 pandemic. The Executive was engaging with Government on this to ensure alignment with wider plans to recognise all key workers.

**Action: Update the Council on the work to address the FTP workload**  
**For: Executive Director, Professional Regulation**  
**By: 29 July 2020**

**Action: Provide data and insight on the reasons for staying at the NMC when available**  
**For: Director, People**  
**By: 29 July 2020**

#### **NMC/20/38 PSA Performance Review 2018–2019**

1. The Executive Director, Professional Regulation introduced the PSA Performance Review report for 2018-2019 (published April 2020). The PSA had judged that for 2018-2019 the NMC had met all but two of the 24 Standards of Good Regulation (SOGR).
2. The Chair and Chief Executive and Registrar had recently had a positive meeting with the new Chair and the Chief Executive of the PSA.
3. Following discussions with the PSA, it had been agreed that work on the 2019-2020 performance review would commence in July 2020. The Chair and Chief Executive and Registrar, along with counterparts in all the health care professional regulators had attended a meeting with the PSA which had discussed how Covid-19 matters would be dealt with in future performance reports.

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4. The Council noted the report and the action taken to address the issues identified over the past 12 months.

**NMC/20/39a Addendum - Governance: Additional amendments to the Standing Orders and Scheme of Delegation**

1. The Chair introduced this item which sought to address concerns within the midwifery community that recent appointments to the Council had not included a midwife. Lorna Tinsley (a midwife) remained a Council member until the end of September 2020. The Council shared the disappointment that it had not been possible to identify someone suitable to recommend for appointment.
2. The Council recognised the importance of being able to have access to midwifery expertise and valued hearing and understanding the voice of midwifery around the table. Two steps were proposed to address this:
- a) The upcoming recruitment for a new registrant Council member for Scotland would be specifically focused on finding someone with midwifery expertise suitable to recommend for appointment to Council. The timing of the exercise would be brought forward so that the appointee would be known by October/November and could be involved in the Council's work from that date.
  - b) Specific amendments to the Standing Orders to set out more clearly the Council's expectations around membership.
3. General Counsel noted that appointments were made by the Privy Council and that the Council was responsible for conducting the selection process. The Professional Standards Authority (PSA) had an oversight role and provided assurance to the Privy Council that the processes conducted by the NMC were fair and robust. There was a legal requirement to have six lay and six registrant members. Council's influence was in the selection criteria. It was important to select on merit and make sure that the Council had the right skills mix, including midwifery expertise. It was also important to increase diversity of the Council to reflect the public we serve. The PSA guidance was clear that appointees did not represent a particular profession or constituency. To find someone with midwifery expertise, it was likely that the person would be a current registered midwife, but this was about expertise, not representation. The proposed wording in the Standing Order amendments reflected all professions that the NMC regulated.
4. In discussion, the following points were noted:
- a) The Council welcomed these clear and important proposals.
  - b) The Council's role was around strategic governance and oversight; all Council members, lay and registrant, needed to fulfil the essential competencies and the requirement to appoint on merit would not be compromised.
  - c) Every recruitment process was always informed by the need to meet the public sector equality duties.

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d) It was hoped that suitable midwifery colleagues would put themselves forward to this challenge and that the midwifery community would assist in helping us identify suitable candidates.

5. The Chair welcomed the Council’s clear and unequivocal support for the proposals and confirmed that it was intended to work closely with the midwifery profession and senior leaders in Scotland on the recruitment process.

6. **Decision: The Council approved the following addition to the Standing Orders to be inserted in paragraph 3 - The Council – add the following after subparagraph 3.2.1.**

*3.2.2 Subject to 3.2.1, in setting any selection criteria for new Council members, the Council will seek to ensure that at any given time:*

- (i) the membership of the Council reflects a mix of background, knowledge and skills;*
- (ii) the membership of the Council reflects the diversity of the public that it serves; and*
- (iii) registrant membership of the Council includes both persons a) with nursing expertise and b) with midwifery expertise.*

**NMC/20/39 Governance review and amendments to the Standing Orders and Scheme of Delegation**

1. The Chair introduced the report which covered a range of governance matters, including the external review of Council effectiveness and amendments to the Standing Orders and Scheme of Delegation. The Council had considered these matters previously in seminar sessions.

2. In discussion, the following points were noted:

- a) The Council’s effectiveness review had been thorough, building on the positive external review findings.
- b) It would be important to build on learning from Covid-19 including remote working; virtual Open meetings with participation by the public; and the ability to act and take decisions at speed. This needed to be balanced against the pressure and intensity on colleagues of working at pace.
- c) Work on a risk assurance framework was part of the wider risk improvement plan due to be considered by the Audit Committee in June 2020.
- d) Both the Council and, no doubt observers, would welcome further efforts to reduce the length of Council papers and ensure these were clear, concise, and focused on key strategic issues for Council to consider.

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e) Further reflections from Council members on how to reduce the length of papers would be welcome, for example, this meeting pack had included two reports for transparency: the external Governance review and the PSA performance report.

3. The Chair, Chief Executive and Secretary would consider the points made around the nature and quality of papers.

4. **Decision: The Council approved the following amendments to the Standing Orders and Scheme of Delegation:**

- i. **Minor adjustments to the Standing Orders and Scheme of Delegation.**
- ii. **Changes to the Appointments Board Terms of Reference in the Scheme of Delegation.**
- iii. **Establishment of an Accommodation Committee and its remit and Terms of Reference.**
- iv. **Disestablishment of the Budget Scrutiny Group as a Committee of the Council.**
- v. **In line with amendments to the Financial Regulations (NMC/20/41), increases to the authority to make financial commitments.**
- vi. **Amendment of the Vice-Chair principles to give the Chair discretion over the number of Vice-Chairs.**

**NMC/20/40 Governance: Council Committee membership 2020 and Council meeting dates 2021-2022**

1. The Council noted the paper on Council Committee membership to September 2020 and Council meeting dates 2021-2022.

2. **Decision: The Council confirmed the Council meeting dates for 2021-2022.**

**NMC/20/41 Governance: Proposed amendments to the financial regulations**

1. The Executive Director, Resources and Technology Services introduced the proposed changes to the financial regulations.

2. The changes included actions taking forward recommendations in the external review around rebalancing Council and Executive responsibilities. This included extending the Chief Executive’s authority to vire between budget heads and increasing the limit for the Chief Executive’s authority to approve contracts previously notified to the Council. This would reduce the number of contracts coming to Council each year from around twelve to around six.

3. The expected list of forthcoming contracts was included in the following item on the agenda (NMC/20/42).

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4. In discussion, the following points were noted:
- a) The Council exercised its fiduciary responsibilities in a range of ways, including through approving the corporate plan and budget, regular financial monitoring, and approving business cases for major programmes and projects. Approval of contracts was therefore only one part of the financial control framework.
  - b) The proposals sought to reduce the number of contracts coming for approval, but the Council could still ask to see any included on the schedule below £2m in value if it wished to do so.
  - c) It would be useful to keep under review the number and nature of contracts coming to the Council for approval and those decided by the Executive to ensure that the balance was right. Similarly, when major projects came forward for approval, it would be useful to understand within these which contracts would be approved by the Executive and which by the Council.
  - d) Monetary value and level of spend was not necessarily the defining factor; the Council welcomed the commitment in the Financial Regulations that projects or matters with significant regulatory or public impact would still be brought to the Council.

5. **Decision: The Council approved the revised Financial Regulations.**

**NMC/20/42 Expected high value contracts 2021-2022**

1. The Executive Director, Resources and Technology Services introduced the paper outlining the high value contracts expected to be procured during 2020-2021. The Council had also received a separate version of the same paper which included commercially confidential information.
2. The purpose of the schedule was to give the Council visibility of all contracts received in the confidential meeting with a value of £500k and above and the opportunity to ask for more information, for instance if Council thinks there is a case that a particular service should be brought in house. Most of the expected contracts were retenders of existing services.
3. In discussion, the following points were noted:
- a) As reported at previous open Council meetings, it had been agreed to invest up to £30m of funds in a portfolio of equity-based investments to obtain an above inflation return over the long term. The contract had not yet been finalised, so the steep drop in financial markets in February and March had been avoided.

- b) As previously discussed at Council, the 23 Portland Place office was overdue for refurbishment, with the lifts and air conditioning coming to the end of their useful lives. There were also contracts relating to the need to find new offices and hearing rooms in Edinburgh, as the lease on existing premises was ending. Both would be subject to Council's approval of business cases later in the year. In considering future accommodation needs, learning from remote working would be taken into account.

4. The Council noted the report.

#### **NMC/20/43 Audit Committee Report**

1. The Chair of the Audit Committee introduced the report.
2. The Committee's report included recommendation that the Council approve a 12-month extension of the external auditors' contract. The original intention had been that the contract be retendered, but this would divert resources needed to address the current emergency. The Committee was satisfied that effective external scrutiny would be available since there had been regular rotation of partners and staff by the external auditors during the time they had held appointment.
3. The internal audit programme for the current year would be reviewed at the next Audit Committee meeting in June. It was probably too early to consider whether revisions were needed due to Covid-19 implications, but this would be done at the autumn meeting.
4. **Decision: The Council approved a 12-month extension of the appointment of haysmacintyre as external auditors within the current contract.**

#### **NMC/20/44 Questions from observers**

1. The Chair advised that the following written questions had been submitted by observers:
- a) *As the Nursing and Midwifery Council, what positive steps are planned to ensure suitably qualified membership of Council in the longer term, so that the NMC is confident that they have appropriate input to their governance processes that reflects all of the professionals they regulate.* Tom McEwan, The University of the West of Scotland
- b) *Clarification about what is meant by 'with midwifery expertise'.* Carmel Lloyd, Royal College of Midwives.
2. It was noted that both questions had been addressed during the discussion of NMC/20/39a Addendum - Governance: Additional amendments to the Standing Orders and Scheme of Delegation.

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**NMC/20/45 Chair’s action taken since the last meeting**

1. There were three Chair’s actions to report:
  - a) A review of the Covid-19 Temporary Register removal guidance for approval by the Chief Executive and Registrar.
  - b) Agreement of the conditions of practice to be applied to specific groups on the Covid-19 Temporary Register.
  - c) Authorisation of the retrospective extension of the second terms of appointment for 19 Investigating Committee panel members.

**Chair's closing remarks**

1. The Chair thanked everyone for listening, for sending in questions and for their patience. He also thanked the Executive team and colleagues for all the work done since the last meeting.

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

**SIGNATURE:** .....

**DATE:** .....



## Annexe A

### External Observers

Michael Humphreys	Scrutiny Manager, Professional Standards Authority
Kate Fawcett	Senior Scrutiny Officer, Professional Standards Authority
Karen Wilson	Director of Nursing, Midwifery and AHPs, NHS Education for Scotland
Jane Beach	Lead professional officer regulation, Unite
Angela Di Nuzzo	Senior Business Manager, MSI Group Ltd
Peter Bell	Member of public
John Lee	Professional Advisor, CNO Directorate, Scotland
Jenny Wood	Associate, Capsticks Solicitors LLP
Bridget Hoad	Nursing Workforce Lead, HEE
Thomas McEwan	Senior Lecturer- Midwifery, University of the West of Scotland
Carmel Lloyd	Head of Education, Royal College of Midwives
Lisa Jesson	Lead Midwife for Education and Quality Enhancement Lead, Birmingham City University

### NMC Staff Observers

Ellie Taylor	Social media officer
Lauren Haslehurst	Head of News
Jacqui Williams	Senior Midwifery Advisor
Manali Patel	Internal Communications Manager
Michele Harrison	Regulation Advisor
Rob Beaton	Head of Corporate Planning Performance and Risk
Alice Hood	Assistant Director, Public Engagement
Mary Anne Poxton	Head of Governance
Kelly O'Brien	Governance Manager

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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 priority 4: An effective 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 20 May 2020

Minute	Action	Action owner	Report back date	Progress to date
<b>NMC/20/36</b>	<b>Virtual FTP Hearings</b>  Share the outcome of the work on virtual hearings with Council	<b>Executive Director, Professional Regulation</b>	<b>29 July 2020</b>	Not yet due.
<b>NMC/20/36</b>	<b>Learning from our response to the Covid-19 pandemic</b>  Share learning from utilising new ways of working and how things could change for the future as a result	<b>Executive Director, Strategy and Insight / Executive Director Resources and Technology Services</b>	<b>23 September 2020</b>	Not yet due.
<b>NMC/20/37</b>	<b>FTP performance</b>  Update the Council on the work to address the FTP workload	<b>Executive Director, Professional Regulation</b>	<b>29 July 2020</b>	Not yet due.
<b>NMC/20/37</b>	<b>Employee turnover</b>  Provide data and insight on the reasons for staying at the NMC when available	<b>Director, People</b>	<b>29 July 2020</b>	Not yet due.

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## Summary of outstanding actions arising from the Council meeting on 25 March 2020

Minute	Action	Action owner	Report back date	Progress to date
<b>NMC/20/22</b>	<p><b>Strategy 2020–2025</b></p> <p>i. Consider how to reflect the impact of the Covid-19 pandemic and other external constraints which may impinge on the NMC’s ability to achieve the Strategy’s ambitions; and</p> <p>ii. Schedule a thorough review of progress given the impact of the Covid-19 pandemic.</p>	<b>Director of Strategy and Insight</b>	<p>i. <b>20 May 2020</b></p> <p>ii. <b>March 2021</b></p>	We will report on impact of Covid-19 on the Strategy at the Open Council meeting on 29 July 2020, as part of the Performance and risk report.
<b>NMC/20/22</b>	<p><b>Financial Strategy</b></p> <p>Provide regular updates on the Investment position</p>	<b>Chair, Investment Committee/ Director of Resources and Technology Services</b>	<p><b>20 May 2020</b></p> <p><b>2 July 2020</b></p>	An oral update will be given at the meeting.
<b>NMC/20/22</b>	<p><b>Accommodation Strategy</b></p> <p>Take account of the Council’s comments in developing the business cases for Edinburgh and 23 Portland Place</p>	<b>Director of Resources and Technology Services</b>	<b>22 September 2020</b>	The business case for the Edinburgh offices and 23 Portland Place will be discussed at the Council Accommodation Committee at the end of July 2020, before being considered by the Council in September 2020.

Minute	Action	Action owner	Report back date	Progress to date
<b>NMC/20/22</b>	<p><b>Corporate Plan and Budget</b></p> <p>Undertake a thorough review of the Corporate Plan and Budget in the autumn, including a fundamental review of the Key Performance Indicators</p>	<p><b>Director of Resources and Technology Services</b></p>	<p><b>23 September 2020</b></p>	<p>Not yet due.</p>
<b>NMC/20/23</b>	<p><b>Gender Pay Gap Report 2019</b></p> <p>Update Council on the results of the reverse mentoring scheme once in place</p>	<p><b>Director of People and Organisational Development</b></p>	<p><b>27 January 2021</b></p>	<p>The reverse mentoring project has been rescheduled to start in September 2020 due to the COVID-19 emergency.</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 late June 2020.

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

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

**Decision required:** None.

**Annexes:** None.

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**Context:**

- 1 This paper is produced by the Executive and contains highlights from the external environment up to 23 June 2020.
- 2 Our new quarterly arrangements for corporate performance and risk reporting to the Council means that the performance and risk sections of this report, will next be provided to the Council at its meeting on 29 July 2020.

**Four country factors:**

- 3 Same in all UK countries.

**Discussion: Covid-19**

- 4 After establishing the temporary Covid-19 register in March 2020, we now have over 14,000 nurses and midwives who have temporarily registered with us.
- 5 In June 2020, we wrote to everyone on the temporary register to request important equality, diversity and inclusion information. This information will help us to understand the different groups of people who have temporarily registered with us and assist us in making sure we are taking an inclusive approach to regulation.
- 6 As part of that survey we also asked people to tell us whether or not they have been deployed since joining the temporary register. The results of the survey are currently being analysed.
- 7 From our engagement with our partners across the UK, we are aware that while a number of people on the temporary register have been deployed to work settings, many have not. It is likely that the halting of routine services and redeployment from within health and social services had created significant capacity, meaning less demand for deployment from the temporary register.
- 8 However, with some health and care services starting to resume, the need for staff to take annual leave and the risk of a second wave of Covid-19 infections still a real possibility, those on the temporary register may still be needed in the weeks and months ahead.
- 9 We continue to work closely with our partners across the UK, including those leading health and care services. Collaboration includes understanding issues related to their response to Covid-19 and their workforce needs; planning for exiting the emergency situation and how we eventually close temporary registration in the longer term; and encouraging temporary registrants to apply to join the permanent register.

## Public Health England Covid-19 disparities

- 10 On 3 June 2020, Public Health England published research on the disparities in the risk and outcomes of Covid-19, which looked at how different population groups have been impacted. The report highlighted that Covid-19 has exposed and exacerbated existing health inequalities and disproportionately impacted groups that already face significant challenges.
- 11 Using data from the NMC register we supplied, the report also highlighted the significant numbers of registered nursing and midwifery professionals who have been affected by Covid-19.
- 12 We published a statement from Andrea Sutcliffe in response to this research, outlining our concern and view that all partners in health and social care should take action to understand and address inequalities. The statement acknowledged that the NMC has a role in the collective effort to address these inequalities and that we are determined to play our part.

## Revalidation extensions

- 13 Due to the difficulty of revalidating during the Covid-19 crisis, we have agreed a series of revalidation extensions for different cohorts of registrants.
- 14 We have automatically extended revalidation application dates by 12 weeks for anyone who was due to revalidate in March, April, May and June 2020. Those due to revalidate from July 2020 onwards can request a 12-week extension if they need more time to complete their revalidation application.
- 15 Registrants can also request a further 12-week extension if their ability to revalidate has been affected by Covid-19. They will need to declare that their confirmer supports the request.

## Overseas registration

- 16 We have extended the validity of computer-based test results by six months and are discussing with Occupational English Test (OET) how an online test that they are exploring might meet our English language requirements. We are also exploring how we can support applicants whose English language test results are close to the two-year limit. Eligible overseas candidates have been able to join our Covid-19 temporary register with conditions of practice.

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## Working in partnership

- 17 The NMC has continued to work collaboratively with its partners in order to respond effectively to the Covid-19 pandemic, taking the perspectives of our partners and the unique nature of the four UK countries into consideration throughout our decision making.
- 18 Andrea Sutcliffe and Geraldine Walters have continued to lead regular calls with the Chief Nursing Officers of the UK and their teams. These calls are now focused on how to manage the transition from the emergency situation to recovery for those on the temporary register, students, and the wider workforce.
- 19 Anthony Robinson, Assistant Director of Professional Practice, has led weekly engagement calls with the Royal Colleges and trade unions. These meetings have supported us to engage regularly with the representative bodies on a range of operational and strategic issues.
- 20 Lead directors for each UK country led calls with country stakeholders during the pandemic to understand the specific response requirements and key challenges. Work to re-establish the internal working groups to support our engagement across the UK has begun following their postponement during the peak of the pandemic. These working groups will support the lead directors in their engagement to understand the medium-long term impact of Covid-19. Further engagement calls are being planned for July and August 2020.
- 21 To support our partners to understand the action taken by the NMC in response to Covid-19, stakeholder packs summarising this work have been developed and are updated and shared fortnightly. Two versions of the pack have been developed to account for the needs of political and wider stakeholders.
- 22 Andrea Sutcliffe, Geraldine Walters and the Senior Midwifery Advisors led a Midwifery Panel webinar on 4 June 2020. The webinar was an opportunity for the NMC to update Midwifery Panel members on our response to Covid-19, our new strategy and values and behaviours framework, and the steps we are taking in relation to Council member recruitment and the associate scheme. Presentations were also given by the midwifery leads from each UK country on how they have responded to Covid-19 and supported midwives, mothers, babies and families during this time. The next meeting is in October 2020.

## Engagement with UK Parliament

- 23 We continue to work closely with Department of Health and Social Care (DHSC) officials, and officials from the devolved legislatures on our work on the temporary register, issues surrounding deployment and considerations about transition out of the emergency situation.
- 24 We have continued to send political stakeholders across the UK an information pack outlining our activity in response to Covid-19 and a list of frequently asked questions to support them with any queries that they may have from constituents or members of the public.
- 25 Andrea Sutcliffe and Philip Graf met with Jeremy Hunt MP, on 21 May 2020. This was our first meeting with Mr Hunt since he became Chair of the Health and Social Care Select Committee. Key topics of discussion included our response to Covid-19, the impact of the pandemic on the social care sector, our work on just culture and regulatory reform, and our future engagement with the Committee. We are due to meet with Mr Hunt again in September 2020.
- 26 We submitted written evidence to the Health and Social Care Select Committee's inquiry on management of the Covid-19 outbreak in the UK outlining our role as a professional regulator in responding to the pandemic. We have also responded to the Welsh Parliament's Health, Social Care and Sport Committee inquiry into the impact of the Covid-19 outbreak, highlighting similar issues within the Welsh context.
- 27 The Health and Social Care Select Committee is also holding an inquiry into social care funding and workforce which we have responded to. In our submission we highlighted the issue of persistent staff shortages, the need to support parity between the health and social care sectors, particularly through investing in training and development, improving data and the impact of Covid-19 on the social care sector.
- 28 The UK government's legislative agenda has been heavily impacted during the Covid-19 outbreak. We continue to monitor the parliamentary business of all four UK legislatures and keep colleagues updated on progress with new legislation and policies.

## EU Exit

- 29 We continue to work closely with government officials at DHSC and BEIS (Department for Business, Energy and Industrial Strategy) and DIT (Department for International Trade) on the trade negotiations and any potential impacts for the NMC.

- 30 A sub-group of the internal Brexit Steering Group has now been established and an impact assessment is being undertaken looking at likely options for both a deal and no-deal EU exit in December 2020.

### **Regulatory reform**

- 31 We have been working closely with our fellow professional regulators and DHSC on what a future shared rules framework could look like. This work is set to continue over the next six months and will include seeking the views of our key stakeholders on any potential changes to our rules.

### **Improving how we regulate**

#### **Post-registration standards**

- 32 We are now beginning the pre-engagement phase of this project. On 18 June 2020 we publicised a series of webinars where all stakeholders can find out more about the project and send us initial feedback. These will be followed up with more detailed roundtables with frontline practitioners and key stakeholders groups. We will ensure a diverse representation across our engagement activities.

#### **New approach to Fitness to Practice cases**

- 33 With the exception of our work to develop our approach to considering context, the rollout of our new approach was paused while the team prioritised delivering essential services during the Covid-19 pandemic. We are currently considering when and how to recommence this work.

#### **Standards implementation**

- 34 We will soon publish a new web hub containing a wide range of materials to help educators, supervisors and other stakeholders with the implementation of our new Future Nurse and Future Midwife standards. The web hub will include a series of webinars, briefings, leaflets, videos and supportive scenarios, all in one place to make them easily accessible for our stakeholders.

#### **Preceptorship**

- 35 We plan to publish our new principles for preceptorship later this month. The principles will help preceptees, preceptors, employers and organisations, students, practitioners, professional regulators, system regulators, educators and others to think about how they can best support newly registered professionals.

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## Quality Assurance of Staffordshire University

- 36 As part of our quality assurance processes (QA), we monitor all of our approved education programmes to ensure they continue to meet our standards. This follows the process outlined within our QA Framework and QA Handbook.
- 37 Given the publicised concerns around maternity services and the emergency department at the Telford NHS Shrewsbury Trust, we undertook an extraordinary review at Staffordshire University in February 2020. This was to provide us with the assurance that the University was taking appropriate steps to safeguard the student learning and experience, having not provided us with the reassurance we required.
- 38 We published the findings of the extraordinary review on the 24 June 2020. As part of the review, the visitor team identified that there were insufficient controls in place to address risks in the following areas:
- 38.1 Practice learning, and
  - 38.2 Education governance: management and quality assurance
- 39 Consequently, the university have now put in place an agreed action plan which we continue to monitor monthly at our QA Board meetings.

### New QA system

- 40 QA Link, our new system for quality assurance of education, will go live on 17 August 2020 along with our new QA handbook. We will support this with a series of webinars to help educators and other key stakeholders understand the new system and ask any questions.

### International day of the Midwife and International Nurses Day

- 41 We celebrated International day of the Midwife (5 May) with a range of communication and engagement activity, including:
- 41.1 Social media activity: a thank you video from Andrea, an executive team thank you photo, case studies and a quote from Donna Ockenden. Our social media activity was viewed 145,444 times and engaged with 3,742 times.
  - 41.2 Mass email: an email to all midwives and dual registrants. This was sent to 44,936 recipients and had a 54.98% open rate.

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- 41.3 Internal communications: a blog from an NMC colleague, and executive team thank you video and celebratory posts on Workplace.
  - 42 Our International Nurses Day (12 May) celebrations included:
    - 42.1 Social media activity: a video from Andrea, case studies and another 'executive photo'. Our social media activity was viewed 279,100 times and engaged with 8,842 times. We issued one Facebook post for Nurses Day which reached 16,139 people and had 627 reactions, comments and shares.
    - 42.2 Mass email: an email to all nurses and nursing associates on 12 May 2020. This went to 672,338 recipients and had a 48.72 percent open rate.
    - 42.3 Campaigns: supporting the 'shine a light' campaign on social and in the media, asking people to shine a light for nurses on 12 May 2020. This was picked up by the Sunday Express, Nursing Times and Daily Mail.
    - 42.4 Press: Andrea featured in the Nursing Times with an article about the day and we published a blog by Andrea on our website.
    - 42.5 Internal communications: a blog from an NMC colleague, and executive team thank you video and celebratory posts on Workplace.

**Code campaign**

- 43 As part of our new five-year strategy, we are committed to proactively supporting the professionals on our register. We are working with colleagues and partners on a campaign that aims to:
  - 43.1 Support people on our permanent register to uphold high standards during the emergency and beyond, as services reset and adjust to a new normality.
  - 43.2 Support people on our temporary register and students on extended clinical placements to uphold appropriate standards in unprecedented circumstances.

44 We have seen high reach and engagement from previous video content, so we are building our campaign around six 90-second animations about key themes relating to our Code, plus one more about professional use of social media. The themes are: accountability, delegation, professional judgement and decision making, person-centred care, end of life care, keeping a record of your care and decisions and social media.

### Newsletters

45 We have implemented a plan to improve our external newsletters through better audience segmentation, more strategic content, enhanced visuals, and higher reach and engagement.

46 We have separated our newsletter for nurses, midwives and nursing associates into two separate newsletters (one for nurses and nursing associates, one for midwives).

47 We have launched a newsletter for students, using different channels to achieve more than 1,200 subscribers by the time we published the first issue.

48 We are working on a new newsletter for the public, reactivating a previous subscriber list of more than 10,000 people. The other newsletters we have are for employers and educators.

### Data report

49 Production of the registration data report for April 2019 to March 2020 is under way. Embargoed reports will be sent to stakeholders and press on Tuesday 7 July 2020. The reports will then be published on the NMC website on Thursday 9 July 2020. There will be a main UK report, plus individual reports for the four countries.

### Midwifery implications:

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

### Public protection implications:

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

### Resource implications:

52 No external resources have been used to produce this report.

### Equality diversity and inclusion implications:

53 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.

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**Stakeholder engagement:** 54 Not applicable.

**Risk implications:** 55 The impact of risks is assessed and rated within our corporate risk register.

**Legal implications:** 56 None.

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## Council

### Black Lives Matter

**Action:** For discussion.

**Issue:** To update the Council on the issues for the NMC arising from the Black Lives Matter movement.

**Core regulatory function:** Education & standards.  
Registration & revalidation.  
Fitness to practise.

**Strategic priority:** Improvement & innovation  
Proactive support  
Insight & influence  
Fit for the future organisation

**Decision required:** For discussion.

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

- BMe statement to colleagues on 4 June 2020.

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- Context:**
- 1 The Black Lives Matter movement has highlighted 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.
  - 2 We recognise the fundamental importance of these issues and are committed to addressing them. This was a key part of our 2020-2025 Strategy and our new Values and Behaviours Framework agreed by the Council in March 2020:
    - 2.1 In the strategy we said that “We champion the values of equality, diversity and inclusion” and that “We value the diversity of the nurses, midwives and nursing associates on our register as an asset for the health and care sector”. We acknowledged the poorer experience of black and minority ethnic registrants in the workplace and our role to influence improvement.
    - 2.2 Our Values and Behaviours framework states “We celebrate diversity by supporting equality and inclusivity in all areas of our work.”
  - 3 This paper sets out our immediate response to the issues raised by the Black Lives Matter movement following the murder of George Floyd in the USA and the ongoing programme of work we will pursue with vigour to address the concerns raised by colleagues, the professionals on our register and the public.
- Four country factors:**
- 4 No direct four country factors. Patterns of ethnic diversity and inequality differ between and within the four nations.
- Discussion and options appraisal:**
- NMC colleagues**
- 5 BMe, our employee network for people from black, Asian, and minority ethnic (BAME) communities and friends, made a statement to colleagues on 4 June 2020 (**Annexe 1**) and hosted safe space discussions for colleagues on 9 and 12 June 2020, which were attended by members of the executive team. Many colleagues shared personal experiences of racism in society and in the workplace. Rightly, they expressed a strong desire for rapid action to be taken to tackle racial inequality and discrimination. The under-representation of BAME people on the Council and in leadership positions at the NMC is a matter of particular concern.

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- 6 The Chief Executive made a statement to colleagues on 2 June 2020 highlighting the Black Lives Matter movement and the impact of the issues on BAME people. In her weekly message for colleagues on 8 June 2020, the Chief Executive emphasised the importance of the issues and the experiences of colleagues. In her weekly message on 15 June 2020, she encouraged colleagues to discuss these issues and we know many teams across the organisation have taken the time to reflect upon them together and offer support to each other.
  - 7 The Chief Executive's message on 8 June 2020 explained the steps we are taking towards an inclusive approach to the recruitment of the Director of People and Organisational Effectiveness and encourage applications from BAME people. These include:
    - 7.1 making it clear that the NMC is an inclusive place to work, we celebrate diversity and welcome people from BAME backgrounds;
    - 7.2 setting firm expectations for the recruitment campaign, which is being run by an executive search firm, to actively seek out BAME candidates;
    - 7.3 including a cross-section of the organisation in the recruitment process, including candidates meeting with the chairs of BME and other employee networks;
    - 7.4 having a diverse appointment panel, which includes an external member from a BAME background with expertise in equality, diversity, and inclusion.
  - 8 The 2019-2020 Council member recruitment campaign was designed to attract BAME candidates. The Selection Panel included an independent member from a BAME background and the Panel had a refresher session on unconscious bias in preparation for their role. 19 percent applicants and more than a third of those who reached the interview stage were BAME. However, the panel did not recommend any BAME candidates for appointment by the Privy Council. As discussed later in the agenda for this meeting, the Council is introducing an Associate scheme to provide development opportunities for BAME people and to help develop the pipeline of potential future candidates for Council and other Board-level roles.

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- 9 Last year, we overhauled our employee recruitment practices and, in November 2019, introduced an online application system. All applications are now assessed anonymously, up to the interview stage. We provide unconscious bias training for recruiting managers. We now ensure that all roles at Head-level or above are advertised in specialist diversity jobs website and we are monitoring this approach to ensure we are attracting candidates from BAME communities. Where candidates provide diversity data, we are now able to analyse the relative success rates of people with different protected characteristics and will include that data in our annual workforce report which we will present to the Council in December 2020.
- 10 In [Roger Kline's](#) words, 'in 2020 anything less than decisive practical action is unforgivable'. We acknowledge there is much more we need to do. Our immediate plans include:
- 10.1 commissioning an external expert to work with us to facilitate further conversations with colleagues and to plan additional interventions;
  - 10.2 addressing issues of race and equality, including microaggression training, through the implementation of our new values and behaviours and our leadership development programme from July 2020;
  - 10.3 reviewing our internal leadership and resourcing for equality, diversity, and inclusion (EDI) by August 2020;
  - 10.4 introducing the inclusive mentoring scheme aimed at BAME colleagues currently in development by September 2020;
  - 10.5 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;
  - 10.6 publishing an ethnicity pay gap report at the same time as our gender pay gap report in December 2020;
  - 10.7 as part of planning for a return to the workplace, undertaking specific risk assessment for BAME colleagues.

## People on our register

- 11 In her website [blog](#) of 4 June 2020, the Chief Executive addressed issues of inequality and injustice and our role as a regulator. The blog was also included in our newsletter for nursing and midwifery professionals on 25 June 2020. We have a duty to eliminate discrimination in our own processes and a wider responsibility to use our regulatory powers to promote equality.
- 12 Our Code and standards are key levers for promoting equality. The [NMC Code](#) requires the people on our register to prioritise people, to treat them fairly and without discrimination and to challenge any discriminatory attitudes and behaviours towards those receiving care. Our [Future Nurse](#) and [Future Midwife](#) standards and our [Standards of Proficiency for Nursing Associates](#) are designed to support nursing and midwifery professionals to practice with the skills and competencies needed to work with diverse communities, to address health inequalities, and to recognise and challenge discrimination. Our [Education Framework](#) sets clear expectations for approved education institutions to have open and inclusive learning environments and to train educators in equality, diversity, and inclusion. Approved education institutions have to demonstrate how they meet our standards prior to approval.
- 13 Our plans for 2020-2021 include the review of our post-registration standards. As part of our review, we are considering how we can best use our standards to address health inequalities for BAME communities. We will continue to engage with BAME professionals and the wider community to co-produce the standards.
- 14 Issues of inequality have been apparent during the national response to the Covid-19 pandemic. In April 2020, we issued [a statement](#) calling for the issues to be examined. [A review by Public Health England](#) and published in June 2020 found that people from BAME backgrounds are significantly more likely to face negative outcomes, including death, as a result of Covid-19. Stakeholders have outlined how racism has been a key health determinant before and during the pandemic. Using data from our register, the report also highlighted the disproportionate impact of Covid19 on registrants from BAME groups. We issued [a further statement](#) in response highlighting the importance of effective speaking up arrangements and additional risk assessment processes for higher risk professionals.
- 15 We have carried out a thorough Equality Impact Assessment of our own response to the Covid-19 pandemic which we have kept under review throughout this period and plan to publish in July 2020.

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- 16 The 2017 report we commissioned from the University of Greenwich, [\*The Progress and Outcomes of Black and Minority Ethnic \(BME\) Nurses and Midwives through the Nursing and Midwifery Council's Fitness to Practise Process\*](#) highlighted disproportionate numbers of referrals about BAME registrants from employers. The report is a key part of the evidence which underpins changes to our approach to fitness to practise which we started to introduce in 2018. Action we have taken includes:
- 16.1 better information for employers on referrals, raising awareness with employers at an early stage, and encouraging more local resolution;
  - 16.2 developing a new approach to taking account of the context in which incidents occur to improve our understanding of the environments people are working in, take a person-centred approach, reduce opportunities for bias in the process, and ensure fairer outcomes targeted at the root cause of the risk;
  - 16.3 training on equality issues and unconscious bias to our decision-makers;
  - 16.4 improving the diversity of our pool of independent panel members.
- 17 We are undertaking further research across all our regulatory functions. We plan to report the quantitative analysis phase in October 2020. Our preliminary assessment suggests that there are patterns of inequality relating to race. The next qualitative phase of the research will assess the reasons and recommendations for action. We will continue to engage with our stakeholder advisory group in scoping the work.

**Midwifery implications:**

- 18 No direct midwifery implications arising from this paper. There are particular issues that arise in midwifery and maternity services. For example, research published in 2019 showed that black women are five times more likely to die in pregnancy than white women. Research during the pandemic has shown that over 55 percent of pregnant people admitted to hospital with Covid-19 are from minority ethnic communities.

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<b>Public protection implications:</b>	19	No direct public protection implications arising from this paper. Our Code and standards are designed to support nursing and midwifery professionals to work with diverse communities without discrimination and to address health inequalities. The environment in which people practice has an effect on their ability to practice and injustice and inequality pose risks to public protection.	3.
			4.
<b>Resource implications:</b>	20	No direct resource implications arising from this paper. We are currently recruiting for the vacant post of EDI lead in the People team. Subject to the outcome of the review of the EDI function and additional action planning, we will invest additional resource to accelerate progress on race equality.	5.
			6.
<b>Equality diversity and inclusion implications:</b>	21	Our annual report (to be discussed later in the agenda for this meeting) explains how we meet our public sector equality duty and ensure equality, diversity, and inclusion in our workplace. When we publish the report, we will also publish separate data tables showing the characteristics of the people on our register.	7.
			8.
<b>Stakeholder engagement:</b>	22	We continue to engage with key EDI stakeholders, who represent BAME people and interests, as set out in our EDI Framework, for example as part of our equality impact assessments for policy changes. We have established a stakeholder advisory group to support our ongoing EDI research, with experts in the field of race discrimination in the health and care sector. Internally, BMe is our employee network for people from BAME communities and friends, and are stakeholders for our work that impacts on our workforce.	9.
			10.
<b>Risk implications:</b>	23	No immediate risk implications arising from this paper. Issues of inequality and discrimination in our regulatory processes pose a risk to public confidence. Issues of inequality and discrimination internally pose a risk to employee engagement and wellbeing and to public confidence.	11.
			12.
<b>Legal implications:</b>	24	No immediate legal implications arising from this paper. We are subject to the Equality Act 2010, including the public sector equality duty.	13.
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## **BMe Statement**

Dear Friends

The murder of George Floyd - the incident in New York's Central Park - BME people are four times more likely to die from COVID-19 than white people - black people are twice as likely to be fined by the Met Police for lockdown infringements.

These recent events have been a difficult and stark reminder of the ongoing systemic battles, inequality and injustice that people from a black, Asian and minority ethnic (BAME) background have faced for generations. We acknowledge that our BAME colleagues will be dealing with these events in their own way alongside the tidal wave of slogans, hashtags, questions and debates.

The BMe Network supports the fight against any form of racism and oppression and we support the #blacklivesmatter movement. Racism must be called out and stamped out. It is not enough to be anti-racist, we must *also* cast aside the indifference to much of the covert racism that is so destructive when it occurs at work.

If you're in a position of privilege, it's important for you to educate yourselves on why you carry that privilege and to lend your voice and support to the fight against racism. If you're a manager, we expect you to be aware of what's going on and not to delay in asking your BAME team members if they need additional support at this upsetting time. Be proactive, not reactive.

Please share this email with your teams and remember that we are always here if you need support or space to voice your concerns.

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## Council

### Audit Committee Annual Report 2019-2020

**Action:** For discussion.

**Issue:** Provides the Audit Committee's annual report to the Council 2019-2020.

**Core regulatory function:** Supporting functions.

**Strategic priority:** Strategic aim 5: Insight and influence  
Strategic aim 6: Fit for the future organisation

**Decision required:** None.

**Annexe:** None.

**Further information:** If you require clarification about any point in the paper or would like further information, please contact the authors or the Audit Committee Chair named below.

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Chair: Marta Phillips

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**Context:**

- 1 This is the Audit Committee’s annual report for 2019–2020. The Committee met four times during 2019–2020 and has since met in April 2020 and June 2020 of the current financial year and matters addressed in these meetings are also included.
- 2 The remit of the Audit Committee is to support the Council and the Executive 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.
- 3 The key issues covered in this report are as follows:
  - 3.1 The Committee’s membership and effectiveness.
  - 3.2 Internal Audit work programme 2019-2020 and annual opinion.
  - 3.3 Internal controls and risk management.
  - 3.4 IT infrastructure and the Modernisation of Technology (MOTs) programme.
  - 3.5 External audit and National Audit Office audit report findings.
  - 3.6 The Annual Report and Accounts 2019-2020, and the Fitness to Practise (FtP) Annual Report 2020.

**Committee membership**

- 4 Committee membership remained the same for the 2019-2020 financial year, with three members. However, the Committee was pleased to welcome Sue Whelan Tracy as an ex officio member for the 10 June 2020 meeting. Sue Whelan Tracy is a designate Council member, who has been appointed by the Privy Council to take office from 1 October 2020.
- 5 The Committee is pleased that the Executive team has enjoyed a period of stability during the year. It noted that the roles of some Executive Directors had changed as a consequence of the organisational re-structure.
- 6 The Committee has welcomed the regular attendance at its meetings of the Chair of Council and the Chief Executive and Registrar, as Accounting Officer, along with the Executive Director of Resources and Technology Services and the Executive Director of Professional Regulation. Other senior executives attend when presenting papers and when internal audit reports for their areas are being considered.

- 7 The Committee has also welcomed the consistent attendance of the Internal Auditors (RSM), the External Auditors (haysmacintyre) and the National Audit Office (NAO) at its meetings. In keeping with good practice, the Committee has held private meetings with each at appropriate junctures during the year.

**Committee effectiveness review**

- 8 The Committee undertook reviews of its effectiveness on 1 May 2019 and 10 June 2020, assessing itself against the NAO checklist for Audit Committee effectiveness. The Committee had positive and constructive discussions and identified some actions that could be taken forward to improve its effectiveness. The Committee reviewed its remit and was satisfied that this remained appropriate. The Committee noted that in relation to IT infrastructure and the MOTs programme, it was important to reinforce that responsibility for managing the MOTs programme and other IT matters was the responsibility of the Executive and the Committee’s role was about oversight and providing assurance to Council.

**Four country factors:**

- 9 The Committee is mindful of the need to ensure that the NMC is compliant with relevant legislation in all four countries, for example charity law.

**Discussion: Internal audit**

- 10 RSM has been the NMCs internal auditor since 1 April 2018. In April 2019 the Committee approved the Internal Audit work programme for 2019–2020.
- 11 During the year, the Committee monitored progress against the Internal Audit work programme at each meeting. The planned Internal Audit programme was completed on schedule and a total of 10 assignments were carried out:

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Assignment	Assessment
Finance (Income) and Data Quality	Substantial Assurance
Fitness to Practise Procurement and Contract Management follow up People (follow up) Education and Standards	Reasonable Assurance
Programme and Project Management People (recruitment)	Partial Assurance
Risk Management	'Developing' maturity
Cyber Security follow up	17 of 21 recommendations implemented

- 12 The Committee was pleased to note increased Executive engagement with internal audit activity and welcomed progress of implementing outstanding recommendations from previous Internal Audits. A new process has been implemented this year where the Internal Audit service followed up on internal audit recommendations and the Committee was satisfied that this appeared to be working effectively.
- 13 The Head of Internal Audit's annual internal audit opinion and report concluded that:
- "The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective."*
- 14 The Committee discussed the opinion and report and was satisfied that this was a true and fair reflection of the current level of assurance.
- 15 The Committee reviews the effectiveness of internal audit services on an annual basis and the 2019-2020 annual review was considered on 10 June 2020. The Committee noted that the internal Audit effectiveness review was positive with some useful points for development. The Committee welcomed the Head of Internal Audit's feedback that the real improvement over the year had been the increased engagement in audit work by the wider Executive team.

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- 16 The Committee has approved the Internal Audit work programme for 2020–2021. However, it plans to review this in the autumn to consider whether any changes might be needed to take account of the impact of the Covid-19 emergency.

### **Internal controls and risk management**

- 17 During the year the Committee reviewed an update on risk management at each meeting and considered comprehensive assurance reviews on:
- People and Organisational Effectiveness;
  - External Affairs directorate; and
  - Office move planning and related people issues.
- 18 As a result of the Covid-19 pandemic and other priorities, comprehensive assurance reviews due to take place at the April and June 2020 meetings have been deferred until later in the year.
- 19 The Committee considered the annual review of risk management effectiveness in April 2020. The Committee endorsed the overall conclusion that there can be reasonable assurance that our internal control environment operates adequately at corporate and directorate level. The Committee noted plans to ensure that new directorates resulting from the organisational design put in place appropriate control environments.
- 20 As indicated earlier, an Internal Audit review of risk management resulted in an assessment of ‘developing’ maturity. The Committee has encouraged the Executive to ensure resources are available to progress the Risk Management Improvement Plan to address the internal audit recommendations. The Committee noted that risk management should be an integral part of how the organisation does business and welcomed the objective of moving from an assessment of ‘developing maturity’ to ‘mature’ over the next financial year.

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- 21 The Covid-19 pandemic represents a major issue which crystallised during the year. While it had not featured on the corporate risk register, business continuity, which covered most of the process and procedures needed to manage this issue, was already a part of our risk management strategy. This issue has now been added to the Risk Register. The Executive and senior leaders discuss risks, issues and actions associated with Covid-19 through Gold and Silver command meetings, which were held daily at the start of the pandemic and have since move to bi-weekly. The Committee is assured that the risks arising from Covid-19 on our work will remain on the risk register to ensure oversight and transparency. The Committee encouraged the Executive to ensure that external risks outside of our control, such as the Covid-19 pandemic, be captured and appropriate scenario and response planning be undertaken to ensure that mitigations were in place to limit the impact of such risks.

**Whistleblowing**

- 22 During the year the Committee reviewed an update on the whistleblowing policy at each meeting. During 2019–2019 there were five invocations of the internal whistleblowing policy (2018-2019: none). Although colleagues referenced the whistleblowing policy on these five occasions, the majority of issues raised were not whistleblowing within the strict definition of the Public Interest Disclosure Act 1998, but were HR or workplace related issues. The Committee is satisfied that all concerns have been handled well and with appropriate care, and views it as positive that the individuals felt able to use the process.
- 23 The Committee received assurance from the Executive that there are a number of mechanisms in place, other than whistleblowing, which staff may use to raise issues, including meetings with senior management, the employee forum, and exit interviews.

**Serious event reviews (SERs) and data breaches**

- 24 During the year the Committee reviewed reports on SERs and data breaches at most meetings. At the June meeting, the Committee received a full year report with analysis of trends and figures for incidents reported during the financial year 2019–2020.
- 25 The Committee welcomed the establishment of an officer working group to looks at root causes of SERs and identify ways of addressing the resultant learning, aligned to the new 2020-2025 Strategy.

### **Reporting Serious Incidents to the Charity Commission/Office of the Scottish Charity Regulator (OSCR)**

- 26 The Committee reviewed processes for reporting incidents to the Charity Commission and OSCR and provided assurance to the Council that they remain appropriate. In accordance with Charity Commission/OSCR guidance, where we identify an issue that should be reported, this is reported to the Council, as trustees, and permission sought to report to the Charity Commission/OSCR.
- 27 During the year, one serious incident arising from a safeguarding concern was reported to the Charity Commission, who were satisfied that the Council was dealing with the matter appropriately and responsibly.

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

- 28 The Committee received an update on anti-fraud, bribery, and corruption at each meeting. No instances of fraud, bribery or corruption were detected and there were no reported incidents or offences in the NMC's supply chain under the Modern Slavery Act 2015. The Committee reviewed an updated Modern Slavery Statement which was then published in March 2020.

### **Single tender actions (STAs)**

- 29 During the year the Committee reviewed the STAs cumulative register at each meeting. In April 2020, the Committee considered an analysis of STAs for the financial year 2019–2020.
- 30 A new Procurement Policy was introduced in February 2019. The Policy clarifies the NMC's approach to procurement activities and who is responsible for each part of the process, in particular that budget holders are responsible for ensuring compliance. Under the Policy, exceptions may be progressed as STAs, and the Committee received assurance from the Executive that the procurement team will challenge any requests for STAs and work with budget holders to look for alternative competitive procurement solutions wherever appropriate.
- 31 The Committee welcomed the reduction in the number of STAs during the year, and the continuing progress of the organisation in ensuring that competitive processes are undertaken to secure best value for money, other than in exceptional and justified circumstances. The Committee noted that as a result of the Covid-19 pandemic various tenders may be deferred as operational resources are diverted elsewhere.

## **Cyber security**

- 32 The Committee reviewed the findings of the Internal Audit review of cyber security in April 2020, and was pleased to note that management demonstrated good progress in implementing the agreed actions. Of the 21 actions followed up by Internal Audit, 17 had been completed. The Committee will continue monitoring the implementation of the remaining recommendations.

## **IT infrastructure and Modernisation of Technology programme**

- 33 At the Council's request, the Committee has maintained close oversight throughout the year on progress of work to stabilise the IT infrastructure and the MOTs programme. As reported to the Council previously there has been significant slippage and overspend on the MOTS programme. The Committee welcomed the Executive's transparency in presenting the issues encountered, the efforts to learn lessons and the steps taken to address weaknesses in programme governance and management.
- 34 The Committee considered an independent external review of the MOTs programme at its June 2020 meeting. The Committee welcomed the report's recognition that good progress had been made since resetting the programme in autumn 2019 and the commitment of the team to the programme. However, the report did identify a number of issues which need attention if the NMC is to stabilise and improve its change programme going forward.
- 35 The Committee was assured by the candid and open response to the review by the Executive and team, which was indicative of a positive cultural shift in the organisation. The Committee noted the importance of recognising what has been achieved whilst also acknowledging that there is a need to do better to deliver the programme successfully.
- 36 The Committee discussed a number of the significant issues raised in the report and identified a number of key issues for the Executive to consider in developing the way forward in the light of the review findings. It asked that clear recommendations be brought to the Council meeting at the end of July 2020 for full discussion.

## **Committee's views on governance, risk management and control**

- 37 The Committee has reflected on a range of issues including the Internal Audit annual opinion and report 2019-2020, the findings of the External Auditors and NAO and the views of the Chief Executive and Registrar, in her capacity as Accounting Officer.

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- 38 In considering the Internal Audit annual opinion and report for 2019–2020, the Committee accepted the annual opinion of the Internal Auditors that the NMC has an adequate and effective framework for risk management, governance and internal controls. The Internal Auditor has identified further enhancements to the framework to ensure that it remains adequate and effective, but has confirmed that nothing has arisen which could be considered to be a significant control issue.
- 39 The Committee has also considered the view of the Executive, which is that the Audit Committee can take reasonable assurance that the NMC is adequately managing risk both corporately and operationally, and that the internal control environment remains strong. The Committee welcomed the renewed focus of the Executive on risk management, which is now considered at each Executive Board and each Audit Committee meeting.
- 40 Overall, the Committee’s view is that the Council can have confidence that arrangements for governance, risk management and controls are satisfactory, notwithstanding the fact that there is further work to be done. Going forward, the Committee will continue to closely monitor progress on the proposed improvements.

**External audit and NAO**

- 41 In April 2020, the Committee recommended to Council the extension of the external auditors (haysmactynre) for a further year. This was approved by Council at the May meeting (NMC/20/43).
- 42 The Committee approved the arrangements proposed by the External Auditor (haysmacintyre) and the National Audit Office (NAO) for the external audit and certification of the NMC’s annual accounts for the year ending March 2020.
- 43 At the June 2020 meeting, the Committee reviewed the external auditors and NAO audit findings reports and letters of representation for 2019–2020. The Committee was advised that, as for all organisations, an assessment of ‘going concern’ would need to be added to the accounting policies in light of the covid-19 pandemic. The Committee was pleased to note that, subject to post-balance sheet reviews, both haysmacintyre and the NAO anticipated unqualified audit opinions. The Committee considered the letters of representation and noted that these were standard provisions. It was content to recommend these to Council for signing by the Chair of Trustees and Chief Executive and Registrar as Accounting Officer.



## **Integrity of financial statements and draft Annual Report and Accounts 2019–2020**

- 44 The Committee carried out its annual review of accounting policies and agreed that no changes were needed to the accounting policies for the current year.
- 45 The Committee scrutinised the draft Annual Report and Accounts 2019–2020, including the Annual Governance Statement, in April and June 2020. The Committee endorsed the Annual Report and Accounts, subject to the Committee’s comments, for approval by the Council at its meeting on 2 July 2020.

## **Draft Fitness to Practise annual report 2019–2020**

- 46 The Committee scrutinised the draft Annual Fitness to Practise Report 2019–2020 in June 2020. The Committee endorsed the draft, subject to the Committee’s comments, for approval by the Council at its meeting on 2 July 2020.
- 47 The Committee commended the work by haysmacintyre, the NAO, the Governance, Resources and Professional Regulation teams for all the hard work that had gone into both annual reports. It thanked them for delivering these on time, despite the challenges of remote working.

### **Midwifery implications:**

- 48 No midwifery implications arising directly from this report.

### **Public protection implications:**

- 49 No public protection implications arising directly from this report.

### **Resource implications:**

- 50 No resource implications arising directly from this report.

### **Equality diversity and inclusion implications:**

- 51 No equality and diversity implications arising directly from this report.

### **Stakeholder engagement:**

- 52 No stakeholder engagement implications arising directly from this report.

### **Risk implications:**

- 53 The role of the Audit Committee is to give assurance to Council that the NMC has effective governance, risk management and internal controls in place.

**Legal implications:**

54 None.

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## Council

### Draft Annual Report and Accounts 2019–2020

**Action:** For decision.

**Issue:** Presents the draft NMC Annual Report and Accounts for the year ended 31 March 2020 for approval, along with the letters of representation to the external auditors and National Audit Office (NAO).

**Core regulatory function:** Supporting functions.

**Strategic priority:** All Strategic Priorities.

**Decision required:** The Council is recommended to:

- Authorise the Chair to sign the letter of representation to the external auditors (**Annexe 1**) (paragraph 9.1);
- Authorise the Chair and Chief Executive to sign the letter of representation to the NAO (**Annexe 2**) (paragraph 9.2); and
- Approve the draft Annual Report and Accounts 2019–2020 for submission to Parliament (paragraph 23 and **Annexe 3**).

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

- Annexe 1: Letter of representation to the external auditors.
- Annexe 2: Letter of representation to the NAO.
- Annexe 3\*: Draft Annual Report and Accounts 2019–2020.

\*Please note that **Annexe 3** is not included in the public Council papers. This is so that we comply with strict rules not to publish the content of the report before it is submitted to Parliament.

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**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 Under the Nursing and Midwifery Order 2001 (“the Order”), the Council is required to prepare an Annual Report and Accounts.
- 2 The Order requires the accounts to be audited by independent auditors appointed by the NMC and certified by the Comptroller and Auditor General (the National Audit Office).
- 3 Once approved by the Council, the Annual Report and Accounts must be submitted to the Privy Council for laying before Parliament.
- 4 The Annual Report and Accounts also serves as the Trustees’ report to the Charity Commission for England and Wales and the Office of the Scottish Charity Regulator and must comply with their requirements. The Annual Report makes clear how we have delivered public benefit and taken it into account in our activities and decisions.

**Four country factors:**

- 5 The Annual Report and Accounts reflects our UK-wide remit.
- 6 In accordance with our duties under the Welsh Language Act 1993, the Annual Report and Accounts will be published in English and Welsh.

**Discussion**

**Letters of representation**

- 7 The accounts have been audited and there are unqualified opinions from both the independent auditors and the National Audit Office (NAO). As is usual practice, we are required to provide letters of representation to the independent auditors and to the NAO in connection with their audit work. The proposed letters of representation are at **Annexes 1 and 2**.
- 8 At its meeting on 10 June 2020, the Audit Committee considered the External Audit Findings Report 2019–2020 and letter of representation issued by the independent auditors. The Committee also considered the NAO Completion Report 2019–2020, including the letter of representation to the NAO. The Committee was content to recommend to the Council that it authorise the Chair and Chief Executive to sign the letters of representation as required.
- 9 **Recommendation: The Council is recommended to:**
  - 9.1 **authorise the Chair to sign the letter of representation to the external auditors on behalf of the Council members as Trustees (Annexe 1)**
  - 9.2 **authorise the Chair and Chief Executive to sign the letter of representation to the NAO (Annexe 2).**

## Draft Annual Report and Accounts 2019–2020

- 10 The draft Annual Report and Accounts is at **Annexe 3**. This is an important accountability document for Parliament; for the Charity regulators; for the public we serve; and for the professionals on our register.
- 11 The Audit Committee reviewed the Annual Report and Accounts on 10 June 2020 and its comments have been reflected in the draft. The Committee recommends the Annual Report and Accounts to the Council for approval.

### Performance review

- 12 The Annual Report includes a high level review of our performance over the final year of our Strategy 2015–2020: *Dynamic regulation in a changing world*. It describes how we have delivered our objectives and how this has made a difference for the public and other stakeholders. It includes our response, at the end of the year, to the Covid-19 pandemic.
- 13 This year we are not publishing separate annual reports for revalidation and equality, diversity and inclusion – so there is more information on these important areas in this report than in previous years. This is to increase transparency and ensure that relevant information is accessible in one place rather than spread across different reports. Data and supplementary information on both these important matters will be made available on the website.

### Financial review

- 14 The financial review section includes a high level summary of the accounts, including key variances compared to 2018–2019 and to the budget for 2019–2020, and a summary of the reserves and investment policies.

### Remuneration report

- 15 The Remuneration Committee reviewed the Remuneration Report on 12 May 2020 and, subject to final amends, was content to recommend it to the Council for approval.
- 16 The Council will wish to note changes to the content and presentation of information on Council allowances and expenses.
  - 16.1 Taxable allowances and expenses for both 2018–2019 and 2019–2020 financial years are now shown as gross figures to include the tax paid by the NMC via our PAYE Settlement Agreement (PSA) with HMRC.

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- 16.2 Taxable expenses for Council members include the value of Council dinners at 23 Portland Place, as these are deemed 'benefits in kind' by HMRC.
- 17 Both changes are reflected in table 1, **Annexe 3**.
- 18 The value of Council dinners is also deemed a 'benefit in kind' for the Executive members who attend and this is shown as part of the gross expenses for Executive team members (table 2, **Annexe 3**).
- 19 The tax for 2018–2019 and the three preceding years that had previously been under-declared by omission of the Council dinners benefit from the PSA calculation, will be calculated and voluntarily paid over to HMRC later in the year.
- 20 The Remuneration Report includes details of off-payroll engagements, exit packages and employees by grade and gender at 31 March 2020 (tables 4, 5 and 6, **Annexe 3**) which were not included in previous years. These are requirements of the HM Treasury Financial Reporting Manual and should be included in the interests of best practice, transparency and accountability.

### Accounts

- 21 The draft statutory accounts show a surplus of £8.9 million. The management accounts for the year ended 31 March 2020 which were included in the Executive Report to May's Council meeting showed a surplus for the year of £7.2 million. The difference is the £1.7 million actuarial gain on the defined benefit pension scheme. This was calculated by external independent actuaries after the year end and was therefore not included in previous financial reports based on management accounts.
- 22 A post-balance sheet review will be carried out to ensure that no material events relevant to the accounts have taken place between the financial year-end and the signing of the accounts. At this point no relevant material events have occurred. An update will be given at the meeting.
- 23 **Recommendation: Subject to any comments, the Council is invited to approve the Annual Report and Accounts for submission to Parliament.**

### Next Steps

- 24 Subject to Council's approval and the post balance sheet review, the Annual Report and Accounts will be signed, electronically, by the Chair of Council and by the Chief Executive and Registrar, as Accounting Officer.

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- 25 The Annual Report and Accounts will be submitted to the Privy Council to be laid before Parliament before any summer recess, along with the Annual Fitness to Practise report for 2019–2020.
- 26 The Annual Report and Accounts will also be filed with the Charity Commission for England and Wales and the Office of the Scottish Charity Regulator in advance of their respective deadlines of 31 January 2021 and 31 December 2020.

### Communications

- 27 Once laid before Parliament, the Annual Report and Accounts will be published on the NMC website, along with the Annual Fitness to Practise Report. The Reports will also be published in Welsh.
- 28 We are also producing a shorter, more accessible summary of both reports, as well as an *Easy Read* version.
- 29 After submission to Parliament, the Reports will be sent out electronically to each of the devolved administrations, our stakeholders and partners across the four countries, to those we work with and internally to colleagues.

#### Midwifery implications:

- 30 The Annual Report and Accounts reflects our work on midwifery including the approval and launch of the Future Midwife standards.

#### Public protection implications:

- 31 No direct public protection implications.

#### Resource implications:

- 32 Staff and other resources to compile the Annual Report and Accounts are absorbed within the budgets of the Governance team and the Resources and Technology Services directorate. Audit costs are met from within the Resources and Technology Services directorate budget and costs of printing and Welsh translation are met from within the Governance and Communications and Engagement budgets.

#### Equality diversity and inclusion implications:

- 33 As required by the Order, the Annual Report describes the arrangements the NMC has put in place for complying with its obligations for equality and diversity.
- 34 Supplementary EDI data tables for 2019-2020 will be published on our website. These will include EDI analysis of the professionals on our register and our fitness to practise outcomes by protected characteristic.



**Stakeholder engagement:**

35 See above.

**Risk implications:**

36 Failure to meet our statutory and charitable reporting requirements could undermine trust and confidence in our work.

**Legal implications:**

37 The Annual Report and Accounts complies with the requirements of the Nursing and Midwifery Order 2001, the Charity Commission for England and Wales, the Office of the Scottish Charity Regulator and The Nursing and Midwifery Order 2001 (Form of Accounts) Determination 2010.

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[TO BE PRINTED ON HEADED PAPER]

Haysmacintyre LLP  
10 Queen Street Place  
London  
EC4R 1AG

Date: [SAME DATE ACCOUNTS ARE SIGNED]

Dear Sirs

During the course of your audit of our financial statements for the year ended 31 March 2020, the following representations were made to you by management and trustees on behalf of the charity.

1. We have fulfilled our responsibilities as Trustees under the Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 and the Nursing and Midwifery Order 2001 for preparing financial statements, in accordance with UK Generally Accepted Accounting Practice (UKGAAP) that give a true and fair view and for making accurate representations to you as auditors.
2. We confirm that all accounting records have been made available to you for the purpose of your audit, in accordance with your terms of engagement, and that all the transactions undertaken by the charity have been properly reflected and recorded in the accounting records. All other records and related information, including minutes of all management and Trustees meetings, have been made available to you. We have given you unrestricted access to persons within the charity in order to obtain audit evidence and have provided any additional information that you have requested for the purposes of your audit.
3. We confirm that significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.
4. We confirm that all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with UKGAAP.
5. We confirm that we have informed you of the details of all correspondence with the charity's regulators during the year and, in particular, the details of all Serious Incident Reports that we have made to the Charity Commission/OSCR.

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6. We confirm that there have been no events since the balance sheet date which require disclosing or which would materially affect the amounts in the accounts, other than those already disclosed or included in the accounts.
7. We confirm that we are aware of the definition of a related party set out in FRS102. We confirm that the related party forms have been completed by all trustees and made available to you as part of the audit.
8. We confirm that the related party relationships and transactions set out in the declarations provided to you are a complete list of such relationships and transactions and that we are not aware of any further related parties or transactions and have been accounted for and disclosed in accordance with UKGAAP.
9. We confirm that the financial statements correctly disclose the Trustees' remuneration and reimbursement of expenses and are drawn up in accordance with the Statement of Recommended Practice *Accounting and Reporting by Charities*.
10. We confirm that the charity has not had, at any time during the year, an arrangement, transaction or agreement to provide credit facilities (including advances and credits granted by the charity) for Trustees, nor to provide guarantees of any kind on behalf of the Trustees, except as disclosed in the financial statements.
11. We confirm that the charity has not contracted for any capital expenditure other than as disclosed in the financial statements.
12. We confirm that we are not aware of any possible or actual instance of non-compliance with those laws and regulations which provide a legal framework within which the charity conducts its business, and which are central to the charity's ability to conduct its business.
13. We acknowledge our responsibility for the design and implementation of controls to prevent and detect fraud. We confirm that we have provided you with a copy of our latest risk assessment and confirm that we have considered the risk of fraud and have disclosed to you any actual or suspected instances of fraud involving management or employees who have a significant role in internal control or that could have a material effect on the financial statements. We also confirm that we are not aware of any allegations of fraud by former employees, regulators or others.
14. We confirm that, having considered our expectations and intentions for the next twelve months and the availability of working capital, the charity is a going concern.
15. We confirm that in our opinion the effects of unadjusted misstatements, as disclosed in the Audit Findings Report are immaterial, both individually and in aggregate, to the financial statements as a whole.

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16. All grants, donations and other incoming resources, receipt of which is subject to specific terms or conditions, have been notified to you. There have been no breaches of terms and conditions in the application of such incoming resources.

17. We acknowledge our legal responsibilities regarding disclosure of information to you as auditors and confirm that:

- so far as each Trustee is aware, there is no relevant audit information of which you as auditors are unaware; and
- each Trustee has taken all the steps that they ought to have taken as a Trustee to make themselves aware of any relevant audit information and to establish that you are aware of that information.

We confirm that the above representations are made on the basis of enquiries of management and staff with relevant knowledge and expertise (and, where appropriate, of supporting documentation) sufficient to satisfy ourselves that we can properly make these representations to you and that to the best of our knowledge and belief they accurately reflect the representations made to you by the Trustees during the course of your audit.

Yours faithfully

Signed on behalf of the Trustees (Council) by:

Philip Graf  
Chair and Trustee

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The Comptroller and Auditor General  
National Audit Office  
157-197 Buckingham Palace Road  
Victoria  
LONDON  
SW1W 9SP

Date:

### **LETTER OF REPRESENTATION: Nursing and Midwifery Council 2019-20**

We acknowledge as Accounting Officer and Chair of the Nursing and Midwifery Council our responsibility for preparing accounts that give a true and fair view of the state of affairs, net movement in funds, and cash flows of the Nursing and Midwifery Council for the year ended 31 March 2020.

In preparing the accounts, we were required to:

- observe the financial statements direction issued by the Privy Council, including the relevant accounting and disclosure requirements (a) in compliance with the accounting principles and disclosure requirements contained in the Charities' SoRP; and (b) having regard to the requirements of the FReM to the extent that those requirements clarify, or build on, the requirements of the Charities SoRP, and apply appropriate accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards have been followed and disclosed and explain any material departures in the accounts; and
- make an assessment that the Nursing and Midwifery Council is a going concern and will continue to be in operation throughout the next year; and ensure that this has been appropriately disclosed in the financial statements.

We confirm that for the financial year ended 31 March 2020:

- neither we nor our staff authorised a course of action, the financial impact of which is that transactions infringe the requirements of regularity as set out in Managing Public Money;
- having considered and enquired as to the Nursing and Midwifery Council's compliance with law and regulations, we are not aware of any actual or potential non-compliance that could have a material effect on the ability of the Nursing and Midwifery Council to conduct its business or on the results and financial position disclosed in the accounts;
- all accounting records have been provided to you for the purpose of your audit and all transactions undertaken by the Nursing and Midwifery Council have been properly reflected and recorded in the accounting records. All other records and related information, including minutes of all management meetings which you have requested have been supplied to you; and

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- the information provided regarding the identification of related parties is complete; and the related party disclosures in the financial statements are adequate.

All material accounting policies as adopted are detailed in Note 1 to the accounts.

## **INTERNAL CONTROL**

We acknowledge as Accounting Officer and Chair of the Nursing and Midwifery Council our responsibility for the design and implementation of internal controls to prevent and detect error and we have disclosed to you the results of our assessment of the risk that the financial statements could be materially misstated.

We confirm that we have reviewed the effectiveness of the system of internal control and that the disclosures we have made are in accordance with HM Treasury guidance on the Governance Statement.

## **FRAUD**

We acknowledge as Accounting Officer and Chair of the Nursing and Midwifery Council our responsibility for the design and implementation of internal controls to prevent and detect fraud and we have disclosed to you the results of our assessment of the risk that the financial statements could be materially misstated as a result of fraud.

We are not aware of any fraud or suspected fraud affecting the Nursing and Midwifery Council and no allegations of fraud or suspected fraud affecting the financial statements has been communicated to us by employees, former employees, analysts, regulators or others.

## **ASSETS**

### *General*

All assets included in the balance sheet were in existence at the reporting date and owned by the Nursing and Midwifery Council, and free from any lien, encumbrance or charge, except as disclosed in the accounts. The balance sheet includes all tangible assets owned by the Nursing and Midwifery Council.

### *Non-Current Assets*

All assets over £5,000 are capitalised. Depreciation is calculated to reduce the net book amount of each asset to a nominal value of £1 over their estimated useful lives in the Nursing and Midwifery Council's operations.

### *Other Current Assets*

On realisation in the ordinary course of the Nursing and Midwifery Council's operations the other current assets in the balance sheet are expected to produce at least the amounts at which they are stated. Adequate provision has been made against all amounts owing to the Nursing and Midwifery Council which are known, or may be expected, to be irrecoverable.

## **LIABILITIES**

### *General*

All liabilities have been recorded in the balance sheet. There were no significant losses in the year and no provisions for losses were required at the year-end.

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*Provisions*

Other than the provisions disclosed in the financial statements, no other provisions were required at year-end relating to litigation or claims against the Nursing and Midwifery Council.

*Contingent Liabilities*

Other than reported in the financial statements, we are not aware of any pending litigation which may result in significant loss to the Nursing and Midwifery Council, and we are not aware of any action which is or may be brought against the Nursing and Midwifery under the Insolvency Act 1986.

**OTHER DISCLOSURES**

**Results**

Except as disclosed in the accounts, the results for the year were not materially affected by transactions of a sort not usually undertaken by the Nursing and Midwifery Council, or circumstances of an exceptional or non-recurring nature.

**Events after the Reporting Period**

Except as disclosed in the accounts, there have been no material changes since the reporting date affecting assets, liabilities and commitments, and no events or transactions have occurred which, though properly excluded from the accounts, are of such importance that they should have been brought to notice.

Philip Graf  
Chair  
Date

Andrea Sutcliffe  
Chief Executive and Registrar  
Date

## Council

### Draft Fitness to Practise Annual Report 2019–2020

**Action:** For decision.

**Issue:** Presents the draft Annual Fitness to Practise Report 2019–2020 for approval.

**Core regulatory function:** Professional Regulation.

**Strategic priority:** Strategic aim 1: Improvement and innovation  
Strategic aim 3: More visible and informed  
Strategic aim 5: Insight and influence

**Decision required:** The Council is recommended to approve the draft Annual Fitness to Practise Report 2019–2020 for submission to Parliament (paragraph 6 and Annexe 1).

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

- Annexe 1: Draft Fitness to Practise Annual Report 2019–2020.

\* Please note that Annexe 1 is not included in the public Council papers. This is so that we comply with strict rules not to publish the content of the report before it is submitted to Parliament.

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

Author: Claire Davidson  
Phone: 020 7681 5733  
[claire.davidson@nmc-uk.org](mailto:claire.davidson@nmc-uk.org)

Director: Emma Broadbent  
Phone: 020 7681 5903  
[emma.broadbent@nmc-uk.org](mailto:emma.broadbent@nmc-uk.org)

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- Context:**
- 1 Under the Nursing and Midwifery Order 2001, the Council is required to prepare an annual report including statistics and a description of our fitness to practise arrangements which the Council has put in place under Article 21(1)(b) to protect members of the public from registrants whose fitness to practise is impaired; and the efficiency and effectiveness of those arrangements.
  - 2 Following approval by the Council, the Annual Fitness to Practise Report, together with the Annual Report and Accounts, must be submitted to the Privy Council for laying before Parliament.
  - 3 The draft report for 2019–2020 is attached for Council to review. The Audit Committee reviewed the draft report on 10 June 2020 and its comments have been reflected in the draft at **Annexe 1**.
- Four country factors:**
- 4 The Fitness to Practise Annual Report reflects the NMC’s UK wide remit and includes all cases we have dealt with in 2019–2020 from all four of the UK countries. The report also includes a breakdown of new referrals we have received by country of origin.
- Discussion:**
- 5 Key points to note in this year’s report are:
    - 5.1 We have seen an increase in the number of referrals received from members of the public. These now make up the largest proportion of referrals received by us (see table 1, Annexe 1).
    - 5.2 We have found that members of the public are proportionally more likely to refer a midwife than a nurse.
    - 5.3 We have found that the most common types of concerns received from members of the public are about patient care, communication issues and dishonesty.
    - 5.4 There has been a reduction in the number of Case Examiner decisions (see table 5, Annexe 1); although throughput from investigations has improved from last year, the length of written decisions at Case Examiner stage is becoming longer.
    - 5.5 We saw a significant drop in the number of warnings being issued by case examiners. This was due to the way the policy principles in our new strategic approach had been applied in practice. In January 2020 we revised our guidance and have seen an increase in the number of warnings being issued during the last months of the year. Warnings are only issued in cases where it is suitable to mark past misconduct on public confidence grounds. Warnings are not appropriate in cases where there is a public protection risk. If there are serious concerns about trustworthiness that have not been addressed then such cases would be referred to the Fitness

to Practise Committee.

5.6 Although we met both performance KPIs, we did see an overall drop in performance against these.

5.7 We saw an increase in our caseload at the screening and case examiner stages throughout last year. Due to Covid-19 we paused much of our casework activity to prioritise our response to the pandemic and this has resulted in a further backlog of cases. This will need a significant amount of work to recover from and is being built into our recovery and restoration plans.

6 **Recommendation: The Council is recommended to approve the draft Annual Fitness to Practise Report 2019–2020 for submission to Parliament.**

**Next steps**

7 The Annual Fitness to Practise Report will be submitted to the Privy Council to be laid before Parliament before the summer recess, along with the Annual Report and Accounts for 2019–2020.

**Midwifery implications:**

8 We have provided a breakdown of our data to show the proportion of nurses, midwives and nursing associates for each section.

**Public protection implications:**

9 There are no public protection issues which arise directly from the production of the annual Fitness to Practise Report; rather the report highlights the contribution of Fitness to Practise activities towards protecting the public.

**Equality diversity and inclusion implications:**

10 We do not include equality and diversity data within the Fitness to Practise Annual Report. An overview of equality and diversity work at the NMC is provided in the Annual Report and Accounts and we are aiming to publish data separately in July 2020.

**Stakeholder engagement:**

11 Not applicable.

**Risk implications:**

12 None.

**Legal implications:**

13 Production of the Fitness to Practise Annual Report is a requirement of the Nursing and Midwifery Order (2001).

## Council

### Chair of Council reappointment process 2020-2021

**Action:** For decision.

**Issue:** Seeks approval of the proposed process and timetable for reappointment of Chair of the Council.

**Core regulatory function:** Supporting functions.

**Strategic priority:** Strategic aim 6: Fit for the future organisation.

**Decision required:** The Committee recommends that the Council approves the reappointment process and delegates authority to the Reappointment Panel to conduct the process and make a recommendation to the Privy Council (paragraph 14).

**Annexes:** The following annexes are attached:

- Annexe 1: Current Chair role and competencies.
- Annexe 2: Reappointment timetable.
- Annexe 3: Relevant extracts from Professional Standards Authority Guidance (March 2019).

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

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

Chair: Karen Cox  
Remuneration Committee

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**Context:**

- 1 The Chair of the Council's first term ends on 30 April 2021. Under the Council's agreed policy, the Chair is eligible to be considered for reappointment for a further term without an open competition. The Chair has indicated that he wishes to be considered for reappointment.
- 2 Reappointment of the Chair of the Council is a decision for the Privy Council, on the recommendation of the Council.
- 3 The Professional Standards Authority (PSA) is responsible for scrutinising the process and providing assurance to the Privy Council that it is robust.
- 4 This paper sets out recommendations from the Remuneration Committee for the proposed process and timetable for reappointment.

**Four country factors:**

- 5 The composition of the Council must include at least one member (lay or registrant) who lives or works wholly or mainly in each of England, Northern Ireland, Scotland and Wales. As the Council's composition currently complies with this requirement, should there be any recruitment process, it would be open to applicants from all four countries.

**Discussion: Reappointment policy**

- 6 The Council agreed policy principles governing reappointments in June 2014 (amended January 2016) as follows:
  - 6.1 Council members may be reappointed, without the need for an open competition, for further terms, subject to succession planning to meet the future needs of the Council.
  - 6.2 Reappointment is subject to the following conditions:
    - (a) eligibility under the constitution and the Charity Commission automatic disqualification rules;
    - (b) satisfactory performance; and
    - (c) an assessment of the ongoing skills / competency needs of the Council.
  - 6.3 Reappointments are made by the Privy Council, authority to recommend reappointments rests:

(a) in the case of a Council member, with the Chair of the Council;

(b) in the case of the Chair, the whole Council.

### **Chair role and responsibilities**

- 7 The current role and responsibilities for the Chair of Council role are attached as **annexe 1**. The Remuneration Committee has reviewed these and considers that they remain appropriate.

### **Reappointment process and timetable**

- 8 As indicated, the Chair of the Council is eligible to be considered for reappointment for a further term, without an open competition.
- 9 We have a well-established reappointment process in place which complies with the PSA's guidance on *Good practice in making Council appointments* and the four principles of: merit; fairness; transparency and openness; and inspiring confidence. All our previous reappointment processes have satisfied PSA requirements and all recommendations have met with Privy Council approval.
- 10 The Remuneration Committee proposes that a similar process, suitably adjusted, be used for reappointment of Chair of the Council, subject to appropriate amendment to reflect that this is a Chair reappointment. Under the proposals, the Council is asked delegate authority to conduct the reappointment process to a Reappointment Panel, comprising Karen Cox, Sir Hugh Bayley and Robert Parry.
- 11 The process proposed would include the following:

#### *Eligibility under the constitution:*

- 11.1 Confirmation that the Chair continues to be eligible to serve as Chair and is not disqualified from appointment by virtue of any of the provisions of the Constitution Order or the Charity Commission automatic disqualification rules; continues to have the required time commitment to fulfil the role; and remains committed to upholding the Council Code of Conduct.

#### *Satisfactory Performance*

- 11.2 Consideration of all appraisals undertaken during the first term of office will be considered. Appraisals of the Chair are conducted by the Vice-Chairs and take account of feedback from all Council members. There will have been two appraisals undertaken, in 2018-2019 and 2019-2020.

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11.3 Commissioning a 360 degree assessment to seek views from key stakeholders, as recommended by the PSA guidance (**annexe 3**). The Reappointment Panel will select an external individual or company to undertake the 360 degree assessment.

11.4 The Reappointment Panel would collate and assess the evidence received from the appraisals and 360 degree exercise and hold a discussion meeting with the Chair.

12 The Reappointment Panel would then reach a decision. If the decision is to recommend reappointment, the Panel would submit the recommendation to the Privy Council and the required account of the process followed to the Professional Standards Authority for scrutiny. Following approval by the Privy Council, the process would then be completed. If the recommendation was for any reason not approved, then an open recruitment exercise would need to be initiated.

13 Should the Reappointment Panel have reservations about making a recommendation for reappointment, this would be brought to the full Council for consideration. If the Council decided not to recommend reappointment, an open recruitment exercise would need to begin.

14 **Recommendation: The Committee recommends that the Council approve the reappointment process and delegates authority to the Reappointment Panel to conduct the process and make recommendations to the Privy Council.**

**Midwifery implications:**

15 None.

**Public protection implications:**

16 A clear focus on public protection is an integral part of the role of the Chair.

17 Any reappointment process does not of itself have public protection implications.

**Resource implications:**

18 Costs for the reappointment will be met from within the Governance budget for the current financial year.

**Equality diversity and inclusion implications:**

19 Our reappointment process has been judged by the PSA as compliant with its requirements as regards fairness.

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**Stakeholder engagement:** 20 None at this stage but will be part of the 360 assessment required as part of the reappointment process.

**Risk implications:** 21 Should the Chair not be recommended for reappointment, an open appointment process would need to be conducted. Any recruitment process presents risks in terms of the stability, and continuity of, and public confidence in, the Council and the NMC as a whole and mitigating actions would be put in place.

**Legal implications:** 22 Our reappointment processes are compliant with the legal requirements of the Nursing and Midwifery Order 2001 and the Nursing and Midwifery Constitution Order 2008.

## **The role of the Chair of the Council**

### **Responsibilities**

The Chair of the Council must be committed to public protection; to the NMC's statutory purpose and to guarding the NMC's independence. They must provide strong non-Executive Leadership, demonstrating the highest standards of integrity and probity, setting clear expectations as to culture, values and behaviours, and the style and tone of Council activity. They must have the courage to speak out and challenge and to work effectively with fellow members.

The Chair may be either lay or registrant and need not necessarily have specialist knowledge of regulation or of the health service.

Expected time commitment: 3 days a week.

The role of the Chair is to:

#### **1. Provide Leadership to the Council and the NMC:**

- Promoting the public interest and fostering an environment of openness, transparency, and accountability in the activities of the Council and of the NMC more broadly.
- Leading the conduct of Council business, bringing impartiality and objectivity, ensuring time is available for discussion of strategic issues; that Council and Executive members have appropriate opportunity to contribute; and that clear decisions are taken, as required.
- Ensuring the Council receives timely, accurate, and clear information to discharge its legal responsibilities and support effective decision-making.
- Maintaining good relationships with, and between, Council members, fostering unity and cohesion through mutual respect and open communication to ensure views and perspectives are understood. Ensuring the Council works collectively, addressing any conflicts, as necessary.
- Ensuring that Council members observe the Code of Conduct and other relevant provisions, and that any issues or complaints are resolved in accordance with agreed procedures.
- Leading the annual evaluation of the effectiveness of the Council collectively and appraisal of Council members individually, and taking appropriate steps to enhance effectiveness and support development, where necessary.
- Holding the Chief Executive and Registrar to account for the management of day-to-day operations, ensuring that resources are used effectively and appropriately to facilitate the delivery of core functions to best effect, and that this is kept under review as circumstances change.

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- Maintaining a strong, supportive and constructive working relationship with the Chief Executive and Registrar in which each can speak openly about concerns, worries and challenges.

**2. In partnership with the Chief Executive, lead the external relationships of the NMC, to ensure that the confidence of the public and of stakeholders is maintained:**

- In agreement with the Chief Executive, leading or supporting activities to promote the interests of the NMC externally, representing the NMC to key stakeholders and influencers across the four constituent nations of the UK.
- Maintaining effective working relationships with counterparts including the Chairs of other healthcare regulatory bodies, in particular the Professional Standards Authority.

**3. Ensure the Council sets the strategic direction for the NMC:**

- Taking responsibility for corporate strategy, business plans and budgets and the development of the framework for reviewing policy and operational performance.
- Overseeing the development of policy and taking major policy decisions.

**4. Ensure and review the effectiveness of the NMC in fulfilling its statutory purpose:**

- Ensuring that the focus of the Council is on the core purpose of public protection.
- Evaluating the effectiveness of the Council in fulfilling its statutory purpose.

**5. Fulfil all responsibilities as a charity trustee for the NMC:**

- Ensuring that the NMC acts at all times within the framework of charity law, and fulfils its charitable purposes.
- Ensuring the Council exercises effective oversight of all appropriate functions, including property management; the employment of staff; health and safety; and equality and diversity.
- Within the organisation, inspiring confidence of staff and partners, including panel members.

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## Person specification

Demonstrable evidence of the following:

- Outstanding leadership record in a substantial, high profile national role, including significant experience of successfully leading major change and business transformation.
- Capable of long term strategic thinking to steer the NMC through the next three/four years, leading the Council in delivering its strategy and responding effectively to future challenges in healthcare regulation.
- Ability to lead the Council in effective decision-making, identifying key issues, handling conflicting views, building consensus where possible and delivering concrete, decisions to deliver the organisation's objectives.
- Outstanding interpersonal and stakeholder management skills with a proven record of building effective and positive strategic relationships, so as to command credibility, confidence and support of a wide and complex range of interested parties at national level and ability to navigate a complex political environment.

***In addition, the Chair should be able to show they can meet the core competencies which all Council members are expected to have as follows:***

- Understanding of, and commitment to, the protection of the public through professional regulation.
- Clear appreciation of the non-executive role, and how executives should be held to account through constructive challenge.
- Ability to contribute to an organisation at a strategic level, demonstrating analytical skills and sound judgement.
- Capacity to understand and contribute to the organisational and business issues with which the Council deals.
- Ability to work successfully as part of a team, respecting and listening to others, earning the respect of colleagues, and contributing constructively to collective decision making processes.
- Understanding of the role of a charity trustee, and capacity to fulfil this role effectively.
- Personal commitment to good governance, and upholding the recognised principles of public life.

*(Approved by the Council July 2017)*

**Outline Reappointment timetable**

August 2020	Procure external 360 degree assessment.
W/b 7 Sept 2020	Chair submits reappointment application to include: <ul style="list-style-type: none"> <li>• Personal statement</li> <li>• Confirmation of eligibility</li> <li>• Declaration of interests</li> </ul>
End Sept 2020	360 degree assessment completed.
October 2020	Reappointment Panel assesses evidence from appraisals and 360 assessment and holds discussions meeting with Chair.  Reappointment Panel makes decision to recommend reappointment: <ul style="list-style-type: none"> <li>• Notice of reappointment sent to PSA to scrutinise the process.</li> <li>• Recommendation sent to Privy Council.</li> </ul>
November 2020	PSA assurance on process to Privy Council.  Privy Council decision.
<b>OR</b>	
November 2020	If Reappointment Panel considers that they cannot recommend reappointment, decision escalated to the full Council.  If full Council agrees not to recommend reappointment, open recruitment process initiated November 2020.

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## **Professional Standards Authority guidance Good practice in making council appointments (March 2019)**

### **8. Reappointments**

- 8.1 Where there are council members or chairs whose terms are ending, and who are eligible to remain on the council, the regulator should decide whether reappointments without open competition will be considered in principle and ascertain which eligible members would like to seek reappointment. This should be done early enough to allow an open competition to be run if necessary prior to the members' terms ending.
- 8.2 It should be made clear to new appointees, and those eligible for reappointment, that there is no automatic right for a further term. Decisions to recommend individuals for reappointment should be based on an assessment of whether they have performed satisfactorily, and whether their skills and expertise will continue to meet the council's future needs. Each case should be considered on merit following an assessment of the council's expected future needs and current skill set. When considering whether to recommend a reappointment, the following should be considered,
- the total period in office and eligibility for a further term
  - whether individuals continue to be willing and able to commit the required amount of time to the role
  - whether both registrant and lay members continue to fulfil the necessary criteria and whether any fitness to practise concerns in respect of a registrant member have been raised
  - any conflicts of interest that have arisen or may arise
  - any complaints received about the individual and
  - their overall performance in the role.
- 8.3 The regulator will need to be able to demonstrate that the candidate for reappointment has been appraised and has demonstrated satisfactory performance. It is important during the process of reappointment that third party and key stakeholder feedback is sought, in particular from the Chief Executive and Registrar, or, should this not be possible other members of the regulator's senior team.
- 8.4 While the process of considering a reappointment should be carried out in accordance with that Council's process, no member should be involved in any matter affecting their own reappointment.

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## Reappointment of a chair

- 8.5 For the reappointment of a chair it is expected that the regulator will conduct a formal 360° appraisal process, conducted by an independent person or panel. The 360° appraisal process would seek the views of other stakeholders, and may include:
- related professional and service-user organisations
  - the professional and policy leads in government health departments
  - the Chief Executive and Registrar and the wider executive team
  - other council members.
- 8.6 The council may identify a lead member or members to manage the chair reappointment process and collate and assess the evidence. It is important to ensure that whoever fulfils this role, especially if he or she is a current council member, has the appropriate skills and experience, is impartial and independent, and is perceived to be so.

## Scrutiny approach for reappointments

- 8.7 When scrutinising a reappointments process, we will focus on assessing how well the decision-makers have assured themselves, in accordance with the process, that those recommended for reappointment continue to meet the council’s requirements and are likely to continue to do so during their next term.
- .....

## Making a reappointment recommendation

- 8.10 Once a regulator decides to recommend candidates for reappointment, the Authority’s scrutiny process, and the Privy Council’s appointment process, are the same as for an open competition other than we do not require a report from an independent panel member.
- 8.11 We have provided a Notice of Reappointment Recommendation template which regulators may use. It includes guidance on the information regulators could provide to us in relation to reappointments processes.
- 8.12 As with other types of process, the regulator must remove all candidates’ names and other identifying details from everything it sends to us in the first instance.
- 8.13 Regulators should allow at least three weeks for us to scrutinise their Notice of Reappointment Recommendation, and at least two weeks for the Privy Council to consider and make the reappointment.

## Council

### Council Associate Scheme

**Action:** For decision.

**Issue:** Seeks approval to set up a Council Associate scheme and amendments to the Council's Standing Orders and Scheme of Delegation to facilitate this.

**Core regulatory function:** Supporting functions.

**Strategic priority:** Strategic aim 6: Fit for the future organisation.

**Decision required:** The Council is asked to approve:

- the proposed Associate scheme (paragraph 15); and
- amendments to the Standing Orders and Scheme of Delegation at annexe 1 (paragraph 17).

**Annexe:** The following annexe is attached:

- Annexe 1: Amendments to the Standing Orders and Scheme of Delegation.

**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 Council has previously discussed informally plans to introduce an Associate scheme. The proposals have also been considered by the Remuneration Committee.
- 2 Previous Council member selection and appointment processes have identified challenges in identifying candidates with Non-Executive experience, particularly from certain groups across the registrant base, suitable to be recommended for appointment to the Council.
- 3 The purpose of the Associate scheme is to provide development opportunities for those with future potential but who are not yet ready for appointment to ‘board’ level. This would be achieved by appointing Associates who would gain Non-Executive experience and skills by participating in the Council’s work.
- 4 The Council has powers to set up such a scheme under Schedule 1, paragraph 15(1) of the Nursing and Midwifery Order 2001. This paper proposes changes to the Council’s Standing Orders and Scheme of Delegation to enable introduction of an Associate scheme in accordance with these provisions.

**Four country factors:**

- 5 The Associate scheme will be open to individuals from all four countries.

**Discussion: Background**

- 6 As indicated above, experience from selection and appointment processes for Council members indicates that, despite concerted efforts, it can be challenging to find suitably qualified candidates particularly from certain groups across the registrant base. Lack of experience of senior Non-Executive roles and the strategic skills needed to serve on an independent national regulatory body are a key barrier.
- 7 Our public sector equality duty requires that we have due regard to the need to eliminate discrimination and advance quality of opportunity including encouraging people with certain protected characteristics to participate in public life where their participation is disproportionately low.
- 8 Similar challenges are experienced by other professional health care regulators; by Boards across the health sector; and indeed, the public sector more widely. There are limited opportunities for individuals to gain the experience and skills expected in senior Non-Executive roles if there are not appropriate development opportunities in place.

- 9 Increasingly, NHS Trusts and other public bodies have introduced 'Associate members' as a means of either bringing in specific skills or expertise at Non-Executive Director level; and/or acting as a future pipeline by giving those with potential, but without Board experience, an opportunity to develop the skills and expertise needed by Non-Executives.

### **Our Associate scheme**

- 10 By introducing an 'Associate scheme', the Council could provide development opportunities for those from groups not reflected in the membership with future potential, but who are not yet ready for appointment to senior national board level roles such as the Council. This would be of benefit by widening the pool of potential candidates who could apply for Council roles when they arise or, indeed, for other Board level vacancies across the public sector.
- 11 Associates would:
- 11.1 Be given the chance to gain non-Executive experience and skills by working with the Council for up to two years.
  - 11.2 Be expected to participate in all aspects of the Council's work and contribute in a similar way to Council members and be given suitable support to do so. Associates would not, however, have a right to vote, should there be a vote on any matter.
  - 11.3 Be expected to adhere to Council's Code of Conduct, confidentiality, and other requirements; and be subject to suspension and removal, as appropriate.
  - 11.4 Be expected to commit the same time as Council members.
  - 11.5 Be remunerated on the same basis as non-Council Committee (partner) members, reflecting that they would not be accountable or hold the same legal responsibilities as Council members.
- 12 Appointment as an Associate would not automatically lead to appointment as a Council member. All Council member selection processes would continue to be on merit following open competition and appointments are the responsibility of the Privy Council.
- 13 Given that the recently concluded Council member appointment process was unable to identify candidates with midwifery expertise or registrant candidates from black, Asian and minority ethnic backgrounds suitable to recommend for appointment, the Associate scheme will initially be aimed at these registrant groups.

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14 In the first instance, it is proposed to appoint two associate members if possible. This would be more supportive to the individuals concerned, as one associate member may feel isolated by being in a singular position.

15 **Recommendation: The Council is asked to approve the proposed Associate scheme.**

#### **Standing Orders and Scheme of Delegation – amendments**

16 In order to set up the scheme, some amendments are needed to the Council's Standing Orders and Scheme of Delegation. These are set out at **annexe 1**.

17 **Recommendation: The Council is asked to approve the amendments to the Standing Orders and Scheme of Delegation at annexe 1.**

#### **Next Steps**

18 We publicised the scheme, when we announced the new Council appointees and reappointments on 27 April 2019. Information is available on our website so individuals can express an interest.

19 Subject to the Council's approval, we will begin proactive promotion of the Associate opportunities through advertising and search with the aim of identifying two Associates who could take up the role in autumn 2020. The criteria will be based on potential ability to develop the competencies expected of a Council member.

20 In accordance with our approach to all Council related appointments, the selection process will meet the four good practice principles of merit; fairness; transparency and openness; and inspiring confidence. As these are not Council member appointments, there is no requirement for Professional Standards Authority (PSA) scrutiny or Privy Council approval. We have, however, kept both apprised of our proposals. The Selection Panel members will be identified by the Chair, as is the case for other Council related appointment processes.

#### **Evaluation**

21 We will develop an approach to evaluate the Associate scheme both in terms of the benefits to the individuals and to the Council to inform learning for running the Associate scheme on an ongoing basis.

#### **Midwifery implications:**

22 As indicated, the aim is for one of the associate opportunities to be filled by a midwife.

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<b>Public protection implications:</b>	23	A clear focus on public protection is an integral part of the criteria against which candidates will be assessed.	3.
<b>Resource implications:</b>	24	Costs will be met from within the Governance budget.	4.
<b>Equality diversity and inclusion implications:</b>	25	The Associate scheme is a form of permissible positive action, as we are seeking to offer development opportunities including to registrants from black, Asian and minority ethnic backgrounds. We will undertake an equality impact assessment, as we do with every Council related selection process.	5.
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<b>Stakeholder engagement:</b>	26	We will be engaging with stakeholders and seeking their help to promote the Associate scheme.	7.
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<b>Risk implications:</b>	27	We will undertake the normal due diligence on all candidates in the same way that we do for Council member appointments.	9.
	28	There is a risk that targeting specific groups, such as those holding midwifery registration or from black, Asian and minority ethnic communities could be perceived as unfair. This will be mitigated by ensuring that the opportunities are open to all to apply. Positive action in the form of targeted development schemes is permissible and is in line with our public sector equality duty under the Equality Act 2010.	10
			11.
<b>Legal implications:</b>	29	The Associate scheme has been developed in a way which is compliant with the Nursing and Midwifery Order 2001. The Council has power under paragraph 15 (1), Schedule 1 of the Order to do anything which <i>“appears to it to be necessary or expedient for the purpose of, or in connection with, the performance of its functions”</i> .	12
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## **2 Interpretation**

2.1 Unless otherwise indicated, in these Standing Orders,

### **Insert before Chair**

#### **Associate**

**An associate is a person appointed by the Council to an Associate role under the scheme set up by the Council under paragraph 15(1) of Schedule 1 of the Nursing and Midwifery Order 2001.**

## **In Section 4. Committees of the Council**

### **Insert**

#### **4.3 Associates**

4.3.1 Under paragraph 15(1) of Schedule 1 of the Nursing and Midwifery Order 2001, the Council may appoint Associates under the Council's Associate scheme as necessary to support the work of the Council, either as a developmental opportunity or to bring specific expertise or experience to the Council's work, as determined by the Chair. The Council may revise the Associate scheme from time to time or decide to suspend or end the scheme.

4.3.2 Associates will be selected by a Selection Panel appointed by the Chair of the Council and which may include the Chair of the Council.

4.3.2 The duration of the term of office of each Associate is determined by the Chair of the Council but may not exceed two years from the date of appointment.

4.3.3 An Associate may be suspended or removed from office by the Chair of the Council on the same conditions as a member of a Statutory Committee may be suspended or removed under the Statutory Committees Constitution Rules.

4.3.4 The Council (or a person or body authorised by the Council) may issue from time to time:

- (a) a code of conduct for Associates;
- (b) policies governing the recruitment and selection, induction and development, and performance management of Associates;
- (c) policies for the reimbursement of expenses and the payment of allowances to Associates or their employers in the same manner as for Committee members under Schedule 1, paragraph 15(2)(e) of the Order.

## **In Section 5.6 Attendance at meetings**

5.6.4 Subject to Standing Order 5.8,

### **Insert**

(d) any Associate is entitled with the consent of the Chair to attend and speak at any meeting of the Council.

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## In Appendix 2b: Terms of Reference of the Remuneration Committee

### Insert references to Associates, as follows

#### The Chair and the Council

11 Recommend to the Council any changes to the remuneration and terms of service of the Chair, Council members, **Associates and Partner members** seeking independent advice as appropriate.

12 Approve the expenses policy for the Chair, Council, **Associates and Partner members**.

13 Recommend to the Council the arrangements for the induction, appraisal and development of the Chair, Council members, **Associates and Partner members**.

14 Approve and oversee the process for the recruitment or reappointment of the Chair and Council members, in accordance with Professional Standards Authority (PSA) guidance and the requirements of the Privy Council **and the processes for recruitment of Associates and recruitment and reappointment of Partner members**.

## Council

### Covid-19 – Recovery Standards for nursing and midwifery education

**Action:** For decision.

**Issue:** Council is invited to agree the measures set out below which will allow us to respond appropriately and proportionately to the ongoing COVID-19 pandemic.

**Core regulatory function:** Professional Regulation  
Professional Practice

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

**Decision required:** The Council is recommended:

- To approve the withdrawal of the Covid-19 Emergency Education Standards on 30 September 2020 (paragraph 12)
- To approve the draft Recovery Standards to take effect from 30 September 2020 (paragraph 13 and annexe 1).
- To extend the implementation date of the Standards for preregistration midwifery programmes to September 2022 (paragraph 20).

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

- Annexe 1: Recovery Education Standards

**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 At its meeting on the 25 March 2020 the Council agreed to a set of emergency standards to enable approved education institutions (AEIs) to have more flexibility during the Covid-19 pandemic. These changes included:
  - 1.1 Enabling students in the last six months of their pre-registration nursing and midwifery programmes to complete their studies in clinical placements. This still required all of their learning outcomes to be met.
  - 1.2 Students in their second year, and first six months of their final year to spend up to 80 percent of their time during the emergency in clinical placement with the rest spent in theoretical learning.
  - 1.3 Students in their first year to spend up to 100 percent of their time during the emergency in theoretical learning.
  - 1.4 Removal of the requirement for supernumerary status for second year and final year students moving into extended placement.
- 2 It is now proposed that these emergency arrangements be removed from 30 September 2020, with a set of recovery education standards being put in place. This is to reflect the lessening impact of the pandemic on health care services, and to restore normality in educational programmes to avoid longer term consequences for current students.
- 3 At its March meeting, Council also extended the implementation date of the pre-registration nursing and prescribing programme standards from September 2020 to September 2021. We are now recommending that the implementation date of the new pre-registration midwifery programme standards be similarly extended by a year from September 2021 to September 2022.

**Four country factors:**

- 4 The proposed changes to our education standards would apply in the same way across the UK. The emergency and recovery standards are facilitative so there may be differences within the four countries and regionally in how they are implemented.

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**Discussion: Emergency Education Standards**

- 5 During the pandemic, student nurses and student midwives have played an essential part in supporting the health and social care workforce, while continuing their studies. Students in all four countries of the UK have stepped forward and been part of a global response to a situation unlike anything we have seen before. Under our emergency standards over 30,000 students have moved into clinical placements during the last three months to support the UK wide national response. We are exceptionally proud of what nursing and midwifery students have achieved and want to thank them all, the work they have done has undoubtedly saved lives.
- 6 Since the start of the pandemic we have worked in partnership with the four Chief Nursing Officers, Chief Midwifery Officers, commissioning bodies, the Council of Deans of Health, Royal Colleges and Unions to agree the approach toward education of students. The rationale and the measures we put in place were outlined in the March Council paper (NMC/20/20: NMC response to the Covid-19 emergency).
- 7 Following consultation with the same stakeholders, it is proposed to withdraw the emergency standards on the 30 September 2020. We would expect that in the new academic year, programme arrangements would return to normal, including the supernumerary requirement.
- 8 The intention of the emergency standards was to allow additional flexibility to enable AElS to manage their programmes during the pandemic and to allow students to support the nursing and midwifery workforce, as part of their programmes. The standards were therefore facilitative rather than directive and AElS could theoretically choose when and if to implement the standards, Similarly, any AEl can resume the normal standards at any point before the proposed withdrawal on 30 September 2020. Each of the UK countries has committed to develop and communicate country specific procedures, guidance and timelines for returning to normal ahead of the September date. The date has been set to provide flexibility for any final year students who may need to complete their programmes under these arrangements.
- 9 With the proposed withdrawal of the emergency standards we have proposed a set of recovery education standards. These are designed to ensure that learning outcomes can continue to be met while the pandemic continues and we move from crisis to recovery phases (see Annexe 1).

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- 10 As the pandemic continues we will continue to monitor the impact of Covid-19 on nursing and midwifery education. We will continue to review, and seek approval from Council for any additional recovery standards that may be needed as the situation evolves.
- 11 We will also continue to review whether the emergency standards should be re-instated if a significant second peak emerges and when the recovery standards should finally be withdrawn.
- 12 **Recommendation: The Council is recommended to approve the withdrawal of the Emergency Standards for nursing and midwifery education (March, 2020) on 30 September 2020.**
- 13 **Recommendation: The Council is recommended to approve the Recovery Standards for nursing and midwifery education to take effect from 30 September 2020.**

**Extended implementation date for Standards for pre-registration midwifery programmes**

- 14 Our new Standards for pre-registration midwifery programmes came into effect in January 2020. Following approval of new standards, it is important to agree an implementation date after which enrollment of students onto programmes approved against the previous set of standards (2009) cannot take place. The Council previously agreed that AElS would have to be approved against the new standards by September 2021.
- 15 Due to the ongoing Covid-19 emergency we have changed our approved process by carrying out approval activity remotely. In order to have practice learning partners present, and to enable AElS and their partners to focus on emergency priorities Council previously agreed to extend the implementation date for the pre-registration nursing, and prescribing programmes from September 2020 to September 2021.
- 16 With the ongoing pandemic and the adoption of our emergency standards, AElS have been focusing on amending their current programmes and moving their content online. For some AElS, coupled with challenges around user involvement in curriculum design, this has resulted in delays for some in co-creating fresh programmes against our new standards for pre-registration midwifery programmes.
- 17 Following consultation with the Lead Midwives for Education, Chief Midwifery Officers and Council of Deans of Health we are therefore recommending that the implementation date be extended to September 2022. This will allow appropriate time for those AElS and their practice learning partners to develop the new curriculums and seek approval.



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- 18 Some AElS have already started their approval process for a start date for new programmes in 2020 and many others planning for 2021 a start date. We expect the national implementation programme and oversight boards in each of the four UK countries will continue to work closely with their AElS and partners to ensure that momentum is maintained for AElS to seek approval against these new and ambitious standards ahead of 2022.
- 19 If the Council agrees to extend the implementation date for the standards for pre-registration midwifery programmes then the NMC Quality Assurance Board (chaired by the Executive Director of Professional Practice) would be empowered to extend programmes until those dates and AElS would be notified. Our supportive implementation activities will also continue as long as necessary.
- 20 **Recommendation: The Council is recommended to extend the implementation date of the Standards for preregistration midwifery programmes to September 2022.**

**Implementation date for standards for pre-registration nursing programmes**

- 21 The paper presented to Council at its meeting on the 25 March 2020 ((NMC/20/20: NMC response to the Covid-19 emergency) to extend the date of the implementation of the new pre-registration nursing standards and prescribing standards from September 2020 to September 2021 contained an erratum.
- 22 The paper stated “if the extension is given we would require programmes to transfer their students onto the new standards once they are approved.” This should have read “if the extension is given we would *encourage* programmes to transfer their students onto the new standards once they are approved.”
- 23 Students enter into a contract with their university, and are therefore allowed to complete the course they originally started. AElS and students may collectively decide to transfer onto the new standards, and we would encourage them to do so. We already have experience of new nursing programmes already approved where AElS have incorporated opportunities for students to transfer from their current programme to the ones approved against the new standards.
- 24 Following this clarification with Council we will be writing out to AElS (Approved Education Institutions) to confirm this correction.
- Midwifery implications:** 25 The proposed recovery standards for nursing and midwifery education would apply to all programmes, including midwifery.

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<b>Public protection implications:</b>	26	The changes that we propose will still ensure all learning outcomes are met in a safe and effective way.	3.
<b>Resource implications:</b>	27	Where AEs have adopted the emergency standards we are currently carrying out quality assurance activity to ensure our standards have, and continue to be met.	4.
	28	We are working with Mott MacDonald, our education quality assurance delivery partner to review any potential cost implications any additional work may have on the contract. This includes work to retrospectively review the changes institutions have made against our emergency and recovery standards.	5.
<b>Equality diversity and inclusion implications:</b>	29	Due to the nature of Covid-19 some students will have needed to self-isolate or shield. This may have resulted in some students needing to defer their programmes. By building in flexibility within them, the recovery standards are designed to minimise the impact on students as much as possible. We also included a standard that specifically focussed on giving due consideration to the individual circumstances of students. This involves those who may need to shield and self-isolate. This will also include carrying out risk assessments of learning environments for those most at risk, such as BAME students.	6.
	30	AEs will need to make their own risk assessments on students' needs, and any mitigations which can be put in place to support both students and staff at a local level. This information is currently being captured as part of the Covid-19 exceptional reporting form that all AEs will need to submit at the end of July 2020, and will be followed up as part of the annual self-reporting process AEs complete in January.	7.
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<b>Stakeholder engagement:</b>	31	In relation to our standards, article 3(14) of the Nursing and Midwifery Order 2001 ("the Order") requires us to consult with representatives of any group we consider appropriate before establishing new standards. We have engaged with a number of key stakeholders and representative bodies including the Council of Deans of Health, the Chief Nursing and Midwifery Officers and Lead Midwives for Education.	10
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	32	In line with Article 3(5A) of the Order, we have consulted with each of the Chief Nursing and Midwifery Officers and education commission bodies from the four countries.	14
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**Risk implications:**

33 Due to the impact of Covid-19 and the introduction of our emergency standards there is a risk that AElS do not meet our standards. All AElS are required to submit a form outlining the changes they have made to their programmes by the end of July. These will be reviewed to ensure ongoing compliance with our standards. Where we have any concerns these will be addressed with the relevant AEl.

**Legal implications:**

34 In order to be admitted to the register a nurse, midwife or nursing associate must meet the standards of proficiency necessary for safe and effective practice (Article 9(2) of the Order). We have the power to establish the standards of proficiency (Article 5(2) of the Order) and the standards of education and training necessary to achieve them (Article 15(1) of the Order). We must publish any standards established by Council (Article 3(15) of the Order).

## Recovery Programme Standards

In response to the Covid-19 pandemic, we developed a set of emergency standards for nursing and midwifery education. These standards aimed to provide AEs and practice learning partners with the flexibility to enable students within their second and third/final year to support the workforce. Students were able to make use of their knowledge and skills whilst continuing their programmes and meeting their learning outcomes.

With the pandemic continuing we will be phasing out the majority of the emergency standards on 30 September 2020 to support students returning to their normal studies and supernumerary placements. As the standards are facilitative rather than directive AEs can choose to return to normal ahead of that date. We have identified a number of emergency programme standards which will be retained as recovery standards.

We will continue to monitor the pandemic working closely with stakeholders and the sector should the emergency standards need to be re-instated, or additional recovery standards be added.

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Current Emergency Standard	Recovery Standard?	Standard Superseded by Recovery Standards	Rationale for Recovery Standard
<b>Applies to students in the final six months of their pre-registration undergraduate and post graduate nursing and midwifery programmes</b>			
E1 Students in the final six months of their pre-registration undergraduate or postgraduate nursing or midwifery programmes may complete their programmes in clinical placements, whilst ensuring all learning outcomes are met.	N/A – standard to be withdrawn 30 September 2020		
E1.1 Students must not have spent more than two thirds of the 4600 programme hours on practice placement.	N/A – standard to be withdrawn 30 September 2020		

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<p>E1.2 Students finishing their programme in placements under standard E1 will be provided with protected learning time.</p>	<p>N/A – standard to be withdrawn 30 September 2020</p>		
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**Applies to second year students, third and/or final year students on their first six months of study and first year postgraduate students of nursing and midwifery programmes**

<p>E2 Second year students, third and/or final year students on their first six months of study and first year postgraduate students may spend no more than 80% of their hours in clinical placements and 20% of their hours in theoretical learning.</p>	<p>N/A – standard to be withdrawn 30 September 2020</p>		
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E.2.1 Students continuing their programme in placements under standard E2 will be provided with protected learning time.	N/A – standard to be withdrawn 30 September 2020		
<b>Applies to first year students in their pre-registration undergraduate nursing and midwifery programmes</b>			
E3 Students in the first year of pre-registration undergraduate who continue with their nursing and midwifery programme may spend 100% of their programme in theory/academic learning.	N/A – standard to be withdrawn 30 September 2020		

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Applies to all programmes			
E4 Ensure placement allocations take account of current, relevant public health guidelines with due regard to the health and wellbeing of individual students.	R1 Ensure placement allocations take account of current, relevant public health guidelines with due regard to the health and wellbeing of individual students		Institutions and their practice learning partners will need to continue to work with their students to find appropriate placements, ensuring appropriate risk assessments are carried out. This is also underpinned by our other standards which require that institutions should be actively supporting their students' health and wellbeing at all times.
E5 All students will receive support, supervision and assessments in line with the Standards for Student Supervision and Assessment (SSSA, 2018).	R2 All students will receive support, supervision and assessments in line with the Standards for Student Supervision and Assessment (SSSA, 2018).	<i>Standards to support learning and assessment in practice (SLAiP, 2008)</i> <i>All standards</i>	<p>As part of our emergency standards, AElS who had not yet been approved against the Standards for Student Supervision and Assessment (SSSA) were able to adopt these standards.</p> <p>We do not expect institutions to return to the predecessor standards to support learning an assessment in practice (SLAiP). AElS may instead continue to use the SSSA and they will be approved against them at their next approval event.</p>

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<p>E5.1 Exceptionally, the same person may fulfil the role of practice supervisor and practice assessor during this emergency period. The assessment to be conducted by a registered nurse, midwife or nursing associate with suitable equivalent qualifications for the programme the student is undertaking, and who is not on a temporary register.</p>	<p>N/A – standard to be withdrawn 30 September 2020</p>		
<p>E6 Theoretical instruction can be replaced with distance learning, where appropriate to support student learning, which meet the required theoretical hours and learning outcomes.</p>	<p>R3 Theoretical instruction can be replaced with <i>blended</i> learning, where appropriate to support student learning, which meet the required theoretical hours and learning outcomes.</p>		<p>There is a proposed change in the recovery standard that the word ‘distance’ is replaced with ‘blended’. Blended learning allows institutions to facilitate both face to face and online teaching as appropriate, and as required by social distancing requirements.</p>

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<p>E7 Theoretical instruction can be replaced with distance learning, where appropriate to support student learning, which meet the required theoretical hours and learning outcomes.</p>	<p>R4 Theoretical instruction can be replaced with distance learning, where appropriate to support student learning, which meet the required theoretical hours and learning outcomes.</p>	<p><i><u>SPNE (2010)</u></i>  <i>Standard 3: Selection, admission, progression and completion</i>  <i>R3.10.2 AEs must ensure that, where exceptional circumstances prevent all outcomes being achieved within the assessed period for that part of the programme, any outstanding outcomes are met and confirmed within 12 weeks of the student entering the next part of the programme. The 12-week period includes holidays and any absences. Reasonable adjustments may be applied for students with a disability. R3.10.3 AEs must ensure that students who fail to achieve the outstanding outcomes within the 12-week period must, depending on local assessment policy, either return to the previous part of the programme to meet the shortfall, or be discontinued.</i></p> <p><i><u>SPME (2009)</u></i>  <i>Standard 15 – Assessment strategy Clinical practice must be graded and be counted as part of the academic award. All outcomes within a progression point period</i></p>	<p>In line with our new standards we are removing the 12 week requirement for students to meet outcomes for a previous part of the course before progressing. This is being removed as under the current circumstances this requirement may unfairly affect some students.</p>
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		<p><i>(for example an academic year) have to be achieved and confirmed within 12 weeks of entering the next academic level. All assessments must be completed and have been passed prior to successful completion of the programme. This is designed to confirm that the student has the theoretical knowledge, practical skills and attitude to achieve the standards required for entry to the midwives' part of the register.</i></p>	
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## Council

### Annual Health, Safety and Security Report 2019–2020

**Action:** For decision.

**Issue:** Provides assurance on the NMC’s health, safety and security arrangements and information on activity over the last 12 months from 1 April 2019 to 31 March 2020.

**Core regulatory function:** Supporting functions.

**Strategic priority:** Strategic aim 6: Fit for the future organisation.

**Decision required:** The Council is asked to approve the Annual Health, Safety and Security Report 2019-2020 (paragraph 31).

**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 In terms of health, safety and security the NMC is a relatively low-risk environment. However, it is still important that the Council monitor the extent to which we have formal policies, guidance and procedures in place, assuring the health, safety, welfare and security of our employees, contractors and visitors.
  - 2 This annual paper reports on how we ensure compliance with health and safety requirements, our security arrangements and the assurance available to the Council.
  - 3 At the end of this reporting year, the Covid-19 pandemic was just starting and our initial response is reported.

**Four country factors:** 4 Not applicable for this paper.

**Discussion: Sources of assurance**

- 5 The following arrangements are in place:
  - 5.1 A Health and Safety Steering Group (HSSG), chaired by the Head of Estates under the Director of Resources and Technology Services, with membership drawn from across the organisation. Over the period the group has met on four occasions.
  - 5.2 Mandatory e-learning training on health and safety for all colleagues.
  - 5.3 Training for statutory responsibilities and further training for specific roles.
  - 5.4 The Health and safety policy was reviewed and revised in October 2018. The policy statement signed by the Chief Executive and Registrar, Andrea Sutcliffe, is displayed on our health and safety notice boards.
  - 5.5 An NMC Health and safety guide for colleagues was last reviewed and revised in February 2020.
  - 5.6 Sufficient numbers of trained first aiders and fire wardens at all sites, including refresher courses as necessary.
  - 5.7 Fire Risks Assessments (FRAs) in place for all NMC buildings with evacuation testing and weekly fire alarm tests.
  - 5.8 Regular incident reporting.
  - 5.9 CCTV and access control systems in place at all our properties; security guards on duty at our hearings venues.

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- 5.10 A programme of planned preventative maintenance to the mechanical and electrical plant and associated infrastructure, fire alarm, CCTV and access control systems.

### Reviews during the year

- 6 The NMC Health and safety guide was reviewed and updated in February 2020 with regards to the supervision of visitors, lone working and the use of computers.

### Training

- 7 The main focus of health and safety training in the year was on continuing to improve rates of compliance with the mandatory e-learning. Compliance is now consistently in the region of 90 percent.
- 8 Refresher and new training continues to be provided to fire wardens and first aiders across all sites, which includes defibrillator training for first aiders.
- 9 Health and safety also includes consideration of colleague health and wellbeing. Please see actions undertaken during the year described below.

### Incident reporting

- 10 Across all sites, during the year 1 April 2019 to 31 March 2020, there were 14 reported health and safety incidents and one non-work related incident, which were actioned and recorded in our log book. This is four more than last year. Of the number of incidents the most reported where of 'slips, trips and falls' – six, which after investigation, had no common causes. It is a good indicator that people are reporting even minor incidents.
- 11 There were four incidences where colleagues went to hospital. Each incident was separate, non-related and were precautionary measures with no hospital admissions, for example: a food related allergy, hurt arm/leg after slip, static electrical shock, and a dislocated shoulder when putting on a coat.
- 12 We did not have any RIDDOR incidents (Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013) that would require reporting to the Health and Safety Executive (HSE).
- 13 There were two instances of uninvited persons accessing 23 Portland Place. They were quickly challenged and left the building. Security access control points meant they did not access any office areas. CCTV images of the persons were sent to our local police liaison officer. A security message to remain vigilant was put out to all colleagues via Workplace.

- 14 A written risk assessment was completed for 23 Portland Place in connection with a demonstration and march by the Palestinian Solidarity Campaign. This took place nearby – in front of the BBC and Langham Hotel in May 2019. Additional security measures, including guarding were undertaken.

### **Covid-19 pandemic**

- 15 At the beginning of 2020 and especially in February and March, the Covid-19 pandemic was having a major impact on the world, the UK and the organisation.
- 16 From the beginning of March 2020 colleagues were preparing to work from home as much as possible, before the official ‘lockdown’ on 23 March 2020 and closure of our buildings. Actions taken during this period included:
- 16.1 The provision of sanitiser gel at all entrances and exits of all of our premises.
  - 16.2 The distribution across all floors and areas of sanitiser bacterial wipes, to enable colleagues to wipe down desks and equipment at the beginning and during the day, as necessary.
  - 16.3 An increase in cleaning procedures, especially the use of the day cleaner and the cleaning of door handles, push bars and other high use areas.
  - 16.4 Liaison with respective building managers, where we are in multi-tenanted buildings, with additional sanitiser and cleaning regimes to common areas.
  - 16.5 Use of our own NMC Workplace communication channel to relay messages, including information provided by the Executive Board and our colleagues in IT and People and Organisational Development (POD) with regards to remote working practices and use of equipment in a safe and secure way.
  - 16.6 A Safe System of Work introduced for those colleagues that had to enter any of our premises during the lockdown period, with Director approval in each instance. Since 30 March 2020, the only colleagues entering NMC buildings have been members of the Estates team, on a rota system, to check on the condition of the buildings and collect, scan and distribute the post. Post was considered necessary because some Fitness to Practise (FTP) complaints are delivered to us by post.

- 16.7 Regular reporting (initially daily, then twice weekly) to the Executive on the number of colleagues affected by Covid-19.
- 17 At the peak on 23 March 2020, 29 NMC colleagues were off sick with Covid-19 symptoms and a further 38 colleagues were self isolating with mild to moderate Covid-19 symptoms. Since then the number of colleagues with symptoms declined steadily and at 27 May 2020, no colleagues were reporting symptoms.
- 18 Three colleagues reported loss of an immediate family member, and others have reported losing extended family members or close friends.
- 19 Three colleagues returned to clinical practice to assist in the pandemic response.
- 20 The closure of schools and child care facilities has had a significant impact on colleagues with young children. Comments in our staff survey show that we may not always have recognised that impact and adjusted the workload for colleagues with young children.
- 21 We have continued to support colleagues working from home by offering additional IT and workplace equipment, if needed. This is being kept under review given the length of time colleagues have been working from home.
- 22 The Covid-19 event has not ended before the end of this reporting period and we continue to carry out our planned preventative maintenance (PPM) programme to all of our plant, mechanical and electrical infrastructure systems to ensure compliance and to be ready for when we return to our offices. .
- 23 We also continue to liaise with Building Managers and to ensure that our premises remain safe and secure during this period.



- 24 As at June 2020, we are in the process of carrying out a full risk assessment and planning for all of our buildings to enable us to return to the offices as and when government guidance changes to make that appropriate. This will be supplemented by a people element in terms of physical and psychological wellbeing of colleagues. There will be a specific risk assessment for colleagues from a BAME background given the disproportionate impact of Covid-19 on these groups. The risk assessment and plan will include the number of people that can be accommodated in each building while socially distancing; practicalities like one-way systems; arrangements for physical hearings when those are restarted; the numbers of colleagues that would be required to come into the offices to support physical hearings or other work that needs to take place in the office; and a system of prioritisation for other colleagues who need to come into the office for other reasons, e.g. difficult home circumstances.

### **Progress against priorities set for 2019–2020**

- 25 Relevant changes to legislation or guidelines were discussed in the Steering Group meetings, including discussions around the effects of Brexit, if any.
- 26 We committed to keep security under review for all our buildings/venues and have an appointed security contractor to provide guarding at our hearing venues.
- 26.1 Outcome: The NMC contributes to the West End Police Ward Panel meetings, which includes local residents and organisations, for example: the BBC, the Langham Hotel and Facebook. We also liaise with the police at our other buildings through the respective building management companies.
- 26.2 Outcome: Following a review of security arrangements at 23 Portland Place, additional access control points were put on the ground floor lift and public areas off the main staircase on the first floor by the Council Chamber.
- 27 We committed to keep our business continuity arrangements under review, undertake business continuity exercises and learn any necessary lessons from these exercises.
- 27.1 Outcome: Policy and business arrangements are in place. Training and exercises undertaken with the Emergency Response Teams (ERTs) at all of our buildings, including Edinburgh and our new premises at One Westfield Avenue.
- 28 To increase health, safety and security awareness and the reporting of near misses.

- 28.1 Outcome: An increase in reporting of incidents, even minor, is a good indicator. In collaboration with our Communications colleagues, articles about health and safety and security are published on our Workplace communication platform and within Managers' briefings, issued via email.
- 29 We also worked with the Employee Forum (EF) to inform future wellbeing initiatives. This is linked with the broader People Strategy for the organisation and is led by the People and Organisational effectiveness directorate.
- 29.1 Mental health:
- 29.1.1 The Mental Health First Aid Network has been publicised and first aiders supports colleagues in a variety of ways.
- 29.1.2 The promotion of the Employee Assistance Programme (EAP) and the confidential telephone support line and face to face counselling, through internal communication channels.
- 29.1.3 Additional e-Learning modules on stress and resilience and mental health awareness were launched in February 2020 and are available for all staff.
- 29.2 Healthy eating:
- 29.2.1 Monthly fruit baskets continued to be offered across all sites.
- 29.2.2 Healthy snack options continue to be implemented in vending machines with plastic bottles removed from the vending option.
- 29.3 Other initiatives:
- 29.3.1 We continue to provide 'Perkbox' our employee benefits portal which offers further health and wellbeing benefits, including discounted gym memberships, fitness and yoga classes and medical benefits.
- 29.3.2 A health and wellbeing page has been added to Workplace with supporting information on physical health and signposting to external agencies for guidance and advice on wellbeing.

29.3.3 Pilot modules of peer to peer support were launched for teams where exposure to sensitive or violent material could affect their mental health and wellbeing.

29.3.4 An annual winter flu jab was made available to all colleagues.

### Priorities for 2020–2021

30 In addition to regular monitoring of incidents and accidents, and maintaining oversight of any changes to legislative requirements, priorities for health and safety for the coming year are:

30.1 To undertake appropriate measures to allow for the return to our offices for colleagues in a safe manner, in connection with Covid-19.

30.2 To keep security under review for all our buildings/venues.

30.3 To undertake business continuity training and exercises, and take forward any necessary lessons from these exercises.

30.4 To continue working with the People and Organisational Effectiveness directorate to promote health and wellbeing:

30.4.1 Wellbeing actions particularly around mental wellbeing prioritised with Employee Forum representatives.

30.4.2 Develop our programme of wellbeing activities to include both individual and wider workshops and promotional events including mental health at work week and stress awareness week.

30.4.3 An increased catalogue of e-learning to support individual learning for colleagues.

30.4.4 Introduce a range of health and wellbeing policies and guidance including Alcohol and Substance Abuse, Menopause and Domestic Abuse.

31 **Recommendation: The Council is asked to approve the Annual Health, Safety and Security Report 2019-2020.**

**Midwifery implications:**

32 Not applicable for this paper.

**Public protection implications:**

33 None.

**Resource implications:**

34 There are no material resource implications. Health, safety and security requirements, such as training, are built into normal Resources and Technology Services revenue budgets. The People and Organisational Effectiveness directorate has a budget for health and wellbeing initiatives.

**Equality and diversity implications:**

35 Estates/Facilities colleagues undertake workplace Display Screen Equipment assessments, as necessary. Colleagues can be referred to Occupational Health, in conjunction with the People and Organisational Effectiveness directorate, as required.

36 Personal Emergency Evacuation Plans (PEEPs) undertaken where there are less abled or disabled persons.

37 It is recognised that Covid-19 disproportionately affects certain groups, including those with existing medical conditions and black, Asian and minority ethnic (BAME) groups. This will be included as part of our assessment of the safe return to our offices.

**Stakeholder engagement:**

38 Not applicable.

**Risk implications:**

39 This report provides assurance that we have measures in place to address health, safety and security risks.

**Legal implications:**

40 Policies and guidance notes are reviewed and updated for compliance with any new legislation or best practice.

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## Council

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

- Action:** For information.
- Issue:** Reports action taken by the Chair of the Council since 20 May 2020 under delegated powers in accordance with Standing Orders.
- There has been one Chair's action to review the amended Covid-19 Temporary Register removal guidance for approval by the Chief Executive and Registrar.
- Core regulatory function:** Supporting functions.
- Strategic priority:** Fit for the future organisation.
- Decision required:** None.
- Annexe:** The following annexe is attached to this report:
- Annexe 1: Chair's action 08/2020 – Covid-19 Temporary Register amended removal guidance for approval by the Chief Executive and Registrar in consultation with the Chair.
- 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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08/2020

### Chair's Action

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

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

<b>Requested by:</b> Council Secretary	<b>Date:</b> 22 May 2020
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#### **Covid-19 Temporary Register removal guidance for approval by the Chief Executive and Registrar in consultation with the Chair**

On 25 March 2020, the Council agreed that Covid-19 Temporary Register removal guidance would be considered by the Executive Board and then approved by the Chief Executive and Registrar, in consultation with the Chair of the Council (NMC/20/20).

The Chief Executive consulted you on the original Covid-19 Temporary Register removal guidance (Chair's Action 03/2020) The Executive Board agreed some changes to the Temporary Removal guidance on 22 May 2020 as set out in the **attached** paper and revised draft guidance. The Chair is now asked to confirm that he has reviewed the amended guidance and has been consulted on the content by the Chief Executive and Registrar, so that this can be approved.

#### ***Chair's permission given to attach electronic signature due to Covid-19 emergency in the UK***

Signed: Philip Graf, Chair of Council



Date: 22 May 2020

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